

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
 - 2. MANUALLY SUBMITTED COST REPORT
 - 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 - 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
- 5. COST REPORT STATUS
 - 6. DATE RECEIVED: _____
 - 7. CONTRACTOR NO: _____
 - 8. INITIAL REPORT FOR THIS PROVIDER CCN
 - 9. FINAL REPORT FOR THIS PROVIDER CCN
 - 10. NPR DATE: _____
 - 11. CONTRACTOR'S VENDOR CODE: _____
 - 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 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 SWEDISHAMERICAN HOSPITAL (14-0228) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2011 AND ENDING 05/31/2012, 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 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	207	-213,610	91,412		12,831,731	1
2 SUBPROVIDER - IPF		3,304	4		690,523	2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY		-1,300				9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL	207	-211,606	91,416		13,522,254	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

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

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

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))			
65	PROGRAM NAME 1 ROCKFORD SCHOOL OF MEDICINE	PROGRAM CODE 2 1350	3 6.97	4 11.38	5 0.379837	65

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))					
1	2	3	4	5					
67 ROCKFORD SCHOOL OF MEDICINE	1350	6.97	11.38	0.379837	67				
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.				Y 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.				N	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.					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 N	XIX 2 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)?				N	105				
106 IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106				
107 COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107				
108 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N	108				
109 IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.				PHY- N	OCCUP- N	RESPI- N	SPEECH N	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.	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: 985,129 PAID LOSSES: AND/OR SELF INSURANCE: 2,939,600			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y		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:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		N	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 PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
	1	2	3	4
155	HOSPITAL	N	N	N
156	SUBPROVIDER - IPF	N	N	N
157	SUBPROVIDER - IRF	N	N	N
158	SUBPROVIDER - (OTHER)	N	N	N
159	SNF	N	N	N
160	HHA	N	N	N
161	CMHC		N	N

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	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.	N		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.			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	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)	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	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.	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	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.	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	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	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.	Y		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
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)	Y/N	DATE	Y/N	DATE
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	10/23/2012	Y	10/23/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: PATRICK	LAST NAME: GILLILAND	TITLE: REIMBURSEMENT DIRECT	41
42	EMPLOYER: SWEDISHAMERICAN HOSPITAL			42
43	PHONE NUMBER: 779-696-7356	E-MAIL ADDRESS: PGILLILAND@SWEDISHAMERICAN.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	165,469,635	517,268	165,986,903	5,507,058.75	30.14	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		1,829,956		1,829,956	21,316.80	85.85	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		55,824,194	-2,766,589	53,057,605	1,369,347.20	38.75	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		202,270		202,270	2,929.61	69.04	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		7,662,574		7,662,574	102,208.70	74.97	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							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)		37,826,214		37,826,214			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		12,469,564		12,469,564			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		257,324		257,324			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		1,847,575	62,153	1,909,728	58,466.86	32.66	26
27	ADMINISTRATIVE & GENERAL		21,452,900	-357,500	21,095,400	741,556.25	28.45	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		2,673,447		2,673,447	15,082.49	177.26	28
29	MAINTENANCE & REPAIRS		558,785	384,068	942,853	36,296.00	25.98	29
30	OPERATION OF PLANT		663,872		663,872	31,553.60	21.04	30
31	LAUNDRY & LINEN SERVICE		63,279		63,279	5,782.40	10.94	31
32	HOUSEKEEPING		2,692,240		2,692,240	198,760.29	13.55	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		2,176,382		2,176,382	154,870.85	14.05	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		275,055		275,055	8,320.00	33.06	35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,300,482		1,300,482	37,648.00	34.54	38
39	CENTRAL SERVICES AND SUPPLY		608,482		608,482	38,355.20	15.86	39
40	PHARMACY		4,400,402		4,400,402	109,512.00	40.18	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,684,881		1,684,881	92,432.50	18.23	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	166,588,181	517,268	167,105,449	5,509,144.4	30.33	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	55,824,194	-2,766,589	53,057,605	1,369,347.2	38.75	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	110,763,987	3,283,857	114,047,844	4,139,797.2	27.55	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	7,864,844		7,864,844	105,138.31	74.80	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	37,826,214		37,826,214		33.17%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	156,455,045	3,283,857	159,738,902	4,244,935.5	37.63	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	40,397,782	88,721	40,486,503	1,528,636.4	26.49	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	7,366,240	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	1,986,506	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	25,338,797	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	313,660	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	665,087	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,048,924	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	11,101,338	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	929,444	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	803,106	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	50,553,102	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
10/29/2012 15:59

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	202,783	50,553,102	1
2	HOSPITAL	202,270	37,826,214	2
3	SUBPROVIDER - IPF		614,494	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	513	1,635,285	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		10,477,109	18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7448

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		934	203	602	1,739	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		739.00	188.00	614.00	1,541.00	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)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.90			2.90	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00			1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	17.41	0.25		17.66	5
6 DIRECT NURSING SERVICE	14.10			14.10	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE	4.74			4.74	8
9 PHYSICAL THERAPY SUPERVISOR	0.03			0.03	9
10 OCCUPATIONAL THERAPY SERVICE	1.84			1.84	10
11 OCCUPATIONAL THERAPY SUPERVISOR	0.03			0.03	11
12 SPEECH PATHOLOGY SERVICE	0.29			0.29	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE	1.06			1.06	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE	1.66			1.66	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 PHARMACY TECH					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	3	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16974	20
20.01	40420	20.01
20.02	99914	20.02

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	9,003	41	332	115	9,491	21
22 SKILLED NURSING VISIT CHARGES	1,430,025	6,300	55,515	18,045	1,509,885	22
23 PHYSICAL THERAPY VISITS	4,270	21	63	95	4,449	23
24 PHYSICAL THERAPY VISIT CHARGES	662,580	3,210	10,695	13,560	690,045	24
25 OCCUPATIONAL THERAPY VISITS	1,573	19	10	47	1,649	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	247,590	2,910	1,740	6,240	258,480	26
27 SPEECH PATHOLOGY VISITS	268	22	3		293	27
28 SPEECH PATHOLOGY VISIT CHARGES	41,640	3,330	480		45,450	28
29 MEDICAL SOCIAL SERVICE VISITS	131	1		2	134	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	23,580	180		360	24,120	30
31 HOME HEALTH AIDE VISITS	1,167	29	7	26	1,229	31
32 HOME HEALTH AIDE VISIT CHARGES	105,030	2,610	630	2,340	110,610	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	16,412	133	415	285	17,245	33
34 OTHER CHARGES	578,328	4,077	35,990	5,233	623,628	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	3,088,773	22,617	105,050	45,778	3,262,218	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	16,412		415	285	17,112	36
37 TOTAL NUMBER OF OUTLIER EPISODES		133			133	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.226907	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				41,370,115	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				244,839,272	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				55,555,745	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				14,185,630	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				14,185,630	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	56,068,963		56,068,963		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	12,722,440		12,722,440		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	12,722,440		12,722,440		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					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			24,941,507		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,833,465		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			23,108,042		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			5,243,376		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			17,965,816		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			32,151,446		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		18,505,952	18,505,952	-5,021,933	1
2	00200				14,232,440	2
3	00300					3
4	00400	1,847,575	3,328,819	5,176,394	-16,806	4
5	00500	21,452,900	42,578,100	64,031,000	-8,777,855	5
6	00600	558,785	691,860	1,250,645	843,955	6
7	00700	663,872	3,560,913	4,224,785	-4,175	7
8	00800	63,279	1,321,092	1,384,371	-505	8
9	00900	2,692,240	1,732,600	4,424,840	-17,874	9
10	01000	2,176,382	3,166,433	5,342,815	-155,907	10
11	01100					11
12	01200					12
13	01300	1,300,482	648,109	1,948,591	-4,706	13
14	01400	608,482	6,826,479	7,434,961	-4,086,577	14
15	01500	4,400,402	10,814,719	15,215,121	-9,083,675	15
16	01600	1,684,881	1,333,668	3,018,549	-234,679	16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200		4,673,790	4,673,790	-54	22
23	02300	113,428	39,177	152,605		23
23.20	02301	161,277	88,900	250,177	-2,771	23.20
23.30	02302	140,796	102,000	242,796	-1,650	23.30
23.40	02303	449,585	574,077	1,023,662	-28,791	23.40
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	22,292,635	11,205,947	33,498,582	-541,410	30
31	03100	4,840,547	2,100,783	6,941,330	-3,367	31
31.01	03101					31.01
40	04000	2,814,091	1,059,269	3,873,360	-1,186,064	40
43	04300	1,213,072	1,805,597	3,018,669	1,164,873	43
ANCILLARY SERVICE COST CENTERS						
50	05000	7,634,382	29,687,327	37,321,709	-13,481,575	50
50.20	03340	525,339	339,415	864,754	-505	50.20
52	05200	2,755,196	1,358,338	4,113,534	-1,470	52
53	05300		488,198	488,198	1,516,667	53
54	05400	8,296,693	13,907,346	22,204,039	-3,653,482	54
54.10	03480	2,098,013	1,171,622	3,269,635	15,607,421	54.10
54.20	05401	913,616	1,545,411	2,459,027	-185,694	54.20
54.30	05402	744,714	916,461	1,661,175	-119,433	54.30
60	06000	3,146,346	9,531,820	12,678,166	-621,847	60
62.30	06250					62.30
65	06500	2,157,538	1,572,458	3,729,996	-448,363	65
66	06600	3,536,769	2,109,842	5,646,611	-8,840	66
69	06900	779,808	533,489	1,313,297	-2,067	69
69.10	03140					69.10
70	07000	649,981	646,385	1,296,366	-6,977	70
70.10	03370					70.10
71	07100				4,079,896	71
72	07200				15,038,659	72
73	07300				9,076,941	73
75.10	03950				140,659	75.10
75.20	03951		546,461	546,461		75.20
76.97	07697	638,179	476,656	1,114,835	-2,416	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,392,058	1,607,044	2,999,102	-8,354	90
90.01	09001					90.01
91	09100	7,783,050	6,140,825	13,923,875	-89,660	91
91.05	09101	33,966	15,365	49,331	-1,655	91.05
91.10	09102	764,259	532,995	1,297,254	477,607	91.10
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	4,653,633	4,454,729	9,108,362	-869,047	101
SPECIAL PURPOSE COST CENTERS						
118		117,978,251	193,740,471	311,718,722	13,508,934	118
NONREIMBURSABLE COST CENTERS						
190	19000	228,001	514,432	742,433		190
190.10	19001					190.10
192	19200					192
192.01	19201	46,377,999	49,326,776	95,704,775	-15,611,773	192.01

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 10/29/2012 15:59

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	
192.02 19202 MEDWORKS					192.02
192.03 19203 SWEDISHAMERICAN ER					192.03
192.20 19204 IDLE SPACE		1,342,766	1,342,766		192.20
193 19300 NONPAID WORKERS	20,835	-78,640	-57,805		193
193.10 19301 HOTEL					193.10
193.30 19302 PHYSICIAN BILLING					193.30
193.40 19303 MEALS ON WHEELS					193.40
193.50 19304 WEE CARE					193.50
193.60 19305 PHYSICIAN RELATED AREAS	329,164	955,516	1,284,680		193.60
193.70 19306 WOMEN'S CENTER					193.70
193.80 19307 MARKETING EXPENSES				2,102,839	193.80
193.90 19308 COMPLIMENTARY MEDICINE	535,385	245,464	780,849		193.90
200 TOTAL (SUM OF LINES 118-199)	165,469,635	246,046,785	411,516,420		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	CAP REL COSTS-BLDG & FIXT	13,484,019	-5,005,122	8,478,897	1
2	00200	CAP REL COSTS-MVBLE EQUIP	14,232,440	349,053	14,581,493	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	5,159,588	-941,663	4,217,925	4
5	00500	ADMINISTRATIVE & GENERAL	55,253,145	-2,078,284	53,174,861	5
6	00600	MAINTENANCE & REPAIRS	2,094,600	-98,937	1,995,663	6
7	00700	OPERATION OF PLANT	4,220,610	-7,615	4,212,995	7
8	00800	LAUNDRY & LINEN SERVICE	1,383,866	-13,903	1,369,963	8
9	00900	HOUSEKEEPING	4,406,966	-21,980	4,384,986	9
10	01000	DIETARY	5,186,908	-804	5,186,104	10
11	01100	CAFETERIA		-1,364,912	-1,364,912	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,943,885	-93,988	1,849,897	13
14	01400	CENTRAL SERVICES & SUPPLY	3,348,384		3,348,384	14
15	01500	PHARMACY	6,131,446	-800	6,130,646	15
16	01600	MEDICAL RECORDS & LIBRARY	2,783,870	-199,913	2,583,957	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	4,673,736	-174,235	4,499,501	22
23	02300	PARAMED ED PRGM - LABORATORY	152,605		152,605	23
23.20	02301	PARAMED ED PRGM - RADIOLOGY	247,406	-140,847	106,559	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	241,146	-70,600	170,546	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	994,871	-140,067	854,804	23.40
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	32,957,172	-209,572	32,747,600	30
31	03100	INTENSIVE CARE UNIT	6,937,963	-132,825	6,805,138	31
31.01	03101	PEDIATRIC ICU				31.01
40	04000	SUBPROVIDER - IPF	2,687,296	-351,516	2,335,780	40
43	04300	NURSERY	4,183,542	-1,306,232	2,877,310	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	23,840,134	-5,098,229	18,741,905	50
50.20	03340	GASTROENTEROLOGY	864,249		864,249	50.20
52	05200	DELIVERY ROOM & LABOR ROOM	4,112,064	-2,738	4,109,326	52
53	05300	ANESTHESIOLOGY	2,004,865	-1,667,731	337,134	53
54	05400	RADIOLOGY-DIAGNOSTIC	18,550,557	-185,839	18,364,718	54
54.10	03480	RADIATION ONCOLOGY	18,877,056	-1,026,324	17,850,732	54.10
54.20	05401	CT	2,273,333	-8,550	2,264,783	54.20
54.30	05402	MRI	1,541,742	320,877	1,862,619	54.30
60	06000	LABORATORY	12,056,319	-297,189	11,759,130	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	3,281,633		3,281,633	65
66	06600	PHYSICAL THERAPY	5,637,771	-54,555	5,583,216	66
69	06900	ELECTROCARDIOLOGY	1,311,230	-3,230	1,308,000	69
69.10	03140	PEDIATRIC CARDIOLOGY				69.10
70	07000	ELECTROENCEPHALOGRAPHY	1,289,389	-88,240	1,201,149	70
70.10	03370	APNEA MONITORING				70.10
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,079,896		4,079,896	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	15,038,659		15,038,659	72
73	07300	DRUGS CHARGED TO PATIENTS	9,076,941		9,076,941	73
75.10	03950	NUTRITIONAL SUPPORT	140,659		140,659	75.10
75.20	03951	HEMODIALYSIS	546,461		546,461	75.20
76.97	07697	CARDIAC REHABILITATION	1,112,419	-86,449	1,025,970	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	2,990,748	-363,965	2,626,783	90
90.01	09001	CHILDRENS CLINIC				90.01
91	09100	EMERGENCY	13,834,215	-1,621,765	12,212,450	91
91.05	09101	AMBULATORY CARE	47,676		47,676	91.05
91.10	09102	PSYCHIATRIC PARTIAL	1,774,861	-863,615	911,246	91.10
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	8,239,315	-9,819	8,229,496	101
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	325,227,656	-23,062,123	302,165,533	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	742,433	-617	741,816	190
190.10	19001	MCC WORD PROCESSING				190.10
192	19200	PHYSICIANS' PRIVATE OFFICES				192
192.01	19201	SPECIALISTS/PCP'S	80,093,002	-226,237	79,866,765	192.01

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
10/29/2012 15:59

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	
192.02 19202 MEDWORKS				192.02
192.03 19203 SWEDISHAMERICAN ER	1,342,766		1,342,766	192.03
192.20 19204 IDLE SPACE				192.20
193 19300 NONPAID WORKERS	-57,805		-57,805	193
193.10 19301 HOTEL				193.10
193.30 19302 PHYSICIAN BILLING				193.30
193.40 19303 MEALS ON WHEELS				193.40
193.50 19304 WEE CARE				193.50
193.60 19305 PHYSICIAN RELATED AREAS	1,284,680	-4,041	1,280,639	193.60
193.70 19306 WOMEN'S CENTER				193.70
193.80 19307 MARKETING EXPENSES	2,102,839		2,102,839	193.80
193.90 19308 COMPLIMENTARY MEDICINE	780,849		780,849	193.90
200 TOTAL (SUM OF LINES 118-199)	411,516,420	-23,293,018	388,223,402	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY OTHER	
	1	2	3	4	5
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		5,085,684 1
500 TOTAL RECLASSIFICATIONS					5,085,684 500
CODE LETTER - B					
1 MEDICAL MAINTENANCE	C	MAINTENANCE & REPAIRS	6		845,626 1
500 TOTAL RECLASSIFICATIONS					845,626 500
CODE LETTER - C					
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	D	MEDICAL SUPPLIES CHRGD TO PA	71		4,079,896 1
500 TOTAL RECLASSIFICATIONS					4,079,896 500
CODE LETTER - D					
1 DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	73		9,076,941 1
500 TOTAL RECLASSIFICATIONS					9,076,941 500
CODE LETTER - E					
1 MEDICAL SUPPLIES	F	ADULTS & PEDIATRICS	30		10,337 1
500 TOTAL RECLASSIFICATIONS					10,337 500
CODE LETTER - F					
1 PUBLIC RELATIONS EXP	G	ADMINISTRATIVE & GENERAL	5		26,926 1
2					2
3					3
500 TOTAL RECLASSIFICATIONS					26,926 500
CODE LETTER - G					
1 ANESTHESIA PHYSICIANS	H	ANESTHESIOLOGY	53		1,516,667 1
500 TOTAL RECLASSIFICATIONS					1,516,667 500
CODE LETTER - H					
1 CAPITAL RELATED COSTS	I	CAP REL COSTS-MVBLE EQUIP	2		4,124,823 1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
500 TOTAL RECLASSIFICATIONS					4,124,823 500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 SPLIT OF PSYCHIATRIC	J	ADULTS & PEDIATRICS	30		516,213	186,312 1
2		PSYCHIATRIC PARTIAL	91.10		350,944	126,663 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					867,157	312,975 500
1 SPLIT OF FAMILY BIRTHPLACE	K	NURSERY	43		819,510	345,788 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					819,510	345,788 500
1 DEPRECIATION ADJUSTMENT	L	CAP REL COSTS-MVBLE EQUIP	2			10,107,617 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L						10,107,617 500
1 DIETARY NUTRITIONAL SUPPLIMENT	N	NUTRITIONAL SUPPORT	75.10			140,659 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N						140,659 500
1 MARKETING EXPENSES	O	MARKETING EXPENSES	193.80		357,500	1,745,339 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					357,500	1,745,339 500
1 CHEMO EXPENSES	Q	RADIATION ONCOLOGY	54.10		2,256,932	13,354,841 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					2,256,932	13,354,841 500
1 RECRUITMENT BONUS	R	EMPLOYEE BENEFITS	4		62,153	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - R					62,153	500
1 RECLASS OF MRI SALARIES	S	MRI	54.30		71,047	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					71,047	500
1 MED MAINT. SALARIES	T	MAINTENANCE & REPAIRS	6		384,068	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					384,068	500
1 IMPLANTABLE DEVICES	U	IMPL. DEV. CHARGED TO PATIENT	72			15,038,659 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - U GRAND TOTAL (INCREASES)					4,818,367	15,038,659 500 65,812,778

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	5		5,085,684	11 1
500 TOTAL RECLASSIFICATIONS					5,085,684	500
CODE LETTER - B						
1 MEDICAL MAINTENANCE	C	ADMINISTRATIVE & GENERAL	5		845,626	1
500 TOTAL RECLASSIFICATIONS					845,626	500
CODE LETTER - C						
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	D	CENTRAL SERVICES & SUPPLY	14		4,079,896	1
500 TOTAL RECLASSIFICATIONS					4,079,896	500
CODE LETTER - D						
1 DRUGS CHARGED TO PATIENTS	E	PHARMACY	15		9,076,941	1
500 TOTAL RECLASSIFICATIONS					9,076,941	500
CODE LETTER - E						
1 MEDICAL SUPPLIES	F	DIETARY	10		10,337	1
500 TOTAL RECLASSIFICATIONS					10,337	500
CODE LETTER - F						
1 PUBLIC RELATIONS EXP	G	PARAMED ED PRGM - RADIOLOGY	23.20		1,785	1
2		PARAMED ED - RADIATION ONCOLO	23.30		688	2
3		PARAMED ED - PARAMEDICAL TECH	23.40		24,453	3
500 TOTAL RECLASSIFICATIONS					26,926	500
CODE LETTER - G						
1 ANESTHESIA PHYSICIANS	H	OPERATING ROOM	50		1,516,667	1
500 TOTAL RECLASSIFICATIONS					1,516,667	500
CODE LETTER - H						
1 CAPITAL RELATED COSTS	I	EMPLOYEE BENEFITS	4		16,806	10 1
2		ADMINISTRATIVE & GENERAL	5		770,632	2
3		MAINTENANCE & REPAIRS	6		1,671	3
4		OPERATION OF PLANT	7		4,175	4
5		LAUNDRY & LINEN SERVICE	8		505	5
6		HOUSEKEEPING	9		17,874	6
7		DIETARY	10		4,911	7
8		NURSING ADMINISTRATION	13		4,706	8
9		CENTRAL SERVICES & SUPPLY	14		6,681	9
10		PHARMACY	15		6,734	10
11		MEDICAL RECORDS & LIBRARY	16		234,679	11
12		I&R SRVCES-OTHER PRGM COSTS A	22		54	12
13		PARAMED ED PRGM - RADIOLOGY	23.20		986	13
14		PARAMED ED - RADIATION ONCOLO	23.30		962	14
15		PARAMED ED - PARAMEDICAL TECH	23.40		4,338	15
16		ADULTS & PEDIATRICS	30		88,974	16
17		INTENSIVE CARE UNIT	31		3,367	17
18		SUBPROVIDER - IPF	40		5,932	18
19		NURSERY	43		425	19
20		OPERATING ROOM	50		80,524	20
21		GASTROENTEROLOGY	50.20		505	21
22		DELIVERY ROOM & LABOR ROOM	52		1,470	22
23		RADIOLOGY-DIAGNOSTIC	54		499,207	23
24		RADIATION ONCOLOGY	54.10		4,352	24
25		CT	54.20		185,694	25
26		MRI	54.30		119,433	26
27		LABORATORY	60		621,847	27
28		RESPIRATORY THERAPY	65		448,363	28
29		PHYSICAL THERAPY	66		8,840	29
30		ELECTROCARDIOLOGY	69		2,067	30
31		ELECTROENCEPHALOGRAPHY	70		6,977	31
32		CARDIAC REHABILITATION	76.97		2,416	32
33		CLINIC	90		8,354	33
34		EMERGENCY	91		89,660	34
35		AMBULATORY CARE	91.05		1,655	35
36		HOME HEALTH AGENCY	101		869,047	36
500 TOTAL RECLASSIFICATIONS					4,124,823	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SPLIT OF PSYCHIATRIC	J	SUBPROVIDER - IPF	40	867,157	312,975	1
2						2
500 TOTAL RECLASSIFICATIONS				867,157	312,975	500
CODE LETTER - J						
1 SPLIT OF FAMILY BIRTHPLACE	K	ADULTS & PEDIATRICS	30	819,510	345,788	1
500 TOTAL RECLASSIFICATIONS				819,510	345,788	500
CODE LETTER - K						
1 DEPRECIATION ADJUSTMENT	L	CAP REL COSTS-BLDG & FIXT	1		10,107,617	9 1
500 TOTAL RECLASSIFICATIONS					10,107,617	500
CODE LETTER - L						
1 DIETARY NUTRITIONAL SUPPLIMENT	N	DIETARY	10		140,659	1
500 TOTAL RECLASSIFICATIONS					140,659	500
CODE LETTER - N						
1 MARKETING EXPENSES	O	ADMINISTRATIVE & GENERAL	5	357,500	1,745,339	1
500 TOTAL RECLASSIFICATIONS				357,500	1,745,339	500
CODE LETTER - O						
1 CHEMO EXPENSES	Q	SPECIALISTS/PCP'S	192.01	2,256,932	13,354,841	1
500 TOTAL RECLASSIFICATIONS				2,256,932	13,354,841	500
CODE LETTER - Q						
1 RECRUITMENT BONUS	R	EMPLOYEE BENEFITS	4		62,153	1
500 TOTAL RECLASSIFICATIONS					62,153	500
CODE LETTER - R						
1 RECLASS OF MRI SALARIES	S	MRI	54.30		71,047	1
500 TOTAL RECLASSIFICATIONS					71,047	500
CODE LETTER - S						
1 MED MAINT. SALARIES	T	MAINTENANCE & REPAIRS	6		384,068	1
500 TOTAL RECLASSIFICATIONS					384,068	500
CODE LETTER - T						
1 IMPLANTABLE DEVICES	U	OPERATING ROOM	50		11,884,384	1
2		RADIOLOGY-DIAGNOSTIC	54		3,154,275	2
500 TOTAL RECLASSIFICATIONS					15,038,659	500
CODE LETTER - U						
GRAND TOTAL (DECREASES)				4,301,099	66,330,046	

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	1,604,229					1,604,229	1
2 LAND IMPROVEMENTS	6,122,785	89,009		89,009		6,211,794	2
3 BUILDINGS AND FIXTURES	92,268,633	1,799,801		1,799,801		94,068,434	3
4 BUILDING IMPROVEMENTS	87,117,574	1,594,248		1,594,248	306,962	88,404,860	4
5 FIXED EQUIPMENT	6,072,277	31,302		31,302		6,103,579	5
6 MOVABLE EQUIPMENT	126,276,796	14,761,336		14,761,336	4,186,113	136,852,019	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	319,462,294	18,275,696		18,275,696	4,493,075	333,244,915	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	319,462,294	18,275,696		18,275,696	4,493,075	333,244,915	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	18,505,952						18,505,952
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	18,505,952						18,505,952

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT								
2 CAP REL COSTS-MVBLE EQUIP								
3 TOTAL (SUM OF LINES 1-2)								

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	8,449,215			29,682			8,478,897
2 CAP REL COSTS-MVBLE EQUIP	10,437,873	4,143,620					14,581,493
3 TOTAL	18,887,088	4,143,620		29,682			23,060,390

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	-7,151,118	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)	A	-136,838	ADMINISTRATIVE & GENERAL	5	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					10
9 PARKING LOT (CHAPTER 21)					11
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-13,439,869			12 13
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					14
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-590,179			15 16
13 LAUNDRY AND LINEN SERVICE					17
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,364,912	CAFETERIA	11	18 19
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					20
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					21
17 SALE OF DRUGS TO OTHER THAN PATIENTS					22
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					23
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					24
20 VENDING MACHINES					25
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					26
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					27
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				28 29
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30 31
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)					32
26 DEPRECIATION--BUILDINGS & FIXTURES	A	50,880	UTILIZATION REVIEW-SNF	114	33 34
27 DEPRECIATION--MOVABLE EQUIPMENT	A	320,118	CAP REL COSTS-BLDG & FIXT	1	35 36
28 NON-PHYSICIAN ANESTHETIST			CAP REL COSTS-MVBLE EQUIP	2	37 38
29 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19	39 40
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				41
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				42 43
32 CAH HIT ADJ FOR DEPRECIATION AND					44
33 CUDDLE CARE	B	-545	ADULTS & PEDIATRICS	30	45 46
34 OTHER REVENUE	B	-290	SUBPROVIDER - IPF	40	47 48
35					49
35.10 OTHER REVENUE	B	-44,262	PSYCHIATRIC PARTIAL	91.10	50 51
36 MED REC TRANSCRIPTS	B	-144	RADIOLOGY-DIAGNOSTIC	54	52 53
37 OTHER REVENUE	B	-25	CLINIC	90	54 55
38 RECYCLING	B	-2,625	ADULTS & PEDIATRICS	30	56 57
38.10 MEDICAL REC TRANSCRIPTS	B	-15	CLINIC	90	58 59
38.11 WOMEN CENTER RESEARCH	B	-2,920	CLINIC	90	60 61
39 BABY PICTURES	B	-2,738	DELIVERY ROOM & LABOR ROOM	52	62 63
40					64
41 EMS EDUCATION FEES	B	-119,184	PARAMED ED - PARAMEDICAL TECHS	23.40	65 66
42 OTHER REVENUE	B	-66,727	EMERGENCY	91	67 68
43 OTHER REVENUE	B	-69,796	CARDIAC REHABILITATION	76.97	69 70
43.10 OTHER REVENUE	B	-135	ADMINISTRATIVE & GENERAL	5	71 72
44 TUITION	B	-138,652	PARAMED ED PRGM - RADIOLOGY	23.20	73 74
45 ADMISSION FEES	B	-35	PARAMED ED PRGM - RADIOLOGY	23.20	75 76
45.02 RECYCLING	B	-195	RADIOLOGY-DIAGNOSTIC	54	77 78
45.03 MED REC TRASCRIPTS	B	-2,678	RADIOLOGY-DIAGNOSTIC	54	79 80
45.04 OTHER REVENUE	B	-45	RADIOLOGY-DIAGNOSTIC	54	81 82
45.05 RECLAIMED WIRE	B	-3,833	RADIOLOGY-DIAGNOSTIC	54	83 84
45.06 TUITION	B	-66,414	PARAMED ED - RADIATION ONCOLOGY	23.30	85 86
45.07 BOOK FEES & ADMISSION FEES	B	-2,026	PARAMED ED - RADIATION ONCOLOGY	23.30	87 88
45.08 OTHER REVENUE	B	-45,196	RADIATION ONCOLOGY	54.10	89 90
45.09 OTHER REVENUE	B	-400	PHYSICAL THERAPY	66	91 92
45.10 HEART SCAN REVENUE	B	-8,550	CT	54.20	93 94
45.13 GROSS REVENUE	B	-554	EMPLOYEE BENEFITS	4	95 96
45.14 EMPLOYEE HEALTH	B	-837,759	EMPLOYEE BENEFITS	4	97 98
45.16 OTHER REVENUE/TRANSCRIPTS	B	-197,383	MEDICAL RECORDS & LIBRARY	16	99 100

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.	
45.17 OTHER REVENUE	B	-800	PHARMACY	15	45.17
45.19 PHOTO	B	-2,093	ADMINISTRATIVE & GENERAL	5	45.19
45.20 VENDING MACHINES	B	-194	HOUSEKEEPING	9	45.20
45.21 NON PATIENT LINEN	B	-13,903	LAUNDRY & LINEN SERVICE	8	45.21
45.22 GUEST ROOM RENTAL	B	-14,290	ADMINISTRATIVE & GENERAL	5	45.22
45.23 INSURANCE AUDIT	B	-50	ADMINISTRATIVE & GENERAL	5	45.23
45.25 COMMUNICATIONS	B	-7,669	ADMINISTRATIVE & GENERAL	5	45.25
45.26 PHYSICIAN PAGING AND ANSWERING	B	-370,444	ADMINISTRATIVE & GENERAL	5	45.26
45.27 WORD PROCESSING	B	-90,339	ADMINISTRATIVE & GENERAL	5	45.27
45.30 OTHER REVENUE	B	-1,276,828	ADMINISTRATIVE & GENERAL	5	45.30
45.31 OTHER REVENUE	B	-1,154	EMPLOYEE BENEFITS	4	45.31
45.32 OTHER REVENUE	B	-304,101	ADMINISTRATIVE & GENERAL	5	45.32
45.33 INVESTMENT PREMIUM DISCOUNT	B	-689,508	CAP REL COSTS-BLDG & FIXT	1	11 45.33
45.34 INVESTMENT MANAGEMENT	A	588,187	ADMINISTRATIVE & GENERAL	5	45.34
45.38 M.R.I. COSTS	A	-7,130	MRI	54.30	45.38
45.40 PRIOR YEARS ADJUSTMENT	A	8,871	CAP REL COSTS-MVBLE EQUIP	2	9 45.40
45.41 COURIER FEES TO SAHMC	B	-311,640	ADMINISTRATIVE & GENERAL	5	45.41
45.42 MALPRACTICE EXPENSE	A	751,297	ADMINISTRATIVE & GENERAL	5	45.42
45.43 UNNECESSARY BOND INTEREST EXPENSE	A	-465,126	CAP REL COSTS-BLDG & FIXT	1	11 45.43
45.45 T.V. REPAIR SALARY	A	-6,259	MAINTENANCE & REPAIRS	6	45.45
45.46 T.V. ELECTRICITY COST	A	-7,615	OPERATION OF PLANT	7	45.46
45.48 DUES RELATED TO LOBBYING	A	-41,145	ADMINISTRATIVE & GENERAL	5	45.48
45.49 LOSS ON DEFEASANCE	A	406,135	CAP REL COSTS-BLDG & FIXT	1	11 45.49
45.51 CORPORATE SPONSORSHIP	A	-69,559	ADMINISTRATIVE & GENERAL	5	45.51
45.52 SITTERS COST	A	-112	RADIATION ONCOLOGY	54.10	45.52
45.53 SITTERS COST	A	-384	NURSING ADMINISTRATION	13	45.53
45.54 SITTERS COST	A	-184,402	ADULTS & PEDIATRICS	30	45.54
45.55 SITTERS COST	A	-24,579	INTENSIVE CARE UNIT	31	45.55
45.56 SITTERS COST	A	-56,732	SUBPROVIDER - IPF	40	45.56
45.57 SITTERS COST	A	-42	EMERGENCY	91	45.57
45.59 ALCOHOL COSTS	A	-18,072	EMPLOYEE BENEFITS	4	45.59
45.60 ALCOHOL COSTS	A	-1,126	ADMINISTRATIVE & GENERAL	5	45.60
45.64 INTERNAL RENT REVENUE	B	-50,257	OPERATING ROOM	50	45.64
45.65 EXTERNAL RENT REVENUE	B	-9,617	ADMINISTRATIVE & GENERAL	5	45.65
45.66 RECYCLING	B	-21,786	HOUSEKEEPING	9	45.66
45.67 MISC PATIENT REVENUE	B	-16,700	ADMINISTRATIVE & GENERAL	5	45.67
45.68 MISC PATIENT REVENUE	B	106,356	ADMINISTRATIVE & GENERAL	5	45.68
45.70 INTEREST EXPENSE ADD BACK	A	2,843,205	CAP REL COSTS-BLDG & FIXT	1	11 45.70
45.71 MISC PATINET REVENUE	B	-369	LABORATORY	60	45.71
45.72 COPORATE SPONSORSHIP	A	-7,000	ADULTS & PEDIATRICS	30	45.72
45.73 COPORATE SPONSORSHIP	A	-1,000	EMPLOYEE BENEFITS	4	45.73
46					46
47					47
48					48
49					49
50					50
TOTAL (SUM OF LINES 1 THRU 49)		-23,293,018			
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	ADMINISTRATIVE & GENERAL	PARKING LOTS	37,588	294,876	-257,288	1
2	6	MAINTENANCE & REPAIRS	MEDICAL MAINTENANCE	752,948	845,626	-92,678	2
3	4	EMPLOYEE BENEFITS	RENTAL ADJUSTMENT	111,428	113,457	-2,029	3
4	5	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	928,196	975,324	-47,128	4
4.01	22	I&R SRVCES-OTHER PRGM COSTS APP	RENTAL ADJUSTMENT	246,605	420,840	-174,235	4.01
4.02	23.40	PARAMED ED - PARAMEDICAL TECHS	RENTAL ADJUSTMENT	104,025	124,908	-20,883	4.02
4.03	50	OPERATING ROOM	RENTAL ADJUSTMENT	66,217	62,257	3,960	4.03
4.04	54	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	228,317	227,361	956	4.04
4.05	66	PHYSICAL THERAPY	RENTAL ADJUSTMENT	402,489	435,819	-33,330	4.05
4.06	70	ELECTROENCEPHALOGRAPHY	RENTAL ADJUSTMENT	188,330	203,925	-15,595	4.06
4.07	90	CLINIC	RENTAL ADJUSTMENT	288,289	291,800	-3,511	4.07
4.08	101	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	160,731	170,550	-9,819	4.08
4.09	192.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	2,433,749	2,659,986	-226,237	4.09
4.10	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	66,153	70,194	-4,041	4.10
4.11	2	CAP REL COSTS-MVBLE EQUIP	CT DEPRECIATION	1	1		9 4.11
4.12	1	CAP REL COSTS-BLDG & FIXT	CT INTEREST	1	1		11 4.12
4.13	2	CAP REL COSTS-MVBLE EQUIP	CT LEASED EQUIPMENT	1	1		10 4.13
4.14	54.20	CT	CT EXPENSES	1	1		4.14
4.15	2	CAP REL COSTS-MVBLE EQUIP	MRI DEPRECIATION	1,267		1,267	9 4.15
4.16	1	CAP REL COSTS-BLDG & FIXT	MRI INTEREST	410		410	11 4.16
4.17	2	CAP REL COSTS-MVBLE EQUIP	MRI LEASED EQUIPMENT	18,797		18,797	10 4.17
4.18	54.30	MRI	MRI EXPENSES	328,007		328,007	4.18
4.19	10	DIETARY	RENTAL ADJUSTMENT	44,175	44,979	-804	4.19
4.20	16	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	126,437	128,967	-2,530	4.20
4.21	23.20	PARAMED ED PRGM - RADIOLOGY	RENTAL ADJUSTMENT	5,640	7,800	-2,160	4.21
4.22	23.30	PARAMED ED - RADIATION ONCOLOGY	RENTAL ADJUSTMENT	5,640	7,800	-2,160	4.22
4.23	91.10	PSYCHIATRIC PARTIAL	RENTAL ADJUSTMENT	90,512	92,160	-1,648	4.23
4.24	190	GIFT, FLOWER, COFFEE SHOP & CAN	RENTAL ADJUSTMENT	69,435	70,052	-617	4.24
4.25	193.50	WEE CARE	RENTAL ADJUSTMENT	1	1		4.25
4.26	54.10	RADIATION ONCOLOGY	RENTAL ADJUSTMENT	365,057	395,287	-30,230	4.26
4.27	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	201,096	217,749	-16,653	4.27
5		TOTALS (SUM OF LINES 1-4)		7,271,543	7,861,722	-590,179	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					
7	C		IL IMAGING	50.00	
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	AGGREGATE	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	4	EMPLOYEE BENEFITS	81,095	81,095						1
2	5	ADMINISTRATIVE & GENERAL	608,995	552,995	56,000	171,400	508	41,861	2,093	2
3	13	NURSING ADMINISTRATION	125,000		125,000	171,400	381	31,396	1,570	3
4	30	ADULTS & PEDIATRICS	30,000	15,000	15,000	171,400	267	22,002	1,100	4
5	31	INTENSIVE CARE UNIT	115,333	94,500	20,833	171,400	86	7,087	354	5
6	40	SUBPROVIDER - IPF	324,159	271,659	52,500	171,400	360	29,665	1,483	6
7	43	NURSERY	1,306,232	1,306,232						7
8	50	OPERATING ROOM	5,109,711	5,019,711	90,000	200,300	600	57,779	2,889	8
9	53	ANESTHESIOLOGY	1,710,371	1,650,371	60,000	194,500	456	42,640	2,132	9
10	54	RADIOLOGY-DIAGNOSTIC	452,500		452,500	142,500	3,979	272,600	13,630	10
11	54.10	RADIATION ONCOLOGY	958,528	940,820	17,708	142,500	113	7,742	387	11
12	60	LABORATORY	296,820	296,820						12
13	66	PHYSICAL THERAPY	20,825	20,825						13
14	70	ELECTROENCEPHALOGRAPHY	80,145	72,645	7,500	171,400	115	9,476	474	14
15	90	CLINIC	366,558	349,358	17,200	171,400	110	9,064	453	15
16	91	EMERGENCY	1,676,459	1,522,459	154,000	171,400	1,474	121,463	6,073	16
17	91.10	PSYCHIATRIC PARTIAL	817,705	817,705						17
18	69	ELECTROCARDIOLOGY	3,230	3,230						18
200		TOTAL	14,083,666	13,015,425	1,068,241		8,449	652,775	32,638	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	4	EMPLOYEE BENEFITS	AGGREGATE					81,095	1
2	5	ADMINISTRATIVE & GENERAL	AGGREGATE			41,861	14,139	567,134	2
3	13	NURSING ADMINISTRATION	AGGREGATE			31,396	93,604	93,604	3
4	30	ADULTS & PEDIATRICS	AGGREGATE			22,002		15,000	4
5	31	INTENSIVE CARE UNIT	AGGREGATE			7,087	13,746	108,246	5
6	40	SUBPROVIDER - IPF	AGGREGATE			29,665	22,835	294,494	6
7	43	NURSERY	AGGREGATE					1,306,232	7
8	50	OPERATING ROOM	AGGREGATE			57,779	32,221	5,051,932	8
9	53	ANESTHESIOLOGY	AGGREGATE			42,640	17,360	1,667,731	9
10	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE			272,600	179,900	179,900	10
11	54.10	RADIATION ONCOLOGY	AGGREGATE			7,742	9,966	950,786	11
12	60	LABORATORY	AGGREGATE					296,820	12
13	66	PHYSICAL THERAPY	AGGREGATE					20,825	13
14	70	ELECTROENCEPHALOGRAPHY	AGGREGATE			9,476		72,645	14
15	90	CLINIC	AGGREGATE			9,064	8,136	357,494	15
16	91	EMERGENCY	AGGREGATE			121,463	32,537	1,554,996	16
17	91.10	PSYCHIATRIC PARTIAL	AGGREGATE					817,705	17
18	69	ELECTROCARDIOLOGY	AGGREGATE					3,230	18
200		TOTAL				652,775	424,444	13,439,869	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	8,478,897	8,478,897				1
2 CAP REL COSTS-MVBLE EQUIP	14,581,493		14,581,493			2
4 EMPLOYEE BENEFITS	4,217,925	13,924	24,546	4,256,395		4
5 ADMINISTRATIVE & GENERAL	53,174,861	529,535	933,514	580,101	55,218,011	5
6 MAINTENANCE & REPAIRS	1,995,663	161,428	284,580	28,289	2,469,960	6
7 OPERATION OF PLANT	4,212,995	504,074	888,629	24,593	5,630,291	7
8 LAUNDRY & LINEN SERVICE	1,369,963	34,090	60,097	4,507	1,468,657	8
9 HOUSEKEEPING	4,384,986	288,619	508,804	155,161	5,337,570	9
10 DIETARY	5,186,104	400,268	705,631	122,333	6,414,336	10
11 CAFETERIA	-1,364,912				-1,364,912	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,849,897	24,595	43,358	29,327	1,947,177	13
14 CENTRAL SERVICES & SUPPLY	3,348,384	154,646	272,624	29,894	3,805,548	14
15 PHARMACY	6,130,646	94,605	166,778	85,354	6,477,383	15
16 MEDICAL RECORDS & LIBRARY	2,583,957	19,218	33,880	69,645	2,706,700	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	4,499,501				4,499,501	22
23 PARAMED ED PRGM - LABORATORY	152,605			2,626	155,231	23
23.20 PARAMED ED PRGM - RADIOLOGY	106,559			3,469	110,028	23.20
23.30 PARAMED ED - RADIATION ONCOLOGY	170,546			3,242	173,788	23.30
23.40 PARAMED ED - PARAMEDICAL TECHS	854,804			15,304	870,108	23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	32,747,600	2,152,915	3,795,364	629,870	39,325,749	30
31 INTENSIVE CARE UNIT	6,805,138	394,614	695,663	127,748	8,023,163	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	2,335,780	280,055	493,708	49,980	3,159,523	40
43 NURSERY	2,877,310	86,891	153,180	48,489	3,165,870	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,741,905	696,960	1,228,667	215,679	20,883,211	50
50.20 GASTROENTEROLOGY	864,249	92,284	162,687	14,055	1,133,275	50.20
52 DELIVERY ROOM & LABOR ROOM	4,109,326	91,745	161,736	69,661	4,432,468	52
53 ANESTHESIOLOGY	337,134	21,997	38,778		397,909	53
54 RADIOLOGY-DIAGNOSTIC	18,364,718	1,020,763	1,799,499	223,850	21,408,830	54
54.10 RADIATION ONCOLOGY	17,850,732	134,332	236,814	90,623	18,312,501	54.10
54.20 CT	2,264,783	29,252	51,569	21,918	2,367,522	54.20
54.30 MRI	1,862,619	49,729	87,667	21,335	2,021,350	54.30
60 LABORATORY	11,759,130	264,220	465,792	118,037	12,607,179	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,281,633	60,597	106,826	62,982	3,512,038	65
66 PHYSICAL THERAPY	5,583,216	58,766	103,599	89,342	5,834,923	66
69 ELECTROCARDIOLOGY	1,308,000	60,531	106,710	19,016	1,494,257	69
69.10 PEDIATRIC RADIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	1,201,149	28,305	49,898	21,853	1,301,205	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,079,896				4,079,896	71
72 IMPL. DEV. CHARGED TO PATIENT	15,038,659				15,038,659	72
73 DRUGS CHARGED TO PATIENTS	9,076,941				9,076,941	73
75.10 NUTRITIONAL SUPPORT	140,659				140,659	75.10
75.20 HEMODIALYSIS	546,461	36,476	64,303		647,240	75.20
76.97 CARDIAC REHABILITATION	1,025,970			17,330	1,043,300	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,626,783			31,045	2,657,828	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	12,212,450	325,258	573,395	223,623	13,334,726	91
91.05 AMBULATORY CARE	47,676	60,057	105,875	843	214,451	91.05
91.10 PSYCHIATRIC PARTIAL	911,246	56,838	100,199	17,022	1,085,305	91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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	8,229,496	2,451	4,321	111,244	8,347,512	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	302,165,533	8,230,038	14,508,691	3,379,390	300,966,867	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	741,816	20,836	36,732	12,240	811,624	190

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
190.10 MCC WORD PROCESSING						190.10
192 PHYSICIANS' PRIVATE OFFICES		43,160			43,160	192
192.01 SPECIALISTS/PCP'S	79,866,765	57,067		824,156	80,747,988	192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER	1,342,766				1,342,766	192.03
192.20 IDLE SPACE		107,335			107,335	192.20
193 NONPAID WORKERS	-57,805			940	-56,865	193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS	1,280,639			10,683	1,291,322	193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES	2,102,839	5,099	8,989	8,154	2,125,081	193.80
193.90 COMPLIMENTARY MEDICINE	780,849	15,362	27,081	20,832	844,124	193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	388,223,402	8,478,897	14,581,493	4,256,395	388,223,402	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAINT- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	55,218,011					5
6 MAINTENANCE & REPAIRS	540,818	3,010,778				6
7 OPERATION OF PLANT	1,232,797	197,955	7,061,043			7
8 LAUNDRY & LINEN SERVICE	321,574	13,387	33,110	1,836,728		8
9 HOUSEKEEPING	1,168,704	113,343	280,326		6,899,943	9
10 DIETARY	1,404,470	157,189	388,767	11,269	403,782	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	426,350	9,659	23,888		24,811	13
14 CENTRAL SERVICES & SUPPLY	833,255	60,731	150,202	43,614	156,003	14
15 PHARMACY	1,418,275	37,152	91,886		95,435	15
16 MEDICAL RECORDS & LIBRARY	592,654	7,547	18,666		19,387	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	985,202					22
23 PARAMED ED PRGM - LABORATORY	33,989					23
23.20 PARAMED ED PRGM - RADIOLOGY	24,092					23.20
23.30 PARAMED ED - RADIATION ONCOLOGY	38,052					23.30
23.40 PARAMED ED - PARAMEDICAL TECHS	190,517					23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,610,570	845,470	2,091,054	796,136	2,171,817	30
31 INTENSIVE CARE UNIT	1,756,736	154,969	383,275	102,015	398,078	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	691,803	109,981	272,008	21,622	282,514	40
43 NURSERY	693,193	34,123	84,394	58,655	87,654	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,572,546	273,703	676,934	149,673	703,079	50
50.20 GASTROENTEROLOGY	248,140	36,241	89,632	23,487	93,094	50.20
52 DELIVERY ROOM & LABOR ROOM	970,524	36,029	89,109		92,550	52
53 ANESTHESIOLOGY	87,125	8,638	21,364		22,190	53
54 RADIOLOGY-DIAGNOSTIC	4,687,635	400,864	991,433	93,039	1,029,725	54
54.10 RADIATION ONCOLOGY	4,009,669	52,754	130,473	11,810	135,512	54.10
54.20 CT	518,388	11,488	28,412		29,509	54.20
54.30 MRI	442,591	19,529	48,300	7,740	50,166	54.30
60 LABORATORY	2,760,443	103,762	256,628		266,540	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	768,989	23,797	58,856	1,508	61,129	65
66 PHYSICAL THERAPY	1,277,603	23,078	57,078		59,282	66
69 ELECTROCARDIOLOGY	327,180	23,771	58,792	11,019	61,063	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	284,909	11,115	27,491	1,949	28,553	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	893,326					71
72 IMPL. DEV. CHARGED TO PATIENT	3,292,835					72
73 DRUGS CHARGED TO PATIENTS	1,987,469					73
75.10 NUTRITIONAL SUPPORT	30,798					75.10
75.20 HEMODIALYSIS	141,718	14,324	35,428	2,756	36,796	75.20
76.97 CARDIAC REHABILITATION	228,439					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	581,953					90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	2,919,745	127,732	315,912	488,828	328,113	91
91.05 AMBULATORY CARE	46,956	23,585	58,332	7,174	60,585	91.05
91.10 PSYCHIATRIC PARTIAL	237,636	22,321	55,205	4,434	57,337	91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,827,755	963	2,381		2,473	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	54,107,423	2,955,200	6,819,336	1,836,728	6,757,177	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	177,712	8,183	20,238		21,019	190
190.10 MCC WORD PROCESSING						190.10
192 PHYSICIANS' PRIVATE OFFICES		16,949	41,919		43,539	192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAINT- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
192.01 SPECIALISTS/PCP'S		22,411	55,427		57,568	192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE			104,251			192.20
193 NONPAID WORKERS						193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS	282,745					193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES	465,303	2,002	4,952		5,144	193.80
193.90 COMPLIMENTARY MEDICINE	184,828	6,033	14,920		15,496	193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	55,218,011	3,010,778	7,061,043	1,836,728	6,899,943	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	8,779,813					10
11 CAFETERIA	4,733,318	3,368,406				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		38,754	2,470,639			13
14 CENTRAL SERVICES & SUPPLY		39,504		5,088,857		14
15 PHARMACY		112,791		18,654	8,251,576	15
16 MEDICAL RECORDS & LIBRARY		92,032		8		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 - LABORATORY		3,470				23
23.20 PARAMED ED PRGM - RADIOLOGY		4,584				23.20
23.30 PARAMED ED - RADIATION ONCOLOGY		4,285				23.30
23.40 PARAMED ED - PARAMEDICAL TECHS			235	2,881	4,216	23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,538,843	832,338	1,046,994	135,036	427	30
31 INTENSIVE CARE UNIT	238,539	168,811	277,842	36,809	267	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	269,113	66,046	43,461	2,139	24	40
43 NURSERY		64,075	124,849	12,880	87	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		285,008	308,438	705,232	558	50
50.20 GASTROENTEROLOGY		18,574	25,409	15,011	94	50.20
52 DELIVERY ROOM & LABOR ROOM		92,054	154,223	20,987	45	52
53 ANESTHESIOLOGY				7	994	53
54 RADIOLOGY-DIAGNOSTIC		295,805	68,123	589,231	17,790	54
54.10 RADIATION ONCOLOGY		86,012	12,982	57,267	4,405,215	54.10
54.20 CT		28,964		34,017	80,029	54.20
54.30 MRI		28,192		6,029	53,982	54.30
60 LABORATORY		155,979		19,650	643	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		83,227		26,856	29,181	65
66 PHYSICAL THERAPY		118,061		7,426	112	66
69 ELECTROCARDIOLOGY		25,129	20,703	20,350	288	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY		28,878		6,671		70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				666,604		71
72 IMPL. DEV. CHARGED TO PATIENT				2,472,922		72
73 DRUGS CHARGED TO PATIENTS					3,628,117	73
75.10 NUTRITIONAL SUPPORT						75.10
75.20 HEMODIALYSIS				1,270	564	75.20
76.97 CARDIAC REHABILITATION		22,901	23,117	1,985	43	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		41,025	23,084	36,311	28,799	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY		295,505	332,226	191,743	96	91
91.05 AMBULATORY CARE		1,114	41	207		91.05
91.10 PSYCHIATRIC PARTIAL		22,494	8,912	448	5	91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	8,779,813	3,055,612	2,470,639	5,088,631	8,251,576	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		16,174				190
190.10 MCC WORD PROCESSING						190.10
192 PHYSICIANS' PRIVATE OFFICES						192

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15
192.01 SPECIALISTS/PCP'S		256,366			192.01
192.02 MEDWORKS					192.02
192.03 SWEDISHAMERICAN ER					192.03
192.20 IDLE SPACE					192.20
193 NONPAID WORKERS		1,243			193
193.10 HOTEL					193.10
193.30 PHYSICIAN BILLING					193.30
193.40 MEALS ON WHEELS					193.40
193.50 WEE CARE					193.50
193.60 PHYSICIAN RELATED AREAS		707		1	193.60
193.70 WOMEN'S CENTER					193.70
193.80 MARKETING EXPENSES		10,776			193.80
193.90 COMPLIMENTARY MEDICINE		27,528		225	193.90
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	8,779,813	3,368,406	2,470,639	5,088,857	8,251,576 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	I&R PROGRAM COSTS 22	PARAMED EDUCATION LAB 23	PARAMED ED PRGM RADIOLOGY 23.20	PARAMED ED PRGM RAD ONC 23.30	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
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	3,436,994					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		5,484,703				22
23 PARAMED ED PRGM - LABORATORY			192,690			23
23.20 PARAMED ED PRGM - RADIOLOGY				138,704		23.20
23.30 PARAMED ED - RADIATION ONCOLOGY					216,125	23.30
23.40 PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	244,245	3,203,762				30
31 INTENSIVE CARE UNIT	94,700	243,765				31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	19,342	330,823				40
43 NURSERY	25,202	278,588				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	454,859	487,529				50
50.20 GASTROENTEROLOGY	22,100	208,941				50.20
52 DELIVERY ROOM & LABOR ROOM	51,582					52
53 ANESTHESIOLOGY	32,159					53
54 RADIOLOGY-DIAGNOSTIC	372,801			138,704		54
54.10 RADIATION ONCOLOGY	280,850				216,125	54.10
54.20 CT	141,729					54.20
54.30 MRI	84,058					54.30
60 LABORATORY	403,989		192,690			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	65,344					65
66 PHYSICAL THERAPY	76,837					66
69 ELECTROCARDIOLOGY	82,694	243,765				69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	28,342					70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	122,261					71
72 IMPL. DEV. CHARGED TO PATIENT	269,805					72
73 DRUGS CHARGED TO PATIENTS	309,084					73
75.10 NUTRITIONAL SUPPORT	1,730					75.10
75.20 HEMODIALYSIS	5,205	243,765				75.20
76.97 CARDIAC REHABILITATION	3,571					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	12,482					90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	227,783	243,765				91
91.05 AMBULATORY CARE	273					91.05
91.10 PSYCHIATRIC PARTIAL	3,967					91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	3,436,994	5,484,703	192,690	138,704	216,125	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.10 MCC WORD PROCESSING						190.10
192 PHYSICIANS' PRIVATE OFFICES						192

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	I&R PROGRAM COSTS 22	PARAMED EDUCATION LAB 23	PARAMED ED PRGM RADIOLOGY 23.20	PARAMED ED PRGM RAD ONC 23.30	
192.01 SPECIALISTS/PCP'S						192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE						192.20
193 NONPAID WORKERS						193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS						193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES						193.80
193.90 COMPLIMENTARY MEDICINE						193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,436,994	5,484,703	192,690	138,704	216,125	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED PRGM PARAMEDICS 23.40	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 ADMINISTRATIVE & GENERAL					5
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 - LABORATORY					23
23.20 PARAMED ED PRGM - RADIOLOGY					23.20
23.30 PARAMED ED - RADIATION ONCOLOGY					23.30
23.40 PARAMED ED - PARAMEDICAL TECHS	1,067,957				23.40
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		62,842,441	-3,203,762	59,638,679	30
31 INTENSIVE CARE UNIT		11,878,969	-243,765	11,635,204	31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF		5,268,399	-330,823	4,937,576	40
43 NURSERY		4,629,570	-278,588	4,350,982	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		29,500,770	-487,529	29,013,241	50
50.20 GASTROENTEROLOGY		1,913,998	-208,941	1,705,057	50.20
52 DELIVERY ROOM & LABOR ROOM		5,939,571		5,939,571	52
53 ANESTHESIOLOGY		570,386		570,386	53
54 RADIOLOGY-DIAGNOSTIC		30,093,980		30,093,980	54
54.10 RADIATION ONCOLOGY		27,711,170		27,711,170	54.10
54.20 CT		3,240,058		3,240,058	54.20
54.30 MRI		2,761,937		2,761,937	54.30
60 LABORATORY		16,767,503		16,767,503	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		4,630,925		4,630,925	65
66 PHYSICAL THERAPY		7,454,400		7,454,400	66
69 ELECTROCARDIOLOGY		2,369,011	-243,765	2,125,246	69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY		1,719,113		1,719,113	70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		5,762,087		5,762,087	71
72 IMPL. DEV. CHARGED TO PATIENT		21,074,221		21,074,221	72
73 DRUGS CHARGED TO PATIENTS		15,001,611		15,001,611	73
75.10 NUTRITIONAL SUPPORT		173,187		173,187	75.10
75.20 HEMODIALYSIS		1,129,066	-243,765	885,301	75.20
76.97 CARDIAC REHABILITATION		1,323,356		1,323,356	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		3,381,482		3,381,482	90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY	1,067,957	19,874,131	-243,765	19,630,366	91
91.05 AMBULATORY CARE		412,718		412,718	91.05
91.10 PSYCHIATRIC PARTIAL		1,498,064		1,498,064	91.10
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
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		10,181,084		10,181,084	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,067,957	299,103,208	-5,484,703	293,618,505	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,054,950		1,054,950	190
190.10 MCC WORD PROCESSING					190.10
192 PHYSICIANS' PRIVATE OFFICES		145,567		145,567	192

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED PRGM PARAMEDICS 23.40	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.01 SPECIALISTS/PCP'S		81,139,760		81,139,760	192.01
192.02 MEDWORKS					192.02
192.03 SWEDISHAMERICAN ER		1,342,766		1,342,766	192.03
192.20 IDLE SPACE		211,586		211,586	192.20
193 NONPAID WORKERS		-55,622		-55,622	193
193.10 HOTEL					193.10
193.30 PHYSICIAN BILLING					193.30
193.40 MEALS ON WHEELS					193.40
193.50 WEE CARE					193.50
193.60 PHYSICIAN RELATED AREAS		1,574,775		1,574,775	193.60
193.70 WOMEN'S CENTER					193.70
193.80 MARKETING EXPENSES		2,613,258		2,613,258	193.80
193.90 COMPLIMENTARY MEDICINE		1,093,154		1,093,154	193.90
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,067,957	388,223,402	-5,484,703	382,738,699	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS
	0	1	2	2A	4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		13,924	24,546	38,470	38,470
5 ADMINISTRATIVE & GENERAL		529,535	933,514	1,463,049	5,243
6 MAINTENANCE & REPAIRS		161,428	284,580	446,008	256
7 OPERATION OF PLANT		504,074	888,629	1,392,703	222
8 LAUNDRY & LINEN SERVICE		34,090	60,097	94,187	41
9 HOUSEKEEPING		288,619	508,804	797,423	1,402
10 DIETARY		400,268	705,631	1,105,899	1,106
11 CAFETERIA					
12 MAINTENANCE OF PERSONNEL					
13 NURSING ADMINISTRATION		24,595	43,358	67,953	265
14 CENTRAL SERVICES & SUPPLY		154,646	272,624	427,270	270
15 PHARMACY		94,605	166,778	261,383	771
16 MEDICAL RECORDS & LIBRARY		19,218	33,880	53,098	629
17 SOCIAL SERVICE					
19 NONPHYSICIAN ANESTHETISTS					
20 NURSING SCHOOL					
21 I&R SRVCES-SALARY & FRINGES APPRVD					
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					
23 PARAMED ED PRGM - LABORATORY					24
23.20 PARAMED ED PRGM - RADIOLOGY					31
23.30 PARAMED ED - RADIATION ONCOLOGY					29
23.40 PARAMED ED - PARAMEDICAL TECHS					138
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	2,152,915	3,795,364	5,948,279	5,693	30
31 INTENSIVE CARE UNIT	394,614	695,663	1,090,277	1,155	31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF	280,055	493,708	773,763	452	40
43 NURSERY	86,891	153,180	240,071	438	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	696,960	1,228,667	1,925,627	1,949	50
50.20 GASTROENTEROLOGY	92,284	162,687	254,971	127	50.20
52 DELIVERY ROOM & LABOR ROOM	91,745	161,736	253,481	630	52
53 ANESTHESIOLOGY	21,997	38,778	60,775		53
54 RADIOLOGY-DIAGNOSTIC	1,020,763	1,799,499	2,820,262	2,023	54
54.10 RADIATION ONCOLOGY	134,332	236,814	371,146	819	54.10
54.20 CT	29,252	51,569	80,821	198	54.20
54.30 MRI	49,729	87,667	137,396	193	54.30
60 LABORATORY	264,220	465,792	730,012	1,067	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	60,597	106,826	167,423	569	65
66 PHYSICAL THERAPY	58,766	103,599	162,365	807	66
69 ELECTROCARDIOLOGY	60,531	106,710	167,241	172	69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY	28,305	49,898	78,203	198	70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75.10 NUTRITIONAL SUPPORT					75.10
75.20 HEMODIALYSIS	36,476	64,303	100,779		75.20
76.97 CARDIAC REHABILITATION					157
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					281
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY	325,258	573,395	898,653	2,021	91
91.05 AMBULATORY CARE	60,057	105,875	165,932	8	91.05
91.10 PSYCHIATRIC PARTIAL	56,838	100,199	157,037	154	91.10
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
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	2,451	4,321	6,772	1,005	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	8,230,038	14,508,691	22,738,729	30,543	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,836	36,732	57,568	111	190
190.10 MCC WORD PROCESSING					190.10
192 PHYSICIANS' PRIVATE OFFICES	43,160			43,160	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
192.01 SPECIALISTS/PCP'S		57,067		57,067	7,449	192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE		107,335		107,335		192.20
193 NONPAID WORKERS					8	193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS					97	193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES		5,099	8,989	14,088	74	193.80
193.90 COMPLIMENTARY MEDICINE		15,362	27,081	42,443	188	193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		8,478,897	14,581,493	23,060,390	38,470	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAINT- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,468,292					5
6 MAINTENANCE & REPAIRS	14,380	460,644				6
7 OPERATION OF PLANT	32,780	30,287	1,455,992			7
8 LAUNDRY & LINEN SERVICE	8,551	2,048	6,827	111,654		8
9 HOUSEKEEPING	31,075	17,341	57,803		905,044	9
10 DIETARY	37,344	24,050	80,164	685	52,963	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	11,336	1,478	4,926		3,254	13
14 CENTRAL SERVICES & SUPPLY	22,156	9,292	30,972	2,651	20,462	14
15 PHARMACY	37,711	5,684	18,947		12,518	15
16 MEDICAL RECORDS & LIBRARY	15,758	1,155	3,849		2,543	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	26,196					22
23 PARAMED ED PRGM - LABORATORY	904					23
23.20 PARAMED ED PRGM - RADIOLOGY	641					23.20
23.30 PARAMED ED - RADIATION ONCOLOGY	1,012					23.30
23.40 PARAMED ED - PARAMEDICAL TECHS	5,066					23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	229,019	129,354	431,177	48,395	284,868	30
31 INTENSIVE CARE UNIT	46,711	23,710	79,032	6,201	52,215	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	18,395	16,827	56,088	1,314	37,057	40
43 NURSERY	18,432	5,221	17,402	3,566	11,497	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	121,582	41,876	139,584	9,099	92,221	50
50.20 GASTROENTEROLOGY	6,598	5,545	18,482	1,428	12,211	50.20
52 DELIVERY ROOM & LABOR ROOM	25,806	5,512	18,374		12,140	52
53 ANESTHESIOLOGY	2,317	1,322	4,405		2,911	53
54 RADIOLOGY-DIAGNOSTIC	124,642	61,332	204,434	5,656	135,066	54
54.10 RADIATION ONCOLOGY	106,615	8,071	26,904	718	17,775	54.10
54.20 CT	13,784	1,758	5,859		3,871	54.20
54.30 MRI	11,768	2,988	9,960	471	6,580	54.30
60 LABORATORY	73,399	15,875	52,917		34,961	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	20,447	3,641	12,136	92	8,018	65
66 PHYSICAL THERAPY	33,971	3,531	11,769		7,776	66
69 ELECTROCARDIOLOGY	8,700	3,637	12,123	670	8,009	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	7,576	1,701	5,669	118	3,745	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	23,753					71
72 IMPL. DEV. CHARGED TO PATIENT	87,555					72
73 DRUGS CHARGED TO PATIENTS	52,846					73
75.10 NUTRITIONAL SUPPORT	819					75.10
75.20 HEMODIALYSIS	3,768	2,192	7,305	168	4,826	75.20
76.97 CARDIAC REHABILITATION	6,074					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	15,474					90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	77,635	19,543	65,141	29,716	43,038	91
91.05 AMBULATORY CARE	1,249	3,608	12,028	436	7,947	91.05
91.10 PSYCHIATRIC PARTIAL	6,319	3,415	11,383	270	7,521	91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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	48,599	147	491		324	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,438,763	452,141	1,406,151	111,654	886,317	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,725	1,252	4,173		2,757	190
190.10 MCC WORD PROCESSING						190.10
192 PHYSICIANS' PRIVATE OFFICES		2,593	8,644		5,711	192

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAINT- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
192.01 SPECIALISTS/PCP'S		3,429	11,429		7,551	192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE			21,497			192.20
193 NONPAID WORKERS						193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS	7,518					193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES	12,372	306	1,021		675	193.80
193.90 COMPLIMENTARY MEDICINE	4,914	923	3,077		2,033	193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,468,292	460,644	1,455,992	111,654	905,044	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,302,211					10
11 CAFETERIA	702,040	499,599				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		5,748	94,960			13
14 CENTRAL SERVICES & SUPPLY		5,859		518,932		14
15 PHARMACY		16,729		1,902	355,645	15
16 MEDICAL RECORDS & LIBRARY		13,650		1		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 - LABORATORY		515				23
23.20 PARAMED ED PRGM - RADIOLOGY		680				23.20
23.30 PARAMED ED - RADIATION ONCOLOGY		635				23.30
23.40 PARAMED ED - PARAMEDICAL TECHS			9	294	182	23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	524,877	123,452	40,239	13,770	18	30
31 INTENSIVE CARE UNIT	35,380	25,038	10,679	3,753	12	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	39,914	9,796	1,670	218	1	40
43 NURSERY		9,504	4,799	1,313	4	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		42,272	11,855	71,914	24	50
50.20 GASTROENTEROLOGY		2,755	977	1,531	4	50.20
52 DELIVERY ROOM & LABOR ROOM		13,653	5,928	2,140	2	52
53 ANESTHESIOLOGY				1	43	53
54 RADIOLOGY-DIAGNOSTIC		43,874	2,618	60,085	767	54
54.10 RADIATION ONCOLOGY		12,757	499	5,840	189,870	54.10
54.20 CT		4,296		3,469	3,449	54.20
54.30 MRI		4,181		615	2,327	54.30
60 LABORATORY		23,135		2,004	28	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		12,344		2,739	1,258	65
66 PHYSICAL THERAPY		17,511		757	5	66
69 ELECTROCARDIOLOGY		3,727	796	2,075	12	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY		4,283		680		70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				67,975		71
72 IMPL. DEV. CHARGED TO PATIENT				252,179		72
73 DRUGS CHARGED TO PATIENTS					156,368	73
75.10 NUTRITIONAL SUPPORT						75.10
75.20 HEMODIALYSIS				130	24	75.20
76.97 CARDIAC REHABILITATION		3,397	889	202	2	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		6,085	887	3,703	1,241	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY		43,829	12,770	19,552	4	91
91.05 AMBULATORY CARE		165	2	21		91.05
91.10 PSYCHIATRIC PARTIAL		3,336	343	46		91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	1,302,211	453,206	94,960	518,909	355,645	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,399				190
190.10 MCC WORD PROCESSING						190.10
192 PHYSICIANS' PRIVATE OFFICES						192

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	
192.01 SPECIALISTS/PCP'S		38,024				192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE						192.20
193 NONPAID WORKERS		184				193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS		105				193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES		1,598				193.80
193.90 COMPLIMENTARY MEDICINE		4,083		23		193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER		202,441				201
202 TOTAL (SUM OF LINES 118-201)	1,302,211	702,040	94,960	518,932	355,645	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	I&R PROGRAM COSTS 22	PARAMED EDUCATION LAB 23	PARAMED ED PRGM RADIOLOGY 23.20	PARAMED ED PRGM RAD ONC 23.30	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
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	90,683					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		26,196				22
23 PARAMED ED PRGM - LABORATORY			1,443			23
23.20 PARAMED ED PRGM - RADIOLOGY				1,352		23.20
23.30 PARAMED ED - RADIATION ONCOLOGY					1,676	23.30
23.40 PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,437					30
31 INTENSIVE CARE UNIT	2,496					31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	510					40
43 NURSERY	664					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,090					50
50.20 GASTROENTEROLOGY	582					50.20
52 DELIVERY ROOM & LABOR ROOM	1,359					52
53 ANESTHESIOLOGY	848					53
54 RADIOLOGY-DIAGNOSTIC	9,825					54
54.10 RADIATION ONCOLOGY	7,402					54.10
54.20 CT	3,735					54.20
54.30 MRI	2,215					54.30
60 LABORATORY	10,647					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,722					65
66 PHYSICAL THERAPY	2,025					66
69 ELECTROCARDIOLOGY	2,179					69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	747					70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,222					71
72 IMPL. DEV. CHARGED TO PATIENT	7,111					72
73 DRUGS CHARGED TO PATIENTS	8,146					73
75.10 NUTRITIONAL SUPPORT	46					75.10
75.20 HEMODIALYSIS	137					75.20
76.97 CARDIAC REHABILITATION	94					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	329					90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	6,003					91
91.05 AMBULATORY CARE	7					91.05
91.10 PSYCHIATRIC PARTIAL	105					91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	90,683					118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.10 MCC WORD PROCESSING						190.10
192 PHYSICIANS' PRIVATE OFFICES						192

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	I&R PROGRAM COSTS 22	PARAMED EDUCATION LAB 23	PARAMED ED PRGM RADIOLOGY 23.20	PARAMED ED PRGM RAD ONC 23.30	
192.01 SPECIALISTS/PCP'S						192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE						192.20
193 NONPAID WORKERS						193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS						193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES						193.80
193.90 COMPLIMENTARY MEDICINE						193.90
200 CROSS FOOT ADJUSTMENTS		26,196	1,443	1,352	1,676	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	90,683	26,196	1,443	1,352	1,676	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED ED PRGM PARAMEDICS 23.40	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 ADMINISTRATIVE & GENERAL					5
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 - LABORATORY					23
23.20 PARAMED ED PRGM - RADIOLOGY					23.20
23.30 PARAMED ED - RADIATION ONCOLOGY					23.30
23.40 PARAMED ED - PARAMEDICAL TECHS	5,689				23.40
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		7,785,578		7,785,578	30
31 INTENSIVE CARE UNIT		1,376,659		1,376,659	31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF		956,005		956,005	40
43 NURSERY		312,911		312,911	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,470,093		2,470,093	50
50.20 GASTROENTEROLOGY		305,211		305,211	50.20
52 DELIVERY ROOM & LABOR ROOM		339,025		339,025	52
53 ANESTHESIOLOGY		72,622		72,622	53
54 RADIOLOGY-DIAGNOSTIC		3,470,584		3,470,584	54
54.10 RADIATION ONCOLOGY		748,416		748,416	54.10
54.20 CT		121,240		121,240	54.20
54.30 MRI		178,694		178,694	54.30
60 LABORATORY		944,045		944,045	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		230,389		230,389	65
66 PHYSICAL THERAPY		240,517		240,517	66
69 ELECTROCARDIOLOGY		209,341		209,341	69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY		102,920		102,920	70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		94,950		94,950	71
72 IMPL. DEV. CHARGED TO PATIENT		346,845		346,845	72
73 DRUGS CHARGED TO PATIENTS		217,360		217,360	73
75.10 NUTRITIONAL SUPPORT		865		865	75.10
75.20 HEMODIALYSIS		119,329		119,329	75.20
76.97 CARDIAC REHABILITATION		10,815		10,815	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		28,000		28,000	90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY		1,217,905		1,217,905	91
91.05 AMBULATORY CARE		191,403		191,403	91.05
91.10 PSYCHIATRIC PARTIAL		189,929		189,929	91.10
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
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		57,338		57,338	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)		22,338,989		22,338,989	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		72,985		72,985	190
190.10 MCC WORD PROCESSING					190.10
192 PHYSICIANS' PRIVATE OFFICES		60,108		60,108	192

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED ED PRGM PARAMEDICS 23.40	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192.01 SPECIALISTS/PCP'S		124,949		124,949	192.01
192.02 MEDWORKS					192.02
192.03 SWEDISHAMERICAN ER					192.03
192.20 IDLE SPACE		128,832		128,832	192.20
193 NONPAID WORKERS		192		192	193
193.10 HOTEL					193.10
193.30 PHYSICIAN BILLING					193.30
193.40 MEALS ON WHEELS					193.40
193.50 WEE CARE					193.50
193.60 PHYSICIAN RELATED AREAS		7,720		7,720	193.60
193.70 WOMEN'S CENTER					193.70
193.80 MARKETING EXPENSES		30,134		30,134	193.80
193.90 COMPLIMENTARY MEDICINE		57,684		57,684	193.90
200 CROSS FOOT ADJUSTMENTS	5,689	36,356		36,356	200
201 NEGATIVE COST CENTER		202,441		202,441	201
202 TOTAL (SUM OF LINES 118-201)	5,689	23,060,390		23,060,390	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS FTE'S	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	518,836					1
2 CAP REL COSTS-MVBLE EQUIP		506,135				2
4 EMPLOYEE BENEFITS	852	852	262,552			4
5 ADMINISTRATIVE & GENERAL	32,403	32,403	35,783	-55,218,011	252,185,919	5
6 MAINTENANCE & REPAIRS	9,878	9,878	1,745		2,469,960	6
7 OPERATION OF PLANT	30,845	30,845	1,517		5,630,291	7
8 LAUNDRY & LINEN SERVICE	2,086	2,086	278		1,468,657	8
9 HOUSEKEEPING	17,661	17,661	9,571		5,337,570	9
10 DIETARY	24,493	24,493	7,546		6,414,336	10
11 CAFETERIA				1,364,912		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,505	1,505	1,809		1,947,177	13
14 CENTRAL SERVICES & SUPPLY	9,463	9,463	1,844		3,805,548	14
15 PHARMACY	5,789	5,789	5,265		6,477,383	15
16 MEDICAL RECORDS & LIBRARY	1,176	1,176	4,296		2,706,700	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					4,499,501	22
23 PARAMED ED PRGM - LABORATORY			162		155,231	23
23.20 PARAMED ED PRGM - RADIOLOGY			214		110,028	23.20
23.30 PARAMED ED - RADIATION ONCOLOGY			200		173,788	23.30
23.40 PARAMED ED - PARAMEDICAL TECHS			944		870,108	23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	131,740	131,740	38,853		39,325,749	30
31 INTENSIVE CARE UNIT	24,147	24,147	7,880		8,023,163	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	17,137	17,137	3,083		3,159,523	40
43 NURSERY	5,317	5,317	2,991		3,165,870	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,648	42,648	13,304		20,883,211	50
50.20 GASTROENTEROLOGY	5,647	5,647	867		1,133,275	50.20
52 DELIVERY ROOM & LABOR ROOM	5,614	5,614	4,297		4,432,468	52
53 ANESTHESIOLOGY	1,346	1,346			397,909	53
54 RADIOLOGY-DIAGNOSTIC	62,462	62,462	13,808		21,408,830	54
54.10 RADIATION ONCOLOGY	8,220	8,220	5,590		18,312,501	54.10
54.20 CT	1,790	1,790	1,352		2,367,522	54.20
54.30 MRI	3,043	3,043	1,316		2,021,350	54.30
60 LABORATORY	16,168	16,168	7,281		12,607,179	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,708	3,708	3,885		3,512,038	65
66 PHYSICAL THERAPY	3,596	3,596	5,511		5,834,923	66
69 ELECTROCARDIOLOGY	3,704	3,704	1,173		1,494,257	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	1,732	1,732	1,348		1,301,205	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					4,079,896	71
72 IMPL. DEV. CHARGED TO PATIENT					15,038,659	72
73 DRUGS CHARGED TO PATIENTS					9,076,941	73
75.10 NUTRITIONAL SUPPORT					140,659	75.10
75.20 HEMODIALYSIS	2,232	2,232			647,240	75.20
76.97 CARDIAC REHABILITATION			1,069		1,043,300	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			1,915		2,657,828	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	19,903	19,903	13,794		13,334,726	91
91.05 AMBULATORY CARE	3,675	3,675	52		214,451	91.05
91.10 PSYCHIATRIC PARTIAL	3,478	3,478	1,050		1,085,305	91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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	150	150	6,862		8,347,512	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	503,608	503,608	208,455	-53,853,099	247,113,768	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,275	1,275	755		811,624	190
190.10 MCC WORD PROCESSING						190.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS FTE'S	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
192 PHYSICIANS' PRIVATE OFFICES	2,641			-43,160		192
192.01 SPECIALISTS/PCP'S	3,492		50,837	-80,747,988		192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER				-1,342,766		192.03
192.20 IDLE SPACE	6,568			-107,335		192.20
193 NONPAID WORKERS			58	56,865		193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS			659		1,291,322	193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES	312	312	503		2,125,081	193.80
193.90 COMPLIMENTARY MEDICINE	940	940	1,285		844,124	193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,478,897	14,581,493	4,256,395		55,218,011	202
203 UNIT COST MULT-WS B PT I	16.342152	28.809494	16.211627		0.218958	203
204 COST TO BE ALLOC PER B PT II			38,470		1,468,292	204
205 UNIT COST MULT-WS B PT II			0.146523		0.005822	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	SQUARE FEET 6	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	MEALS SERVED 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	469,135					6
7 OPERATION OF PLANT	30,845	444,858				7
8 LAUNDRY & LINEN SERVICE	2,086	2,086	1,741,258			8
9 HOUSEKEEPING	17,661	17,661		418,543		9
10 DIETARY	24,493	24,493	10,683	24,493	409,216	10
11 CAFETERIA					220,614	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,505	1,505		1,505		13
14 CENTRAL SERVICES & SUPPLY	9,463	9,463	41,347	9,463		14
15 PHARMACY	5,789	5,789		5,789		15
16 MEDICAL RECORDS & LIBRARY	1,176	1,176		1,176		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 - LABORATORY						23
23.20 PARAMED ED PRGM - RADIOLOGY						23.20
23.30 PARAMED ED - RADIATION ONCOLOGY						23.30
23.40 PARAMED ED - PARAMEDICAL TECHS						23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	131,740	131,740	754,754	131,740	164,941	30
31 INTENSIVE CARE UNIT	24,147	24,147	96,712	24,147	11,118	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	17,137	17,137	20,498	17,137	12,543	40
43 NURSERY	5,317	5,317	55,606	5,317		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,648	42,648	141,893	42,648		50
50.20 GASTROENTEROLOGY	5,647	5,647	22,266	5,647		50.20
52 DELIVERY ROOM & LABOR ROOM	5,614	5,614		5,614		52
53 ANESTHESIOLOGY	1,346	1,346		1,346		53
54 RADIOLOGY-DIAGNOSTIC	62,462	62,462	88,203	62,462		54
54.10 RADIATION ONCOLOGY	8,220	8,220	11,196	8,220		54.10
54.20 CT	1,790	1,790		1,790		54.20
54.30 MRI	3,043	3,043	7,338	3,043		54.30
60 LABORATORY	16,168	16,168		16,168		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,708	3,708	1,430	3,708		65
66 PHYSICAL THERAPY	3,596	3,596		3,596		66
69 ELECTROCARDIOLOGY	3,704	3,704	10,446	3,704		69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	1,732	1,732	1,848	1,732		70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.10 NUTRITIONAL SUPPORT						75.10
75.20 HEMODIALYSIS	2,232	2,232	2,613	2,232		75.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	19,903	19,903	463,420	19,903		91
91.05 AMBULATORY CARE	3,675	3,675	6,801	3,675		91.05
91.10 PSYCHIATRIC PARTIAL	3,478	3,478	4,204	3,478		91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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	150	150		150		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	460,475	429,630	1,741,258	409,883	409,216	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,275	1,275		1,275		190
190.10 MCC WORD PROCESSING						190.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINT- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	SQUARE FEET 6	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	MEALS SERVED 10	
192 PHYSICIANS' PRIVATE OFFICES	2,641	2,641		2,641		192
192.01 SPECIALISTS/PCP'S	3,492	3,492		3,492		192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE		6,568				192.20
193 NONPAID WORKERS						193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS						193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES	312	312		312		193.80
193.90 COMPLIMENTARY MEDICINE	940	940		940		193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,010,778	7,061,043	1,836,728	6,899,943	8,779,813	202
203 UNIT COST MULT-WS B PT I	6.417722	15.872577	1.054828	16.485625	21.455205	203
204 COST TO BE ALLOC PER B PT II	460,644	1,455,992	111,654	905,044	1,302,211	204
205 UNIT COST MULT-WS B PT II	0.981901	3.272937	0.064123	2.162368	3.182209	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTE'S	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES * SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	157,235					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,809	35,727,175				13
14 CENTRAL SERVICES & SUPPLY	1,844		30,947,000			14
15 PHARMACY	5,265		113,441	20,644,062		15
16 MEDICAL RECORDS & LIBRARY	4,296		49		1,294,004,358	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 - LABORATORY	162					23
23.20 PARAMED ED PRGM - RADIOLOGY	214					23.20
23.30 PARAMED ED - RADIATION ONCOLOGY	200					23.30
23.40 PARAMED ED - PARAMEDICAL TECHS		3,402	17,519	10,547		23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,853	15,140,279	821,195	1,068	91,959,639	30
31 INTENSIVE CARE UNIT	7,880	4,017,781	223,847	668	35,655,154	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	3,083	628,472	13,008	61	7,282,492	40
43 NURSERY	2,991	1,805,407	78,327	217	9,488,636	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,304	4,460,223	4,288,743	1,397	171,212,803	50
50.20 GASTROENTEROLOGY	867	367,428	91,287	236	8,320,891	50.20
52 DELIVERY ROOM & LABOR ROOM	4,297	2,230,169	127,630	112	19,420,812	52
53 ANESTHESIOLOGY			45	2,488	12,108,154	53
54 RADIOLOGY-DIAGNOSTIC	13,808	985,110	3,583,303	44,508	140,361,768	54
54.10 RADIATION ONCOLOGY	4,015	187,730	348,258	11,021,108	105,741,827	54.10
54.20 CT	1,352		206,870	200,219	53,361,889	54.20
54.30 MRI	1,316		36,667	135,055	31,648,245	54.30
60 LABORATORY	7,281		119,500	1,608	152,104,338	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,885		163,321	73,006	24,602,334	65
66 PHYSICAL THERAPY	5,511		45,159	281	28,929,570	66
69 ELECTROCARDIOLOGY	1,173	299,380	123,753	721	31,134,796	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	1,348		40,567		10,670,803	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			4,053,829		46,032,132	71
72 IMPL. DEV. CHARGED TO PATIENT			15,038,659		101,583,333	72
73 DRUGS CHARGED TO PATIENTS				9,076,941	116,371,897	73
75.10 NUTRITIONAL SUPPORT					651,251	75.10
75.20 HEMODIALYSIS			7,724	1,410	1,959,809	75.20
76.97 CARDIAC REHABILITATION	1,069	334,294	12,073	108	1,344,481	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,915	333,809	220,821	72,050	4,699,542	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	13,794	4,804,223	1,166,049	240	85,761,644	91
91.05 AMBULATORY CARE	52	588	1,259		102,703	91.05
91.10 PSYCHIATRIC PARTIAL	1,050	128,880	2,725	13	1,493,415	91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	142,634	35,727,175	30,945,628	20,644,062	1,294,004,358	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	755					190
190.10 MCC WORD PROCESSING						190.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES * SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		FTE'S					
		11	13	14	15	16	
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	SPECIALISTS/PCP'S	11,967					192.01
192.02	MEDWORKS						192.02
192.03	SWEDISHAMERICAN ER						192.03
192.20	IDLE SPACE						192.20
193	NONPAID WORKERS	58					193
193.10	HOTEL						193.10
193.30	PHYSICIAN BILLING						193.30
193.40	MEALS ON WHEELS						193.40
193.50	WEE CARE						193.50
193.60	PHYSICIAN RELATED AREAS	33		5			193.60
193.70	WOMEN'S CENTER						193.70
193.80	MARKETING EXPENSES	503					193.80
193.90	COMPLIMENTARY MEDICINE	1,285		1,367			193.90
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,368,406	2,470,639	5,088,857	8,251,576	3,436,994	202
203	UNIT COST MULT-WS B PT I	21.422749	0.069153	0.164438	0.399707	0.002656	203
204	COST TO BE ALLOC PER B PT II	499,599	94,960	518,932	355,645	90,683	204
205	UNIT COST MULT-WS B PT II	3.177403	0.002658	0.016768	0.017227	0.000070	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION LAB ASSIGNED TIME	PARAMED ED PRGM RADIOLOGY ASSIGNED TIME	PARAMED ED PRGM RAD ONC ASSIGNED TIME	PARAMED ED PRGM PARAMEDICS ASSIGNED TIME	
	22	23	23.20	23.30	23.40	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
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	1,575					22
23 PARAMED ED PRGM - LABORATORY		100				23
23.20 PARAMED ED PRGM - RADIOLOGY			100			23.20
23.30 PARAMED ED - RADIATION ONCOLOGY				100		23.30
23.40 PARAMED ED - PARAMEDICAL TECHS					100	23.40
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	920					30
31 INTENSIVE CARE UNIT	70					31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	95					40
43 NURSERY	80					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	140					50
50.20 GASTROENTEROLOGY	60					50.20
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC			100			54
54.10 RADIATION ONCOLOGY				100		54.10
54.20 CT						54.20
54.30 MRI						54.30
60 LABORATORY		100				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY	70					69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY						70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.10 NUTRITIONAL SUPPORT						75.10
75.20 HEMODIALYSIS	70					75.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	70				100	91
91.05 AMBULATORY CARE						91.05
91.10 PSYCHIATRIC PARTIAL						91.10
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	1,575	100	100	100	100	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.10 MCC WORD PROCESSING						190.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION LAB ASSIGNED TIME 23	PARAMED ED PRGM RADIOLOGY ASSIGNED TIME 23.20	PARAMED ED PRGM RAD ONC ASSIGNED TIME 23.30	PARAMED ED PRGM PARAMEDICS ASSIGNED TIME 23.40	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 SPECIALISTS/PCP'S						192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE						192.20
193 NONPAID WORKERS						193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS						193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES						193.80
193.90 COMPLIMENTARY MEDICINE						193.90
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,484,703	192,690	138,704	216,125	1,067,957	202
203 UNIT COST MULT-WS B PT I	3,482.351111	1,926.900000	1,387.040000	2,161.250000	10,679.570000	203
204 COST TO BE ALLOC PER B PT II	26,196	1,443	1,352	1,676	5,689	204
205 UNIT COST MULT-WS B PT II	16.632381	14.430000	13.520000	16.760000	56.890000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	59,638,679		59,638,679		59,638,679	30
31 INTENSIVE CARE UNIT	11,635,204		11,635,204	13,746	11,648,950	31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	4,937,576		4,937,576	22,835	4,960,411	40
43 NURSERY	4,350,982		4,350,982		4,350,982	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,013,241		29,013,241	32,221	29,045,462	50
50.20 GASTROENTEROLOGY	1,705,057		1,705,057		1,705,057	50.20
52 DELIVERY ROOM & LABOR ROOM	5,939,571		5,939,571		5,939,571	52
53 ANESTHESIOLOGY	570,386		570,386	17,360	587,746	53
54 RADIOLOGY-DIAGNOSTIC	30,093,980		30,093,980	179,900	30,273,880	54
54.10 RADIATION ONCOLOGY	27,711,170		27,711,170	9,966	27,721,136	54.10
54.20 CT	3,240,058		3,240,058		3,240,058	54.20
54.30 MRI	2,761,937		2,761,937		2,761,937	54.30
60 LABORATORY	16,767,503		16,767,503		16,767,503	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	4,630,925		4,630,925		4,630,925	65
66 PHYSICAL THERAPY	7,454,400		7,454,400		7,454,400	66
69 ELECTROCARDIOLOGY	2,125,246		2,125,246		2,125,246	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	1,719,113		1,719,113		1,719,113	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO	5,762,087		5,762,087		5,762,087	71
72 IMPL. DEV. CHARGED TO PATIE	21,074,221		21,074,221		21,074,221	72
73 DRUGS CHARGED TO PATIENTS	15,001,611		15,001,611		15,001,611	73
75.10 NUTRITIONAL SUPPORT	173,187		173,187		173,187	75.10
75.20 HEMODIALYSIS	885,301		885,301		885,301	75.20
76.97 CARDIAC REHABILITATION	1,323,356		1,323,356		1,323,356	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,381,482		3,381,482	8,136	3,389,618	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	19,630,366		19,630,366	32,537	19,662,903	91
91.05 AMBULATORY CARE	412,718		412,718		412,718	91.05
91.10 PSYCHIATRIC PARTIAL	1,498,064		1,498,064		1,498,064	91.10
92 OBSERVATION BEDS	2,620,125		2,620,125		2,620,125	92
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	10,181,084		10,181,084		10,181,084	101
200 SUBTOTAL (SEE INSTRUCTIONS)	296,238,630		296,238,630	316,701	296,555,331	200
201 LESS OBSERVATION BEDS	2,620,125		2,620,125		2,620,125	201
202 TOTAL (SEE INSTRUCTIONS)	293,618,505		293,618,505		293,935,206	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	87,071,955		87,071,955			30
31 INTENSIVE CARE UNIT	35,627,397		35,627,397			31
31.01 PEDIATRIC ICU						31.01
40 SUBPROVIDER - IPF	7,282,492		7,282,492			40
43 NURSERY	9,488,636		9,488,636			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	86,922,436	84,290,367	171,212,803	0.169457	0.169457	0.169645 50
50.20 GASTROENTEROLOGY	2,998,447	5,322,444	8,320,891	0.204913	0.204913	0.204913 50.20
52 DELIVERY ROOM & LABOR ROOM	17,445,558	1,975,254	19,420,812	0.305835	0.305835	0.305835 52
53 ANESTHESIOLOGY	6,660,464	5,447,690	12,108,154	0.047108	0.047108	0.048541 53
54 RADIOLOGY-DIAGNOSTIC	45,311,045	95,050,723	140,361,768	0.214403	0.214403	0.215685 54
54.10 RADIATION ONCOLOGY	902,785	104,839,042	105,741,827	0.262064	0.262064	0.262159 54.10
54.20 CT	14,320,127	39,041,762	53,361,889	0.060719	0.060719	0.060719 54.20
54.30 MRI	6,076,328	25,571,917	31,648,245	0.087270	0.087270	0.087270 54.30
60 LABORATORY	53,409,924	98,694,414	152,104,338	0.110237	0.110237	0.110237 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	19,685,430	4,916,904	24,602,334	0.188231	0.188231	0.188231 65
66 PHYSICAL THERAPY	10,561,977	18,367,593	28,929,570	0.257674	0.257674	0.257674 66
69 ELECTROCARDIOLOGY	13,317,287	17,817,509	31,134,796	0.068260	0.068260	0.068260 69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	835,555	9,835,248	10,670,803	0.161104	0.161104	0.161104 70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO	33,175,607	12,856,525	46,032,132	0.125175	0.125175	0.125175 71
72 IMPL. DEV. CHARGED TO PATIE	74,322,575	27,260,758	101,583,333	0.207457	0.207457	0.207457 72
73 DRUGS CHARGED TO PATIENTS	88,017,155	28,354,742	116,371,897	0.128911	0.128911	0.128911 73
75.10 NUTRITIONAL SUPPORT	176,355	474,896	651,251	0.265930	0.265930	0.265930 75.10
75.20 HEMODIALYSIS	1,830,215	129,594	1,959,809	0.451728	0.451728	0.451728 75.20
76.97 CARDIAC REHABILITATION	39,343	1,305,138	1,344,481	0.984288	0.984288	0.984288 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	81,442	4,618,100	4,699,542	0.719534	0.719534	0.721266 90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	24,037,851	61,723,793	85,761,644	0.228894	0.228894	0.229274 91
91.05 AMBULATORY CARE	555	102,148	102,703	4.018558	4.018558	4.018558 91.05
91.10 PSYCHIATRIC PARTIAL	823	1,492,592	1,493,415	1.003113	1.003113	1.003113 91.10
92 OBSERVATION BEDS	258,270	4,657,171	4,915,441	0.533040	0.533040	0.533040 92
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						101
200 SUBTOTAL (SEE INSTRUCTIONS)	639,858,034	654,146,324	1,294,004,358			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	639,858,034	654,146,324	1,294,004,358			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	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	7,785,578		7,785,578	130.80		30
31 INTENSIVE CARE UNIT	1,376,659		1,376,659	216.69		31
31.01 PEDIATRIC ICU						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	956,005		956,005	217.22		40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY	312,911		312,911	45.24		43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (LINES 30-199)	10,431,153		10,431,153			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [XX] TITLE V [XX] HOSPITAL (14-0228) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)	4	5
	1	2	3		
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,470,093	171,212,803	0.014427		50
50.20 GASTROENTEROLOGY	305,211	8,320,891	0.036680		50.20
52 DELIVERY ROOM & LABOR ROOM	339,025	19,420,812	0.017457		52
53 ANESTHESIOLOGY	72,622	12,108,154	0.005998		53
54 RADIOLOGY-DIAGNOSTIC	3,470,584	140,361,768	0.024726		54
54.10 RADIATION ONCOLOGY	748,416	105,741,827	0.007078		54.10
54.20 CT	121,240	53,361,889	0.002272		54.20
54.30 MRI	178,694	31,648,245	0.005646		54.30
60 LABORATORY	944,045	152,104,338	0.006207		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	230,389	24,602,334	0.009365		65
66 PHYSICAL THERAPY	240,517	28,929,570	0.008314		66
69 ELECTROCARDIOLOGY	209,341	31,134,796	0.006724		69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY	102,920	10,670,803	0.009645		70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PA	94,950	46,032,132	0.002063		71
72 IMPL. DEV. CHARGED TO PATIENT	346,845	101,583,333	0.003414		72
73 DRUGS CHARGED TO PATIENTS	217,360	116,371,897	0.001868		73
75.10 NUTRITIONAL SUPPORT	865	651,251	0.001328		75.10
75.20 HEMODIALYSIS	119,329	1,959,809	0.060888		75.20
76.97 CARDIAC REHABILITATION	10,815	1,344,481	0.008044		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	28,000	4,699,542	0.005958		90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY	1,217,905	85,761,644	0.014201		91
91.05 AMBULATORY CARE	191,403	102,703	1.863655		91.05
91.10 PSYCHIATRIC PARTIAL	189,929	1,493,415	0.127178		91.10
92 OBSERVATION BEDS	342,047	4,915,441	0.069586		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	12,192,545	1,154,533,878			200

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 10/29/2012 15:59

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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 PEDIATRIC ICU					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: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 10/29/2012 15:59

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 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	59,522				30
31 INTENSIVE CARE UNIT	6,353				31
31.01 PEDIATRIC ICU					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	4,401				40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	6,917				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	77,193				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.20 GASTROENTEROLOGY							50.20
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC				138,704	138,704	138,704	54
54.10 RADIATION ONCOLOGY				216,125	216,125	216,125	54.10
54.20 CT							54.20
54.30 MRI							54.30
60 LABORATORY				192,690	192,690	192,690	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY							70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
75.10 NUTRITIONAL SUPPORT							75.10
75.20 HEMODIALYSIS							75.20
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY				1,067,957	1,067,957	1,067,957	91
91.05 AMBULATORY CARE							91.05
91.10 PSYCHIATRIC PARTIAL							91.10
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				1,615,476	1,615,476	1,615,476	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL (14-0228)	<input type="checkbox"/> SUB (OTHER)	<input type="checkbox"/> ICF/MR	<input type="checkbox"/> PPS		
APPLICABLE	<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> IPF	<input type="checkbox"/> SNF		<input type="checkbox"/> TEFRA		
BOXES	<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> IRF	<input type="checkbox"/> 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	171,212,803						50
50.20 GASTROENTEROLOGY	8,320,891						50.20
52 DELIVERY ROOM & LABOR ROOM	19,420,812						52
53 ANESTHESIOLOGY	12,108,154						53
54 RADIOLOGY-DIAGNOSTIC	140,361,768	0.000988	0.000988				54
54.10 RADIATION ONCOLOGY	105,741,827	0.002044	0.002044				54.10
54.20 CT	53,361,889						54.20
54.30 MRI	31,648,245						54.30
60 LABORATORY	152,104,338	0.001267	0.001267				60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	24,602,334						65
66 PHYSICAL THERAPY	28,929,570						66
69 ELECTROCARDIOLOGY	31,134,796						69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY	10,670,803						70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGD TO P	46,032,132						71
72 IMPL. DEV. CHARGED TO PATIEN	101,583,333						72
73 DRUGS CHARGED TO PATIENTS	116,371,897						73
75.10 NUTRITIONAL SUPPORT	651,251						75.10
75.20 HEMODIALYSIS	1,959,809						75.20
76.97 CARDIAC REHABILITATION	1,344,481						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	4,699,542						90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY	85,761,644	0.012453	0.012453				91
91.05 AMBULATORY CARE	102,703						91.05
91.10 PSYCHIATRIC PARTIAL	1,493,415						91.10
92 OBSERVATION BEDS	4,915,441						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,154,533,878						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0228) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] 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 FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.169457						50
50.20 GASTROENTEROLOGY	0.204913						50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835						52
53 ANESTHESIOLOGY	0.047108						53
54 RADIOLOGY-DIAGNOSTIC	0.214403		492			105	54
54.10 RADIATION ONCOLOGY	0.262064						54.10
54.20 CT	0.060719						54.20
54.30 MRI	0.087270						54.30
60 LABORATORY	0.110237						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.188231						65
66 PHYSICAL THERAPY	0.257674		511			132	66
69 ELECTROCARDIOLOGY	0.068260						69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY	0.161104						70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175						71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457						72
73 DRUGS CHARGED TO PATIENTS	0.128911						73
75.10 NUTRITIONAL SUPPORT	0.265930						75.10
75.20 HEMODIALYSIS	0.451728						75.20
76.97 CARDIAC REHABILITATION	0.984288						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.719534		188			135	90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY	0.228894						91
91.05 AMBULATORY CARE	4.018558						91.05
91.10 PSYCHIATRIC PARTIAL	1.003113						91.10
92 OBSERVATION BEDS	0.533040						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)			1,191			372	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)			1,191			372	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.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	7,785,578		7,785,578	130.80	25,525	3,338,670	30
31 INTENSIVE CARE UNIT	1,376,659		1,376,659	216.69	3,339	723,528	31
31.01 PEDIATRIC ICU							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	956,005		956,005	217.22	1,313	285,210	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	312,911		312,911	45.24			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	10,431,153		10,431,153		30,177	4,347,408	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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	2,470,093	171,212,803	0.014427	33,372,842	481,470	50
50.20 GASTROENTEROLOGY	305,211	8,320,891	0.036680	1,610,646	59,078	50.20
52 DELIVERY ROOM & LABOR ROOM	339,025	19,420,812	0.017457	171,727	2,998	52
53 ANESTHESIOLOGY	72,622	12,108,154	0.005998	2,573,412	15,435	53
54 RADIOLOGY-DIAGNOSTIC	3,470,584	140,361,768	0.024726	25,699,649	635,450	54
54.10 RADIATION ONCOLOGY	748,416	105,741,827	0.007078	557,879	3,949	54.10
54.20 CT	121,240	53,361,889	0.002272	7,451,722	16,930	54.20
54.30 MRI	178,694	31,648,245	0.005646	2,630,542	14,852	54.30
60 LABORATORY	944,045	152,104,338	0.006207	24,498,408	152,062	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	230,389	24,602,334	0.009365	11,511,946	107,809	65
66 PHYSICAL THERAPY	240,517	28,929,570	0.008314	6,596,926	54,847	66
69 ELECTROCARDIOLOGY	209,341	31,134,796	0.006724	3,824,324	25,715	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	102,920	10,670,803	0.009645	446,063	4,302	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PA	94,950	46,032,132	0.002063	12,956,433	26,729	71
72 IMPL. DEV. CHARGED TO PATIENT	346,845	101,583,333	0.003414	31,577,923	107,807	72
73 DRUGS CHARGED TO PATIENTS	217,360	116,371,897	0.001868	40,015,801	74,750	73
75.10 NUTRITIONAL SUPPORT	865	651,251	0.001328	100,496	133	75.10
75.20 HEMODIALYSIS	119,329	1,959,809	0.060888	1,240,403	75,526	75.20
76.97 CARDIAC REHABILITATION	10,815	1,344,481	0.008044			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	28,000	4,699,542	0.005958	56,885	339	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	1,217,905	85,761,644	0.014201	11,118,281	157,891	91
91.05 AMBULATORY CARE	191,403	102,703	1.863655			91.05
91.10 PSYCHIATRIC PARTIAL	189,929	1,493,415	0.127178			91.10
92 OBSERVATION BEDS	342,047	4,915,441	0.069586	48,831	3,398	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	12,192,545	1,154,533,878		218,061,139	2,021,470	200

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 10/29/2012 15:59

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 PEDIATRIC ICU					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: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 10/29/2012 15:59

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	59,522		25,525		30
31 INTENSIVE CARE UNIT	6,353		3,339		31
31.01 PEDIATRIC ICU					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	4,401		1,313		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	6,917				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	77,193		30,177		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.20 GASTROENTEROLOGY							50.20
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC				138,704	138,704	138,704	54
54.10 RADIATION ONCOLOGY				216,125	216,125	216,125	54.10
54.20 CT							54.20
54.30 MRI							54.30
60 LABORATORY				192,690	192,690	192,690	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY							70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
75.10 NUTRITIONAL SUPPORT							75.10
75.20 HEMODIALYSIS							75.20
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY				1,067,957	1,067,957	1,067,957	91
91.05 AMBULATORY CARE							91.05
91.10 PSYCHIATRIC PARTIAL							91.10
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				1,615,476	1,615,476	1,615,476	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0228)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM 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	171,212,803			33,372,842	14,730,895	50
50.20	GASTROENTEROLOGY	8,320,891			1,610,646	1,384,381	50.20
52	DELIVERY ROOM & LABOR ROOM	19,420,812			171,727	32,104	52
53	ANESTHESIOLOGY	12,108,154			2,573,412	942,804	53
54	RADIOLOGY-DIAGNOSTIC	140,361,768	0.000988	0.000988	25,699,649	25,391 23,482,634	23,201 54
54.10	RADIATION ONCOLOGY	105,741,827	0.002044	0.002044	557,879	1,140 32,435,158	66,297 54.10
54.20	CT	53,361,889			7,451,722	11,228,326	54.20
54.30	MRI	31,648,245			2,630,542	5,881,164	54.30
60	LABORATORY	152,104,338	0.001267	0.001267	24,498,408	31,039 2,571,941	3,259 60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	24,602,334			11,511,946	1,727,356	65
66	PHYSICAL THERAPY	28,929,570			6,596,926	51,110	66
69	ELECTROCARDIOLOGY	31,134,796			3,824,324	6,586,674	69
69.10	PEDIATRIC CARDIOLOGY						69.10
70	ELECTROENCEPHALOGRAPHY	10,670,803			446,063	3,064,365	70
70.10	APNEA MONITORING						70.10
71	MEDICAL SUPPLIES CHRGD TO P	46,032,132			12,956,433	4,038,044	71
72	IMPL. DEV. CHARGED TO PATIEN	101,583,333			31,577,923	9,703,310	72
73	DRUGS CHARGED TO PATIENTS	116,371,897			40,015,801	21,330,668	73
75.10	NUTRITIONAL SUPPORT	651,251			100,496	848	75.10
75.20	HEMODIALYSIS	1,959,809			1,240,403	80,395	75.20
76.97	CARDIAC REHABILITATION	1,344,481				365,519	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,699,542			56,885	1,766,052	90
90.01	CHILDRENS CLINIC						90.01
91	EMERGENCY	85,761,644	0.012453	0.012453	11,118,281	138,456 10,797,789	134,465 91
91.05	AMBULATORY CARE	102,703					91.05
91.10	PSYCHIATRIC PARTIAL	1,493,415				218,867	91.10
92	OBSERVATION BEDS	4,915,441			48,831	2,057,491	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,154,533,878			218,061,139	196,026 154,477,895	227,222 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0228) [] 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. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.169457	14,730,895			2,496,253		50
50.20 GASTROENTEROLOGY	0.204913	1,384,381			283,678		50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835	32,104			9,819		52
53 ANESTHESIOLOGY	0.047108	942,804			44,414		53
54 RADIOLOGY-DIAGNOSTIC	0.214403	23,482,634			5,034,747		54
54.10 RADIATION ONCOLOGY	0.262064	32,435,158			8,500,087		54.10
54.20 CT	0.060719	11,228,326			681,773		54.20
54.30 MRI	0.087270	5,881,164			513,249		54.30
60 LABORATORY	0.110237	2,571,941			283,523		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.188231	1,727,356			325,142		65
66 PHYSICAL THERAPY	0.257674	51,110			13,170		66
69 ELECTROCARDIOLOGY	0.068260	6,586,674			449,606		69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY	0.161104	3,064,365			493,681		70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175	4,038,044			505,462		71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457	9,703,310			2,013,020		72
73 DRUGS CHARGED TO PATIENTS	0.128911	21,330,668			2,749,758		73
75.10 NUTRITIONAL SUPPORT	0.265930	848			226		75.10
75.20 HEMODIALYSIS	0.451728	80,395			36,317		75.20
76.97 CARDIAC REHABILITATION	0.984288	365,519			359,776		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.719534	1,766,052			1,270,734		90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY	0.228894	10,797,789			2,471,549		91
91.05 AMBULATORY CARE	4.018558						91.05
91.10 PSYCHIATRIC PARTIAL	1.003113	218,867			219,548		91.10
92 OBSERVATION BEDS	0.533040	2,057,491			1,096,725		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		154,477,895			29,852,257		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		154,477,895			29,852,257		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 [XX] IPF (14-S228) [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL	
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		(COL.3 x COL.4)	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,470,093	171,212,803	0.014427			50
50.20 GASTROENTEROLOGY	305,211	8,320,891	0.036680			50.20
52 DELIVERY ROOM & LABOR ROOM	339,025	19,420,812	0.017457	498	9	52
53 ANESTHESIOLOGY	72,622	12,108,154	0.005998	6,791	41	53
54 RADIOLOGY-DIAGNOSTIC	3,470,584	140,361,768	0.024726	65,738	1,625	54
54.10 RADIATION ONCOLOGY	748,416	105,741,827	0.007078	872	6	54.10
54.20 CT	121,240	53,361,889	0.002272	31,293	71	54.20
54.30 MRI	178,694	31,648,245	0.005646			54.30
60 LABORATORY	944,045	152,104,338	0.006207	471,150	2,924	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	230,389	24,602,334	0.009365	28,392	266	65
66 PHYSICAL THERAPY	240,517	28,929,570	0.008314	23,332	194	66
69 ELECTROCARDIOLOGY	209,341	31,134,796	0.006724	47,558	320	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	102,920	10,670,803	0.009645			70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PA	94,950	46,032,132	0.002063	28,865	60	71
72 IMPL. DEV. CHARGED TO PATIENT	346,845	101,583,333	0.003414			72
73 DRUGS CHARGED TO PATIENTS	217,360	116,371,897	0.001868	477,149	891	73
75.10 NUTRITIONAL SUPPORT	865	651,251	0.001328	348		75.10
75.20 HEMODIALYSIS	119,329	1,959,809	0.060888			75.20
76.97 CARDIAC REHABILITATION	10,815	1,344,481	0.008044			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	28,000	4,699,542	0.005958	188	1	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	1,217,905	85,761,644	0.014201	212,034	3,011	91
91.05 AMBULATORY CARE	191,403	102,703	1.863655			91.05
91.10 PSYCHIATRIC PARTIAL	189,929	1,493,415	0.127178			91.10
92 OBSERVATION BEDS	342,047	4,915,441	0.069586			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	12,192,545	1,154,533,878		1,394,208	9,419	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-S228) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.20 GASTROENTEROLOGY							50.20
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC				138,704	138,704	138,704	54
54.10 RADIATION ONCOLOGY				216,125	216,125	216,125	54.10
54.20 CT							54.20
54.30 MRI							54.30
60 LABORATORY				192,690	192,690	192,690	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY							70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
75.10 NUTRITIONAL SUPPORT							75.10
75.20 HEMODIALYSIS							75.20
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY				1,067,957	1,067,957	1,067,957	91
91.05 AMBULATORY CARE							91.05
91.10 PSYCHIATRIC PARTIAL							91.10
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				1,615,476	1,615,476	1,615,476	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-S228)	[] 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	171,212,803					50
50.20	GASTROENTEROLOGY	8,320,891					50.20
52	DELIVERY ROOM & LABOR ROOM	19,420,812			498		52
53	ANESTHESIOLOGY	12,108,154			6,791		53
54	RADIOLOGY-DIAGNOSTIC	140,361,768	0.000988	0.000988	65,738	65	54
54.10	RADIATION ONCOLOGY	105,741,827	0.002044	0.002044	872	2	54.10
54.20	CT	53,361,889			31,293		54.20
54.30	MRI	31,648,245					54.30
60	LABORATORY	152,104,338	0.001267	0.001267	471,150	597	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	24,602,334			28,392		65
66	PHYSICAL THERAPY	28,929,570			23,332		66
69	ELECTROCARDIOLOGY	31,134,796			47,558		69
69.10	PEDIATRIC CARDIOLOGY						69.10
70	ELECTROENCEPHALOGRAPHY	10,670,803					70
70.10	APNEA MONITORING						70.10
71	MEDICAL SUPPLIES CHRGD TO P	46,032,132			28,865		71
72	IMPL. DEV. CHARGED TO PATIEN	101,583,333					72
73	DRUGS CHARGED TO PATIENTS	116,371,897			477,149		73
75.10	NUTRITIONAL SUPPORT	651,251			348		75.10
75.20	HEMODIALYSIS	1,959,809					75.20
76.97	CARDIAC REHABILITATION	1,344,481					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,699,542			188		90
90.01	CHILDRENS CLINIC						90.01
91	EMERGENCY	85,761,644	0.012453	0.012453	212,034	2,640	4 91
91.05	AMBULATORY CARE	102,703					91.05
91.10	PSYCHIATRIC PARTIAL	1,493,415					91.10
92	OBSERVATION BEDS	4,915,441					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,154,533,878			1,394,208	3,304	287 4 200

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-S228) [] 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	0.169457						50
50.20 GASTROENTEROLOGY	0.204913						50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835						52
53 ANESTHESIOLOGY	0.047108						53
54 RADIOLOGY-DIAGNOSTIC	0.214403						54
54.10 RADIATION ONCOLOGY	0.262064						54.10
54.20 CT	0.060719						54.20
54.30 MRI	0.087270						54.30
60 LABORATORY	0.110237						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.188231						65
66 PHYSICAL THERAPY	0.257674						66
69 ELECTROCARDIOLOGY	0.068260						69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY	0.161104						70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175						71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457						72
73 DRUGS CHARGED TO PATIENTS	0.128911						73
75.10 NUTRITIONAL SUPPORT	0.265930						75.10
75.20 HEMODIALYSIS	0.451728						75.20
76.97 CARDIAC REHABILITATION	0.984288						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.719534						90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY	0.228894	287			66		91
91.05 AMBULATORY CARE	4.018558						91.05
91.10 PSYCHIATRIC PARTIAL	1.003113						91.10
92 OBSERVATION BEDS	0.533040						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		287			66		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		287			66		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	7,785,578		7,785,578	130.80	13,327	1,743,172	30
31 INTENSIVE CARE UNIT	1,376,659		1,376,659	216.69	885	191,771	31
31.01 PEDIATRIC ICU							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	956,005		956,005	217.22	913	198,322	40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	312,911		312,911	45.24	4,077	184,443	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	10,431,153		10,431,153		19,202	2,317,708	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0228) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,470,093	171,212,803	0.014427	9,233,340	133,209	50
50.20	GASTROENTEROLOGY	305,211	8,320,891	0.036680	499,646	18,327	50.20
52	DELIVERY ROOM & LABOR ROOM	339,025	19,420,812	0.017457	5,777,856	100,864	52
53	ANESTHESIOLOGY	72,622	12,108,154	0.005998	1,168,423	7,008	53
54	RADIOLOGY-DIAGNOSTIC	3,470,584	140,361,768	0.024726	4,325,610	106,955	54
54.10	RADIATION ONCOLOGY	748,416	105,741,827	0.007078	160,731	1,138	54.10
54.20	CT	121,240	53,361,889	0.002272	2,072,123	4,708	54.20
54.30	MRI	178,694	31,648,245	0.005646	657,768	3,714	54.30
60	LABORATORY	944,045	152,104,338	0.006207	12,403,981	76,992	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	230,389	24,602,334	0.009365	1,482,555	13,884	65
66	PHYSICAL THERAPY	240,517	28,929,570	0.008314	1,102,280	9,164	66
69	ELECTROCARDIOLOGY	209,341	31,134,796	0.006724	1,712,577	11,515	69
69.10	PEDIATRIC CARDIOLOGY						69.10
70	ELECTROENCEPHALOGRAPHY	102,920	10,670,803	0.009645	95,931	925	70
70.10	APNEA MONITORING						70.10
71	MEDICAL SUPPLIES CHRGD TO PA	94,950	46,032,132	0.002063	13,682,001	28,226	71
72	IMPL. DEV. CHARGED TO PATIENT	346,845	101,583,333	0.003414	4,574,271	15,617	72
73	DRUGS CHARGED TO PATIENTS	217,360	116,371,897	0.001868	16,222,176	30,303	73
75.10	NUTRITIONAL SUPPORT	865	651,251	0.001328			75.10
75.20	HEMODIALYSIS	119,329	1,959,809	0.060888	331,944	20,211	75.20
76.97	CARDIAC REHABILITATION	10,815	1,344,481	0.008044			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	28,000	4,699,542	0.005958	94	1	90
90.01	CHILDRENS CLINIC						90.01
91	EMERGENCY	1,217,905	85,761,644	0.014201	3,005,365	42,679	91
91.05	AMBULATORY CARE	191,403	102,703	1.863655			91.05
91.10	PSYCHIATRIC PARTIAL	189,929	1,493,415	0.127178			91.10
92	OBSERVATION BEDS	342,047	4,915,441	0.069586	1,278	89	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	12,192,545	1,154,533,878		78,509,950	625,529	200

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 10/29/2012 15:59

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 PEDIATRIC ICU					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: 14-0228 SWEDISHAMERICAN HOSPITAL
 PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 10/29/2012 15:59

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	59,522		13,327		30
31 INTENSIVE CARE UNIT	6,353		885		31
31.01 PEDIATRIC ICU					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	4,401		913		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	6,917		4,077		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	77,193		19,202		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL (14-0228) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.20 GASTROENTEROLOGY							50.20
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC				138,704	138,704	138,704	54
54.10 RADIATION ONCOLOGY				216,125	216,125	216,125	54.10
54.20 CT							54.20
54.30 MRI							54.30
60 LABORATORY				192,690	192,690	192,690	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY							70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
75.10 NUTRITIONAL SUPPORT							75.10
75.20 HEMODIALYSIS							75.20
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY				1,067,957	1,067,957	1,067,957	91
91.05 AMBULATORY CARE							91.05
91.10 PSYCHIATRIC PARTIAL							91.10
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				1,615,476	1,615,476	1,615,476	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0228)	[] 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 (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	171,212,803			9,233,340	50
50.20	GASTROENTEROLOGY	8,320,891			499,646	50.20
52	DELIVERY ROOM & LABOR ROOM	19,420,812			5,777,856	52
53	ANESTHESIOLOGY	12,108,154			1,168,423	53
54	RADIOLOGY-DIAGNOSTIC	140,361,768	0.000988	0.000988	4,325,610	54
54.10	RADIATION ONCOLOGY	105,741,827	0.002044	0.002044	160,731	54.10
54.20	CT	53,361,889			2,072,123	54.20
54.30	MRI	31,648,245			657,768	54.30
60	LABORATORY	152,104,338	0.001267	0.001267	12,403,981	60
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	24,602,334			1,482,555	65
66	PHYSICAL THERAPY	28,929,570			1,102,280	66
69	ELECTROCARDIOLOGY	31,134,796			1,712,577	69
69.10	PEDIATRIC CARDIOLOGY					69.10
70	ELECTROENCEPHALOGRAPHY	10,670,803			95,931	70
70.10	APNEA MONITORING					70.10
71	MEDICAL SUPPLIES CHRGD TO P	46,032,132			13,682,001	71
72	IMPL. DEV. CHARGED TO PATIEN	101,583,333			4,574,271	72
73	DRUGS CHARGED TO PATIENTS	116,371,897			16,222,176	73
75.10	NUTRITIONAL SUPPORT	651,251				75.10
75.20	HEMODIALYSIS	1,959,809			331,944	75.20
76.97	CARDIAC REHABILITATION	1,344,481				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	4,699,542			94	90
90.01	CHILDRENS CLINIC					90.01
91	EMERGENCY	85,761,644	0.012453	0.012453	3,005,365	91
91.05	AMBULATORY CARE	102,703				91.05
91.10	PSYCHIATRIC PARTIAL	1,493,415				91.10
92	OBSERVATION BEDS	4,915,441			1,278	92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	1,154,533,878			78,509,950	57,745

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-S228) [] 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	2,470,093	171,212,803	0.014427	8,386	121	50
50.20	GASTROENTEROLOGY	305,211	8,320,891	0.036680			50.20
52	DELIVERY ROOM & LABOR ROOM	339,025	19,420,812	0.017457	3,602	63	52
53	ANESTHESIOLOGY	72,622	12,108,154	0.005998	4,772	29	53
54	RADIOLOGY-DIAGNOSTIC	3,470,584	140,361,768	0.024726	27,564	682	54
54.10	RADIATION ONCOLOGY	748,416	105,741,827	0.007078			54.10
54.20	CT	121,240	53,361,889	0.002272	19,408	44	54.20
54.30	MRI	178,694	31,648,245	0.005646			54.30
60	LABORATORY	944,045	152,104,338	0.006207	490,086	3,042	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	230,389	24,602,334	0.009365	1,192	11	65
66	PHYSICAL THERAPY	240,517	28,929,570	0.008314	8,366	70	66
69	ELECTROCARDIOLOGY	209,341	31,134,796	0.006724	73,420	494	69
69.10	PEDIATRIC CARDIOLOGY						69.10
70	ELECTROENCEPHALOGRAPHY	102,920	10,670,803	0.009645			70
70.10	APNEA MONITORING						70.10
71	MEDICAL SUPPLIES CHRGD TO PA	94,950	46,032,132	0.002063	22,407	46	71
72	IMPL. DEV. CHARGED TO PATIENT	346,845	101,583,333	0.003414			72
73	DRUGS CHARGED TO PATIENTS	217,360	116,371,897	0.001868	358,472	670	73
75.10	NUTRITIONAL SUPPORT	865	651,251	0.001328			75.10
75.20	HEMODIALYSIS	119,329	1,959,809	0.060888			75.20
76.97	CARDIAC REHABILITATION	10,815	1,344,481	0.008044			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	28,000	4,699,542	0.005958			90
90.01	CHILDRENS CLINIC						90.01
91	EMERGENCY	1,217,905	85,761,644	0.014201	252,710	3,589	91
91.05	AMBULATORY CARE	191,403	102,703	1.863655			91.05
91.10	PSYCHIATRIC PARTIAL	189,929	1,493,415	0.127178			91.10
92	OBSERVATION BEDS	342,047	4,915,441	0.069586			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	12,192,545	1,154,533,878		1,270,385	8,861	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 (14-S228) SNF TEFRA
 BOXES TITLE XIX IRF NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.20 GASTROENTEROLOGY							50.20
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC				138,704	138,704	138,704	54
54.10 RADIATION ONCOLOGY				216,125	216,125	216,125	54.10
54.20 CT							54.20
54.30 MRI							54.30
60 LABORATORY				192,690	192,690	192,690	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
69 ELECTROCARDIOLOGY							69
69.10 PEDIATRIC CARDIOLOGY							69.10
70 ELECTROENCEPHALOGRAPHY							70
70.10 APNEA MONITORING							70.10
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
75.10 NUTRITIONAL SUPPORT							75.10
75.20 HEMODIALYSIS							75.20
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CHILDRENS CLINIC							90.01
91 EMERGENCY				1,067,957	1,067,957	1,067,957	91
91.05 AMBULATORY CARE							91.05
91.10 PSYCHIATRIC PARTIAL							91.10
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				1,615,476	1,615,476	1,615,476	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-S228)	[] 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	171,212,803			8,386		50
50.20	GASTROENTEROLOGY	8,320,891					50.20
52	DELIVERY ROOM & LABOR ROOM	19,420,812			3,602		52
53	ANESTHESIOLOGY	12,108,154			4,772		53
54	RADIOLOGY-DIAGNOSTIC	140,361,768	0.000988	0.000988	27,564	27	54
54.10	RADIATION ONCOLOGY	105,741,827	0.002044	0.002044			54.10
54.20	CT	53,361,889			19,408		54.20
54.30	MRI	31,648,245					54.30
60	LABORATORY	152,104,338	0.001267	0.001267	490,086	621	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	24,602,334			1,192		65
66	PHYSICAL THERAPY	28,929,570			8,366		66
69	ELECTROCARDIOLOGY	31,134,796			73,420		69
69.10	PEDIATRIC CARDIOLOGY						69.10
70	ELECTROENCEPHALOGRAPHY	10,670,803					70
70.10	APNEA MONITORING						70.10
71	MEDICAL SUPPLIES CHRGD TO P	46,032,132			22,407		71
72	IMPL. DEV. CHARGED TO PATIEN	101,583,333					72
73	DRUGS CHARGED TO PATIENTS	116,371,897			358,472		73
75.10	NUTRITIONAL SUPPORT	651,251					75.10
75.20	HEMODIALYSIS	1,959,809					75.20
76.97	CARDIAC REHABILITATION	1,344,481					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,699,542					90
90.01	CHILDRENS CLINIC						90.01
91	EMERGENCY	85,761,644	0.012453	0.012453	252,710	3,147	91
91.05	AMBULATORY CARE	102,703					91.05
91.10	PSYCHIATRIC PARTIAL	1,493,415					91.10
92	OBSERVATION BEDS	4,915,441					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,154,533,878			1,270,385	3,795	200

COMPUTATION OF INPATIENT OPERATING COST

CHECK [XX] TITLE V-INPT [XX] HOSPITAL (14-0228) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] 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)	59,522	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	59,522	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	56,907	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)		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)	6,917	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)	59,638,679	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	59,638,679	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	87,071,955	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	87,071,955	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.684936	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)	1,530.07	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)	59,638,679	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [XX] TITLE V-INPT [XX] HOSPITAL (14-0228) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] 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) 1,001.96 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 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) 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)	4,350,982	6,917	629.03		42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS
 43 INTENSIVE CARE UNIT 11,635,204 6,353 1,831.45 43
 43.01 PEDIATRIC ICU 43.01
 44 CORONARY CARE UNIT 44
 45 BURN INTENSIVE CARE UNIT 45
 46 SURGICAL INTENSIVE CARE UNIT 46
 47 OTHER SPECIAL CARE (SPECIFY) 47
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 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 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,615 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4
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 [XX] HOSPITAL (14-0228) [] 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)	59,522	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	59,522	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	56,907	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)	25,525	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)	59,638,679	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	59,638,679	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	87,071,955	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	87,071,955	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.684936	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)	1,530.07	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)	59,638,679	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0228) [] 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) 1,001.96 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 25,575,029 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) 25,575,029 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 11,648,950 6,353 1,833.61 3,339 6,122,424 43
 43.01 PEDIATRIC ICU 43.01
 44 CORONARY CARE UNIT 44
 45 BURN INTENSIVE CARE UNIT 45
 46 SURGICAL INTENSIVE CARE UNIT 46
 47 OTHER SPECIAL CARE (SPECIFY) 47
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 35,975,228 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 67,672,681 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 4,062,198 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,217,496 51
 52 TOTAL PROGRAM EXCLUDABLE COST 6,279,694 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 61,392,987 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) 2,615 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,001.96 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,620,125 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	7,785,578	59,638,679	0.130546	2,620,125	342,047	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S228) [] 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)	4,401	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,401	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,401	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)	1,313	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,960,411	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,960,411	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,282,492	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,282,492	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.681142	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)	1,654.74	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,960,411	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S228) [] 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)	1,127.11 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,479,895 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)	1,479,895 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	197,296 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,677,191 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	285,210 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	12,723 51
52	TOTAL PROGRAM EXCLUDABLE COST	297,933 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,379,258 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 [XX] HOSPITAL (14-0228) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	59,522	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	59,522	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	56,907	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)	13,327	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)	6,917	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	4,077	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)	59,638,679	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	59,638,679	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	87,071,955	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	87,071,955	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.684936	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)	1,530.07	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)	59,638,679	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0228) [] 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) 1,001.96 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,353,121 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) 13,353,121 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)	4,350,982	6,917	629.03	4,077	2,564,555 42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS

43 INTENSIVE CARE UNIT	11,635,204	6,353	1,831.45	885	1,620,833 43
43.01 PEDIATRIC ICU					43.01
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					12,296,176 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					29,834,685 49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					2,119,386 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					683,274 51
52 TOTAL PROGRAM EXCLUDABLE COST					2,802,660 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					2,615 87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	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.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4	5
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S228) [] 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)	4,401	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,401	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,401	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)	913	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,937,576	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,937,576	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,282,492	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,282,492	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.678006	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)	1,654.74	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,937,576	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-S228) [] 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)	1,121.92 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,024,313 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)	1,024,313 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	178,114 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,202,427 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	198,322 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	12,656 51
52	TOTAL PROGRAM EXCLUDABLE COST	210,978 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 [XX] TITLE V [XX] HOSPITAL (14-0228) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] 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 PEDIATRIC ICU			31.01
40 SUBPROVIDER - IPF			40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.169457		50
50.20 GASTROENTEROLOGY	0.204913		50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835		52
53 ANESTHESIOLOGY	0.047108		53
54 RADIOLOGY-DIAGNOSTIC	0.214403		54
54.10 RADIATION ONCOLOGY	0.262064		54.10
54.20 CT	0.060719		54.20
54.30 MRI	0.087270		54.30
60 LABORATORY	0.110237		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.188231		65
66 PHYSICAL THERAPY	0.257674		66
69 ELECTROCARDIOLOGY	0.068260		69
69.10 PEDIATRIC CARDIOLOGY			69.10
70 ELECTROENCEPHALOGRAPHY	0.161104		70
70.10 APNEA MONITORING			70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175		71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457		72
73 DRUGS CHARGED TO PATIENTS	0.128911		73
75.10 NUTRITIONAL SUPPORT	0.265930		75.10
75.20 HEMODIALYSIS	0.451728		75.20
76.97 CARDIAC REHABILITATION	0.984288		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.719534		90
90.01 CHILDRENS CLINIC			90.01
91 EMERGENCY	0.228894		91
91.05 AMBULATORY CARE	4.018558		91.05
91.10 PSYCHIATRIC PARTIAL	1.003113		91.10
92 OBSERVATION BEDS	0.533040		92
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 [XX] HOSPITAL (14-0228) [] 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		38,528,814			30
31 INTENSIVE CARE UNIT		17,826,231			31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.169645	33,372,842	5,661,536		50
50.20 GASTROENTEROLOGY	0.204913	1,610,646	330,042		50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835	171,727	52,520		52
53 ANESTHESIOLOGY	0.048541	2,573,412	124,916		53
54 RADIOLOGY-DIAGNOSTIC	0.215685	25,699,649	5,543,029		54
54.10 RADIATION ONCOLOGY	0.262159	557,879	146,253		54.10
54.20 CT	0.060719	7,451,722	452,461		54.20
54.30 MRI	0.087270	2,630,542	229,567		54.30
60 LABORATORY	0.110237	24,498,408	2,700,631		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.188231	11,511,946	2,166,905		65
66 PHYSICAL THERAPY	0.257674	6,596,926	1,699,856		66
69 ELECTROCARDIOLOGY	0.068260	3,824,324	261,048		69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY	0.161104	446,063	71,863		70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175	12,956,433	1,621,822		71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457	31,577,923	6,551,061		72
73 DRUGS CHARGED TO PATIENTS	0.128911	40,015,801	5,158,477		73
75.10 NUTRITIONAL SUPPORT	0.265930	100,496	26,725		75.10
75.20 HEMODIALYSIS	0.451728	1,240,403	560,325		75.20
76.97 CARDIAC REHABILITATION	0.984288				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.721266	56,885	41,029		90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY	0.229274	11,118,281	2,549,133		91
91.05 AMBULATORY CARE	4.018558				91.05
91.10 PSYCHIATRIC PARTIAL	1.003113				91.10
92 OBSERVATION BEDS	0.533040	48,831	26,029		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		218,061,139	35,975,228		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		218,061,139			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-S228) [] 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					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF		2,039,133			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.169645				50
50.20 GASTROENTEROLOGY	0.204913				50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835	498	152		52
53 ANESTHESIOLOGY	0.048541	6,791	330		53
54 RADIOLOGY-DIAGNOSTIC	0.215685	65,738	14,179		54
54.10 RADIATION ONCOLOGY	0.262159	872	229		54.10
54.20 CT	0.060719	31,293	1,900		54.20
54.30 MRI	0.087270				54.30
60 LABORATORY	0.110237	471,150	51,938		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.188231	28,392	5,344		65
66 PHYSICAL THERAPY	0.257674	23,332	6,012		66
69 ELECTROCARDIOLOGY	0.068260	47,558	3,246		69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY	0.161104				70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175	28,865	3,613		71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457				72
73 DRUGS CHARGED TO PATIENTS	0.128911	477,149	61,510		73
75.10 NUTRITIONAL SUPPORT	0.265930	348	93		75.10
75.20 HEMODIALYSIS	0.451728				75.20
76.97 CARDIAC REHABILITATION	0.984288				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.721266	188	136		90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY	0.229274	212,034	48,614		91
91.05 AMBULATORY CARE	4.018558				91.05
91.10 PSYCHIATRIC PARTIAL	1.003113				91.10
92 OBSERVATION BEDS	0.533040				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,394,208	197,296		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,394,208			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0228) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		13,583,239			30
31 INTENSIVE CARE UNIT		4,281,285			31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF					40
43 NURSERY		5,267,164			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.169457	9,233,340	1,564,654		50
50.20 GASTROENTEROLOGY	0.204913	499,646	102,384		50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835	5,777,856	1,767,071		52
53 ANESTHESIOLOGY	0.047108	1,168,423	55,042		53
54 RADIOLOGY-DIAGNOSTIC	0.214403	4,325,610	927,424		54
54.10 RADIATION ONCOLOGY	0.262064	160,731	42,122		54.10
54.20 CT	0.060719	2,072,123	125,817		54.20
54.30 MRI	0.087270	657,768	57,403		54.30
60 LABORATORY	0.110237	12,403,981	1,367,378		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.188231	1,482,555	279,063		65
66 PHYSICAL THERAPY	0.257674	1,102,280	284,029		66
69 ELECTROCARDIOLOGY	0.068260	1,712,577	116,901		69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY	0.161104	95,931	15,455		70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175	13,682,001	1,712,644		71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457	4,574,271	948,965		72
73 DRUGS CHARGED TO PATIENTS	0.128911	16,222,176	2,091,217		73
75.10 NUTRITIONAL SUPPORT	0.265930				75.10
75.20 HEMODIALYSIS	0.451728	331,944	149,948		75.20
76.97 CARDIAC REHABILITATION	0.984288				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.719534	94	68		90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY	0.228894	3,005,365	687,910		91
91.05 AMBULATORY CARE	4.018558				91.05
91.10 PSYCHIATRIC PARTIAL	1.003113				91.10
92 OBSERVATION BEDS	0.533040	1,278	681		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		78,509,950	12,296,176		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		78,509,950			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-S228) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF		2,787,393			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.169457	8,386	1,421		50
50.20 GASTROENTEROLOGY	0.204913				50.20
52 DELIVERY ROOM & LABOR ROOM	0.305835	3,602	1,102		52
53 ANESTHESIOLOGY	0.047108	4,772	225		53
54 RADIOLOGY-DIAGNOSTIC	0.214403	27,564	5,910		54
54.10 RADIATION ONCOLOGY	0.262064				54.10
54.20 CT	0.060719	19,408	1,178		54.20
54.30 MRI	0.087270				54.30
60 LABORATORY	0.110237	490,086	54,026		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.188231	1,192	224		65
66 PHYSICAL THERAPY	0.257674	8,366	2,156		66
69 ELECTROCARDIOLOGY	0.068260	73,420	5,012		69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY	0.161104				70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	0.125175	22,407	2,805		71
72 IMPL. DEV. CHARGED TO PATIENT	0.207457				72
73 DRUGS CHARGED TO PATIENTS	0.128911	358,472	46,211		73
75.10 NUTRITIONAL SUPPORT	0.265930				75.10
75.20 HEMODIALYSIS	0.451728				75.20
76.97 CARDIAC REHABILITATION	0.984288				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.719534				90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY	0.228894	252,710	57,844		91
91.05 AMBULATORY CARE	4.018558				91.05
91.10 PSYCHIATRIC PARTIAL	1.003113				91.10
92 OBSERVATION BEDS	0.533040				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,270,385	178,114		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,270,385			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0228)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	42,955,998	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,598,871	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	6,114,564	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	293.83	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)	12.38	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	12.38	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	18.35	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	12.38	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	12.38	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	12.38	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	12.38	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	12.38	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.042133	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.041785	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.041785	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	1,107,424	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)	5.97	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)	1,107,424	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0625	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2651	31
32	SUM OF LINES 30 AND 31	0.3276	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1624	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,976,054	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)	53,638,347	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)	53,638,347	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,872,293	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0228)
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)	442,835	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	87,589	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)	196,026	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	58,237,090	59
60	PRIMARY PAYER PAYMENTS	179,872	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	58,057,218	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,681,444	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	121,788	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,255,586	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	878,910	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	886,801	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	54,132,896	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)	54,132,896	71
72	INTERIM PAYMENTS	54,346,506	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-213,610	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S228) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	62	2
3	PPS PAYMENTS	235	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.851	5
6	LINE 2 TIMES LINE 5	53	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	4	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)	239	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)	239	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)	239	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	239	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)	239	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)	239	40
41	INTERIM PAYMENTS	235	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	4	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0228) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		54,346,506		22,472,867	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 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .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)		54,346,506		22,472,867	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			91,412	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		-213,610		22,564,279	7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (14-S228) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		947,630		235	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)		947,630		235	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	3,304		4	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		950,934		239	7

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

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
10/29/2012 15:59

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0228) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	18,074 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	28,864 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,897 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	63,260 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,294,004,358 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	56,068,963 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)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART II

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IPF (14-S228)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,006,364	1
2	NET IPF PPS OUTLIER PAYMENT	67,945	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)	0.01	4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.024590	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)	1,074,309	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)	1,074,309	16
17	PRIMARY PAYER PAYMENTS	10,779	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,063,530	18
19	DEDUCTIBLES	99,372	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	964,158	20
21	COINSURANCE	16,528	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	947,630	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	947,630	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3,304	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	950,934	31
32	INTERIM PAYMENTS	947,630	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	3,304	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 VII

CHECK TITLE V HOSPITAL (14-0228) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	372 2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	372 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	372 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	1,191 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)	1,191 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)	1,191 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	819 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	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)	372 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	372 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)	372 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)	372 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	372 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)	372 40
41	INTERIM PAYMENTS	165 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	207 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 [XX] HOSPITAL (14-0228) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	29,834,685 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	29,834,685 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	29,834,685 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	23,129,113 8
9	ANCILLARY SERVICE CHARGES	78,509,950 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)	101,639,063 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)	101,639,063 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	71,804,378 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	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)	29,834,685 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	29,834,685 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)	29,834,685 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)	29,834,685 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	29,834,685 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)	29,834,685 40
41	INTERIM PAYMENTS	17,002,954 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	12,831,731 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-S228) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,202,427	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,202,427	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,202,427	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	2,532,846	8
9	ANCILLARY SERVICE CHARGES	1,270,385	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)	3,803,231	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)	3,803,231	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	2,600,804	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		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)	1,202,427	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	1,202,427	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)	1,202,427	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)	1,202,427	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	1,202,427	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)	1,202,427	40
41	INTERIM PAYMENTS	511,904	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	690,523	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 [XX] TITLE V
 APPLICABLE [] 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			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			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			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			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			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 WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			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			26
27	TOTAL INPATIENT DAYS	67,661		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS			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 x LINE 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
	PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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			15.05 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			15.05 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			18.35 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			15.05 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	18.35		18.35 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	15.05		15.05 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	15.05		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	15.05		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	15.05		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	15.05		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	15.05		17
18	PER RESIDENT AMOUNT	85,021.10	80,758.74	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,279,568		1,279,568 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			3.30 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)			1,279,568 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	30,177	3,897	26
27	TOTAL INPATIENT DAYS	67,661	67,661	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.446003	0.057596	28
29	PROGRAM DIRECT GME AMOUNT	570,691	73,698	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		10,414	30
31	NET PROGRAM DIRECT GME AMOUNT			633,975 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			69,349,872 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)			192,443 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			69,157,429 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			29,852,323 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,150 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			29,850,173 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			99,007,602 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.698506 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.301494 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			633,975 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			442,835 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			191,140 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

1	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				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR				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				9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR				10
11	TOTAL WEIGHTED FTE COUNT				11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)				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				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 WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				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	MANAGED		
		PART A	CARE		
26	INPATIENT DAYS	15,125			26
27	TOTAL INPATIENT DAYS	67,661			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.223541			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 x LINE 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)				37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)				42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	15,257,000			1
2	TEMPORARY INVESTMENTS	2,173,000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	78,385,000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	6,380,000			7
8	PREPAID EXPENSES	6,200,000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	108,395,000			11
FIXED ASSETS					
12	LAND	1,604,229			12
13	LAND IMPROVEMENTS	6,211,794			13
14	ACCUMULATED DEPRECIATION	-4,685,464			14
15	BUILDINGS	177,365,248			15
16	ACCUMULATED DEPRECIATION	-88,673,680			16
17	LEASEHOLD IMPROVEMENTS	5,108,046			17
18	ACCUMULATED AMORTIZATION	-2,463,070			18
19	FIXED EQUIPMENT	6,103,579			19
20	ACCUMULATED DEPRECIATION	-4,519,773			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	136,852,019			23
24	ACCUMULATED DEPRECIATION	-67,288,928			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)	165,614,000			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	182,088,000	1,896,000	5,489,000	34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	182,088,000	1,896,000	5,489,000	35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	456,097,000	1,896,000	5,489,000	36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	12,366,000			37
38	SALARIES, WAGES & FEES PAYABLE				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				43
44	OTHER CURRENT LIABILITIES	65,487,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	77,853,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	106,709,000			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	32,049,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	138,758,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	216,611,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	239,486,000			52
53	SPECIFIC PURPOSE FUND BALANCE		1,896,000		53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			5,489,000	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)	239,486,000	1,896,000	5,489,000	59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	456,097,000	1,896,000	5,489,000	60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	233,939,000		1,891,000		5,636,000				1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	5,520,000								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	239,459,000		1,891,000		5,636,000				3
4 ADDITIONS (CREDIT ADJUSTMENTS)	27,000		461,000		44,000				4
5 CONTRIBUTIONS									5
6 OTHER									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	27,000		461,000		44,000				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	239,486,000		2,352,000		5,680,000				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)			456,000						12
13 OTHER					191,000				13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)			456,000		191,000				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	239,486,000		1,896,000		5,489,000				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	101,448,275		101,448,275	1
3 SUBPROVIDER IPF	7,282,492		7,282,492	2
4 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	108,730,767		108,730,767	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	35,655,154		35,655,154	11
11.01 PEDIATRIC ICU				11.01
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	35,655,154		35,655,154	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	144,385,921		144,385,921	17
18 ANCILLARY SERVICES	475,428,618	492,991,339	968,419,957	18
19 OUTPATIENT SERVICES	24,120,671	67,936,633	92,057,304	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		13,318,130	13,318,130	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	643,935,210	574,246,102	1,218,181,312	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		411,516,420	29
30 BAD DEBT	27,980,348		30
31 FOUNDATION EXPENSES	1,776,000		31
32 MISC			32
33			33
34 MAC EXPENSE			34
35 INCOME TAX PROVISION			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		29,756,348	36
37 INCOME TAX PROVISION	-294,000		37
38 OTHER	-40,768		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-334,768		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		440,938,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,218,181,312	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	810,668,312	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	407,513,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	440,938,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-33,425,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	7,151,118	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	1,339,129	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.)	326,311	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	350,962	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (EMPLOYEE HEALTH)	837,759	24
24.01	OTHER (PHYSICIAN PAGING AND ANSWERING)	370,444	24.01
24.02	OTHER (CT, MRI JOINT VENTURE INCOME)	352,573	24.02
24.03	OTHER (MANAGEMENT FEE ROCHELLE)		24.03
24.04	OTHER (FOUNDATION REVENUE)	1,547,773	24.04
24.05	OTHER (CHILD CARE CENTER)	1,276,828	24.05
24.06	OTHER (MSO OTHER REVENUE)	2,007,202	24.06
24.07	OTHER (PUBLIC AID ASSESSMENT REVENUE)	23,334,990	24.07
24.08	OTHER (SURGICENTER JOINT VENTURE)		24.08
24.09	OTHER (VEIN CLINIC JOINT VENTURE)		24.09
24.10	OTHER (ALLOCATED INTEREST)		24.10
24.11	OTHER (ELIMINATIONS)		24.11
24.12	OTHER (SWEDISHAMERICAN ER)		24.12
24.13	OTHER (CLINIC OTHER REVENUE)		24.13
24.14	OTHER (MISC.)	49,911	24.14
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	38,945,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	5,520,000	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)	5,520,000	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

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
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL	1,177,327	411,165	48,248		184,966	1,821,706
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1,494,613	521,972	61,250		234,812	2,312,647
7 PHYSICAL THERAPY	609,840	212,978	24,991		95,809	943,618
8 OCCUPATIONAL THERAPY	205,960	71,929	8,440		32,357	318,686
9 SPEECH PATHOLOGY	40,156	14,024	1,646		6,309	62,135
10 MEDICAL SOCIAL SERVICES	64,965	22,688	2,662		10,206	100,521
11 HOME HEALTH AIDE	38,003	13,272	1,557		5,970	58,802
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
14 DME	259,767	88,358	1,765		1,412,453	1,762,343
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	296,322	24,439	8,651		7,469	336,881
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	466,680	254,603	327		669,413	1,391,023
24 TOTAL (SUM OF LINES 1-23)	4,653,633	1,635,428	159,537		2,659,764	9,108,362

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7448

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		1,821,706	-108,073	1,713,633	5
6		2,312,647		2,312,647	6
7		943,618		943,618	7
8		318,686		318,686	8
9		62,135		62,135	9
10		100,521		100,521	10
11		58,802		58,802	11
12					12
13					13
14		1,762,343	-694,603	1,067,740	14
15					15
16					16
17		336,881		336,881	17
18					18
19					19
20					20
21					21
22					22
23		1,391,023	-76,190	1,314,833	23
24		9,108,362	-878,866	8,229,496	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7448

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
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	1,713,633					1,713,633	1,713,633		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	2,312,647					2,312,647	608,212	2,920,859	6
7 PHYSICAL THERAPY	943,618					943,618	248,166	1,191,784	7
8 OCCUPATIONAL THERAPY	318,686					318,686	83,813	402,499	8
9 SPEECH PATHOLOGY	62,135					62,135	16,341	78,476	9
10 MEDICAL SOCIAL SERVICES	100,521					100,521	26,436	126,957	10
11 HOME HEALTH AIDE	58,802					58,802	15,465	74,267	11
12 SUPPLIES (SEE INSTRUCTIONS)									12
13 DRUGS									13
14 DME	1,067,740					1,067,740	280,809	1,348,549	14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING	336,881					336,881	88,598	425,479	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	1,314,833					1,314,833	345,793	1,660,626	23
24 TOTAL (SUM OF LINES 1-23)	8,229,496					8,229,496		8,229,496	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7448

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					-1,713,633	6,515,863	5
6 SKILLED NURSING CARE						2,312,647	6
7 PHYSICAL THERAPY						943,618	7
8 OCCUPATIONAL THERAPY						318,686	8
9 SPEECH PATHOLOGY						62,135	9
10 MEDICAL SOCIAL SERVICES						100,521	10
11 HOME HEALTH AIDE						58,802	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME						1,067,740	14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						336,881	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						1,314,833	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-1,713,633	6,515,863	24
25 COST TO BE ALLOC (PER W/S H)						1,713,633	25
26 UNIT COST MULTIPLIER						0.262994	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7448

WORKSHEET H-2
 PART I

HHA COST CENTER	PARAMED ED PRGM RADIOLOGY 23.20	PARAMED ED PRGM RAD ONC 23.30	PARAMED ED PRGM PARAMEDICS 23.40	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL				56,677		56,677			1
2 SKILLED NURSING CARE				3,588,267		3,588,267	20,088	3,608,355	2
3 PHYSICAL THERAPY				1,462,161		1,462,161	8,185	1,470,346	3
4 OCCUPATIONAL THERAPY				494,325		494,325	2,767	497,092	4
5 SPEECH PATHOLOGY				96,232		96,232	539	96,771	5
6 MEDICAL SOCIAL SERVICES				156,849		156,849	878	157,727	6
7 HOME HEALTH AIDE				93,809		93,809	525	94,334	7
8 SUPPLIES									8
9 DRUGS									9
10 DME				1,654,714		1,654,714	9,263	1,663,977	10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING				540,398		540,398	3,025	543,423	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				2,037,652		2,037,652	11,407	2,049,059	19
20 TOTAL (SUM OF LINES 1-19)				10,181,084		10,181,084	56,677	10,181,084	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							0.005598		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS FTE'S	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	MAINT-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	150	150		2,156		41,724	150	150	1
2 SKILLED NURSING CARE				1,410		2,943,717			2
3 PHYSICAL THERAPY				477		1,199,517			3
4 OCCUPATIONAL THERAPY				187		405,531			4
5 SPEECH PATHOLOGY				29		78,946			5
6 MEDICAL SOCIAL SERVICES				106		128,675			6
7 HOME HEALTH AIDE				166		76,958			7
8 SUPPLIES									8
9 DRUGS									9
10 DME				551		1,357,482			10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING				1,101		443,328			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				679		1,671,634			19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	150	150		6,862		8,347,512	150	150	20
21 TOTAL COST TO BE ALLOCATED	2,451	4,321		111,244		1,827,755	963	2,381	21
22 UNIT COST MULTIPLIER	16.340000						6.420000		22
22 UNIT COST MULTIPLIER		28.806667		16.211600		0.218958		15.873333	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	MAIN-TENANCE & PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES * SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.
	8	9	10	11	12	13	14	15
1 ADMINISTRATIVE AND GENERAL		150						
2 SKILLED NURSING CARE								
3 PHYSICAL THERAPY								
4 OCCUPATIONAL THERAPY								
5 SPEECH PATHOLOGY								
6 MEDICAL SOCIAL SERVICES								
7 HOME HEALTH AIDE								
8 SUPPLIES								
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF LINES 1-19)		150						
21 TOTAL COST TO BE ALLOCATED		2,473						
22 UNIT COST MULTIPLIER								
22 UNIT COST MULTIPLIER		16.486667						

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
10/29/2012 15:59

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7448

WORKSHEET H-2
PART II

HHA COST CENTER	PARAMED ED PRGM RAD ONC ASSIGNED TIME	PARAMED ED PRGM PARAMEDICS ASSIGNED TIME	
	23.30	23.40	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE			2
3 PHYSICAL THERAPY			3
4 OCCUPATIONAL THERAPY			4
5 SPEECH PATHOLOGY			5
6 MEDICAL SOCIAL SERVICES			6
7 HOME HEALTH AIDE			7
8 SUPPLIES			8
9 DRUGS			9
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.: 14-7448

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	
		WKST H-2,	COSTS	ANCILLARY	COSTS	CHARGES	COST PER	
PATIENT SERVICES		PART I,	(FROM	COSTS	COSTS	(FROM HHA	VISIT	
		COL 28,	WKST H-2,	(FROM	COLS. 1+2)	RECORD)	(COL.3 ÷	
		LINE	PART I)	PART II)			COL.4)	
1	SKILLED NURSING CARE	2	3,608,355	2	3,608,355	17,583	205.22	1
2	PHYSICAL THERAPY	3	1,470,346		1,470,346	7,927	185.49	2
3	OCCUPATIONAL THERAPY	4	497,092		497,092	2,647	187.79	3
4	SPEECH PATHOLOGY	5	96,771		96,771	649	149.11	4
5	MEDICAL SOCIAL SERVICES	6	157,727		157,727	225	701.01	5
6	HOME HEALTH AIDE	7	94,334		94,334	1,562	60.39	6
7	TOTAL (SUM OF LINES 1-6)		5,924,625		5,924,625	30,593		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
8.02	SKILLED NURSING CARE							8.02
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
12.02	MEDICAL SOCIAL SERVICES							12.02
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
13.02	HOME HEALTH AIDE							13.02
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,	COSTS	ANCILLARY	COSTS	CHARGES	(COL.3 ÷	
		PART I,	(FROM	COSTS	COLS. 1+2)	(FROM HHA	COL.4)	
		COL 28,	WKST H-2,	(FROM		RECORD)		
		LINE	PART I)	PART II)				
15	COST OF MEDICAL SUPPLIES	8		2	3	4	5	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS. 9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	5,650	3,841		1,159,493	788,250		1,947,743
2 PHYSICAL THERAPY	2,693	1,756		499,525	325,720		825,245
3 OCCUPATIONAL THERAPY	955	694		179,339	130,326		309,665
4 SPEECH PATHOLOGY	201	92		29,971	13,718		43,689
5 MEDICAL SOCIAL SERVICES	79	55		55,380	38,556		93,936
6 HOME HEALTH AIDE	619	610		37,381	36,838		74,219
7 TOTAL (SUM OF LINES 1-6)	10,197	7,048		1,961,089	1,333,408		3,294,497

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL PROGRAM COST
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	16974	76	10	8
8.01 SKILLED NURSING CARE	40420	4,621	3,075	8.01
8.02 SKILLED NURSING CARE	99914	953	756	8.02
9 PHYSICAL THERAPY	16974	43		9
9.01 PHYSICAL THERAPY	40420	2,234	1,524	9.01
9.02 PHYSICAL THERAPY	99914	416	232	9.02
10 OCCUPATIONAL THERAPY	16974	8		10
10.01 OCCUPATIONAL THERAPY	40420	817	648	10.01
10.02 OCCUPATIONAL THERAPY	99914	130	46	10.02
11 SPEECH PATHOLOGY	16974	1		11
11.01 SPEECH PATHOLOGY	40420	170	82	11.01
11.02 SPEECH PATHOLOGY	99914	30	10	11.02
12 MEDICAL SOCIAL SERVICES	16974	1	1	12
12.01 MEDICAL SOCIAL SERVICES	40420	78	48	12.01
12.02 MEDICAL SOCIAL SERVICES	99914		6	12.02
13 HOME HEALTH AIDE	16974	2		13
13.01 HOME HEALTH AIDE	40420	555	458	13.01
13.02 HOME HEALTH AIDE	99914	62	152	13.02
14 TOTAL (SUM OF LINES 8-13)		10,197	7,048	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							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	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			(FROM PROVIDER RECORDS)	(COL. 1 x COL. 2)	
	1	2	3	4	
1 PHYSICAL THERAPY	66	0.257674			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3
3 SPEECH PATHOLOGY	68				COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.125175			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.128911			COL 2, LINE 16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
		WKST H-2,	COSTS	ANCILLARY	COSTS	CHARGES	COST PER	
PATIENT SERVICES		PART I,	(FROM	COSTS	COSTS	(FROM HHA	VISIT	
		COL 28,	WKST H-2,	(FROM	COLS. 1+2)	RECORD)	(COL.3 ÷	
		LINE	PART I)	PART II)			COL.4)	
1	SKILLED NURSING CARE	2	3,608,355	2	3,608,355	17,583	205.22	1
2	PHYSICAL THERAPY	3	1,470,346		1,470,346	7,927	185.49	2
3	OCCUPATIONAL THERAPY	4	497,092		497,092	2,647	187.79	3
4	SPEECH PATHOLOGY	5	96,771		96,771	649	149.11	4
5	MEDICAL SOCIAL SERVICES	6	157,727		157,727	225	701.01	5
6	HOME HEALTH AIDE	7	94,334		94,334	1,562	60.39	6
7	TOTAL (SUM OF LINES 1-6)		5,924,625		5,924,625	30,593		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
8.02	SKILLED NURSING CARE							8.02
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
12.02	MEDICAL SOCIAL SERVICES							12.02
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
13.02	HOME HEALTH AIDE							13.02
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,	COSTS	ANCILLARY	COSTS	CHARGES	(COL.3 ÷	
		PART I,	(FROM	COSTS	COLS. 1+2)	(FROM HHA	COL.4)	
		COL 28,	WKST H-2,	(FROM		RECORD)		
		LINE	PART I)	PART II)				
15	COST OF MEDICAL SUPPLIES	8		2	3	4	5	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7448

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	12
	6	7	8	9	10	11	
1 SKILLED NURSING CARE							1
2 PHYSICAL THERAPY							2
3 OCCUPATIONAL THERAPY							3
4 SPEECH PATHOLOGY							4
5 MEDICAL SOCIAL SERVICES							5
6 HOME HEALTH AIDE							6
7 TOTAL (SUM OF LINES 1-6)							7

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	TOTAL PROGRAM COST
		3	4				
		2	3	4			
8 SKILLED NURSING CARE	16974						8
8.01 SKILLED NURSING CARE	40420						8.01
8.02 SKILLED NURSING CARE	99914						8.02
9 PHYSICAL THERAPY	16974						9
9.01 PHYSICAL THERAPY	40420						9.01
9.02 PHYSICAL THERAPY	99914						9.02
10 OCCUPATIONAL THERAPY	16974						10
10.01 OCCUPATIONAL THERAPY	40420						10.01
10.02 OCCUPATIONAL THERAPY	99914						10.02
11 SPEECH PATHOLOGY	16974						11
11.01 SPEECH PATHOLOGY	40420						11.01
11.02 SPEECH PATHOLOGY	99914						11.02
12 MEDICAL SOCIAL SERVICES	16974						12
12.01 MEDICAL SOCIAL SERVICES	40420						12.01
12.02 MEDICAL SOCIAL SERVICES	99914						12.02
13 HOME HEALTH AIDE	16974						13
13.01 HOME HEALTH AIDE	40420						13.01
13.02 HOME HEALTH AIDE	99914						13.02
14 TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							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	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			(FROM PROVIDER RECORDS)	(COL.1 x COL.2)	
	1	2	2	3	4
1 PHYSICAL THERAPY	66	0.257674			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67				COL 2, LINE 3
3 SPEECH PATHOLOGY	68				COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.125175			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.128911			COL 2, LINE 16

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7448

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	1,872,989			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)	1,872,989			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,872,989			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS	1,792			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1	SERVICES 2	SERVICES 3	SERVICES 4	
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)		-1,792			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,723,704		1,272,837		11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		9,545			12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	25,661		26,750		13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	18,908		9,338		14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					16
18 TOTAL OTHER PAYMENTS					17
19 DME PAYMENTS					18
20 OXYGEN PAYMENTS					19
21 PROSTHETIC AND ORTHOTIC PAYMENTS					20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)					21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,776,026		1,308,925		22
24 EXCESS REASONABLE COST (FROM LINE 8)					23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	1,776,026		1,308,925		24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)					25
27 NET COST (LINE 24 MINUS LINE 25)	1,776,026		1,308,925		26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)					27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,776,026		1,308,925		29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)					30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,776,026		1,308,925		31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,777,326		1,308,925		32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)					33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)		-1,300			34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					35

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7448

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES				3
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				4
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)				5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				6
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				8
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				9
PRIMARY PAYER PAYMENTS				

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			11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES			13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES			14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			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)			22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)			24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)			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)			29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)			31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)			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

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

HHA NO.: 14-7448

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,777,326		1,308,925	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 H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,777,326		1,308,925	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .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 (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM		-1,300		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,776,026		1,308,925	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		DATE: _____	

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-022)) [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	3,478,547	1
2	CAPITAL DRG OUTLIER PAYMENTS	322,784	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	172.84	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	12.38	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0204	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	70,962	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,872,293	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	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
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 - LABORATORY					23
23.20 PARAMED ED PRGM - RADIOLOGY					23.20
23.30 PARAMED ED - RADIATION ONCOLOG					23.30
23.40 PARAMED ED - PARAMEDICAL TECHS					23.40
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 PEDIATRIC ICU					31.01
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.20 GASTROENTEROLOGY					50.20
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.10 RADIATION ONCOLOGY					54.10
54.20 CT					54.20
54.30 MRI					54.30
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.10 PEDIATRIC CARDIOLOGY					69.10
70 ELECTROENCEPHALOGRAPHY					70
70.10 APNEA MONITORING					70.10
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75.10 NUTRITIONAL SUPPORT					75.10
75.20 HEMODIALYSIS					75.20
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 CHILDRENS CLINIC					90.01
91 EMERGENCY					91
91.05 AMBULATORY CARE					91.05
91.10 PSYCHIATRIC PARTIAL					91.10
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
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
190.10 MCC WORD PROCESSING					190.10
192 PHYSICIANS' PRIVATE OFFICES					192

PROVIDER CCN: 14-0228 SWEDISHAMERICAN HOSPITAL
PERIOD FROM 06/01/2011 TO 05/31/2012

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
10/29/2012 15:59

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL		I&R COST &		
	NARY CAP- REL COSTS 0	(COLS.0-4) 2A	SUBTOTAL 24	POST STEP- DOWN ADJS 25	TOTAL 26	
192.01 SPECIALISTS/PCP'S						192.01
192.02 MEDWORKS						192.02
192.03 SWEDISHAMERICAN ER						192.03
192.20 IDLE SPACE						192.20
193 NONPAID WORKERS						193
193.10 HOTEL						193.10
193.30 PHYSICIAN BILLING						193.30
193.40 MEALS ON WHEELS						193.40
193.50 WEE CARE						193.50
193.60 PHYSICIAN RELATED AREAS						193.60
193.70 WOMEN'S CENTER						193.70
193.80 MARKETING EXPENSES						193.80
193.90 COMPLIMENTARY MEDICINE						193.90
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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	42.88		22.39				65.27 30
31 INTENSIVE CARE UNIT	52.56		13.93				66.49 31
43 NURSERY			58.94				58.94 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	19.49	8.60	5.39				33.48 50
50.20 GASTROENTEROLOGY	19.36	16.64	6.00				42.00 50.20
52 DELIVERY ROOM & LABOR ROOM	0.88	0.17	29.75				30.80 52
53 ANESTHESIOLOGY	21.25	7.79	9.65				38.69 53
54 RADIOLOGY-DIAGNOSTIC	18.31	16.73	3.08				38.12 54
54.10 RADIATION ONCOLOGY	0.53	30.67	0.15				31.35 54.10
54.20 CT	13.96	21.04	3.88				38.88 54.20
54.30 MRI	8.31	18.58	2.08				28.97 54.30
60 LABORATORY	16.11	1.69	8.15				25.95 60
65 RESPIRATORY THERAPY	46.79	7.02	6.03				59.84 65
66 PHYSICAL THERAPY	22.80	0.18	3.81				26.79 66
69 ELECTROCARDIOLOGY	12.28	21.16	5.50				38.94 69
70 ELECTROENCEPHALOGRAPHY	4.18	28.72	0.90				33.80 70
71 MEDICAL SUPPLIES CHRGED TO PATI	28.15	8.77	29.72				66.64 71
72 IMPL. DEV. CHARGED TO PATIENT	31.09	9.55	4.50				45.14 72
73 DRUGS CHARGED TO PATIENTS	34.39	18.33	13.94				66.66 73
75.10 NUTRITIONAL SUPPORT	15.43	0.13					15.56 75.10
75.20 HEMODIALYSIS	63.29	4.10	16.94				84.33 75.20
76.97 CARDIAC REHABILITATION		27.19					27.19 76.97
90 CLINIC	1.21	37.58					38.79 90
91 EMERGENCY	12.96	12.59	3.50				29.05 91
91.10 PSYCHIATRIC PARTIAL		14.66					14.66 91.10
92 OBSERVATION BEDS	0.99	41.86	0.03				42.88 92
200 TOTAL CHARGES	18.89	13.38	6.80				39.07 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	29.83		20.75				50.58 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
52 DELIVERY ROOM & LABOR ROOM			0.02				0.02 52
53 ANESTHESIOLOGY	0.06		0.04				0.10 53
54 RADIOLOGY-DIAGNOSTIC	0.05		0.02				0.07 54
54.20 CT	0.06		0.04				0.10 54.20
60 LABORATORY	0.31		0.32				0.63 60
65 RESPIRATORY THERAPY	0.12						0.12 65
66 PHYSICAL THERAPY	0.08		0.03				0.11 66
69 ELECTROCARDIOLOGY	0.15		0.24				0.39 69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.06		0.05				0.11 71
73 DRUGS CHARGED TO PATIENTS	0.41		0.31				0.72 73
75.10 NUTRITIONAL SUPPORT	0.05						0.05 75.10
91 EMERGENCY	0.25		0.29				0.54 91
200 TOTAL CHARGES	0.12		0.11				0.23 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	8,478,897	2.18	-8,478,897	-7.31		1
2	CAP REL COSTS-MVBLE EQUIP	14,581,493	3.76	-14,581,493	-12.58		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	4,217,925	1.09	-4,217,925	-3.64		4
5	ADMINISTRATIVE & GENERAL	53,174,861	13.70	-53,174,861	-45.87		5
6	MAINTENANCE & REPAIRS	1,995,663	0.51	-1,995,663	-1.72		6
7	OPERATION OF PLANT	4,212,995	1.09	-4,212,995	-3.63		7
8	LAUNDRY & LINEN SERVICE	1,369,963	0.35	-1,369,963	-1.18		8
9	HOUSEKEEPING	4,384,986	1.13	-4,384,986	-3.78		9
10	DIETARY	5,186,104	1.34	-5,186,104	-4.47		10
11	CAFETERIA	-1,364,912	-0.35	1,364,912	1.18		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,849,897	0.48	-1,849,897	-1.60		13
14	CENTRAL SERVICES & SUPPLY	3,348,384	0.86	-3,348,384	-2.89		14
15	PHARMACY	6,130,646	1.58	-6,130,646	-5.29		15
16	MEDICAL RECORDS & LIBRARY	2,583,957	0.67	-2,583,957	-2.23		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP	4,499,501	1.16	-4,499,501	-3.88		22
23	PARAMED ED PRGM - LABORATORY	152,605	0.04	-152,605	-0.13		23
23.20	PARAMED ED PRGM - RADIOLOGY	106,559	0.03	-106,559	-0.09		23.20
23.30	PARAMED ED - RADIATION ONCOLOGY	170,546	0.04	-170,546	-0.15		23.30
23.40	PARAMED ED - PARAMEDICAL TECHS	854,804	0.22	-854,804	-0.74		23.40
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	32,747,600	8.44	30,094,841	25.96	62,842,441	16.19
31	INTENSIVE CARE UNIT	6,805,138	1.75	5,073,831	4.38	11,878,969	3.06
31.01	PEDIATRIC ICU						31.01
40	SUBPROVIDER - IPF	2,335,780	0.60	2,932,619	2.53	5,268,399	1.36
43	NURSERY	2,877,310	0.74	1,752,260	1.51	4,629,570	1.19
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	18,741,905	4.83	10,758,865	9.28	29,500,770	7.60
50.20	GASTROENTEROLOGY	864,249	0.22	1,049,749	0.91	1,913,998	0.49
52	DELIVERY ROOM & LABOR ROOM	4,109,326	1.06	1,830,245	1.58	5,939,571	1.53
53	ANESTHESIOLOGY	337,134	0.09	233,252	0.20	570,386	0.15
54	RADIOLOGY-DIAGNOSTIC	18,364,718	4.73	11,729,262	10.12	30,093,980	7.75
54.10	RADIATION ONCOLOGY	17,850,732	4.60	9,860,438	8.51	27,711,170	7.14
54.20	CT	2,264,783	0.58	975,275	0.84	3,240,058	0.83
54.30	MRI	1,862,619	0.48	899,318	0.78	2,761,937	0.71
60	LABORATORY	11,759,130	3.03	5,008,373	4.32	16,767,503	4.32
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	3,281,633	0.85	1,349,292	1.16	4,630,925	1.19
66	PHYSICAL THERAPY	5,583,216	1.44	1,871,184	1.61	7,454,400	1.92
69	ELECTROCARDIOLOGY	1,308,000	0.34	1,061,011	0.92	2,369,011	0.61
69.10	PEDIATRIC CARDIOLOGY						69.10
70	ELECTROENCEPHALOGRAPHY	1,201,149	0.31	517,964	0.45	1,719,113	0.44
70.10	APNEA MONITORING						70.10
71	MEDICAL SUPPLIES CHRGD TO PATI	4,079,896	1.05	1,682,191	1.45	5,762,087	1.48
72	IMPL. DEV. CHARGED TO PATIENT	15,038,659	3.87	6,035,562	5.21	21,074,221	5.43
73	DRUGS CHARGED TO PATIENTS	9,076,941	2.34	5,924,670	5.11	15,001,611	3.86
75.10	NUTRITIONAL SUPPORT						75.10
75.20	HEMODIALYSIS	546,461	0.14	582,605	0.50	1,129,066	0.29
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	2,626,783	0.68	754,699	0.65	3,381,482	0.87
90.01	CHILDRENS CLINIC						90.01
91	EMERGENCY	12,212,450	3.15	7,661,681	6.61	19,874,131	5.12
91.05	AMBULATORY CARE						91.05
91.10	PSYCHIATRIC PARTIAL	911,246	0.23	586,818	0.51	1,498,064	0.39
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
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	8,229,496	2.12	1,951,588	1.68	10,181,084	2.62
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	741,816	0.19	313,134	0.27	1,054,950	0.27
190.10	MCC WORD PROCESSING						190.10
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	SPECIALISTS/PCP'S	79,866,765	20.57	1,272,995	1.10	81,139,760	20.90
192.02	MEDWORKS						192.02

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---	
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
192.03 SWEDISHAMERICAN ER	1,342,766	0.35			1,342,766	0.35		192.03
192.20 IDLE SPACE			211,586	0.18	211,586	0.05		192.20
193 NONPAID WORKERS	-57,805	-0.01	2,183		-55,622	-0.01		193
193.10 HOTEL								193.10
193.30 PHYSICIAN BILLING								193.30
193.40 MEALS ON WHEELS								193.40
193.50 WEE CARE								193.50
193.60 PHYSICIAN RELATED AREAS	1,280,639	0.33	294,136	0.25	1,574,775	0.41		193.60
193.70 WOMEN'S CENTER								193.70
193.80 MARKETING EXPENSES	2,102,839	0.54	510,419	0.44	2,613,258	0.67		193.80
193.90 COMPLIMENTARY MEDICINE	780,849	0.20	312,305	0.27	1,093,154	0.28		193.90
200 CROSS FOOT ADJUSTMENTS								200
201 NEGATIVE COST CENTER								201
202 TOTAL	388,223,402	100.00			388,223,402	100.00		202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,470,093	171,212,803	0.014427	33,372,842	481,470	50
50.20 GASTROENTEROLOGY	305,211	8,320,891	0.036680	1,610,646	59,078	50.20
52 DELIVERY ROOM & LABOR ROOM	339,025	19,420,812	0.017457	171,727	2,998	52
53 ANESTHESIOLOGY	72,622	12,108,154	0.005998	2,573,412	15,435	53
54 RADIOLOGY-DIAGNOSTIC	3,470,584	140,361,768	0.024726	25,699,649	635,450	54
54.10 RADIATION ONCOLOGY	748,416	105,741,827	0.007078	557,879	3,949	54.10
54.20 CT	121,240	53,361,889	0.002272	7,451,722	16,930	54.20
54.30 MRI	178,694	31,648,245	0.005646	2,630,542	14,852	54.30
60 LABORATORY	944,045	152,104,338	0.006207	24,498,408	152,062	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	230,389	24,602,334	0.009365	11,511,946	107,809	65
66 PHYSICAL THERAPY	240,517	28,929,570	0.008314	6,596,926	54,847	66
69 ELECTROCARDIOLOGY	209,341	31,134,796	0.006724	3,824,324	25,715	69
69.10 PEDIATRIC CARDIOLOGY						69.10
70 ELECTROENCEPHALOGRAPHY	102,920	10,670,803	0.009645	446,063	4,302	70
70.10 APNEA MONITORING						70.10
71 MEDICAL SUPPLIES CHRGD TO PATI	94,950	46,032,132	0.002063	12,956,433	26,729	71
72 IMPL. DEV. CHARGED TO PATIENT	346,845	101,583,333	0.003414	31,577,923	107,807	72
73 DRUGS CHARGED TO PATIENTS	217,360	116,371,897	0.001868	40,015,801	74,750	73
75.10 NUTRITIONAL SUPPORT	865	651,251	0.001328	100,496	133	75.10
75.20 HEMODIALYSIS	119,329	1,959,809	0.060888	1,240,403	75,526	75.20
76.97 CARDIAC REHABILITATION	10,815	1,344,481	0.008044			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	28,000	4,699,542	0.005958	56,885	339	90
90.01 CHILDRENS CLINIC						90.01
91 EMERGENCY	1,217,905	85,761,644	0.014201	11,118,281	157,891	91
91.05 AMBULATORY CARE	191,403	102,703	1.863655			91.05
91.10 PSYCHIATRIC PARTIAL	189,929	1,493,415	0.127178			91.10
92 OBSERVATION BEDS	342,047	4,915,441	0.069586	48,831	3,398	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	12,192,545	1,154,533,878		218,061,139	2,021,470	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE	
	RELATED	ADJUSTMENT	CAPITAL	PATIENT				
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT	
	1	2	COST	4	5	DAYS	PPS CAPITAL	
			3			6	COSTS	7
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	7,785,578		7,785,578	59,522	130.80	25,525	3,338,670	30
31 INTENSIVE CARE UNIT	1,376,659		1,376,659	6,353	216.69	3,339	723,528	31
31.01 PEDIATRIC ICU								31.01
200 TOTAL	9,162,237		9,162,237	65,875		28,864	4,062,198	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 4,062,198

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2,021,470

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 6,083,668

MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) 5,696

MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) 28,864

PER DISCHARGE CAPITAL COSTS 1,068.06

PER DIEM CAPITAL COSTS 210.77

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	61,392,987
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	274,416,184
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.224

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,673,887
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,433,341
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.488

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	6,083,668
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.022

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	29,611,908
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	154,426,785
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.192