

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: 02-26-2013 TIME: 16:01_____
 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 10/01/2011 AND ENDING 09/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		462,883	-356,179	-76,746	1
2 SUBPROVIDER - IPF		172,562	186		2
3 SUBPROVIDER - IRF		52,059			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		6,143	-1,074		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		693,647	-357,067	-76,746	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 (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 2148? 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, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME	PROGRAM CODE		3	4	5
1	2				
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))

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- Y	OCCUP- Y	RESPI- Y	RATORY N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 6,000,000 PAID LOSSES: 6,000,000 SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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.	1 Y	2 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 BENEVOL CONTRACTOR'S NAME: WPS		CONTRACTOR'S NUMBER: 10000	141
142	STREET: 5145 N. CALIFORNIA AVENUE P.O. BOX:			142
143	CITY: CHICAGO STATE: IL		ZIP CODE: 60625	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	N 156
157	SUBPROVIDER - IRF	N	N	N 157
158	SUBPROVIDER - (OTHER)	N	N	N 158
159	SNF	N	N	N 159
160	HHA	N	N	N 160
161	CMHC		N	N 161

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 16:01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165
ENTER 'Y' FOR YES OR 'N' FOR NO.

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	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	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.			N 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	01/21/2013	Y	01/21/2013
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 |
|----|--|-----|------|
| | | 1 | 2 |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |
| 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. | N | |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | | |
|----|---|--|-------------------|----|
| 41 | FIRST NAME: DAVID | LAST NAME: PLETCHER | TITLE: CONSULTANT | 41 |
| 42 | EMPLOYER: STRATEGIC REIMBURSEMENT, INC. | | | 42 |
| 43 | PHONE NUMBER: 630-530-7100, EXT 114 | E-MAIL ADDRESS: DAVID.PLETCHER@SRINC.ORG | | 43 |

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		98,292,580		29.70	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE			408,784	4,097.00	99.78	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B			310,744	4,002.00	77.65	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21		2,593,246	112,705.00	23.01	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44		1,130,345	43,550.00	25.96	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		-56,280	4,752,720	150,194.00	31.64	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)			1,734,186	21,511.00	80.62	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE			187,820	3,356.00	55.97	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS			1,449,099	7,696.00	188.29	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)			15,374,444			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS			759,935			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE			20,730			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B			20,249			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)			570,252			25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS			2,015,566	79,154.00	25.46	26
27	ADMINISTRATIVE & GENERAL		56,280	16,535,589	493,321.00	33.52	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)			512,486	1,311.00	390.91	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT			2,311,470	95,288.00	24.26	30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING			1,902,670	156,751.00	12.14	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY			261,348	8,584.00	30.45	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION			1,386,019	38,988.00	35.55	38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY			2,240,589	59,215.00	37.84	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY			1,191,471	52,307.00	22.78	41
42	SOCIAL SERVICE			542,608	16,635.00	32.62	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	95,901,076		95,901,076	3,194,216.00	30.02	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,939,345	-56,280	5,883,065	193,744.00	30.37	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	89,961,731	56,280	90,018,011	3,000,472.00	30.00	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	3,371,105		3,371,105	32,563.00	103.53	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	15,395,174		15,395,174		17.10%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	108,728,010	56,280	108,784,290	3,033,035.00	35.87	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	28,843,536	56,280	28,899,816	1,001,554.00	28.85	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 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,816,986 3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	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)	6,114,113 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	587,682 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	6,830,895 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	178,027 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	217,907 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	16,745,610 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

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		1,279		801	2,080	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		331.00		692.00	1,023.00	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)		0.56	0.56	4
5 OTHER ADMINISTRATIVE PERSONNEL		6.43	6.43	5
6 DIRECT NURSING SERVICE		8.17	8.17	6
7 NURSING SUPERVISOR		0.52	0.52	7
8 PHYSICAL THERAPY SERVICE		1.98	1.98	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.41	1.41	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				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) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	2,502	35	147	86	2,770	21
22 SKILLED NURSING VISIT CHARGES	502,951	7,035	29,568	17,286	556,840	22
23 PHYSICAL THERAPY VISITS	1,487	5	18	57	1,567	23
24 PHYSICAL THERAPY VISIT CHARGES	298,887	1,005	3,618	11,457	314,967	24
25 OCCUPATIONAL THERAPY VISITS	628		5	18	651	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	126,228		1,005	3,618	130,851	26
27 SPEECH PATHOLOGY VISITS	44			1	45	27
28 SPEECH PATHOLOGY VISIT CHARGES	8,844			201	9,045	28
29 MEDICAL SOCIAL SERVICE VISITS	51		2	3	56	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	13,821		542	813	15,176	30
31 HOME HEALTH AIDE VISITS	291			22	313	31
32 HOME HEALTH AIDE VISIT CHARGES	39,285			2,970	42,255	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	5,003	40	172	187	5,402	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	990,016	8,040	34,733	36,345	1,069,134	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	343		61	16	420	36
37 TOTAL NUMBER OF OUTLIER EPISODES		1			1	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	10,719	60	1,516	94	12,389	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	1		4
5	RVX	23		5
6	RVL	193		6
7	RHX			7
8	RHL	60		8
9	RMX			9
10	RML	66		10
11	RLX			11
12	RUC	24		12
13	RUB	64		13
14	RUA	306		14
15	RVC	139		15
16	RVB	1,042		16
17	RVA	2,172		17
18	RHC	6		18
19	RHB	138		19
20	RHA	126		20
21	RMC	40		21
22	RMB	35		22
23	RMA	291		23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	13		28
29	HE2			29
30	HE1	15		30
31	HD2			31
32	HD1	7		32
33	HC2			33
34	HC1	14		34
35	HB2			35
36	HB1	213		36
37	LE2			37
38	LE1	1		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	1		50
51	CB2			51
52	CB1	9		52
53	CA2			53
54	CA1	49		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			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				76
77	PA2				77
78	PA1		1		1 78
199	AAA				199
200	TOTAL		5,049		5,049 200

CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OCT 1 OF THE COST REPORTING PERIOD (IF APPLICABLE)
1	2

SNF SERVICES

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
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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)

ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES PERCENTAGE 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)		7,756,159		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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)			0.167551	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			21,176,381	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			231,792,641	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			38,837,089	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.			17,660,708	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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.				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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.				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)			17,660,708	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	57,711,104		57,711,104	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	9,669,553		9,669,553	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	9,669,553		9,669,553	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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			13,087,145	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,388,699	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			10,698,446	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,792,535	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			11,462,088	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			29,122,796	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				15,845,513	1
2	00200				10,297,581	2
3	00300					3
4	00400	2,015,566	897,486	2,913,052	13,710,716	4
5.01	00540	320,302	330,325	650,627		5.01
5.03	00560	787,563	258,299	1,045,862		5.03
5.04	00570	1,688,167	66,708	1,754,875		5.04
5.05	00580	1,658,680	1,042,544	2,701,224	4,242	5.05
5.06	00590	12,024,597	78,128,213	90,152,810	-40,040,112	5.06
6	00600					6
7	00700	2,311,470	6,250,319	8,561,789	30,281	7
8	00800		947,842	947,842		8
9	00900	1,902,670	721,307	2,623,977		9
10	01000	261,348	22,723	284,071		10
11	01100		3,087,742	3,087,742		11
12	01200					12
13	01300	1,386,019	65,294	1,451,313		13
14	01400					14
15	01500	2,240,589	4,847,836	7,088,425	-4,575,578	15
16	01600	1,191,471	633,721	1,825,192		16
17	01700	542,608	22,023	564,631		17
19	01900					19
20	02000					20
21	02100	2,593,246	1,160,727	3,753,973	-46,518	21
22	02200	1,215,208	458,723	1,673,931	87,350	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	22,991,810	2,946,608	25,938,418	-5,429,649	30
31	03100	3,245,632	624,705	3,870,337	-401,333	31
31.01	02060				641,933	31.01
40	04000	1,491,338	36,868	1,528,206	-12,858	40
41	04100	995,378	95,161	1,090,539	-50,931	41
43	04300	580,652	594,276	1,174,928	532,502	43
44	04400	1,130,345	101,961	1,232,306	-56,534	44
ANCILLARY SERVICE COST CENTERS						
50	05000	5,575,534	14,211,123	19,786,657	-11,896,924	50
52	05200				2,247,241	52
53	05300	337,157	683,937	1,021,094	-611,576	53
54	05400	3,520,624	1,578,636	5,099,260	-60,170	54
54.02	03480	909,455	506,803	1,416,258	-90,041	54.02
54.03	03630	1,230,557	53,155	1,283,712	-41,296	54.03
54.04	05401	445,116	743,605	1,188,721	-540,491	54.04
57	05700	679,364	972,369	1,651,733	-87,512	57
58	05800	415,871	611,427	1,027,298	-24,048	58
59	05900	734,177	3,379,397	4,113,574	-2,789,880	59
60	06000	3,303,690	3,369,660	6,673,350	-88,283	60
60.01	03420	754,709	417,821	1,172,530	-2,923	60.01
62.30	06250					62.30
63	06300	244,615	1,340,486	1,585,101	-29,968	63
65	06500	1,376,691	237,749	1,614,440	-100,266	65
66	06600					66
66.01	06601	4,279,263	361,206	4,640,469	-15,628	66.01
67	06700					67
68	06800					68
69	06900	575,310	458,995	1,034,305	-73,994	69
69.02	03140	1,606,086	428,124	2,034,210	-37,192	69.02
71	07100	530,026	1,093,233	1,623,259	11,500,160	71
72	07200				9,250,958	72
73	07300				4,575,578	73
74	07400		739,912	739,912	-1	74
75	07500	618,120	481,161	1,099,281	-710,733	75
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	855,592	100,061	955,653	-104,003	90.01
90.02	09001	547,397	256,095	803,492	-146,048	90.02
90.03	09002	267,814	84,841	352,655	-1,177	90.03
90.05	09004					90.05
90.06	09005	99,668	452	100,120	-19	90.06
91	09100	4,488,801	1,363,194	5,851,995	-814,390	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	1,690,630	161,097	1,851,727	-10,584	101
118		97,660,926	136,975,950	234,636,876	-166,605	118
190	19000	73,432	228,692	302,124		190
190.02	19002					190.02
190.05	19005					190.05
190.07	19007					190.07
190.08	19008					190.08
190.09	19009	189,111	281	189,392		190.09
190.10	19010		168,225	168,225	-270	190.10
190.11	19011					190.11
190.12	19012	369,111		369,111		190.12
190.13	19013					190.13
190.14	19014		2,171,354	2,171,354	166,875	190.14
191.01	19101		2,272	2,272		191.01
200		98,292,580	139,546,774	237,839,354		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	15,845,513	-8,717,719	7,127,794	1
2	00200	10,297,581	-70,408	10,227,173	2
3	00300				3
4	00400	16,623,768	-707,549	15,916,219	4
5.01	00540	650,627	-290,303	360,324	5.01
5.03	00560	1,045,862		1,045,862	5.03
5.04	00570	1,754,875		1,754,875	5.04
5.05	00580	2,705,466	-89,039	2,616,427	5.05
5.06	00590	50,112,698	-7,693,705	42,418,993	5.06
6	00600				6
7	00700	8,592,070	-290,997	8,301,073	7
8	00800	947,842		947,842	8
9	00900	2,623,977	-5,641	2,618,336	9
10	01000	284,071		284,071	10
11	01100	3,087,742	-497,957	2,589,785	11
12	01200				12
13	01300	1,451,313	-174,809	1,276,504	13
14	01400				14
15	01500	2,512,847	-52,580	2,460,267	15
16	01600	1,825,192	-22,619	1,802,573	16
17	01700	564,631		564,631	17
19	01900				19
20	02000				20
21	02100	3,707,455		3,707,455	21
22	02200	1,761,281	-817,990	943,291	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	20,508,769	-18,611	20,490,158	30
31	03100	3,469,004		3,469,004	31
31.01	02060	641,933		641,933	31.01
40	04000	1,515,348	-15,200	1,500,148	40
41	04100	1,039,608		1,039,608	41
43	04300	1,707,430	-587,322	1,120,108	43
44	04400	1,175,772		1,175,772	44
ANCILLARY SERVICE COST CENTERS					
50	05000	7,889,733	-248,766	7,640,967	50
52	05200	2,247,241		2,247,241	52
53	05300	409,518	-40,000	369,518	53
54	05400	5,039,090	-60,000	4,979,090	54
54.02	03480	1,326,217	-137,216	1,189,001	54.02
54.03	03630	1,242,416		1,242,416	54.03
54.04	05401	648,230	-26,040	622,190	54.04
57	05700	1,564,221		1,564,221	57
58	05800	1,003,250		1,003,250	58
59	05900	1,323,694	-132,378	1,191,316	59
60	06000	6,585,067	-36,980	6,548,087	60
60.01	03420	1,169,607		1,169,607	60.01
62.30	06250				62.30
63	06300	1,555,133		1,555,133	63
65	06500	1,514,174		1,514,174	65
66	06600				66
66.01	06601	4,624,841	256,941	4,881,782	66.01
67	06700				67
68	06800				68
69	06900	960,311	-169,454	790,857	69
69.02	03140	1,997,018	-39,434	1,957,584	69.02
71	07100	13,123,419		13,123,419	71
72	07200	9,250,958		9,250,958	72
73	07300	4,575,578		4,575,578	73
74	07400	739,911		739,911	74
75	07500	388,548		388,548	75
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040	851,650	-339,048	512,602	90.01
90.02	09001	657,444	-39,400	618,044	90.02
90.03	09002	351,478	373,516	724,994	90.03
90.05	09004				90.05
90.06	09005	100,101		100,101	90.06
91	09100	5,037,605	-214,583	4,823,022	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
99.40	09940				101
101	10100	1,841,143	-626	1,840,517	101
					118
118		234,470,271	-20,905,917	213,564,354	118
					190
190	19000	302,124		302,124	190.02
190.02	19002				190.05
190.05	19005				190.07
190.07	19007				190.08
190.08	19008				190.09
190.09	19009	189,392		189,392	190.10
190.10	19010	167,955		167,955	190.11
190.11	19011				190.12
190.12	19012	369,111		369,111	190.13
190.13	19013				190.14
190.14	19014	2,338,229		2,338,229	191.01
191.01	19101	2,272		2,272	200
200		237,839,354	-20,905,917	216,933,437	200

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		6,938,471 1
2		CAP REL COSTS-MVBLE EQUIP	2		10,297,581 2
500 TOTAL RECLASSIFICATIONS					17,236,052 500
CODE LETTER - A					
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		8,813,437 1
500 TOTAL RECLASSIFICATIONS					8,813,437 500
CODE LETTER - B					
1 OB DEPT EXPENSES	C	DELIVERY ROOM & LABOR ROOM	52	2,150,661	96,580 1
2		NURSERY	43	1,129,298	50,713 2
500 TOTAL RECLASSIFICATIONS				3,279,959	147,293 500
CODE LETTER - C					
1 HOSPITAL USE OF PLAZA	D	OPERATION OF PLANT	7		30,281 1
500 TOTAL RECLASSIFICATIONS					30,281 500
CODE LETTER - D					
1 NON HOSP BLDG DEPR	E	HOME HEALTH AGENCY	101		45,696 1
2		PLAZA	190.10		30,011 2
3		OFFSITE CLINICS	190.14		166,875 3
500 TOTAL RECLASSIFICATIONS					242,582 500
CODE LETTER - E					
1 FINANCIAL MGMT	F	ADMINISTRATION & GENERAL	5.06	56,280	1
500 TOTAL RECLASSIFICATIONS				56,280	500
CODE LETTER - F					
1 EMPLOYEE BENEFITS	G	EMPLOYEE BENEFITS	4		13,710,716 1
500 TOTAL RECLASSIFICATIONS					13,710,716 500
CODE LETTER - G					
1 COST OF DRUGS SOLD (AC730380)	H	DRUGS CHARGED TO PATIENTS	73		4,575,578 1
500 TOTAL RECLASSIFICATIONS					4,575,578 500
CODE LETTER - H					
1 FP FACULTY GROUP TEACHING COST	J	I&R SRVCES-OTHER PRGM COSTS A	22	87,814	1
500 TOTAL RECLASSIFICATIONS				87,814	500
CODE LETTER - J					
1 COLLECTION FEES	K	PATIENT ACCOUNTS & CASHIERS	5.05		4,242 1
500 TOTAL RECLASSIFICATIONS					4,242 500
CODE LETTER - K					
1 PROPERTY INSURANCE	M	CAP REL COSTS-BLDG & FIXT	1		336,187 1
500 TOTAL RECLASSIFICATIONS					336,187 500
CODE LETTER - M					
1 OUTPATIENT SURG RE OR CASES	N	OPERATING ROOM	50	318,476	1
500 TOTAL RECLASSIFICATIONS				318,476	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		12,149,367
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					12,149,367
CODE LETTER - O					500
1 IMPLANTABLE DEVICES	P	IMPL. DEV. CHARGED TO PATIENT	72	9,250,958	1
2					2
3					3
4					4
5					5
500 TOTAL RECLASSIFICATIONS				9,250,958	500
CODE LETTER - P					
1 SPECIAL CARE NURSERY	R	SPECIAL CARE NURSERY	31.01	580,652	61,281
500 TOTAL RECLASSIFICATIONS				580,652	61,281
CODE LETTER - R					500
GRAND TOTAL (INCREASES)				4,323,181	66,557,974

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 DEPRECIATION	A	ADMINISTRATION & GENERAL	5.06		17,236,052		9 1
2							9 2
500 TOTAL RECLASSIFICATIONS					17,236,052		500
CODE LETTER - A							
1 INTEREST EXPENSE	B	ADMINISTRATION & GENERAL	5.06		8,813,437		11 1
500 TOTAL RECLASSIFICATIONS					8,813,437		500
CODE LETTER - B							
1 OB DEPT EXPENSES	C	ADULTS & PEDIATRICS	30	3,279,959	147,293		1 2
2							2
500 TOTAL RECLASSIFICATIONS				3,279,959	147,293		500
CODE LETTER - C							
1 HOSPITAL USE OF PLAZA	D	PLAZA	190.10		30,281		1
500 TOTAL RECLASSIFICATIONS					30,281		500
CODE LETTER - D							
1 NON HOSP BLDG DEPR	E	CAP REL COSTS-BLDG & FIXT	1		242,582		9 1
2							2
3							3
500 TOTAL RECLASSIFICATIONS					242,582		500
CODE LETTER - E							
1 FINANCIAL MGMT	F	HOME HEALTH AGENCY	101	56,280			1
500 TOTAL RECLASSIFICATIONS				56,280			500
CODE LETTER - F							
1 EMPLOYEE BENEFITS	G	ADMINISTRATION & GENERAL	5.06		13,710,716		1
500 TOTAL RECLASSIFICATIONS					13,710,716		500
CODE LETTER - G							
1 COST OF DRUGS SOLD (AC730380)	H	PHARMACY	15		4,575,578		1
500 TOTAL RECLASSIFICATIONS					4,575,578		500
CODE LETTER - H							
1 FP FACULTY GROUP TEACHING COST	J	FAMILY PRACTICE CLINIC	90.01	87,814			1
500 TOTAL RECLASSIFICATIONS				87,814			500
CODE LETTER - J							
1 COLLECTION FEES	K	FAMILY PRACTICE CLINIC	90.01		4,242		1
500 TOTAL RECLASSIFICATIONS					4,242		500
CODE LETTER - K							
1 PROPERTY INSURANCE	M	ADMINISTRATION & GENERAL	5.06		336,187		12 1
500 TOTAL RECLASSIFICATIONS					336,187		500
CODE LETTER - M							
1 OUTPATIENT SURG RE OR CASES	N	ASC (NON-DISTINCT PART)	75	318,476			1
500 TOTAL RECLASSIFICATIONS				318,476			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		46,518	2
3		I&R SRVCES-OTHER PRGM COSTS A	22		464	3
4		ADULTS & PEDIATRICS	30		2,001,353	4
5		INTENSIVE CARE UNIT	31		401,333	5
6		SUBPROVIDER - IPF	40		12,858	6
7		SUBPROVIDER - IRF	41		50,931	7
8		NURSERY	43		5,576	8
9		SKILLED NURSING FACILITY	44		56,534	9
10		OPERATING ROOM	50		4,189,959	10
11		ANESTHESIOLOGY	53		611,576	11
12		RADIOLOGY-DIAGNOSTIC	54		60,170	12
13		CANCER TREATMENT CENTER	54.02		90,041	13
14		ULTRASOUND	54.03		41,296	14
15		SPECIAL PROCEDURES	54.04		540,491	15
16		COMPUTED TOMOGRAPHY (CT) SCAN	57		87,512	16
17		MAGNETIC RESONANCE IMAGING (M	58		24,048	17
18		CARDIAC CATHETERIZATION	59		1,572,105	18
19		LABORATORY	60		88,283	19
20		PATHOLOGY	60.01		2,923	20
21		BLOOD STORING, PROCESSING & T	63		29,968	21
22		RESPIRATORY THERAPY	65		100,266	22
23		REHABILITATION MEDICINE	66.01		15,628	23
24		ELECTROCARDIOLOGY	69		73,994	24
25		CARDIOLOGY	69.02		37,192	25
26		MEDICAL SUPPLIES CHRGED TO PA	71		649,180	26
27		RENAL DIALYSIS	74		1	27
28		ASC (NON-DISTINCT PART)	75		385,586	28
29		FAMILY PRACTICE CLINIC	90.01		11,947	29
30		WOUND CARE	90.02		146,048	30
31		PAIN MANAGEMENT	90.03		1,177	31
32		DIABETES CENTER	90.06		19	32
33		EMERGENCY	91		814,390	33
500 TOTAL RECLASSIFICATIONS					12,149,367	500
CODE LETTER - O						
1 IMPLANTABLE DEVICES	P	ADULTS & PEDIATRICS	30		1,044	1
2		OPERATING ROOM	50		8,025,441	2
3		CARDIAC CATHETERIZATION	59		1,217,775	3
4		MEDICAL SUPPLIES CHRGED TO PA	71		27	4
5		ASC (NON-DISTINCT PART)	75		6,671	5
500 TOTAL RECLASSIFICATIONS					9,250,958	500
CODE LETTER - P						
1 SPECIAL CARE NURSERY	R	NURSERY	43	580,652	61,281	1
500 TOTAL RECLASSIFICATIONS				580,652	61,281	500
CODE LETTER - R						
GRAND TOTAL (DECREASES)				4,323,181	66,557,974	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	7,960,138					7,960,138	1
2 LAND IMPROVEMENTS	3,687,711	1,679,941		1,679,941		5,367,652	2
3 BUILDINGS AND FIXTURES	217,704,540	38,553,903		38,553,903		256,258,443	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	37,191,323	10,799,056		10,799,056		47,990,379	5
6 MOVABLE EQUIPMENT	100,294,555	10,467,638		10,467,638		110,762,193	6
7 HIT DESIGNATED ASSETS	5,529,129	280,295		280,295		5,809,424	7
8 SUBTOTAL (SUM OF LINES 1-7)	372,367,396	61,780,833		61,780,833		434,148,229	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	372,367,396	61,780,833		61,780,833		434,148,229	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
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	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	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	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	6,387,107		404,500	336,187			7,127,794
2 CAP REL COSTS-MVBLE EQUIP	10,227,173						10,227,173
3 TOTAL	16,614,280		404,500	336,187			17,354,967

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	-3,458,524	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-74,013	NON-PATIENT PHONES	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-32,889	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	A	-372,177	ADMINISTRATION & GENERAL	5.06	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,164,817			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	252,749			13 14
13 LAUNDRY AND LINEN SERVICE					15
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-497,957	CAFETERIA	11	16 17
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					18
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					19
17 SALE OF DRUGS TO OTHER THAN PATIENTS					20
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					21
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					22
20 VENDING MACHINES					23
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					24
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					25
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	26 27
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	28 29
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	30 31
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	32
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	33
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	34 35
29 PHYSICIANS' ASSISTANT					36
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	37 38
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	39 40
32 CAH HIT ADJ FOR DEPRECIATION AND					41
33 CHILD CARE REVENUE	B	-878,777	EMPLOYEE BENEFITS	4	42 43
34 OTHER REVENUE	B	-500	FAMILY PRACTICE CLINIC	90.01	44
35 OTHER REVENUE	B	-104,590	CARDIAC CATHETERIZATION	59	45 46
36 OTHER REVENUE	B	-89,039	PATIENT ACCOUNTS & CASHIERS	5.05	47
37 LCG DEV SVCS	A	-321,048	ADMINISTRATION & GENERAL	5.06	48 49
38					50
39					51
40 COST OF PHYSICIAN RECRUITMENT	A	-30,373	ADMINISTRATION & GENERAL	5.06	52 53
41 DEVELOPMENT COSTS	A	-823,640	ADMINISTRATION & GENERAL	5.06	54
41.01 FRINGE BENEFITS RE DEVELOPMENT	A	-58,232	EMPLOYEE BENEFITS	4	55 56
42 AMORT '81 CAPITAL INTEREST	A	-2,514	CAP REL COSTS-BLDG & FIXT	1	11 57
43					58
44 OTHER INCOME	B	-216,290	NON-PATIENT PHONES	5.01	59 60
44.01 OTHER INCOME	B	-4,684	NURSING ADMINISTRATION	13	61 62
44.02 OTHER INCOME	B	-52,580	PHARMACY	15	63 64
44.03 OTHER INCOME	B	-11,951	MEDICAL RECORDS & LIBRARY	16	65 66
44.04 OTHER INCOME	B	-214,349	OPERATING ROOM	50	67 68
45 LOBBYIST FEES IHHA AND AHA	A	-30,092	ADMINISTRATION & GENERAL	5.06	69
45.03 MARKETING FEES	A	-633,575	ADMINISTRATION & GENERAL	5.06	70 71
45.09 OTHER OPERATING INCOME	B	-626	HOME HEALTH AGENCY	101	72 73
45.10 OTHER OPERATING REVENUE	B	-10,786	REHABILITATION MEDICINE	66.01	74 75
45.20 PRIVATE DUTY NURSES	A	-170,125	NURSING ADMINISTRATION	13	76 77
45.21 PDN FRINGE BENEFITS	A	-28,921	EMPLOYEE BENEFITS	4	78 79
45.22 GMP AND HIWATHA BLDG TAX	A	-506,863	ADMINISTRATION & GENERAL	5.06	80 81
45.26 PARKING LOT DEPRECIATION	A	-308,782	CAP REL COSTS-BLDG & FIXT	1	9 82
45.27 PARKING LOT DEPRECIATION	A	-70,408	CAP REL COSTS-MVBLE EQUIP	2	9 83
45.36 COURTESY CAR	A	-129,499	ADMINISTRATION & GENERAL	5.06	84 85
45.37 COURTESY CARE FBS	A	-6,226	EMPLOYEE BENEFITS	4	86 87
45.41 BANK CHARGES	B	290,813	ADMINISTRATION & GENERAL	5.06	88 89

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
45.42 DSR INCOME NETTED ON FS	A	452,100	CAP REL COSTS-BLDG & FIXT	1	11 45.42
45.43 SEPARATE SWAP AGREEMENT INTERES	A	-1,507,150	CAP REL COSTS-BLDG & FIXT	1	11 45.43
45.44 NONALLOWABLE BORROWING	A	-3,892,849	CAP REL COSTS-BLDG & FIXT	1	11 45.44
45.45 LETTER OF CREDIT INTEREST	B	115,359	ADMINISTRATION & GENERAL	5.06	45.45
45.55 CANCER TREATMENT LEASE	B	-137,216	CANCER TREATMENT CENTER	54.02	45.55
45.56 OTHER INCOME	B	-5,641	HOUSEKEEPING	9	45.56
45.59 OTHER A&G INCOME	B	-3,048,149	ADMINISTRATION & GENERAL	5.06	45.59
45.60 OTHER PLANT OPS INCOME	B	-248,799	OPERATION OF PLANT	7	45.60
45.62 LAB OTHER INCOME	B	-36,980	LABORATORY	60	45.62
45.64 PHYSICIAN MALPRACTICE	A	-352,868	ADMINISTRATION & GENERAL	5.06	45.64
45.65 OTHER INCOME	B	-548,875	I&R SRVCES-OTHER PRGM COSTS APP	22	45.65
45.67 MSO DEPR	B	-9,309	OPERATION OF PLANT	7	45.67
46					46
47 GOODWILL	A	-924,255	ADMINISTRATION & GENERAL	5.06	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-20,905,917			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	1,915,693	2,570,440	-654,747	1
2	4	EMPLOYEE BENEFITS	LIFE CENTER RENTALS	491,822	369,028	122,794	2
3	66.01	REHABILITATION MEDICINE	LIFE CENTER RENTALS	411,941	144,214	267,727	3
3.01	69.02	CARDIOLOGY	LIFE CENTER RENTALS	185,838	184,192	1,646	4.01
3.02	90.03	PAIN MANAGEMENT	LIFE CENTER RENTALS	251,453	62,628	188,825	4.02
4	4	EMPLOYEE BENEFITS	LIFE CENTER RENTALS	560,210	418,397	141,813	4
4.01	90.03	PAIN MANAGEMENT	LIFE CENTER RENTALS	244,799	60,108	184,691	4.01
5	TOTALS (SUM OF LINES 1-4)			4,061,756	3,809,007	252,749	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)
6	B	COV MIN OF BENEV			
7					
8					
9					
10					

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5.06 ADMINISTRATION & GENERAL	549,682	272,591	277,091	177,200	3,496	297,832	14,892	1
2	16 MEDICAL RECORDS & LIBRAR	10,668	10,668						2
3	22 I&R SRVCES-OTHER PRGM CO TEACHING	515,201		515,201	177,200	5,169	440,359	22,018	3
4	22 I&R SRVCES-OTHER PRGM CO	194,273	194,273						4
5	30 ADULTS & PEDIATRICS	39,654	11,000	28,654	177,200	247	21,043	1,052	5
6	40 SUBPROVIDER - IPF	15,200	15,200						6
7	43 NURSERY	587,322	587,322						7
8	50 OPERATING ROOM	34,417	34,417						8
9	53 ANESTHESIOLOGY	40,000	40,000						9
10	54 RADIOLOGY-DIAGNOSTIC	60,000	60,000						10
11	54.04 SPECIAL PROCEDURES	26,040	26,040						11
12	60 LABORATORY	151,820		151,820	215,700	2,711	281,136	14,057	12
13	63 BLOOD STORING, PROCESSIN	36,000		36,000	215,700	645	66,888	3,344	13
14	59 CARDIAC CATHETERIZATION	27,788	27,788						14
15	69 ELECTROCARDIOLOGY	169,454	169,454						15
16	69.02 RADIOLOGY	41,080	41,080						16
17	90.01 FAMILY PRACTICE CLINIC	338,548	338,548						17
18	90.02 WOUND CARE	39,400	39,400						18
19	91 EMERGENCY	214,583	214,583						19
200	TOTAL	3,091,130	2,082,364	1,008,766		12,268	1,107,258	55,363	200

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	
10	11	12	13	14	15	16	17	18	
1	5.06	ADMINISTRATION & GENERAL	AGGREGATE			297,832		272,591	1
2	16	MEDICAL RECORDS & LIBRAR	AGGREGATE					10,668	2
3	22	I&R SRVCES-OTHER PRGM CO	TEACHING AGGREG			440,359	74,842	74,842	3
4	22	I&R SRVCES-OTHER PRGM CO	AGGREGATE					194,273	4
5	30	ADULTS & PEDIATRICS	AGGREGATE			21,043	7,611	18,611	5
6	40	SUBPROVIDER - IPF	AGGREGATE					15,200	6
7	43	NURSERY	AGGREGATE					587,322	7
8	50	OPERATING ROOM	AGGREGATE					34,417	8
9	53	ANESTHESIOLOGY	AGGREGATE					40,000	9
10	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE					60,000	10
11	54.04	SPECIAL PROCEDURES	AGGREGATE					26,040	11
12	60	LABORATORY	AGGREGATE			281,136			12
13	63	BLOOD STORING, PROCESSIN	AGGREGATE			66,888			13
14	59	CARDIAC CATHETERIZATION	AGGREGATE					27,788	14
15	69	ELECTROCARDIOLOGY	AGGREGATE					169,454	15
16	69.02	CARDIOLOGY	AGGREGATE					41,080	16
17	90.01	FAMILY PRACTICE CLINIC	AGGREGATE					338,548	17
18	90.02	WOUND CARE	AGGREGATE					39,400	18
19	91	EMERGENCY	AGGREGATE					214,583	19
200		TOTAL				1,107,258	82,453	2,164,817	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	7,127,794	7,127,794				1
2 CAP REL COSTS-MVBLE EQUIP	10,227,173		10,227,173			2
4 EMPLOYEE BENEFITS	15,916,219	18,107	28,239	15,962,565		4
5.01 NON-PATIENT PHONES	360,324	9,408	83,846	53,074	506,652	5.01
5.03 PURCHASING	1,045,862	50,235	47,287	130,500	4,677	5.03
5.04 ADMITTING	1,754,875	30,403	32,117	279,731	9,354	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	2,616,427	22,030	7,770	274,845	31,958	5.05
5.06 ADMINISTRATION & GENERAL	42,418,993	3,293,368	1,569,942	2,001,813	78,728	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	8,301,073	651,912	1,809,947	383,013	21,046	7
8 LAUNDRY & LINEN SERVICE	947,842	22,775	28,173		779	8
9 HOUSEKEEPING	2,618,336	50,635	6,649	315,274	3,118	9
10 DIETARY	284,071	53,577	143,175	43,306	3,897	10
11 CAFETERIA	2,589,785	94,686	24,977		3,897	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,276,504	24,291	483,462	229,665	12,471	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,460,267	30,848	65,375	371,268	7,015	15
16 MEDICAL RECORDS & LIBRARY	1,802,573	46,212	14,535	197,428	11,692	16
17 SOCIAL SERVICE	564,631	18,688		89,911	7,795	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,707,455		179	429,703		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	943,291	46,022	3,925	215,912	10,913	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,490,158	646,627	380,278	3,266,316	35,076	30
31 INTENSIVE CARE UNIT	3,469,004	52,751	51,087	537,804	18,707	31
31.01 SPECIAL CARE NURSERY	641,933	10,661		96,215	6,236	31.01
40 SUBPROVIDER - IPF	1,500,148	95,321	11,127	247,116	8,574	40
41 SUBPROVIDER - IRF	1,039,608	48,201	6,283	164,935	3,118	41
43 NURSERY	1,120,108	917	3,367	187,126	7,015	43
44 SKILLED NURSING FACILITY	1,175,772	105,574	19,419	187,299	3,118	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,640,967	224,315	961,303	976,643	22,604	50
52 DELIVERY ROOM & LABOR ROOM	2,247,241	14,429	2,919	356,367		52
53 ANESTHESIOLOGY	369,518	13,349	92,415	55,867	2,338	53
54 RADIOLOGY-DIAGNOSTIC	4,979,090	141,407	1,334,306	583,371	26,502	54
54.02 CANCER TREATMENT CENTER	1,189,001	83,389	265,090	150,698	13,251	54.02
54.03 ULTRASOUND	1,242,416	2,216	209,896	203,905	3,118	54.03
54.04 SPECIAL PROCEDURES	622,190	8,609	20,523	73,756		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,564,221		533,919	112,571		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,003,250		496,304	68,910		58
59 CARDIAC CATHETERIZATION	1,191,316	16,990	323,339	121,654	5,456	59
60 LABORATORY	6,548,087	91,317	203,021	547,425	24,163	60
60.01 PATHOLOGY	1,169,607	18,398	71,103	125,056	1,559	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,555,133	4,132	14,290	40,533	2,338	63
65 RESPIRATORY THERAPY	1,514,174	13,004	36,668	228,119	3,118	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	4,881,782	54,013	84,439	709,078	14,030	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	790,857	9,798	38,324	95,329	3,118	69
69.02 RADIOLOGY	1,957,584		84,954	266,130	5,456	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,123,419	93,097	72,223	87,826	1,559	71
72 IMPL. DEV. CHARGED TO PATIENT	9,250,958					72
73 DRUGS CHARGED TO PATIENTS	4,575,578					73
74 RENAL DIALYSIS	739,911	3,069				74
75 ASC (NON-DISTINCT PART)	388,548	49,236	99,206	49,651	13,251	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	512,602	82,063	58,368	127,222	19,487	90.01
90.02 WOUND CARE	618,044	47,602	7,601	90,704		90.02
90.03 PAIN MANAGMENT	724,994	49,808	24,109	44,377		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	100,101	7,192	7,392	16,515		90.06
91 EMERGENCY	4,823,022	93,723	283,517	743,799	22,604	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	1,840,517	4,913	54,522	280,139	3,118	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	213,564,354	6,549,318	10,200,910	15,857,899	476,254	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	302,124	6,257	773	12,168	1,559	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	189,392	9,880	1,907	31,336	779	190.09
190.10 PLAZA	167,955	17,771	3,440		14,030	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	369,111	29,395	2,138	61,162	11,692	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS	2,338,229	509,434	18,005			190.14
191.01 OCC HEALTH	2,272	5,739			2,338	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	216,933,437	7,127,794	10,227,173	15,962,565	506,652	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASE	ADMITTING	PATIENT	SUBTOTAL (COLS. 0-4) 4A	OTHER	
	5.03	5.04	ACCOUNTS- CASHIERS 5.05		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	1,278,561					5.03
5.04 ADMITTING	747	2,107,227				5.04
5.05 PATIENT ACCOUNTS & CASHIERS	737		2,953,767			5.05
5.06 ADMINISTRATION & GENERAL				49,362,844	49,362,844	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,763			11,180,754	3,293,615	7
8 LAUNDRY & LINEN SERVICE	5			999,574	294,454	8
9 HOUSEKEEPING	11,237			3,005,249	885,283	9
10 DIETARY	14			528,040	155,549	10
11 CAFETERIA	48			2,713,393	799,309	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	289			2,026,682	597,018	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,081			2,937,854	865,430	15
16 MEDICAL RECORDS & LIBRARY	278			2,072,718	610,579	16
17 SOCIAL SERVICE	155			681,180	200,661	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	60			4,137,397	1,218,790	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	884			1,220,947	359,665	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	56,973	268,067	375,629	25,519,124	7,517,462	30
31 INTENSIVE CARE UNIT	21,808	41,724	58,466	4,251,351	1,252,359	31
31.01 SPECIAL CARE NURSERY		6,841	9,586	771,472	227,259	31.01
40 SUBPROVIDER - IPF	994	27,978	39,205	1,930,463	568,674	40
41 SUBPROVIDER - IRF	2,913	20,467	28,679	1,314,204	387,137	41
43 NURSERY	355	11,240	15,750	1,345,878	396,467	43
44 SKILLED NURSING FACILITY	3,321	10,880	15,246	1,520,629	447,945	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,966	140,324	196,630	10,207,752	3,006,989	50
52 DELIVERY ROOM & LABOR ROOM		29,779	41,728	2,692,463	793,143	52
53 ANESTHESIOLOGY	14,615	72,914	102,171	723,187	213,036	53
54 RADIOLOGY-DIAGNOSTIC	5,307	105,803	148,257	7,324,043	2,157,509	54
54.02 CANCER TREATMENT CENTER	5,007	13,897	19,474	1,739,807	512,511	54.02
54.03 ULTRASOUND	2,260	33,342	46,721	1,743,874	513,709	54.03
54.04 SPECIAL PROCEDURES	28,759	4,373	6,127	764,337	225,158	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,810	136,875	191,797	2,544,193	749,466	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,397	55,377	77,597	1,702,835	501,619	58
59 CARDIAC CATHETERIZATION	35,555	58,681	82,227	1,835,218	540,617	59
60 LABORATORY	91,966	289,754	407,027	8,202,760	2,416,361	60
60.01 PATHOLOGY	18,468	19,304	27,049	1,450,544	427,300	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	66,769	24,783	34,727	1,742,705	513,364	63
65 RESPIRATORY THERAPY	6,793	52,217	73,170	1,927,263	567,731	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	1,555	48,357	67,760	5,861,014	1,726,532	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	4,409	29,627	41,515	1,012,977	298,402	69
69.02 RADIOLOGY	2,158	36,053	50,519	2,402,854	707,830	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	351,742	210,290	294,670	14,234,826	4,193,281	71
72 IMPL. DEV. CHARGED TO PATIENT	385,225	67,678	94,834	9,798,695	2,886,490	72
73 DRUGS CHARGED TO PATIENTS		117,344	164,429	4,857,351	1,430,874	73
74 RENAL DIALYSIS		13,756	19,275	776,011	228,597	74
75 ASC (NON-DISTINCT PART)	21,553	16,221	22,730	660,396	194,539	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	1,129	4,580	6,418	811,869	239,160	90.01
90.02 WOUND CARE	8,178	16,350	22,910	811,389	239,018	90.02
90.03 PAIN MANAGMENT	208	2,215	3,103	848,814	250,043	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	22	337	472	132,031	38,894	90.06
91 EMERGENCY	45,525	115,129	161,325	6,288,644	1,852,502	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)	OTHER ADMINISTRA & GENERAL	
	5.03	5.04	5.05	4A	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	1,126	4,670	6,544	2,195,549	646,763	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,267,164	2,107,227	2,953,767	212,813,154	48,149,094	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,954			333,835	98,341	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	1			233,295	68,724	190.09
190.10 PLAZA	22			203,218	59,864	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY				473,498	139,483	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS	420			2,866,088	844,289	190.14
191.01 OCC HEALTH				10,349	3,049	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,278,561	2,107,227	2,953,767	216,933,437	49,362,844	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 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	14,474,369					7
8 LAUNDRY & LINEN SERVICE	107,999	1,402,027				8
9 HOUSEKEEPING	240,113	94,289	4,224,934			9
10 DIETARY	254,065		44,858	982,512		10
11 CAFETERIA	449,007		79,279		4,040,988	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	115,191		20,341		63,792	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	146,281		25,828		96,913	15
16 MEDICAL RECORDS & LIBRARY	219,142		38,694		85,612	16
17 SOCIAL SERVICE	88,621		15,645		27,232	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					184,466	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	218,238		38,531		22,263	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,066,356	629,604	1,800,365	681,658	1,287,006	30
31 INTENSIVE CARE UNIT	250,147	62,511	146,870	53,229	126,290	31
31.01 SPECIAL CARE NURSERY	50,555	16,708	29,683			31.01
40 SUBPROVIDER - IPF	452,021	79,191	265,399	92,253	80,710	40
41 SUBPROVIDER - IRF	228,573	57,897	134,204	67,447	60,082	41
43 NURSERY	4,349	43,235	2,556		24,952	43
44 SKILLED NURSING FACILITY	500,638	75,477	293,940	87,925	71,281	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,063,716	226,773	187,812		277,158	50
52 DELIVERY ROOM & LABOR ROOM	68,425		12,080			52
53 ANESTHESIOLOGY	63,301		11,174		24,169	53
54 RADIOLOGY-DIAGNOSTIC	670,561	3,362	118,395		199,784	54
54.02 CANCER TREATMENT CENTER	395,438	9,098	69,821		38,500	54.02
54.03 ULTRASOUND	10,507	944	1,855		52,184	54.03
54.04 SPECIAL PROCEDURES	40,823	8,170	7,209		20,424	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN					34,313	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	80,569	22,993	14,225		30,602	59
60 LABORATORY	433,031	19,246	76,457		264,529	60
60.01 PATHOLOGY	87,244		15,404		41,972	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	19,593		3,457		12,765	63
65 RESPIRATORY THERAPY	61,665		10,890		80,812	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	256,132		45,226		209,077	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	46,464	687	8,206		22,365	69
69.02 RADIOLOGY					78,463	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	441,471	25,371			22,331	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	14,555					74
75 ASC (NON-DISTINCT PART)	233,482	25,288	41,226		34,823	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	389,151		68,710		45,989	90.01
90.02 WOUND CARE	225,731	1,183	39,854		33,802	90.02
90.03 PAIN MANAGMENT	236,195		41,703		20,765	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	34,105				5,242	90.06
91 EMERGENCY	444,442		78,469		248,088	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 OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 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	23,297				76,217	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	11,731,194	1,402,027	3,788,366	982,512	4,004,973	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,670		5,239		5,072	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	46,851				9,429	190.09
190.10 PLAZA	84,272					190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	139,392				21,071	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS	2,415,775		426,525			190.14
191.01 OCC HEALTH	27,215		4,804		443	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	14,474,369	1,402,027	4,224,934	982,512	4,040,988	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
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	2,823,024					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		4,072,306				15
16 MEDICAL RECORDS & LIBRARY			3,026,745			16
17 SOCIAL SERVICE				1,013,339		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					5,540,653	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,313,456	2,999	384,936	652,717	2,995,669	30
31 INTENSIVE CARE UNIT	145,157	1,171	59,914	8,748	374,979	31
31.01 SPECIAL CARE NURSERY	12,106		9,823	3,159		31.01
40 SUBPROVIDER - IPF	93,598	32	40,176	88,212		40
41 SUBPROVIDER - IRF	70,199	21	29,390	82,136		41
43 NURSERY	61,946		16,140	3,159		43
44 SKILLED NURSING FACILITY	82,890	9,150	15,624	79,463		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	322,439	343	201,502		567,402	50
52 DELIVERY ROOM & LABOR ROOM	109,670		42,761		326,873	52
53 ANESTHESIOLOGY	28,159	4,672	104,702			53
54 RADIOLOGY-DIAGNOSTIC		283,786	151,930			54
54.02 CANCER TREATMENT CENTER	44,420	222,863	19,956			54.02
54.03 ULTRASOUND		728	47,878			54.03
54.04 SPECIAL PROCEDURES		147	6,279			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		981	196,549			57
58 MAGNETIC RESONANCE IMAGING (MRI)			79,520			58
59 CARDIAC CATHETERIZATION	36,884	30	84,265			59
60 LABORATORY		29	416,905			60
60.01 PATHOLOGY			27,720			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			35,587			63
65 RESPIRATORY THERAPY		1,730	74,983			65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE		124	69,439			66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY			42,544			69
69.02 RADIOLOGY	36,884	4,310	51,771			69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,081	301,970			71
72 IMPL. DEV. CHARGED TO PATIENT			97,184			72
73 DRUGS CHARGED TO PATIENTS		3,517,066	168,503			73
74 RENAL DIALYSIS			19,753			74
75 ASC (NON-DISTINCT PART)	40,057	286	23,293			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		5,464	6,577	2,673	1,110,289	90.01
90.02 WOUND CARE	40,057	9,178	23,478			90.02
90.03 PAIN MANAGMENT		4,909	3,180			90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER			484			90.06
91 EMERGENCY	290,314	786	165,323	2,187	165,441	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	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
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	94,788	420	6,706	90,885		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,823,024	4,072,306	3,026,745	1,013,339	5,540,653	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)	2,823,024	4,072,306	3,026,745	1,013,339	5,540,653	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS 22	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 APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,859,644				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	1,005,455	46,856,807	-4,001,124	42,855,683	30
31 INTENSIVE CARE UNIT	125,857	6,858,583	-500,836	6,357,747	31
31.01 SPECIAL CARE NURSERY		1,120,765		1,120,765	31.01
40 SUBPROVIDER - IPF		3,690,729		3,690,729	40
41 SUBPROVIDER - IRF		2,431,290		2,431,290	41
43 NURSERY		1,898,682		1,898,682	43
44 SKILLED NURSING FACILITY		3,184,962		3,184,962	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	190,441	16,252,327	-757,843	15,494,484	50
52 DELIVERY ROOM & LABOR ROOM	109,710	4,155,125	-436,583	3,718,542	52
53 ANESTHESIOLOGY		1,172,400		1,172,400	53
54 RADIOLOGY-DIAGNOSTIC		10,909,370		10,909,370	54
54.02 CANCER TREATMENT CENTER		3,052,414		3,052,414	54.02
54.03 ULTRASOUND		2,371,679		2,371,679	54.03
54.04 SPECIAL PROCEDURES		1,072,547		1,072,547	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,525,502		3,525,502	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,283,974		2,283,974	58
59 CARDIAC CATHETERIZATION		2,645,403		2,645,403	59
60 LABORATORY		11,829,318		11,829,318	60
60.01 PATHOLOGY		2,050,184		2,050,184	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		2,327,471		2,327,471	63
65 RESPIRATORY THERAPY		2,725,074		2,725,074	65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE		8,167,544		8,167,544	66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY		1,431,645		1,431,645	69
69.02 RADIOLOGY		3,282,112		3,282,112	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		19,220,331		19,220,331	71
72 IMPL. DEV. CHARGED TO PATIENT		12,782,369		12,782,369	72
73 DRUGS CHARGED TO PATIENTS		9,973,794		9,973,794	73
74 RENAL DIALYSIS		1,038,916		1,038,916	74
75 ASC (NON-DISTINCT PART)		1,253,390		1,253,390	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	372,653	3,052,535	-1,482,942	1,569,593	90.01
90.02 WOUND CARE		1,423,690		1,423,690	90.02
90.03 PAIN MANAGMENT		1,405,609		1,405,609	90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER		210,756		210,756	90.06
91 EMERGENCY	55,528	9,591,724	-220,969	9,370,755	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	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 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		3,134,625		3,134,625	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,859,644	208,383,646	-7,400,297	200,983,349	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		472,157		472,157	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		358,299		358,299	190.09
190.10 PLAZA		347,354		347,354	190.10
190.11 G CAFETERIA					190.11
190.12 G PHARMACY		773,444		773,444	190.12
190.13 G SUITE					190.13
190.14 OFFSITE CLINICS		6,552,677		6,552,677	190.14
191.01 OCC HEALTH		45,860		45,860	191.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,859,644	216,933,437	-7,400,297	209,533,140	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	83,534	18,107	28,239	129,880	129,880	4
5.01 NON-PATIENT PHONES	62,279	9,408	83,846	155,533	432	5.01
5.03 PURCHASING	32,664	50,235	47,287	130,186	1,062	5.03
5.04 ADMITTING	9,050	30,403	32,117	71,570	2,276	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	5,527	22,030	7,770	35,327	2,236	5.05
5.06 ADMINISTRATION & GENERAL	200,599	3,293,368	1,569,942	5,063,909	16,285	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	14,011	651,912	1,809,947	2,475,870	3,116	7
8 LAUNDRY & LINEN SERVICE	65	22,775	28,173	51,013		8
9 HOUSEKEEPING	100	50,635	6,649	57,384	2,565	9
10 DIETARY	4,898	53,577	143,175	201,650	352	10
11 CAFETERIA		94,686	24,977	119,663		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,991	24,291	483,462	511,744	1,868	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,785	30,848	65,375	100,008	3,020	15
16 MEDICAL RECORDS & LIBRARY	4,156	46,212	14,535	64,903	1,606	16
17 SOCIAL SERVICE	35	18,688		18,723	731	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	70		179	249	3,496	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	4,222	46,022	3,925	54,169	1,756	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,302	646,627	380,278	1,048,207	26,594	30
31 INTENSIVE CARE UNIT	2,931	52,751	51,087	106,769	4,375	31
31.01 SPECIAL CARE NURSERY		10,661		10,661	783	31.01
40 SUBPROVIDER - IPF	674	95,321	11,127	107,122	2,010	40
41 SUBPROVIDER - IRF	796	48,201	6,283	55,280	1,342	41
43 NURSERY	233	917	3,367	4,517	1,522	43
44 SKILLED NURSING FACILITY	6,676	105,574	19,419	131,669	1,524	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	150,028	224,315	961,303	1,335,646	7,945	50
52 DELIVERY ROOM & LABOR ROOM		14,429	2,919	17,348	2,899	52
53 ANESTHESIOLOGY	1,835	13,349	92,415	107,599	454	53
54 RADIOLOGY-DIAGNOSTIC	10,226	141,407	1,334,306	1,485,939	4,746	54
54.02 CANCER TREATMENT CENTER	3,344	83,389	265,090	351,823	1,226	54.02
54.03 ULTRASOUND	129	2,216	209,896	212,241	1,659	54.03
54.04 SPECIAL PROCEDURES	4,843	8,609	20,523	33,975	600	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	503,313		533,919	1,037,232	916	57
58 MAGNETIC RESONANCE IMAGING (MRI)	222,240		496,304	718,544	561	58
59 CARDIAC CATHETERIZATION	1,843	16,990	323,339	342,172	990	59
60 LABORATORY	72,387	91,317	203,021	366,725	4,453	60
60.01 PATHOLOGY	5,083	18,398	71,103	94,584	1,017	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	129	4,132	14,290	18,551	330	63
65 RESPIRATORY THERAPY	43,842	13,004	36,668	93,514	1,856	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	224,320	54,013	84,439	362,772	5,768	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	3,889	9,798	38,324	52,011	776	69
69.02 RADIOLOGY	110,619		84,954	195,573	2,165	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,811	93,097	72,223	168,131	714	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		3,069		3,069		74
75 ASC (NON-DISTINCT PART)	3,242	49,236	99,206	151,684	404	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	3,582	82,063	58,368	144,013	1,035	90.01
90.02 WOUND CARE	3,752	47,602	7,601	58,955	738	90.02
90.03 PAIN MANAGMENT	142,046	49,808	24,109	215,963	361	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		7,192	7,392	14,584	134	90.06
91 EMERGENCY	9,358	93,723	283,517	386,598	6,051	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	6,256	4,913	54,522	65,691	2,279	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,990,715	6,549,318	10,200,910	18,740,943	129,028	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,257	773	7,030	99	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		9,880	1,907	11,787	255	190.09
190.10 PLAZA		17,771	3,440	21,211		190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY		29,395	2,138	31,533	498	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS	99	509,434	18,005	527,538		190.14
191.01 OCC HEALTH		5,739		5,739		191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,990,814	7,127,794	10,227,173	19,345,781	129,880	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	155,965					5.01
5.03 PURCHASING	1,440	132,688				5.03
5.04 ADMITTING	2,879	78	76,803			5.04
5.05 PATIENT ACCOUNTS & CASHIERS	9,838	76		47,477		5.05
5.06 ADMINISTRATION & GENERAL	24,231				5,104,425	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,479	1,428			340,577	7
8 LAUNDRY & LINEN SERVICE	240				30,448	8
9 HOUSEKEEPING	960	1,166			91,543	9
10 DIETARY	1,200	1			16,085	10
11 CAFETERIA	1,200	5			82,653	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,839	30			61,735	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	2,160	320			89,490	15
16 MEDICAL RECORDS & LIBRARY	3,599	29			63,137	16
17 SOCIAL SERVICE	2,399	16			20,749	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		6			126,029	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,359	92			37,191	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,798	5,913	9,765	6,103	777,397	30
31 INTENSIVE CARE UNIT	5,759	2,263	1,520	950	129,500	31
31.01 SPECIAL CARE NURSERY	1,920		249	156	23,500	31.01
40 SUBPROVIDER - IPF	2,639	103	1,019	637	58,804	40
41 SUBPROVIDER - IRF	960	302	746	466	40,032	41
43 NURSERY	2,160	37	409	256	40,997	43
44 SKILLED NURSING FACILITY	960	345	396	248	46,320	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,958	4,667	5,111	3,195	310,938	50
52 DELIVERY ROOM & LABOR ROOM			1,085	678	82,015	52
53 ANESTHESIOLOGY	720	1,517	2,656	1,660	22,029	53
54 RADIOLOGY-DIAGNOSTIC	8,158	551	3,854	2,409	223,098	54
54.02 CANCER TREATMENT CENTER	4,079	520	506	316	52,996	54.02
54.03 ULTRASOUND	960	234	1,215	759	53,120	54.03
54.04 SPECIAL PROCEDURES		2,985	159	100	23,282	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		499	4,986	3,116	77,499	57
58 MAGNETIC RESONANCE IMAGING (MRI)		145	2,017	1,261	51,870	58
59 CARDIAC CATHETERIZATION	1,680	3,690	2,138	1,336	55,903	59
60 LABORATORY	7,438	9,544	10,600	6,101	249,864	60
60.01 PATHOLOGY	480	1,917	703	439	44,185	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	720	6,929	903	564	53,085	63
65 RESPIRATORY THERAPY	960	705	1,902	1,189	58,706	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	4,319	161	1,761	1,101	178,532	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	960	458	1,079	674	30,856	69
69.02 RADIOLOGY	1,680	224	1,313	821	73,193	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	480	36,504	7,660	4,787	433,607	71
72 IMPL. DEV. CHARGED TO PATIENT		39,976	2,465	1,541	298,478	72
73 DRUGS CHARGED TO PATIENTS			4,274	2,671	147,960	73
74 RENAL DIALYSIS			501	313	23,638	74
75 ASC (NON-DISTINCT PART)	4,079	2,237	591	369	20,116	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	5,999	117	167	104	24,730	90.01
90.02 WOUND CARE		849	596	372	24,716	90.02
90.03 PAIN MANAGMENT		22	81	50	25,856	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		2	12	8	4,022	90.06
91 EMERGENCY	6,958	4,725	4,194	2,621	191,558	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	960	117	170	106	66,879	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	146,607	131,505	76,803	47,477	4,978,918	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	480	1,137			10,169	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	240				7,106	190.09
190.10 PLAZA	4,319	2			6,190	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	3,599				14,423	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS		44			87,304	190.14
191.01 OCC HEALTH	720				315	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	155,965	132,688	76,803	47,477	5,104,425	202

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	
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	2,827,470					7
8 LAUNDRY & LINEN SERVICE	21,097	102,798				8
9 HOUSEKEEPING	46,905	6,913	207,436			9
10 DIETARY	49,630		2,202	271,120		10
11 CAFETERIA	87,710		3,892		295,123	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	22,502		999		4,659	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	28,575		1,268		7,078	15
16 MEDICAL RECORDS & LIBRARY	42,808		1,900		6,252	16
17 SOCIAL SERVICE	17,312		768		1,989	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					13,472	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	42,631		1,892		1,626	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	598,995	46,165	88,392	188,101	93,995	30
31 INTENSIVE CARE UNIT	48,864	4,583	7,211	14,688	9,223	31
31.01 SPECIAL CARE NURSERY	9,876	1,225	1,457			31.01
40 SUBPROVIDER - IPF	88,299	5,806	13,031	25,457	5,894	40
41 SUBPROVIDER - IRF	44,650	4,245	6,589	18,612	4,388	41
43 NURSERY	850	3,170	126		1,822	43
44 SKILLED NURSING FACILITY	97,796	5,534	14,432	24,262	5,206	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	207,790	16,627	9,221		20,242	50
52 DELIVERY ROOM & LABOR ROOM	13,366		593			52
53 ANESTHESIOLOGY	12,365		549		1,765	53
54 RADIOLOGY-DIAGNOSTIC	130,989	247	5,813		14,591	54
54.02 CANCER TREATMENT CENTER	77,246	667	3,428		2,812	54.02
54.03 ULTRASOUND	2,052	69	91		3,811	54.03
54.04 SPECIAL PROCEDURES	7,974	599	354		1,492	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN					2,506	57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	15,739	1,686	698		2,235	59
60 LABORATORY	84,590	1,411	3,754		19,319	60
60.01 PATHOLOGY	17,042		756		3,065	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	3,827		170		932	63
65 RESPIRATORY THERAPY	12,046		535		5,902	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	50,034		2,221		15,269	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	9,076	50	403		1,633	69
69.02 RADIOLOGY					5,730	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	86,238	1,860			1,631	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	2,843					74
75 ASC (NON-DISTINCT PART)	45,609	1,854	2,024		2,543	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	76,018		3,374		3,359	90.01
90.02 WOUND CARE	44,095	87	1,957		2,469	90.02
90.03 PAIN MANAGMENT	46,139		2,048		1,516	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	6,662				383	90.06
91 EMERGENCY	86,819		3,853		18,118	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 OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 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	4,551				5,566	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,291,610	102,798	186,001	271,120	292,493	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,796		257		370	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	9,152				689	190.09
190.10 PLAZA	16,462					190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	27,229				1,539	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS	471,905		20,942			190.14
191.01 OCC HEALTH	5,316		236			191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,827,470	102,798	207,436	271,120	295,123	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 13	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21
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	607,376				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY		231,919			15
16 MEDICAL RECORDS & LIBRARY			184,234		16
17 SOCIAL SERVICE				62,687	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	282,590	171	23,496	40,380	30
31 INTENSIVE CARE UNIT	31,231	67	3,657	541	31
31.01 SPECIAL CARE NURSERY	2,605		600	195	31.01
40 SUBPROVIDER - IPF	20,138	2	2,452	5,457	40
41 SUBPROVIDER - IRF	15,103	1	1,794	5,081	41
43 NURSERY	13,328		985	195	43
44 SKILLED NURSING FACILITY	17,834	521	954	4,916	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	69,373	20	12,299		50
52 DELIVERY ROOM & LABOR ROOM	23,596		2,610		52
53 ANESTHESIOLOGY	6,058	266	6,391		53
54 RADIOLOGY-DIAGNOSTIC		16,162	9,274		54
54.02 CANCER TREATMENT CENTER	9,557	12,692	1,218		54.02
54.03 ULTRASOUND		41	2,922		54.03
54.04 SPECIAL PROCEDURES		8	383		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		56	11,997		57
58 MAGNETIC RESONANCE IMAGING (MRI)			4,854		58
59 CARDIAC CATHETERIZATION	7,936	2	5,143		59
60 LABORATORY		2	24,934		60
60.01 PATHOLOGY			1,692		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.			2,172		63
65 RESPIRATORY THERAPY		99	4,577		65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE		7	4,238		66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY			2,597		69
69.02 RADIOLOGY	7,936	245	3,160		69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		62	18,432		71
72 IMPL. DEV. CHARGED TO PATIENT			5,932		72
73 DRUGS CHARGED TO PATIENTS		200,296	10,285		73
74 RENAL DIALYSIS			1,206		74
75 ASC (NON-DISTINCT PART)	8,618	16	1,422		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		311	401	165	90.01
90.02 WOUND CARE	8,618	523	1,433		90.02
90.03 PAIN MANAGMENT		280	194		90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER			30		90.06
91 EMERGENCY	62,461	45	10,091	135	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	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	
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	20,394	24	409	5,622		101
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	607,376	231,919	184,234	62,687		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)	607,376	231,919	184,234	62,687	143,252	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS 22	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 APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	142,716				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		3,247,062		3,247,062	30
31 INTENSIVE CARE UNIT		371,201		371,201	31
31.01 SPECIAL CARE NURSERY		53,227		53,227	31.01
40 SUBPROVIDER - IPF		338,870		338,870	40
41 SUBPROVIDER - IRF		199,591		199,591	41
43 NURSERY		70,374		70,374	43
44 SKILLED NURSING FACILITY		352,917		352,917	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,010,032		2,010,032	50
52 DELIVERY ROOM & LABOR ROOM		144,190		144,190	52
53 ANESTHESIOLOGY		164,029		164,029	53
54 RADIOLOGY-DIAGNOSTIC		1,905,831		1,905,831	54
54.02 CANCER TREATMENT CENTER		519,086		519,086	54.02
54.03 ULTRASOUND		279,174		279,174	54.03
54.04 SPECIAL PROCEDURES		71,911		71,911	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,138,807		1,138,807	57
58 MAGNETIC RESONANCE IMAGING (MRI)		779,252		779,252	58
59 CARDIAC CATHETERIZATION		441,348		441,348	59
60 LABORATORY		788,735		788,735	60
60.01 PATHOLOGY		165,880		165,880	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		88,183		88,183	63
65 RESPIRATORY THERAPY		181,991		181,991	65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE		626,183		626,183	66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY		100,573		100,573	69
69.02 RADIOLOGY		292,040		292,040	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		760,106		760,106	71
72 IMPL. DEV. CHARGED TO PATIENT		348,392		348,392	72
73 DRUGS CHARGED TO PATIENTS		365,486		365,486	73
74 RENAL DIALYSIS		31,570		31,570	74
75 ASC (NON-DISTINCT PART)		241,566		241,566	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		259,793		259,793	90.01
90.02 WOUND CARE		145,408		145,408	90.02
90.03 PAIN MANAGMENT		292,510		292,510	90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER		25,837		25,837	90.06
91 EMERGENCY		784,227		784,227	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-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 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		172,768		172,768	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)		17,758,150		17,758,150	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,338		25,338	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		29,229		29,229	190.09
190.10 PLAZA		48,184		48,184	190.10
190.11 G CAFETERIA					190.11
190.12 G PHARMACY		78,821		78,821	190.12
190.13 G SUITE					190.13
190.14 OFFSITE CLINICS		1,107,733		1,107,733	190.14
191.01 OCC HEALTH		12,358		12,358	191.01
200 CROSS FOOT ADJUSTMENTS	142,716	285,968		285,968	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	142,716	19,345,781		19,345,781	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		10,297,582				2
4 EMPLOYEE BENEFITS	1,994	28,433	96,333,294			4
5.01 NON-PATIENT PHONES	1,036	84,423	320,302	650		5.01
5.03 PURCHASING	5,532	47,613	787,563	6	24,120,940	5.03
5.04 ADMITTING	3,348	32,338	1,688,167	12	14,101	5.04
5.05 PATIENT ACCOUNTS & CASHIERS	2,426	7,823	1,658,680	41	13,902	5.05
5.06 ADMINISTRATION & GENERAL	362,673	1,580,750	12,080,877	101		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	71,790	1,822,411	2,311,470	27	259,645	7
8 LAUNDRY & LINEN SERVICE	2,508	28,367		1	90	8
9 HOUSEKEEPING	5,576	6,695	1,902,670	4	211,994	9
10 DIETARY	5,900	144,161	261,348	5	256	10
11 CAFETERIA	10,427	25,149		5	912	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,675	486,790	1,386,019	16	5,446	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	3,397	65,825	2,240,589	9	58,124	15
16 MEDICAL RECORDS & LIBRARY	5,089	14,635	1,191,471	15	5,243	16
17 SOCIAL SERVICE	2,058		542,608	10	2,921	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		180	2,593,246		1,131	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	5,068	3,952	1,303,022	14	16,670	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	71,208	382,896	19,711,851	45	1,074,839	30
31 INTENSIVE CARE UNIT	5,809	51,439	3,245,632	24	411,425	31
31.01 SPECIAL CARE NURSERY	1,174		580,652	8		31.01
40 SUBPROVIDER - IPF	10,497	11,204	1,491,338	11	18,753	40
41 SUBPROVIDER - IRF	5,308	6,326	995,378	4	54,959	41
43 NURSERY	101	3,390	1,129,298	9	6,696	43
44 SKILLED NURSING FACILITY	11,626	19,553	1,130,345	4	62,656	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	24,702	967,921	5,894,010	29	848,313	50
52 DELIVERY ROOM & LABOR ROOM	1,589	2,939	2,150,661			52
53 ANESTHESIOLOGY	1,470	93,051	337,157	3	275,725	53
54 RADIOLOGY-DIAGNOSTIC	15,572	1,343,491	3,520,624	34	100,123	54
54.02 CANCER TREATMENT CENTER	9,183	266,915	909,455	17	94,455	54.02
54.03 ULTRASOUND	244	211,341	1,230,557	4	42,628	54.03
54.04 SPECIAL PROCEDURES	948	20,664	445,116		542,554	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN		537,595	679,364		90,744	57
58 MAGNETIC RESONANCE IMAGING (MRI)		499,721	415,871		26,363	58
59 CARDIAC CATHETERIZATION	1,871	325,565	734,177	7	670,766	59
60 LABORATORY	10,056	204,419	3,303,690	31	1,735,010	60
60.01 PATHOLOGY	2,026	71,592	754,709	2	348,418	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	455	14,388	244,615	3	1,259,651	63
65 RESPIRATORY THERAPY	1,432	36,920	1,376,691	4	128,146	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	5,948	85,020	4,279,263	18	29,329	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,079	38,588	575,310	4	83,188	69
69.02 RADIOLOGY		85,539	1,606,086	7	40,719	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,252	72,720	530,026	2	6,635,884	71
72 IMPL. DEV. CHARGED TO PATIENT					7,267,504	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	338					74
75 ASC (NON-DISTINCT PART)	5,422	99,889	299,644	17	406,621	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	58,770	767,778	25	21,303	90.01
90.02 WOUND CARE	5,242	7,653	547,397		154,276	90.02
90.03 PAIN MANAGEMENT	5,485	24,275	267,814		3,923	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	792	7,443	99,668		415	90.06
91 EMERGENCY	10,321	285,469	4,488,801	29	858,865	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	54,897	1,690,630	4	21,248	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	721,225	10,271,138	95,701,640	611	23,905,934	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	689	778	73,432	2	206,656	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	1,088	1,920	189,111	1	18	190.09
190.10 PLAZA	1,957	3,464		18	410	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY	3,237	2,153	369,111	15		190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS	56,100	18,129			7,922	190.14
191.01 OCC HEALTH	632			3		191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	7,127,794	10,227,173	15,962,565	506,652	1,278,561	202
203 UNIT COST MULT-WS B PT I	9.080825	0.993163	0.165701	779.464615	0.053006	203
204 COST TO BE ALLOC PER B PT II			129,880	155,965	132,688	204
205 UNIT COST MULT-WS B PT II			0.001348	239.946154	0.005501	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	PATIENT	RECON-	OTHER	OPERATION
	GROSS REVENUE 5.04	ACCOUNTS- CASHIERS GROSS REVENUE 5.05	CILIATION 5A.06	ADMINISTRA & GENERAL ACCUM COST 5.06	OF PLANT SQUARE FEET 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	1,199,537,423				5.04
5.05 PATIENT ACCOUNTS & CASHIERS		1,199,537,423			5.05
5.06 ADMINISTRATION & GENERAL			-49,362,844	167,570,593	5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT				11,180,754	336,129
8 LAUNDRY & LINEN SERVICE				999,574	2,508
9 HOUSEKEEPING				3,005,249	5,576
10 DIETARY				528,040	5,900
11 CAFETERIA				2,713,393	10,427
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION				2,026,682	2,675
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY				2,937,854	3,397
16 MEDICAL RECORDS & LIBRARY				2,072,718	5,089
17 SOCIAL SERVICE				681,180	2,058
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD				4,137,397	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				1,220,947	5,068
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	152,570,734	152,570,734		25,519,124	71,208
31 INTENSIVE CARE UNIT	23,747,247	23,747,247		4,251,351	5,809
31.01 SPECIAL CARE NURSERY	3,893,540	3,893,540		771,472	1,174
40 SUBPROVIDER - IPF	15,923,955	15,923,955		1,930,463	10,497
41 SUBPROVIDER - IRF	11,648,656	11,648,656		1,314,204	5,308
43 NURSERY	6,397,055	6,397,055		1,345,878	101
44 SKILLED NURSING FACILITY	6,192,603	6,192,603		1,520,629	11,626
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	79,865,865	79,865,865		10,207,752	24,702
52 DELIVERY ROOM & LABOR ROOM	16,948,625	16,948,625		2,692,463	1,589
53 ANESTHESIOLOGY	41,499,082	41,499,082		723,187	1,470
54 RADIOLOGY-DIAGNOSTIC	60,218,157	60,218,157		7,324,043	15,572
54.02 CANCER TREATMENT CENTER	7,909,633	7,909,633		1,739,807	9,183
54.03 ULTRASOUND	18,976,652	18,976,652		1,743,874	244
54.04 SPECIAL PROCEDURES	2,488,678	2,488,678		764,337	948
57 COMPUTED TOMOGRAPHY (CT) SCAN	77,902,923	77,902,923		2,544,193	57
58 MAGNETIC RESONANCE IMAGING (MRI)	31,518,059	31,518,059		1,702,835	58
59 CARDIAC CATHETERIZATION	33,398,557	33,398,557		1,835,218	1,871
60 LABORATORY	165,118,417	165,118,417		8,202,760	10,056
60.01 PATHOLOGY	10,986,778	10,986,778		1,450,544	2,026
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	14,105,118	14,105,118		1,742,705	455
65 RESPIRATORY THERAPY	29,719,585	29,719,585		1,927,263	1,432
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE	27,522,335	27,522,335		5,861,014	5,948
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	16,862,452	16,862,452		1,012,977	1,079
69.02 RADIOLOGY	20,519,460	20,519,460		2,402,854	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	119,687,060	119,687,060		14,234,826	10,252
72 IMPL. DEV. CHARGED TO PATIENT	38,519,165	38,519,165		9,798,695	72
73 DRUGS CHARGED TO PATIENTS	66,786,816	66,786,816		4,857,351	73
74 RENAL DIALYSIS	7,829,067	7,829,067		776,011	338
75 ASC (NON-DISTINCT PART)	9,232,434	9,232,434		660,396	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	2,606,833	2,606,833		811,869	9,037
90.02 WOUND CARE	9,305,592	9,305,592		811,389	5,242
90.03 PAIN MANAGEMENT	1,260,420	1,260,420		848,814	5,485
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER	191,776	191,776		132,031	792
91 EMERGENCY	65,526,172	65,526,172		6,288,644	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	2,657,922	2,657,922		2,195,549	541	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,199,537,423	1,199,537,423	-49,362,844	163,450,310	272,426	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				333,835	689	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				233,295	1,088	190.09
190.10 PLAZA				203,218	1,957	190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY				473,498	3,237	190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS				2,866,088	56,100	190.14
191.01 OCC HEALTH				10,349	632	191.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,107,227	2,953,767		49,362,844	14,474,369	202
203 UNIT COST MULT-WS B PT I	0.001757	0.002462		0.294579	43.061946	203
204 COST TO BE ALLOC PER B PT II	76,803	47,477		5,104,425	2,827,470	204
205 UNIT COST MULT-WS B PT II	0.000064	0.000040		0.030461	8.411860	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	1,200,619					8
9 HOUSEKEEPING	80,744	699,139				9
10 DIETARY		7,423	215,187			10
11 CAFETERIA		13,119		118,711		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,366		1,874	1,480,544	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		4,274		2,847		15
16 MEDICAL RECORDS & LIBRARY		6,403		2,515		16
17 SOCIAL SERVICE		2,589		800		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				5,419		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		6,376		654		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	539,160	297,923	149,295	37,808	688,846	30
31 INTENSIVE CARE UNIT	53,531	24,304	11,658	3,710	76,128	31
31.01 SPECIAL CARE NURSERY	14,308	4,912			6,349	31.01
40 SUBPROVIDER - IPF	67,815	43,918	20,205	2,371	49,088	40
41 SUBPROVIDER - IRF	49,580	22,208	14,772	1,765	36,816	41
43 NURSERY	37,024	423		733	32,488	43
44 SKILLED NURSING FACILITY	64,634	48,641	19,257	2,094	43,472	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	194,196	31,079		8,142	169,104	50
52 DELIVERY ROOM & LABOR ROOM		1,999			57,517	52
53 ANESTHESIOLOGY		1,849		710	14,768	53
54 RADIOLOGY-DIAGNOSTIC	2,879	19,592		5,869		54
54.02 CANCER TREATMENT CENTER	7,791	11,554		1,131	23,296	54.02
54.03 ULTRASOUND	808	307		1,533		54.03
54.04 SPECIAL PROCEDURES	6,996	1,193		600		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN				1,008		57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	19,690	2,354		899	19,344	59
60 LABORATORY	16,481	12,652		7,771		60
60.01 PATHOLOGY		2,549		1,233		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		572		375		63
65 RESPIRATORY THERAPY		1,802		2,374		65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE		7,484		6,142		66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	588	1,358		657		69
69.02 RADIOLOGY				2,305	19,344	69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,726			656		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)	21,655	6,822		1,023	21,008	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		1,351		90.01
90.02 WOUND CARE	1,013	6,595		993	21,008	90.02
90.03 PAIN MANAGEMENT		6,901		610		90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER				154		90.06
91 EMERGENCY		12,985		7,288	152,256	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				2,239	49,712	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,200,619	626,896	215,187	117,653	1,480,544	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		867		149		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				277		190.09
190.10 PLAZA						190.10
190.11 G CAFETERIA						190.11
190.12 G PHARMACY				619		190.12
190.13 G SUITE						190.13
190.14 OFFSITE CLINICS		70,581				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	1,402,027	4,224,934	982,512	4,040,988	2,823,024	202
203 UNIT COST MULT-WS B PT I	1.167753	6.043053	4.565852	34.040552	1.906748	203
204 COST TO BE ALLOC PER B PT II	102,798	207,436	271,120	295,123	607,376	204
205 UNIT COST MULT-WS B PT II	0.085621	0.296702	1.259927	2.486063	0.410238	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	(COSTED REQUIS) 15	16	17	21	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	5,297,923					15
16 MEDICAL RECORDS & LIBRARY		1,199,537,423				16
17 SOCIAL SERVICE			4,170			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				35,935		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	3,902	152,570,734	2,686	19,429	19,429	30
31 INTENSIVE CARE UNIT	1,524	23,747,247	36	2,432	2,432	31
31.01 SPECIAL CARE NURSERY		3,893,540	13			31.01
40 SUBPROVIDER - IPF	41	15,923,955	363			40
41 SUBPROVIDER - IRF	27	11,648,656	338			41
43 NURSERY		6,397,055	13			43
44 SKILLED NURSING FACILITY	11,904	6,192,603	327			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	446	79,865,865		3,680	3,680	50
52 DELIVERY ROOM & LABOR ROOM		16,948,625		2,120	2,120	52
53 ANESTHESIOLOGY	6,078	41,499,082				53
54 RADIOLOGY-DIAGNOSTIC	369,195	60,218,157				54
54.02 CANCER TREATMENT CENTER	289,937	7,909,633				54.02
54.03 ULTRASOUND	947	18,976,652				54.03
54.04 SPECIAL PROCEDURES	191	2,488,678				54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,276	77,902,923				57
58 MAGNETIC RESONANCE IMAGING (MRI)		31,518,059				58
59 CARDIAC CATHETERIZATION	39	33,398,557				59
60 LABORATORY	38	165,118,417				60
60.01 PATHOLOGY		10,986,778				60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		14,105,118				63
65 RESPIRATORY THERAPY	2,251	29,719,585				65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	161	27,522,335				66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		16,862,452				69
69.02 RADIOLOGY	5,607	20,519,460				69.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,406	119,687,060				71
72 IMPL. DEV. CHARGED TO PATIENT		38,519,165				72
73 DRUGS CHARGED TO PATIENTS	4,575,578	66,786,816				73
74 RENAL DIALYSIS		7,829,067				74
75 ASC (NON-DISTINCT PART)	372	9,232,434				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	7,108	2,606,833	11	7,201	7,201	90.01
90.02 WOUND CARE	11,940	9,305,592				90.02
90.03 PAIN MANAGEMENT	6,387	1,260,420				90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER		191,776				90.06
91 EMERGENCY	1,022	65,526,172	9	1,073	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	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	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	546	2,657,922	374			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,297,923	1,199,537,423	4,170	35,935	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	4,072,306	3,026,745	1,013,339	5,540,653	1,859,644	202
203 UNIT COST MULT-WS B PT I	0.768661	0.002523	243.006954	154.185418	51.750216	203
204 COST TO BE ALLOC PER B PT II	231,919	184,234	62,687	143,252	142,716	204
205 UNIT COST MULT-WS B PT II	0.043775	0.000154	15.032854	3.986420	3.971504	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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	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 (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	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	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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)	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	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	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	42,855,683		42,855,683	7,611	42,863,294	30
31 INTENSIVE CARE UNIT	6,357,747		6,357,747		6,357,747	31
31.01 SPECIAL CARE NURSERY	1,120,765		1,120,765		1,120,765	31.01
40 SUBPROVIDER - IPF	3,690,729		3,690,729		3,690,729	40
41 SUBPROVIDER - IRF	2,431,290		2,431,290		2,431,290	41
43 NURSERY	1,898,682		1,898,682		1,898,682	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	3,184,962		3,184,962		3,184,962	44
50 OPERATING ROOM	15,494,484		15,494,484		15,494,484	50
52 DELIVERY ROOM & LABOR ROOM	3,718,542		3,718,542		3,718,542	52
53 ANESTHESIOLOGY	1,172,400		1,172,400		1,172,400	53
54 RADIOLOGY-DIAGNOSTIC	10,909,370		10,909,370		10,909,370	54
54.02 CANCER TREATMENT CENTER	3,052,414		3,052,414		3,052,414	54.02
54.03 ULTRASOUND	2,371,679		2,371,679		2,371,679	54.03
54.04 SPECIAL PROCEDURES	1,072,547		1,072,547		1,072,547	54.04
57 COMPUTED TOMOGRAPHY (CT) SC	3,525,502		3,525,502		3,525,502	57
58 MAGNETIC RESONANCE IMAGING	2,283,974		2,283,974		2,283,974	58
59 CARDIAC CATHETERIZATION	2,645,403		2,645,403		2,645,403	59
60 LABORATORY	11,829,318		11,829,318		11,829,318	60
60.01 PATHOLOGY	2,050,184		2,050,184		2,050,184	60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING & RESPIRATORY THERAPY	2,327,471		2,327,471		2,327,471	63
65 PHYSICAL THERAPY	2,725,074		2,725,074		2,725,074	65
66 REHABILITATION MEDICINE	8,167,544		8,167,544		8,167,544	66
66.01 OCCUPATIONAL THERAPY						66.01
67 SPEECH PATHOLOGY						67
69 ELECTROCARDIOLOGY	1,431,645		1,431,645		1,431,645	69
69.02 RADIOLOGY	3,282,112		3,282,112		3,282,112	69.02
71 MEDICAL SUPPLIES CHRGD TO IMPL. DEV. CHARGED TO PATIE	19,220,331		19,220,331		19,220,331	71
72 DRUGS CHARGED TO PATIENTS	12,782,369		12,782,369		12,782,369	72
73 RENAL DIALYSIS	9,973,794		9,973,794		9,973,794	73
74 ASC (NON-DISTINCT PART)	1,038,916		1,038,916		1,038,916	74
75 CARDIAC REHABILITATION	1,253,390		1,253,390		1,253,390	75
76.97 HYPERBARIC OXYGEN THERAPY						76.97
76.98 LITHOTRIPSY						76.98
76.99 OUTPATIENT SERVICE COST CENTERS						76.99
90.01 FAMILY PRACTICE CLINIC	1,569,593		1,569,593		1,569,593	90.01
90.02 WOUND CARE	1,423,690		1,423,690		1,423,690	90.02
90.03 PAIN MANAGEMENT	1,405,609		1,405,609		1,405,609	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	210,756		210,756		210,756	90.06
91 EMERGENCY	9,370,755		9,370,755		9,370,755	91
92 OBSERVATION BEDS	6,816,527		6,816,527		6,816,527	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	3,134,625		3,134,625		3,134,625	101
200 SUBTOTAL (SEE INSTRUCTIONS)	207,799,876		207,799,876	7,611	207,807,487	200
201 LESS OBSERVATION BEDS	6,816,527		6,816,527		6,816,527	201
202 TOTAL (SEE INSTRUCTIONS)	200,983,349		200,983,349		200,990,960	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	131,886,134		131,886,134				30
31 INTENSIVE CARE UNIT	23,747,247		23,747,247				31
31.01 SPECIAL CARE NURSERY	3,893,540		3,893,540				31.01
40 SUBPROVIDER - IPF	15,923,955		15,923,955				40
41 SUBPROVIDER - IRF	11,648,656		11,648,656				41
43 NURSERY	6,397,055		6,397,055				43
44 SKILLED NURSING FACILITY	6,192,603		6,192,603				44
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	43,216,004	36,649,861	79,865,865	0.194006	0.194006	0.194006	50
52 DELIVERY ROOM & LABOR ROOM	15,771,228	1,177,397	16,948,625	0.219401	0.219401	0.219401	52
53 ANESTHESIOLOGY	24,402,988	17,096,094	41,499,082	0.028251	0.028251	0.028251	53
54 RADIOLOGY-DIAGNOSTIC	20,462,677	39,755,480	60,218,157	0.181164	0.181164	0.181164	54
54.02 CANCER TREATMENT CENTER	978,171	6,931,462	7,909,633	0.385911	0.385911	0.385911	54.02
54.03 ULTRASOUND	3,198,840	15,777,812	18,976,652	0.124979	0.124979	0.124979	54.03
54.04 SPECIAL PROCEDURES	1,354,573	1,134,105	2,488,678	0.430971	0.430971	0.430971	54.04
57 COMPUTED TOMOGRAPHY (CT) SC	28,720,330	49,182,593	77,902,923	0.045255	0.045255	0.045255	57
58 MAGNETIC RESONANCE IMAGING	7,744,992	23,773,067	31,518,059	0.072466	0.072466	0.072466	58
59 CARDIAC CATHETERIZATION	22,385,532	11,013,025	33,398,557	0.079207	0.079207	0.079207	59
60 LABORATORY	83,333,666	81,784,751	165,118,417	0.071641	0.071641	0.071641	60
60.01 PATHOLOGY	3,007,635	7,979,143	10,986,778	0.186605	0.186605	0.186605	60.01
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
63 BLOOD STORING, PROCESSING &	12,166,031	1,939,087	14,105,118	0.165009	0.165009	0.165009	63
65 RESPIRATORY THERAPY	28,159,298	1,560,287	29,719,585	0.091693	0.091693	0.091693	65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	15,566,912	11,955,423	27,522,335	0.296761	0.296761	0.296761	66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	8,517,636	8,344,816	16,862,452	0.084901	0.084901	0.084901	69
69.02 CARDIOLOGY	8,553,234	11,966,226	20,519,460	0.159951	0.159951	0.159951	69.02
71 MEDICAL SUPPLIES CHRGD TO	96,865,618	22,821,442	119,687,060	0.160588	0.160588	0.160588	71
72 IMPL. DEV. CHARGED TO PATIE	30,464,361	8,054,804	38,519,165	0.331844	0.331844	0.331844	72
73 DRUGS CHARGED TO PATIENTS	55,922,203	10,864,613	66,786,816	0.149338	0.149338	0.149338	73
74 RENAL DIALYSIS	7,294,526	534,541	7,829,067	0.132700	0.132700	0.132700	74
75 ASC (NON-DISTINCT PART)	2,188,942	7,043,492	9,232,434	0.135759	0.135759	0.135759	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		2,606,833	2,606,833	0.602107	0.602107	0.602107	90.01
90.02 WOUND CARE	364,240	8,941,352	9,305,592	0.152993	0.152993	0.152993	90.02
90.03 PAIN MANAGEMENT	2,129	1,258,291	1,260,420	1.115191	1.115191	1.115191	90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER		191,776	191,776	1.098970	1.098970	1.098970	90.06
91 EMERGENCY	22,060,742	43,465,430	65,526,172	0.143008	0.143008	0.143008	91
92 OBSERVATION BEDS	1,637,857	19,046,743	20,684,600	0.329546	0.329546	0.329546	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	2,657,922		2,657,922				101
200 SUBTOTAL (SEE INSTRUCTIONS)	746,687,477	452,849,946	1,199,537,423				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	746,687,477	452,849,946	1,199,537,423				202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM 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	3,247,062		3,247,062	58,272	55.72	23,218	1,293,707 30
31 INTENSIVE CARE UNIT	371,201		371,201	3,886	95.52	1,828	174,611 31
31.01 SPECIAL CARE NURSERY	53,227		53,227	1,421	37.46		
32 CORONARY CARE UNIT							31.01 32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	338,870		338,870	6,735	50.31	3,491	175,632 40
41 SUBPROVIDER - IRF	199,591		199,591	4,924	40.53	2,959	119,928 41
42 SUBPROVIDER I							42
43 NURSERY	70,374		70,374	3,677	19.14		43
44 SKILLED NURSING FACILITY	352,917		352,917	6,419	54.98	5,049	277,594 44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,633,242		4,633,242	85,334		36,545	2,041,472 200

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	2,010,032	79,865,865	0.025168	17,575,870	442,349	50
52 DELIVERY ROOM & LABOR ROOM	144,190	16,948,625	0.008507	17,497	149	52
53 ANESTHESIOLOGY	164,029	41,499,082	0.003953	9,060,828	35,817	53
54 RADIOLOGY-DIAGNOSTIC	1,905,831	60,218,157	0.031649	10,791,451	341,539	54
54.02 CANCER TREATMENT CENTER	519,086	7,909,633	0.065627	522,685	34,302	54.02
54.03 ULTRASOUND	279,174	18,976,652	0.014711	1,133,229	16,671	54.03
54.04 SPECIAL PROCEDURES	71,911	2,488,678	0.028895	751,994	21,729	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,138,807	77,902,923	0.014618	13,754,069	201,057	57
58 MAGNETIC RESONANCE IMAGING (M	779,252	31,518,059	0.024724	3,909,556	96,660	58
59 CARDIAC CATHETERIZATION	441,348	33,398,557	0.013215	10,554,449	139,477	59
60 LABORATORY	788,735	165,118,417	0.004777	37,556,375	179,407	60
60.01 PATHOLOGY	165,880	10,986,778	0.015098	1,107,564	16,722	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	88,183	14,105,118	0.006252	5,112,445	31,963	63
65 RESPIRATORY THERAPY	181,991	29,719,585	0.006124	14,145,826	86,629	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	626,183	27,522,335	0.022752	3,076,016	69,986	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	100,573	16,862,452	0.005964	4,451,827	26,551	69
69.02 RADIOLOGY	292,040	20,519,460	0.014232	4,579,428	65,174	69.02
71 MEDICAL SUPPLIES CHRGD TO PA	760,106	119,687,060	0.006351	39,417,283	250,339	71
72 IMPL. DEV. CHARGED TO PATIENT	348,392	38,519,165	0.009045	13,515,016	122,243	72
73 DRUGS CHARGED TO PATIENTS	365,486	66,786,816	0.005472	23,164,789	126,758	73
74 RENAL DIALYSIS	31,570	7,829,067	0.004032	4,014,980	16,188	74
75 ASC (NON-DISTINCT PART)	241,566	9,232,434	0.026165	1,136,644	29,740	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	259,793	2,606,833	0.099658			90.01
90.02 WOUND CARE	145,408	9,305,592	0.015626	171,161	2,675	90.02
90.03 PAIN MANAGEMENT	292,510	1,260,420	0.232073	2,129	494	90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	25,837	191,776	0.134725			90.06
91 EMERGENCY	784,227	65,526,172	0.011968	10,423,260	124,746	91
92 OBSERVATION BEDS	516,379	20,684,600	0.024964	1,463,665	36,539	92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	13,468,519	997,190,311		231,410,036	2,515,904	200

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 16:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					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 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 16:01

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	58,272		23,218		30
31 INTENSIVE CARE UNIT	3,886		1,828		31
31.01 SPECIAL CARE NURSERY	1,421				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	6,735		3,491		40
41 SUBPROVIDER - IRF	4,924		2,959		41
42 SUBPROVIDER I					42
43 NURSERY	3,677				43
44 SKILLED NURSING FACILITY	6,419		5,049		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	85,334		36,545		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 CHRGED 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	[XX] HOSPITAL (14-0114) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] 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 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	79,865,865		17,575,870		11,984,837	50
52						DELIVERY ROOM & LABOR ROOM	16,948,625		17,497		1,715	52
53						ANESTHESIOLOGY	41,499,082		9,060,828		5,154,783	53
54						RADIOLOGY-DIAGNOSTIC	60,218,157		10,791,451		14,676,256	54
54.02						CANCER TREATMENT CENTER	7,909,633		522,685		3,765,978	54.02
54.03						ULTRASOUND	18,976,652		1,133,229		1,903,371	54.03
54.04						SPECIAL PROCEDURES	2,488,678		751,994		651,278	54.04
57						COMPUTED TOMOGRAPHY (CT) SCA	77,902,923		13,754,069		16,351,443	57
58						MAGNETIC RESONANCE IMAGING (	31,518,059		3,909,556		8,085,995	58
59						CARDIAC CATHETERIZATION	33,398,557		10,554,449		4,635,748	59
60						LABORATORY	165,118,417		37,556,375		2,671,814	60
60.01						PATHOLOGY	10,986,778		1,107,564		2,660,361	60.01
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	14,105,118		5,112,445		480,015	63
65						RESPIRATORY THERAPY	29,719,585		14,145,826		629,927	65
66						PHYSICAL THERAPY						66
66.01						REHABILITATION MEDICINE	27,522,335		3,076,016		4,089,288	66.01
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY	16,862,452		4,451,827		2,568,617	69
69.02						CARDIOLOGY	20,519,460		4,579,428		4,897,799	69.02
71						MEDICAL SUPPLIES CHRGED TO P	119,687,060		39,417,283		8,632,098	71
72						IMPL. DEV. CHARGED TO PATIEN	38,519,165		13,515,016		3,562,264	72
73						DRUGS CHARGED TO PATIENTS	66,786,816		23,164,789		8,947,331	73
74						RENAL DIALYSIS	7,829,067		4,014,980		367,385	74
75						ASC (NON-DISTINCT PART)	9,232,434		1,136,644		2,825,012	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	2,606,833				45,502	90.01
90.02						WOUND CARE	9,305,592		171,161		4,466,872	90.02
90.03						PAIN MANAGMENT	1,260,420		2,129		551,795	90.03
90.05						WOMENS CENTER						90.05
90.06						DIABETES CENTER	191,776				35,661	90.06
91						EMERGENCY	65,526,172		10,423,260		7,672,596	91
92						OBSERVATION BEDS	20,684,600		1,463,665		7,144,951	92
93.01						OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	997,190,311		231,410,036		129,460,692	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	0.194006	11,984,837			2,325,130			50
52 DELIVERY ROOM & LABOR ROOM	0.219401	1,715			376			52
53 ANESTHESIOLOGY	0.028251	5,154,783			145,628			53
54 RADIOLOGY-DIAGNOSTIC	0.181164	14,676,256			2,658,809			54
54.02 CANCER TREATMENT CENTER	0.385911	3,765,978			1,453,332			54.02
54.03 ULTRASOUND	0.124979	1,903,371			237,881			54.03
54.04 SPECIAL PROCEDURES	0.430971	651,278			280,682			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255	16,351,443			739,985			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466	8,085,995			585,960			58
59 CARDIAC CATHETERIZATION	0.079207	4,635,748			367,184			59
60 LABORATORY	0.071641	2,671,814			191,411			60
60.01 PATHOLOGY	0.186605	2,660,361			496,437			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009	480,015			79,207			63
65 RESPIRATORY THERAPY	0.091693	629,927			57,760			65
66 PHYSICAL THERAPY								66
66.01 REHABILITATION MEDICINE	0.296761	4,089,288			1,213,541			66.01
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY								68
69 ELECTROCARDIOLOGY	0.084901	2,568,617			218,078			69
69.02 RADIOLOGY	0.159951	4,897,799			783,408			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588	8,632,098			1,386,211			71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844	3,562,264	800		1,182,116	265		72
73 DRUGS CHARGED TO PATIENTS	0.149338	8,947,331		332,501	1,336,177		49,655	73
74 RENAL DIALYSIS	0.132700	367,385			48,752			74
75 ASC (NON-DISTINCT PART)	0.135759	2,825,012			383,521			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	0.602107	45,502			27,397			90.01
90.02 WOUND CARE	0.152993	4,466,872			683,400			90.02
90.03 PAIN MANAGEMENT	1.115191	551,795			615,357			90.03
90.05 WOMENS CENTER								90.05
90.06 DIABETES CENTER	1.098970	35,661			39,190			90.06
91 EMERGENCY	0.143008	7,672,596			1,097,243			91
92 OBSERVATION BEDS	0.329546	7,144,951			2,354,590			92
93.01 OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		129,460,692	800	332,501	20,988,763	265	49,655	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		129,460,692	800	332,501	20,988,763	265	49,655	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	2,010,032	79,865,865	0.025168	50
52	DELIVERY ROOM & LABOR ROOM	144,190	16,948,625	0.008507	52
53	ANESTHESIOLOGY	164,029	41,499,082	0.003953	726 53
54	RADIOLOGY-DIAGNOSTIC	1,905,831	60,218,157	0.031649	56,946 1,802 54
54.02	CANCER TREATMENT CENTER	519,086	7,909,633	0.065627	54.02
54.03	ULTRASOUND	279,174	18,976,652	0.014711	14,182 209 54.03
54.04	SPECIAL PROCEDURES	71,911	2,488,678	0.028895	54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,138,807	77,902,923	0.014618	121,290 1,773 57
58	MAGNETIC RESONANCE IMAGING (M	779,252	31,518,059	0.024724	35,849 886 58
59	CARDIAC CATHETERIZATION	441,348	33,398,557	0.013215	59
60	LABORATORY	788,735	165,118,417	0.004777	1,147,434 5,481 60
60.01	PATHOLOGY	165,880	10,986,778	0.015098	203 3 60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	88,183	14,105,118	0.006252	29,307 183 63
65	RESPIRATORY THERAPY	181,991	29,719,585	0.006124	31,340 192 65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	626,183	27,522,335	0.022752	1,249,722 28,434 66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	100,573	16,862,452	0.005964	169,055 1,008 69
69.02	CARDIOLOGY	292,040	20,519,460	0.014232	36,849 524 69.02
71	MEDICAL SUPPLIES CHRGED TO PA	760,106	119,687,060	0.006351	47,449 301 71
72	IMPL. DEV. CHARGED TO PATIENT	348,392	38,519,165	0.009045	72
73	DRUGS CHARGED TO PATIENTS	365,486	66,786,816	0.005472	1,001,938 5,483 73
74	RENAL DIALYSIS	31,570	7,829,067	0.004032	74
75	ASC (NON-DISTINCT PART)	241,566	9,232,434	0.026165	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	259,793	2,606,833	0.099658	90.01
90.02	WOUND CARE	145,408	9,305,592	0.015626	90.02
90.03	PAIN MANAGEMENT	292,510	1,260,420	0.232073	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	25,837	191,776	0.134725	90.06
91	EMERGENCY	784,227	65,526,172	0.011968	446,863 5,348 91
92	OBSERVATION BEDS	516,379	20,684,600	0.024964	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	13,468,519	997,190,311		4,389,153 51,630 200

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 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 CHRGED 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	79,865,865					50
52	DELIVERY ROOM & LABOR ROOM	16,948,625					52
53	ANESTHESIOLOGY	41,499,082			726		53
54	RADIOLOGY-DIAGNOSTIC	60,218,157			56,946	1,169	54
54.02	CANCER TREATMENT CENTER	7,909,633					54.02
54.03	ULTRASOUND	18,976,652			14,182		54.03
54.04	SPECIAL PROCEDURES	2,488,678					54.04
57	COMPUTED TOMOGRAPHY (CT) SCA	77,902,923			121,290	2,711	57
58	MAGNETIC RESONANCE IMAGING (	31,518,059			35,849		58
59	CARDIAC CATHETERIZATION	33,398,557					59
60	LABORATORY	165,118,417			1,147,434		60
60.01	PATHOLOGY	10,986,778			203		60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	14,105,118			29,307		63
65	RESPIRATORY THERAPY	29,719,585			31,340		65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	27,522,335			1,249,722		66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	16,862,452			169,055		69
69.02	CARDIOLOGY	20,519,460			36,849	3,255	69.02
71	MEDICAL SUPPLIES CHRGED TO P	119,687,060			47,449	334	71
72	IMPL. DEV. CHARGED TO PATIEN	38,519,165					72
73	DRUGS CHARGED TO PATIENTS	66,786,816			1,001,938	4,566	73
74	RENAL DIALYSIS	7,829,067					74
75	ASC (NON-DISTINCT PART)	9,232,434					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	2,606,833					90.01
90.02	WOUND CARE	9,305,592					90.02
90.03	PAIN MANAGMENT	1,260,420					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	191,776					90.06
91	EMERGENCY	65,526,172			446,863		91
92	OBSERVATION BEDS	20,684,600					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	997,190,311			4,389,153	12,035	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 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.194006							50
52 DELIVERY ROOM & LABOR ROOM	0.219401							52
53 ANESTHESIOLOGY	0.028251							53
54 RADIOLOGY-DIAGNOSTIC	0.181164	1,169			212			54
54.02 CANCER TREATMENT CENTER	0.385911							54.02
54.03 ULTRASOUND	0.124979							54.03
54.04 SPECIAL PROCEDURES	0.430971							54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255	2,711			123			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466							58
59 CARDIAC CATHETERIZATION	0.079207							59
60 LABORATORY	0.071641							60
60.01 PATHOLOGY	0.186605							60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009							63
65 RESPIRATORY THERAPY	0.091693							65
66 PHYSICAL THERAPY								66
66.01 REHABILITATION MEDICINE	0.296761							66.01
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY								68
69 ELECTROCARDIOLOGY	0.084901							69
69.02 RADIOLOGY	0.159951	3,255			521			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588	334			54			71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844							72
73 DRUGS CHARGED TO PATIENTS	0.149338	4,566		9,782	682		1,461	73
74 RENAL DIALYSIS	0.132700							74
75 ASC (NON-DISTINCT PART)	0.135759							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	0.602107							90.01
90.02 WOUND CARE	0.152993							90.02
90.03 PAIN MANAGEMENT	1.115191							90.03
90.05 WOMENS CENTER								90.05
90.06 DIABETES CENTER	1.098970							90.06
91 EMERGENCY	0.143008							91
92 OBSERVATION BEDS	0.329546							92
93.01 OCCUP HEALTH								93.01
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		12,035		9,782	1,592		1,461	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		12,035		9,782	1,592		1,461	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

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	2,010,032	79,865,865	0.025168	9,323	235	50
52 DELIVERY ROOM & LABOR ROOM	144,190	16,948,625	0.008507			52
53 ANESTHESIOLOGY	164,029	41,499,082	0.003953	32,152	127	53
54 RADIOLOGY-DIAGNOSTIC	1,905,831	60,218,157	0.031649	269,566	8,531	54
54.02 CANCER TREATMENT CENTER	519,086	7,909,633	0.065627	34,342	2,254	54.02
54.03 ULTRASOUND	279,174	18,976,652	0.014711	21,461	316	54.03
54.04 SPECIAL PROCEDURES	71,911	2,488,678	0.028895	1,474	43	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,138,807	77,902,923	0.014618	142,350	2,081	57
58 MAGNETIC RESONANCE IMAGING (M	779,252	31,518,059	0.024724	55,278	1,367	58
59 CARDIAC CATHETERIZATION	441,348	33,398,557	0.013215			59
60 LABORATORY	788,735	165,118,417	0.004777	1,015,809	4,853	60
60.01 PATHOLOGY	165,880	10,986,778	0.015098	3,787	57	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	88,183	14,105,118	0.006252	40,055	250	63
65 RESPIRATORY THERAPY	181,991	29,719,585	0.006124	265,291	1,625	65
66 PHYSICAL THERAPY						66
66.01 REHABILITATION MEDICINE	626,183	27,522,335	0.022752	2,851,801	64,884	66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	100,573	16,862,452	0.005964	36,984	221	69
69.02 RADIOLOGY	292,040	20,519,460	0.014232	19,405	276	69.02
71 MEDICAL SUPPLIES CHRGD TO PA	760,106	119,687,060	0.006351	1,342,242	8,525	71
72 IMPL. DEV. CHARGED TO PATIENT	348,392	38,519,165	0.009045			72
73 DRUGS CHARGED TO PATIENTS	365,486	66,786,816	0.005472	1,193,256	6,529	73
74 RENAL DIALYSIS	31,570	7,829,067	0.004032	232,424	937	74
75 ASC (NON-DISTINCT PART)	241,566	9,232,434	0.026165	2,788	73	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	259,793	2,606,833	0.099658			90.01
90.02 WOUND CARE	145,408	9,305,592	0.015626			90.02
90.03 PAIN MANAGEMENT	292,510	1,260,420	0.232073			90.03
90.05 WOMENS CENTER						90.05
90.06 DIABETES CENTER	25,837	191,776	0.134725			90.06
91 EMERGENCY	784,227	65,526,172	0.011968			91
92 OBSERVATION BEDS	516,379	20,684,600	0.024964			92
93.01 OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	13,468,519	997,190,311		7,569,788	103,184	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	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 [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				
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x	O/P PGM	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	79,865,865			9,323			50
52 DELIVERY ROOM & LABOR ROOM	16,948,625						52
53 ANESTHESIOLOGY	41,499,082			32,152			53
54 RADIOLOGY-DIAGNOSTIC	60,218,157			269,566			54
54.02 CANCER TREATMENT CENTER	7,909,633			34,342			54.02
54.03 ULTRASOUND	18,976,652			21,461			54.03
54.04 SPECIAL PROCEDURES	2,488,678			1,474			54.04
57 COMPUTED TOMOGRAPHY (CT) SCA	77,902,923			142,350			57
58 MAGNETIC RESONANCE IMAGING (	31,518,059			55,278			58
59 CARDIAC CATHETERIZATION	33,398,557						59
60 LABORATORY	165,118,417			1,015,809			60
60.01 PATHOLOGY	10,986,778			3,787			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	14,105,118			40,055			63
65 RESPIRATORY THERAPY	29,719,585			265,291			65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	27,522,335			2,851,801			66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	16,862,452			36,984			69
69.02 CARDIOLOGY	20,519,460			19,405			69.02
71 MEDICAL SUPPLIES CHRGED TO P	119,687,060			1,342,242			71
72 IMPL. DEV. CHARGED TO PATIEN	38,519,165						72
73 DRUGS CHARGED TO PATIENTS	66,786,816			1,193,256			73
74 RENAL DIALYSIS	7,829,067			232,424			74
75 ASC (NON-DISTINCT PART)	9,232,434			2,788			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	2,606,833						90.01
90.02 WOUND CARE	9,305,592						90.02
90.03 PAIN MANAGMENT	1,260,420						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	191,776						90.06
91 EMERGENCY	65,526,172						91
92 OBSERVATION BEDS	20,684,600						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	997,190,311			7,569,788			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	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	0.194006						50
52 DELIVERY ROOM & LABOR ROOM	0.219401						52
53 ANESTHESIOLOGY	0.028251						53
54 RADIOLOGY-DIAGNOSTIC	0.181164						54
54.02 CANCER TREATMENT CENTER	0.385911						54.02
54.03 ULTRASOUND	0.124979						54.03
54.04 SPECIAL PROCEDURES	0.430971						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466						58
59 CARDIAC CATHETERIZATION	0.079207						59
60 LABORATORY	0.071641						60
60.01 PATHOLOGY	0.186605						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009						63
65 RESPIRATORY THERAPY	0.091693						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.296761						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.084901						69
69.02 CARDIOLOGY	0.159951						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588						71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844						72
73 DRUGS CHARGED TO PATIENTS	0.149338						73
74 RENAL DIALYSIS	0.132700						74
75 ASC (NON-DISTINCT PART)	0.135759						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	0.602107						90.01
90.02 WOUND CARE	0.152993						90.02
90.03 PAIN MANAGEMENT	1.115191						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.098970						90.06
91 EMERGENCY	0.143008						91
92 OBSERVATION BEDS	0.329546						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	79,865,865					50
52						DELIVERY ROOM & LABOR ROOM	16,948,625					52
53						ANESTHESIOLOGY	41,499,082					53
54						RADIOLOGY-DIAGNOSTIC	60,218,157		207,009			54
54.02						CANCER TREATMENT CENTER	7,909,633			15,484		54.02
54.03						ULTRASOUND	18,976,652			16,814		54.03
54.04						SPECIAL PROCEDURES	2,488,678					54.04
57						COMPUTED TOMOGRAPHY (CT) SCA	77,902,923		303			57
58						MAGNETIC RESONANCE IMAGING (	31,518,059					58
59						CARDIAC CATHETERIZATION	33,398,557			4,101		59
60						LABORATORY	165,118,417			1,130,858		60
60.01						PATHOLOGY	10,986,778			1,703		60.01
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	14,105,118			10,152		63
65						RESPIRATORY THERAPY	29,719,585			700,483		65
66						PHYSICAL THERAPY						66
66.01						REHABILITATION MEDICINE	27,522,335			2,673,339		66.01
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY	16,862,452			39,254		69
69.02						CARDIOLOGY	20,519,460			437,327		69.02
71						MEDICAL SUPPLIES CHRGED TO P	119,687,060			1,803,726		71
72						IMPL. DEV. CHARGED TO PATIEN	38,519,165					72
73						DRUGS CHARGED TO PATIENTS	66,786,816			1,678,039		73
74						RENAL DIALYSIS	7,829,067					74
75						ASC (NON-DISTINCT PART)	9,232,434					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	2,606,833					90.01
90.02						WOUND CARE	9,305,592					90.02
90.03						PAIN MANAGMENT	1,260,420					90.03
90.05						WOMENS CENTER						90.05
90.06						DIABETES CENTER	191,776					90.06
91						EMERGENCY	65,526,172					91
92						OBSERVATION BEDS	20,684,600			100		92
93.01						OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	997,190,311			8,718,692		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 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES 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	0.194006						50
52 DELIVERY ROOM & LABOR ROOM	0.219401						52
53 ANESTHESIOLOGY	0.028251						53
54 RADIOLOGY-DIAGNOSTIC	0.181164						54
54.02 CANCER TREATMENT CENTER	0.385911						54.02
54.03 ULTRASOUND	0.124979						54.03
54.04 SPECIAL PROCEDURES	0.430971						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466						58
59 CARDIAC CATHETERIZATION	0.079207						59
60 LABORATORY	0.071641						60
60.01 PATHOLOGY	0.186605						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009						63
65 RESPIRATORY THERAPY	0.091693						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.296761						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.084901						69
69.02 CARDIOLOGY	0.159951						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588						71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844						72
73 DRUGS CHARGED TO PATIENTS	0.149338			1,263		189	73
74 RENAL DIALYSIS	0.132700						74
75 ASC (NON-DISTINCT PART)	0.135759						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	0.602107						90.01
90.02 WOUND CARE	0.152993						90.02
90.03 PAIN MANAGEMENT	1.115191						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.098970						90.06
91 EMERGENCY	0.143008						91
92 OBSERVATION BEDS	0.329546						92
93.01 OCCUP HEALTH							93.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)				1,263		189	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)				1,263		189	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 COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,247,062		3,247,062	58,272	12,065	672,262	30
31 INTENSIVE CARE UNIT	371,201		371,201	3,886	635	60,655	31
31.01 SPECIAL CARE NURSERY	53,227		53,227	1,421	630	23,600	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	338,870		338,870	6,735	2,028	102,029	40
41 SUBPROVIDER - IRF	199,591		199,591	4,924	916	37,125	41
42 SUBPROVIDER I							42
43 NURSERY	70,374		70,374	3,677	2,505	47,946	43
44 SKILLED NURSING FACILITY	352,917		352,917	6,419			44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,633,242		4,633,242	85,334	18,779	943,617	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	2,010,032	79,865,865	0.025168		50
52 DELIVERY ROOM & LABOR ROOM	144,190	16,948,625	0.008507		52
53 ANESTHESIOLOGY	164,029	41,499,082	0.003953		53
54 RADIOLOGY-DIAGNOSTIC	1,905,831	60,218,157	0.031649		54
54.02 CANCER TREATMENT CENTER	519,086	7,909,633	0.065627		54.02
54.03 ULTRASOUND	279,174	18,976,652	0.014711		54.03
54.04 SPECIAL PROCEDURES	71,911	2,488,678	0.028895		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,138,807	77,902,923	0.014618		57
58 MAGNETIC RESONANCE IMAGING (M	779,252	31,518,059	0.024724		58
59 CARDIAC CATHETERIZATION	441,348	33,398,557	0.013215		59
60 LABORATORY	788,735	165,118,417	0.004777		60
60.01 PATHOLOGY	165,880	10,986,778	0.015098		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	88,183	14,105,118	0.006252		63
65 RESPIRATORY THERAPY	181,991	29,719,585	0.006124		65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE	626,183	27,522,335	0.022752		66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	100,573	16,862,452	0.005964		69
69.02 RADIOLOGY	292,040	20,519,460	0.014232		69.02
71 MEDICAL SUPPLIES CHRGD TO PA	760,106	119,687,060	0.006351		71
72 IMPL. DEV. CHARGED TO PATIENT	348,392	38,519,165	0.009045		72
73 DRUGS CHARGED TO PATIENTS	365,486	66,786,816	0.005472		73
74 RENAL DIALYSIS	31,570	7,829,067	0.004032		74
75 ASC (NON-DISTINCT PART)	241,566	9,232,434	0.026165		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	259,793	2,606,833	0.099658		90.01
90.02 WOUND CARE	145,408	9,305,592	0.015626		90.02
90.03 PAIN MANAGEMENT	292,510	1,260,420	0.232073		90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER	25,837	191,776	0.134725		90.06
91 EMERGENCY	784,227	65,526,172	0.011968		91
92 OBSERVATION BEDS	516,379	20,684,600	0.024964		92
93.01 OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	13,468,519	997,190,311			200

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 16:01

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 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 16:01

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	58,272		12,065		30
31 INTENSIVE CARE UNIT	3,886		635		31
31.01 SPECIAL CARE NURSERY	1,421		630		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	6,735		2,028		40
41 SUBPROVIDER - IRF	4,924		916		41
42 SUBPROVIDER I					42
43 NURSERY	3,677		2,505		43
44 SKILLED NURSING FACILITY	6,419				44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	85,334		18,779		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 CHRGED 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	79,865,865					50
52	DELIVERY ROOM & LABOR ROOM	16,948,625					52
53	ANESTHESIOLOGY	41,499,082					53
54	RADIOLOGY-DIAGNOSTIC	60,218,157					54
54.02	CANCER TREATMENT CENTER	7,909,633					54.02
54.03	ULTRASOUND	18,976,652					54.03
54.04	SPECIAL PROCEDURES	2,488,678					54.04
57	COMPUTED TOMOGRAPHY (CT) SCA	77,902,923					57
58	MAGNETIC RESONANCE IMAGING (	31,518,059					58
59	CARDIAC CATHETERIZATION	33,398,557					59
60	LABORATORY	165,118,417					60
60.01	PATHOLOGY	10,986,778					60.01
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	14,105,118					63
65	RESPIRATORY THERAPY	29,719,585					65
66	PHYSICAL THERAPY						66
66.01	REHABILITATION MEDICINE	27,522,335					66.01
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	16,862,452					69
69.02	CARDIOLOGY	20,519,460					69.02
71	MEDICAL SUPPLIES CHRGED TO P	119,687,060					71
72	IMPL. DEV. CHARGED TO PATIEN	38,519,165					72
73	DRUGS CHARGED TO PATIENTS	66,786,816					73
74	RENAL DIALYSIS	7,829,067					74
75	ASC (NON-DISTINCT PART)	9,232,434					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	2,606,833					90.01
90.02	WOUND CARE	9,305,592					90.02
90.03	PAIN MANAGMENT	1,260,420					90.03
90.05	WOMENS CENTER						90.05
90.06	DIABETES CENTER	191,776					90.06
91	EMERGENCY	65,526,172					91
92	OBSERVATION BEDS	20,684,600					92
93.01	OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	997,190,311					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		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.194006						50
52 DELIVERY ROOM & LABOR ROOM	0.219401						52
53 ANESTHESIOLOGY	0.028251						53
54 RADIOLOGY-DIAGNOSTIC	0.181164						54
54.02 CANCER TREATMENT CENTER	0.385911						54.02
54.03 ULTRASOUND	0.124979						54.03
54.04 SPECIAL PROCEDURES	0.430971						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466						58
59 CARDIAC CATHETERIZATION	0.079207						59
60 LABORATORY	0.071641						60
60.01 PATHOLOGY	0.186605						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009						63
65 RESPIRATORY THERAPY	0.091693						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.296761						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.084901						69
69.02 CARDIOLOGY	0.159951						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588						71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844						72
73 DRUGS CHARGED TO PATIENTS	0.149338						73
74 RENAL DIALYSIS	0.132700						74
75 ASC (NON-DISTINCT PART)	0.135759						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	0.602107						90.01
90.02 WOUND CARE	0.152993						90.02
90.03 PAIN MANAGEMENT	1.115191						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.098970						90.06
91 EMERGENCY	0.143008						91
92 OBSERVATION BEDS	0.329546						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	2,010,032	79,865,865	0.025168	50
52	DELIVERY ROOM & LABOR ROOM	144,190	16,948,625	0.008507	52
53	ANESTHESIOLOGY	164,029	41,499,082	0.003953	53
54	RADIOLOGY-DIAGNOSTIC	1,905,831	60,218,157	0.031649	54
54.02	CANCER TREATMENT CENTER	519,086	7,909,633	0.065627	54.02
54.03	ULTRASOUND	279,174	18,976,652	0.014711	54.03
54.04	SPECIAL PROCEDURES	71,911	2,488,678	0.028895	54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,138,807	77,902,923	0.014618	57
58	MAGNETIC RESONANCE IMAGING (M	779,252	31,518,059	0.024724	58
59	CARDIAC CATHETERIZATION	441,348	33,398,557	0.013215	59
60	LABORATORY	788,735	165,118,417	0.004777	60
60.01	PATHOLOGY	165,880	10,986,778	0.015098	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	88,183	14,105,118	0.006252	63
65	RESPIRATORY THERAPY	181,991	29,719,585	0.006124	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	626,183	27,522,335	0.022752	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	100,573	16,862,452	0.005964	69
69.02	CARDIOLOGY	292,040	20,519,460	0.014232	69.02
71	MEDICAL SUPPLIES CHRGED TO PA	760,106	119,687,060	0.006351	71
72	IMPL. DEV. CHARGED TO PATIENT	348,392	38,519,165	0.009045	72
73	DRUGS CHARGED TO PATIENTS	365,486	66,786,816	0.005472	73
74	RENAL DIALYSIS	31,570	7,829,067	0.004032	74
75	ASC (NON-DISTINCT PART)	241,566	9,232,434	0.026165	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	259,793	2,606,833	0.099658	90.01
90.02	WOUND CARE	145,408	9,305,592	0.015626	90.02
90.03	PAIN MANAGEMENT	292,510	1,260,420	0.232073	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	25,837	191,776	0.134725	90.06
91	EMERGENCY	784,227	65,526,172	0.011968	91
92	OBSERVATION BEDS	516,379	20,684,600	0.024964	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	13,468,519	997,190,311		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 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 CHRGED 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	79,865,865					50
52						DELIVERY ROOM & LABOR ROOM	16,948,625					52
53						ANESTHESIOLOGY	41,499,082					53
54						RADIOLOGY-DIAGNOSTIC	60,218,157					54
54.02						CANCER TREATMENT CENTER	7,909,633					54.02
54.03						ULTRASOUND	18,976,652					54.03
54.04						SPECIAL PROCEDURES	2,488,678					54.04
57						COMPUTED TOMOGRAPHY (CT) SCA	77,902,923					57
58						MAGNETIC RESONANCE IMAGING (	31,518,059					58
59						CARDIAC CATHETERIZATION	33,398,557					59
60						LABORATORY	165,118,417					60
60.01						PATHOLOGY	10,986,778					60.01
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	14,105,118					63
65						RESPIRATORY THERAPY	29,719,585					65
66						PHYSICAL THERAPY						66
66.01						REHABILITATION MEDICINE	27,522,335					66.01
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY	16,862,452					69
69.02						CARDIOLOGY	20,519,460					69.02
71						MEDICAL SUPPLIES CHRGED TO P	119,687,060					71
72						IMPL. DEV. CHARGED TO PATIEN	38,519,165					72
73						DRUGS CHARGED TO PATIENTS	66,786,816					73
74						RENAL DIALYSIS	7,829,067					74
75						ASC (NON-DISTINCT PART)	9,232,434					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	2,606,833					90.01
90.02						WOUND CARE	9,305,592					90.02
90.03						PAIN MANAGMENT	1,260,420					90.03
90.05						WOMENS CENTER						90.05
90.06						DIABETES CENTER	191,776					90.06
91						EMERGENCY	65,526,172					91
92						OBSERVATION BEDS	20,684,600					92
93.01						OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	997,190,311					200

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	2,010,032	79,865,865	0.025168	50
52	DELIVERY ROOM & LABOR ROOM	144,190	16,948,625	0.008507	52
53	ANESTHESIOLOGY	164,029	41,499,082	0.003953	53
54	RADIOLOGY-DIAGNOSTIC	1,905,831	60,218,157	0.031649	54
54.02	CANCER TREATMENT CENTER	519,086	7,909,633	0.065627	54.02
54.03	ULTRASOUND	279,174	18,976,652	0.014711	54.03
54.04	SPECIAL PROCEDURES	71,911	2,488,678	0.028895	54.04
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,138,807	77,902,923	0.014618	57
58	MAGNETIC RESONANCE IMAGING (M	779,252	31,518,059	0.024724	58
59	CARDIAC CATHETERIZATION	441,348	33,398,557	0.013215	59
60	LABORATORY	788,735	165,118,417	0.004777	60
60.01	PATHOLOGY	165,880	10,986,778	0.015098	60.01
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	88,183	14,105,118	0.006252	63
65	RESPIRATORY THERAPY	181,991	29,719,585	0.006124	65
66	PHYSICAL THERAPY				66
66.01	REHABILITATION MEDICINE	626,183	27,522,335	0.022752	66.01
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY	100,573	16,862,452	0.005964	69
69.02	CARDIOLOGY	292,040	20,519,460	0.014232	69.02
71	MEDICAL SUPPLIES CHRGED TO PA	760,106	119,687,060	0.006351	71
72	IMPL. DEV. CHARGED TO PATIENT	348,392	38,519,165	0.009045	72
73	DRUGS CHARGED TO PATIENTS	365,486	66,786,816	0.005472	73
74	RENAL DIALYSIS	31,570	7,829,067	0.004032	74
75	ASC (NON-DISTINCT PART)	241,566	9,232,434	0.026165	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	259,793	2,606,833	0.099658	90.01
90.02	WOUND CARE	145,408	9,305,592	0.015626	90.02
90.03	PAIN MANAGEMENT	292,510	1,260,420	0.232073	90.03
90.05	WOMENS CENTER				90.05
90.06	DIABETES CENTER	25,837	191,776	0.134725	90.06
91	EMERGENCY	784,227	65,526,172	0.011968	91
92	OBSERVATION BEDS	516,379	20,684,600	0.024964	92
93.01	OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	13,468,519	997,190,311		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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T114)	[] 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	79,865,865					50
52						DELIVERY ROOM & LABOR ROOM	16,948,625					52
53						ANESTHESIOLOGY	41,499,082					53
54						RADIOLOGY-DIAGNOSTIC	60,218,157					54
54.02						CANCER TREATMENT CENTER	7,909,633					54.02
54.03						ULTRASOUND	18,976,652					54.03
54.04						SPECIAL PROCEDURES	2,488,678					54.04
57						COMPUTED TOMOGRAPHY (CT) SCA	77,902,923					57
58						MAGNETIC RESONANCE IMAGING (	31,518,059					58
59						CARDIAC CATHETERIZATION	33,398,557					59
60						LABORATORY	165,118,417					60
60.01						PATHOLOGY	10,986,778					60.01
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	14,105,118					63
65						RESPIRATORY THERAPY	29,719,585					65
66						PHYSICAL THERAPY						66
66.01						REHABILITATION MEDICINE	27,522,335					66.01
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY	16,862,452					69
69.02						CARDIOLOGY	20,519,460					69.02
71						MEDICAL SUPPLIES CHRGED TO P	119,687,060					71
72						IMPL. DEV. CHARGED TO PATIEN	38,519,165					72
73						DRUGS CHARGED TO PATIENTS	66,786,816					73
74						RENAL DIALYSIS	7,829,067					74
75						ASC (NON-DISTINCT PART)	9,232,434					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	2,606,833					90.01
90.02						WOUND CARE	9,305,592					90.02
90.03						PAIN MANAGMENT	1,260,420					90.03
90.05						WOMENS CENTER						90.05
90.06						DIABETES CENTER	191,776					90.06
91						EMERGENCY	65,526,172					91
92						OBSERVATION BEDS	20,684,600					92
93.01						OCCUP HEALTH						93.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	997,190,311					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 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	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	0.194006						50
52 DELIVERY ROOM & LABOR ROOM	0.219401						52
53 ANESTHESIOLOGY	0.028251						53
54 RADIOLOGY-DIAGNOSTIC	0.181164						54
54.02 CANCER TREATMENT CENTER	0.385911						54.02
54.03 ULTRASOUND	0.124979						54.03
54.04 SPECIAL PROCEDURES	0.430971						54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466						58
59 CARDIAC CATHETERIZATION	0.079207						59
60 LABORATORY	0.071641						60
60.01 PATHOLOGY	0.186605						60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009						63
65 RESPIRATORY THERAPY	0.091693						65
66 PHYSICAL THERAPY							66
66.01 REHABILITATION MEDICINE	0.296761						66.01
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.084901						69
69.02 CARDIOLOGY	0.159951						69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588						71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844						72
73 DRUGS CHARGED TO PATIENTS	0.149338						73
74 RENAL DIALYSIS	0.132700						74
75 ASC (NON-DISTINCT PART)	0.135759						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	0.602107						90.01
90.02 WOUND CARE	0.152993						90.02
90.03 PAIN MANAGEMENT	1.115191						90.03
90.05 WOMENS CENTER							90.05
90.06 DIABETES CENTER	1.098970						90.06
91 EMERGENCY	0.143008						91
92 OBSERVATION BEDS	0.329546						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)	58,272	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,272	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,005	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)	23,218	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)	42,863,294	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	42,863,294	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	170,469,686	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	170,469,686	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.251442	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)	3,478.62	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)	42,863,294	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) 735.57 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 17,078,464 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) 17,078,464 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 6,357,747 3,886 1,636.06 1,828 2,990,718 43
 43.01 SPECIAL CARE NURSERY 1,120,765 1,421 788.72 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) 32,057,858 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 52,127,040 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,468,318 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,515,904 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,984,222 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 48,142,818 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 9,267 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 735.57 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 6,816,527 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,247,062	42,863,294	0.075754	6,816,527	516,379	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

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)	547.99 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,913,033 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)	1,913,033 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	722,416 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,635,449 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	175,632 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51,630 51
52	TOTAL PROGRAM EXCLUDABLE COST	227,262 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,408,187 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	IRF (14-T114)	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,924	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,924	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,924	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)	2,959	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)	2,431,290	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	2,431,290	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,132,560	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,132,560	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.200394	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)	2,463.96	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)	2,431,290	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)	493,76 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,461,036 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)	1,461,036 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,460,500 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,921,536 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	119,928 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	103,184 51
52	TOTAL PROGRAM EXCLUDABLE COST	223,112 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,698,424 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	6,419	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,419	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,419	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)	5,049	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)	3,184,962	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	3,184,962	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)	0.585055	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)	848.09	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)	3,184,962	37

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 16:01

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)	3,184,962	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	496.18	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,505,213	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)	2,505,213	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)	2,505,213	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,600,068	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,105,281	86

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0114) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	58,272	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,272	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	49,005	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)	12,065	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)	3,677	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,505	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)	42,855,683	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	42,855,683	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	170,469,686	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	170,469,686	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.251398	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)	3,478.62	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)	42,855,683	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)			735.44	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)			8,873,084	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)			8,873,084	41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42	NURSERY (TITLES V AND XIX ONLY)	1,898,682	3,677	516.37	1,293,507

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	6,357,747	3,886	1,636.06	1,038,898
43.01	SPECIAL CARE NURSERY	1,120,765	1,421	788.72	496,894
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)				11,702,383

PASS-THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				804,463
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				804,463
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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)				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 INSTRUCTIONS) (TITLE XVIII ONLY)				64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)				9,267
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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
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 [XX] IPF (14-S114) [] 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)	6,735	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,735	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,735	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)	2,028	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)	3,690,729	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	3,690,729	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,927,175	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,927,175	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.231725	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)	2,364.84	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)	3,690,729	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)	547.99 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,111,324 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)	1,111,324 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,111,324 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	102,029 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	102,029 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	4,924	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,924	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,924	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)	916	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)	2,431,290	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	2,431,290	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,132,560	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,132,560	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.200394	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)	2,463.96	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)	2,431,290	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)	493.76 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	452,284 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)	452,284 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	452,284 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	37,125 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	37,125 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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		63,894,662			30
31 INTENSIVE CARE UNIT		10,570,289			31
31.01 SPECIAL CARE NURSERY					31.01
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.194006	17,575,870	3,409,824		50
52 DELIVERY ROOM & LABOR ROOM	0.219401	17,497	3,839		52
53 ANESTHESIOLOGY	0.028251	9,060,828	255,977		53
54 RADIOLOGY-DIAGNOSTIC	0.181164	10,791,451	1,955,022		54
54.02 CANCER TREATMENT CENTER	0.385911	522,685	201,710		54.02
54.03 ULTRASOUND	0.124979	1,133,229	141,630		54.03
54.04 SPECIAL PROCEDURES	0.430971	751,994	324,088		54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255	13,754,069	622,440		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466	3,909,556	283,310		58
59 CARDIAC CATHETERIZATION	0.079207	10,554,449	835,986		59
60 LABORATORY	0.071641	37,556,375	2,690,576		60
60.01 PATHOLOGY	0.186605	1,107,564	206,677		60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009	5,112,445	843,599		63
65 RESPIRATORY THERAPY	0.091693	14,145,826	1,297,073		65
66 PHYSICAL THERAPY					66
66.01 REHABILITATION MEDICINE	0.296761	3,076,016	912,842		66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY	0.084901	4,451,827	377,965		69
69.02 CARDIOLOGY	0.159951	4,579,428	732,484		69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588	39,417,283	6,329,943		71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844	13,515,016	4,484,877		72
73 DRUGS CHARGED TO PATIENTS	0.149338	23,164,789	3,459,383		73
74 RENAL DIALYSIS	0.132700	4,014,980	532,788		74
75 ASC (NON-DISTINCT PART)	0.135759	1,136,644	154,310		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	0.602107				90.01
90.02 WOUND CARE	0.152993	171,161	26,186		90.02
90.03 PAIN MANAGMENT	1.115191	2,129	2,374		90.03
90.05 WOMENS CENTER					90.05
90.06 DIABETES CENTER	1.098970				90.06
91 EMERGENCY	0.143008	10,423,260	1,490,610		91
92 OBSERVATION BEDS	0.329546	1,463,665	482,345		92
93.01 OCCUP HEALTH					93.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		231,410,036	32,057,858		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		231,410,036			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		8,229,631		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.194006			50
52 DELIVERY ROOM & LABOR ROOM	0.219401			52
53 ANESTHESIOLOGY	0.028251	726	21	53
54 RADIOLOGY-DIAGNOSTIC	0.181164	56,946	10,317	54
54.02 CANCER TREATMENT CENTER	0.385911			54.02
54.03 ULTRASOUND	0.124979	14,182	1,772	54.03
54.04 SPECIAL PROCEDURES	0.430971			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255	121,290	5,489	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466	35,849	2,598	58
59 CARDIAC CATHETERIZATION	0.079207			59
60 LABORATORY	0.071641	1,147,434	82,203	60
60.01 PATHOLOGY	0.186605	203	38	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009	29,307	4,836	63
65 RESPIRATORY THERAPY	0.091693	31,340	2,874	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.296761	1,249,722	370,869	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.084901	169,055	14,353	69
69.02 CARDIOLOGY	0.159951	36,849	5,894	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588	47,449	7,620	71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844			72
73 DRUGS CHARGED TO PATIENTS	0.149338	1,001,938	149,627	73
74 RENAL DIALYSIS	0.132700			74
75 ASC (NON-DISTINCT PART)	0.135759			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	0.602107			90.01
90.02 WOUND CARE	0.152993			90.02
90.03 PAIN MANAGMENT	1.115191			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.098970			90.06
91 EMERGENCY	0.143008	446,863	63,905	91
92 OBSERVATION BEDS	0.329546			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,389,153	722,416	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,389,153		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		7,033,033		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.194006	9,323	1,809	50
52 DELIVERY ROOM & LABOR ROOM	0.219401			52
53 ANESTHESIOLOGY	0.028251	32,152	908	53
54 RADIOLOGY-DIAGNOSTIC	0.181164	269,566	48,836	54
54.02 CANCER TREATMENT CENTER	0.385911	34,342	13,253	54.02
54.03 ULTRASOUND	0.124979	21,461	2,682	54.03
54.04 SPECIAL PROCEDURES	0.430971	1,474	635	54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255	142,350	6,442	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466	55,278	4,006	58
59 CARDIAC CATHETERIZATION	0.079207			59
60 LABORATORY	0.071641	1,015,809	72,774	60
60.01 PATHOLOGY	0.186605	3,787	707	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009	40,055	6,609	63
65 RESPIRATORY THERAPY	0.091693	265,291	24,325	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.296761	2,851,801	846,303	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.084901	36,984	3,140	69
69.02 CARDIOLOGY	0.159951	19,405	3,104	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588	1,342,242	215,548	71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844			72
73 DRUGS CHARGED TO PATIENTS	0.149338	1,193,256	178,198	73
74 RENAL DIALYSIS	0.132700	232,424	30,843	74
75 ASC (NON-DISTINCT PART)	0.135759	2,788	378	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	0.602107			90.01
90.02 WOUND CARE	0.152993			90.02
90.03 PAIN MANAGMENT	1.115191			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.098970			90.06
91 EMERGENCY	0.143008			91
92 OBSERVATION BEDS	0.329546			92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		7,569,788	1,460,500	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		7,569,788		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	0.194006			50
52 DELIVERY ROOM & LABOR ROOM	0.219401			52
53 ANESTHESIOLOGY	0.028251			53
54 RADIOLOGY-DIAGNOSTIC	0.181164	207,009	37,503	54
54.02 CANCER TREATMENT CENTER	0.385911	15,484	5,975	54.02
54.03 ULTRASOUND	0.124979	16,814	2,101	54.03
54.04 SPECIAL PROCEDURES	0.430971			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255	303	14	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466			58
59 CARDIAC CATHETERIZATION	0.079207	4,101	325	59
60 LABORATORY	0.071641	1,130,858	81,016	60
60.01 PATHOLOGY	0.186605	1,703	318	60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009	10,152	1,675	63
65 RESPIRATORY THERAPY	0.091693	700,483	64,229	65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.296761	2,673,339	793,343	66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.084901	39,254	3,333	69
69.02 CARDIOLOGY	0.159951	437,327	69,951	69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588	1,803,726	289,657	71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844			72
73 DRUGS CHARGED TO PATIENTS	0.149338	1,678,039	250,595	73
74 RENAL DIALYSIS	0.132700			74
75 ASC (NON-DISTINCT PART)	0.135759			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	0.602107			90.01
90.02 WOUND CARE	0.152993			90.02
90.03 PAIN MANAGMENT	1.115191			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.098970			90.06
91 EMERGENCY	0.143008			91
92 OBSERVATION BEDS	0.329546	100	33	92
93.01 OCCUP HEALTH				93.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,718,692	1,600,068	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,718,692		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	0.194006			50
52 DELIVERY ROOM & LABOR ROOM	0.219401			52
53 ANESTHESIOLOGY	0.028251			53
54 RADIOLOGY-DIAGNOSTIC	0.181164			54
54.02 CANCER TREATMENT CENTER	0.385911			54.02
54.03 ULTRASOUND	0.124979			54.03
54.04 SPECIAL PROCEDURES	0.430971			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466			58
59 CARDIAC CATHETERIZATION	0.079207			59
60 LABORATORY	0.071641			60
60.01 PATHOLOGY	0.186605			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009			63
65 RESPIRATORY THERAPY	0.091693			65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.296761			66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.084901			69
69.02 CARDIOLOGY	0.159951			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588			71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844			72
73 DRUGS CHARGED TO PATIENTS	0.149338			73
74 RENAL DIALYSIS	0.132700			74
75 ASC (NON-DISTINCT PART)	0.135759			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	0.602107			90.01
90.02 WOUND CARE	0.152993			90.02
90.03 PAIN MANAGEMENT	1.115191			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.098970			90.06
91 EMERGENCY	0.143008			91
92 OBSERVATION BEDS	0.329546			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	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	0.194006			50
52 DELIVERY ROOM & LABOR ROOM	0.219401			52
53 ANESTHESIOLOGY	0.028251			53
54 RADIOLOGY-DIAGNOSTIC	0.181164			54
54.02 CANCER TREATMENT CENTER	0.385911			54.02
54.03 ULTRASOUND	0.124979			54.03
54.04 SPECIAL PROCEDURES	0.430971			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466			58
59 CARDIAC CATHETERIZATION	0.079207			59
60 LABORATORY	0.071641			60
60.01 PATHOLOGY	0.186605			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009			63
65 RESPIRATORY THERAPY	0.091693			65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.296761			66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.084901			69
69.02 RADIOLOGY	0.159951			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588			71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844			72
73 DRUGS CHARGED TO PATIENTS	0.149338			73
74 RENAL DIALYSIS	0.132700			74
75 ASC (NON-DISTINCT PART)	0.135759			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	0.602107			90.01
90.02 WOUND CARE	0.152993			90.02
90.03 PAIN MANAGMENT	1.115191			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.098970			90.06
91 EMERGENCY	0.143008			91
92 OBSERVATION BEDS	0.329546			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	0.194006			50
52 DELIVERY ROOM & LABOR ROOM	0.219401			52
53 ANESTHESIOLOGY	0.028251			53
54 RADIOLOGY-DIAGNOSTIC	0.181164			54
54.02 CANCER TREATMENT CENTER	0.385911			54.02
54.03 ULTRASOUND	0.124979			54.03
54.04 SPECIAL PROCEDURES	0.430971			54.04
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.045255			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072466			58
59 CARDIAC CATHETERIZATION	0.079207			59
60 LABORATORY	0.071641			60
60.01 PATHOLOGY	0.186605			60.01
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.165009			63
65 RESPIRATORY THERAPY	0.091693			65
66 PHYSICAL THERAPY				66
66.01 REHABILITATION MEDICINE	0.296761			66.01
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.084901			69
69.02 CARDIOLOGY	0.159951			69.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.160588			71
72 IMPL. DEV. CHARGED TO PATIENT	0.331844			72
73 DRUGS CHARGED TO PATIENTS	0.149338			73
74 RENAL DIALYSIS	0.132700			74
75 ASC (NON-DISTINCT PART)	0.135759			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	0.602107			90.01
90.02 WOUND CARE	0.152993			90.02
90.03 PAIN MANAGMENT	1.115191			90.03
90.05 WOMENS CENTER				90.05
90.06 DIABETES CENTER	1.098970			90.06
91 EMERGENCY	0.143008			91
92 OBSERVATION BEDS	0.329546			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	39,927,052	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,011,362	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,707,939	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	200.68	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.	6.50	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)	9.02	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)	40.74	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	66.66	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	40.74	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	35.72	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	36.72	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	37.73	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	37.73	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.188011	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.181347	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.181347	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	4,113,209	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)	25.92	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)	4,113,209	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1121	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2963	31
32	SUM OF LINES 30 AND 31	0.4084	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2291	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	9,147,288	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)	54,198,911	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)	54,198,911	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,861,475	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	2,070,880	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)	60,131,266	59
60	PRIMARY PAYER PAYMENTS	7,781	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	60,123,485	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,719,232	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	223,418	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,438,410	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,006,887	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,197,645	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	57,187,722	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)	57,187,722	71
72	INTERIM PAYMENTS	56,724,839	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	462,883	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	758,614	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)	1,461	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	1,592	2
3	PPS PAYMENTS	1,582	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)	1,461	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	9,782	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)	9,782	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)	9,782	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	8,321	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)	1,461	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)	1,582	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	143	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)	2,900	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)	2,900	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,900	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)	2,900	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)	2,900	40
41	INTERIM PAYMENTS	2,714	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	186	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)	189	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)	189	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	1,263	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)	1,263	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)	1,263	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	1,074	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)	189	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)	178	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)	11	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)	11	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	11	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)	11	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)	11	40
41	INTERIM PAYMENTS	1,085	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-1,074	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 [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S114) [] SNF
 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		2,478,807		2,714	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.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		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)		2,478,807		2,714	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		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		172,562	186	6.01 6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,651,369		2,900	7
8	NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T114) [] SWING BED SNF

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		3,810,755		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.		NONE		3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
	05/18/2012	8,434		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)		-8,434		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,802,321		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.		NONE		5.01
				5.02
				5.03
				5.04
				5.05
				5.06
				5.07
				5.08
				5.09
		NONE		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		52,059		6.01
				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,854,380		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

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		2,129,412		1,085	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.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		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)		2,129,412		1,085	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		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	6,143		-1,074	6.01 6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,135,555		11	7
8	NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

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

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	12,906	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	25,046	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,311	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	54,312	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,199,537,423	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	57,711,104	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)	2,302,582	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)	-76,746	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)	2,809,646	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
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
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)	18.401639	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)	2,809,646	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)	2,809,646	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,809,646	18
19	DEDUCTIBLES	259,888	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,549,758	20
21	COINSURANCE	70,951	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,478,807	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	246,517	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	172,562	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	203,498	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,651,369	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		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)	2,651,369	31
32	INTERIM PAYMENTS	2,478,807	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	172,562	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)	3,386,276	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.121700	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	446,132	3
4	OUTLIER PAYMENTS	42,673	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	13.453552	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)	3,875,081	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)	3,875,081	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,875,081	19
20	DEDUCTIBLES	14,860	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,860,221	21
22	COINSURANCE	15,227	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,844,994	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	13,409	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9,386	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	13,409	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,854,380	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		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)	3,854,380	32
33	INTERIM PAYMENTS	3,802,321	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	52,059	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	2,181,999	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	2,181,999	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	52,587	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	6,355	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	5,647	9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,143	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,135,555	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,135,555	15
16	INTERIM PAYMENTS	2,129,412	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	6,143	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	11,702,383		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	11,702,383		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	11,702,383		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	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))	11,702,383		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 [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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,111,324		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,111,324		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,111,324		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	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))	1,111,324		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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	452,284	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	452,284	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	452,284	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))	452,284	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))		6.50 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)		10.06 4.02	
5	FTE ADJUSTED 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)		42.26 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		66.66 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		42.26 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	50.94	13.93	64.87 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	32.29	8.83	41.12 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	32.29	8.83	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	30.42	5.78	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	29.94	6.44	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	30.88	7.02	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	30.88	7.02	17
18	PER RESIDENT AMOUNT	145,415.61	137,709.42	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	4,490,434	966,720	5,457,154 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 UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			24.40 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)			5,457,154 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	31,496	2,311	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	65,971	65,971	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.477422	0.035031	28
29	PROGRAM DIRECT GME AMOUNT	2,605,365	191,170	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		27,012	30
31	NET PROGRAM DIRECT GME AMOUNT			2,769,523 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)			7,829,067 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)			62,371,237 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)			7,781 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			62,363,456 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			21,041,925 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,646 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			21,039,279 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			83,402,735 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.747739 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.252261 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,769,523 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			2,070,880 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			698,643 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 ADJUSTED 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
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		18
19	APPROVED AMOUNT FOR RESIDENT COSTS		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 UNWEIGHTED 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)		25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	16,274	1,175 26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	65,971	65,971 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.246684	0.017811 28
29	PROGRAM DIRECT GME AMOUNT		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		30
31	NET PROGRAM DIRECT GME AMOUNT		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 × 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)		48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		49
50	PART B MEDICARE GME PAYMENT (LINE 47 × 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	6,773,444			1
2	TEMPORARY INVESTMENTS	771,600			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	25,147,052			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,545,211			7
8	PREPAID EXPENSES	2,599,033			8
9	OTHER CURRENT ASSETS	4,142,623			9
10	DUE FROM OTHER FUNDS	43,980,344			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	86,959,307			11
FIXED ASSETS					
12	LAND	7,960,138			12
13	LAND IMPROVEMENTS	3,687,711			13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	264,897,908			15
16	ACCUMULATED DEPRECIATION	-238,017,786			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	41,853,215			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	118,011,712			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)	198,392,898			30
OTHER ASSETS					
31	INVESTMENTS	161,030,691			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	161,030,691			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	446,382,896			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	7,843,984			37
38	SALARIES, WAGES & FEES PAYABLE	22,604,943			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	16,823,305			43
44	OTHER CURRENT LIABILITIES	25,237,782			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	72,510,014			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	229,010,822			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	229,010,822			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	301,520,836			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	144,862,060			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)	144,862,060			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	446,382,896			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		116,884,085							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		19,356,045							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		136,240,130							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS AND GAINS	8,621,930								5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		8,621,930							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		144,862,060							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		144,862,060							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				
2 HOSPITAL	142,061,534		142,061,534	1
3 SUBPROVIDER IPF	15,927,175		15,927,175	2
5 SUBPROVIDER IRF	12,132,560		12,132,560	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY	7,756,159		7,756,159	7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
11 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	177,877,428		177,877,428	10
12 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
13 INTENSIVE CARE UNIT	28,408,152		28,408,152	11
14.01 SPECIAL CARE NURSERY				11.01
15 CORONARY CARE UNIT				12
16 BURN INTENSIVE CARE UNIT				13
17 SURGICAL INTENSIVE CARE UNIT				14
18 OTHER SPECIAL CARE (SPECIFY)				15
19 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	28,408,152		28,408,152	16
20 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	206,285,580		206,285,580	17
21 ANCILLARY SERVICES	541,546,283	454,019,540	995,565,823	18
22 OUTPATIENT SERVICES				19
23 RHC				20
24 FQHC				21
25 HOME HEALTH AGENCY				22
26 AMBULANCE				23
27 ASC				25
28 HOSPICE				26
29 OTHER (SPECIFY)				27
30 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	747,831,863	454,019,540	1,201,851,403	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		237,839,354	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35 FHBT PREM			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38 DSR INCOME	-452,100		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-452,100	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		237,387,254	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,201,851,403	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	965,067,672	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	236,783,731	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	237,387,254	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-603,523	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		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING INCOME)	19,959,568	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	19,959,568	25
26	TOTAL (LINE 5 PLUS LINE 25)	19,356,045	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	19,356,045	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	589,895		29,710		115,783	735,388
6 HHA REIMBURSABLE SERVICES						
7 SKILLED NURSING CARE	694,835					694,835
8 PHYSICAL THERAPY	256,410					256,410
9 OCCUPATIONAL THERAPY	117,059					117,059
10 SPEECH PATHOLOGY						
11 MEDICAL SOCIAL SERVICES	8,645					8,645
12 HOME HEALTH AIDE	23,786					23,786
13 SUPPLIES (SEE INSTRUCTIONS)					15,604	15,604
14 DRUGS						
15 DME						
16 HHA NONREIMBURSABLE SERVICES						
17 HOME DIALYSIS AIDE SERVICES						
18 RESPIRATORY THERAPY						
19 PRIVATE DUTY NURSING						
20 CLINIC						
21 HEALTH PROMOTION ACTIVITIES						
22 DAY CARE PROGRAM						
23 HOME DELIVERED MEALS PROGRAM						
24 HOMEMAKER SERVICE						
25 ALL OTHERS						
26 TOTAL (SUM OF LINES 1-23)	1,690,630		29,710		131,387	1,851,727

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	-10,584	724,804	-626	724,178	5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-10,584	1,841,143	-626	1,840,517	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7126

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL COSTS BLDG & FIXTURES 1	CAP REL COSTS MVBL EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
1									1
2									2
3									3
4									4
5	724,178					724,178	724,178		5
6	694,835					694,835	450,746	1,145,581	6
7	256,410					256,410	166,335	422,745	7
8	117,059					117,059	75,937	192,996	8
9									9
10	8,645					8,645	5,608	14,253	10
11	23,786					23,786	15,430	39,216	11
12	15,604					15,604	10,122	25,726	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	1,840,517					1,840,517		1,840,517	24

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					-724,178	1,116,339	5
6 SKILLED NURSING CARE						694,835	6
7 PHYSICAL THERAPY						256,410	7
8 OCCUPATIONAL THERAPY						117,059	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						8,645	10
11 HOME HEALTH AIDE						23,786	11
12 SUPPLIES (SEE INSTRUCTIONS)						15,604	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)					-724,178	1,116,339	24
25 COST TO BE ALLOC (PER W/S H)						724,178	25
26 UNIT COST MULTIPLIER						0.648708	26

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	1,994,812	2
3 PHYSICAL THERAPY	695,725	3
4 OCCUPATIONAL THERAPY	317,621	4
5 SPEECH PATHOLOGY		5
6 MEDICAL SOCIAL SERVICES	23,458	6
7 HOME HEALTH AIDE	64,538	7
8 SUPPLIES	38,471	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)	3,134,625	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	54,897		589,895	4	21,248	2,657,922	2,657,922	1
2 SKILLED NURSING CARE				694,834					2
3 PHYSICAL THERAPY				256,410					3
4 OCCUPATIONAL THERAPY				117,059					4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES				8,646					6
7 HOME HEALTH AIDE				23,786					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	54,897		1,690,630	4	21,248	2,657,922	2,657,922	20
21 TOTAL COST TO BE ALLOCATED	4,913	54,522		280,139	3,118	1,126	4,670	6,544	21
22 UNIT COST MULTIPLIER	0.081331				779.500000		0.001757		22
22 UNIT COST MULTIPLIER		0.993169		0.165701		0.052993		0.002462	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		172,639		541				2,239	1
2 SKILLED NURSING CARE		1,260,716							2
3 PHYSICAL THERAPY		465,232							3
4 OCCUPATIONAL THERAPY		212,393							4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES		15,686							6
7 HOME HEALTH AIDE		43,157							7
8 SUPPLIES		25,726							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)		2,195,549		541				2,239	20
21 TOTAL COST TO BE ALLOCATED		646,763		23,297				76,217	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		0.294579		43.062847				34.040643	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 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE (TIME SPENT) 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	
1 ADMINISTRATIVE AND GENERAL				546	2,657,922	374			1
2 SKILLED NURSING CARE		49,712							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)		49,712		546	2,657,922	374			20
21 TOTAL COST TO BE ALLOCATED		94,788		420	6,706	90,885			21
22 UNIT COST MULTIPLIER					0.002523				22
22 UNIT COST MULTIPLIER		1.906743		0.769231		243.008021			22

PROVIDER CCN: 14-0114 SWEDISH COVENANT HOSPITAL
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 16:01

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)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED EDUCATION ASSIGNED TIME	
	21	22	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	SKILLED NURSING CARE	2	1,994,812	2	1,994,812	7,603	262.37	1
2	PHYSICAL THERAPY	3	695,725		695,725	4,028	172.72	2
3	OCCUPATIONAL THERAPY	4	317,621		317,621	1,572	202.05	3
4	SPEECH PATHOLOGY	5				89		4
5	MEDICAL SOCIAL SERVICES	6	23,458		23,458	123	190.72	5
6	HOME HEALTH AIDE	7	64,538		64,538	509	126.79	6
7	TOTAL (SUM OF LINES 1-6)		3,096,154		3,096,154	13,924		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)	
15	COST OF MEDICAL SUPPLIES	8	38,471	2	38,471	56,278	0.683589	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 A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES							
1 SKILLED NURSING CARE	6 1,486	7 1,284	8	9 389,882	10 336,883	11	12 726,765 1
2 PHYSICAL THERAPY	888	679		153,375	117,277		270,652 2
3 OCCUPATIONAL THERAPY	392	259		79,204	52,331		131,535 3
4 SPEECH PATHOLOGY	20	25					4
5 MEDICAL SOCIAL SERVICES	33	23		6,294	4,387		10,681 5
6 HOME HEALTH AIDE	105	208		13,313	26,372		39,685 6
7 TOTAL (SUM OF LINES 1-6)	2,924	2,478		642,068	537,250		1,179,318 7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	1 16974	2 1,486	3 1,284	4 8
9 PHYSICAL THERAPY	16974	888	679	9
10 OCCUPATIONAL THERAPY	16974	392	259	10
11 SPEECH PATHOLOGY	16974	20	25	11
12 MEDICAL SOCIAL SERVICES	16974	33	23	12
13 HOME HEALTH AIDE	16974	105	208	13
14 TOTAL (SUM OF LINES 8-13)		2,924	2,478	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	6	7	8	9	10	11	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	TOTAL
1 PHYSICAL THERAPY	66			COL 2, LINE 2	1
1.01 REHABILITATION MEDICINE	66.01	0.296761		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	0.160588		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.149338		COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT 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	587,770			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)	587,770			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	587,770			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	552,713	469,033	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		2,107	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	11,771	12,120	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	10,367	6,765	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		939	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)	574,851	490,964	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	574,851	490,964	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	574,851	490,964	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)	574,851	490,964	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	574,851	490,964	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	574,851	490,964	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	3,228,830	1
2	CAPITAL DRG OUTLIER PAYMENTS	114,095	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	148.39	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	37.73	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0744	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	240,225	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1121	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2963	8
9	SUM OF LINES 7 AND 8	0.4084	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0862	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	278,325	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,861,475	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