

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 02-27-2014 TIME: 20:01\_\_\_\_\_  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.  
 CONTRACTOR 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 USE ONLY 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS MEDICAL CENTER (14-0067) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		2,267,098	205,344	14,544	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		-41,341			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		2,225,757	205,344	14,544	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

STATE: IL

P.O.BOX:  
 ZIP CODE: 61637

COUNTY: PEORIA

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL									
4	SUBPROVIDER - IPF	SAINT FRANCIS MEDICAL CENTER	14-0067	37900	1	07/01/1966	O	P	O	3
5	SUBPROVIDER - IRF									4
6	SUBPROVIDER - (OTHER)	SAINT FRANCIS REHABILITATION U	14-T067	37900	5	10/01/1983	O	P	O	5
7	SWING BEDS - SNF									6
8	SWING BEDS - NF									7
9	HOSPITAL-BASED SNF									8
10	HOSPITAL-BASED NF									9
11	HOSPITAL-BASED OLTC									10
12	HOSPITAL-BASED HHA									11
13	SEPARATELY CERTIFIED ASC									12
14	HOSPITAL-BASED HOSPICE									13
15	HOSPITAL-BASED HEALTH CLINIC - RHC									14
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									15
17	HOSPITAL-BASED (CMHC)									16
18	RENAL DIALYSIS									17
19	OTHER									18
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2012	TO: 09/30/2013							19
21	TYPE OF CONTROL		3							20

INPATIENT PPS INFORMATION

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

24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	OTHER MEDICAID DAYS
		PAID	ELIGIBLE UNPAID	PAID	ELIGIBLE UNPAID		
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1	2	3	4	5	6
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	40,522	6,360	40	37	2,735	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	928	340				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	1	2
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N	N
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L,	N	N

PART III AND L-1, PARTS I THROUGH III.

47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56	
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)	Y			60	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. (SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61	
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61.01	
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02	
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03	
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04	
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05	
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06	
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
		PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED IME FTE COUNT 3	UNWEIGHTED DIRECT GME FTE COUNT 4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					61.20
	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	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER  
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64 ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	1.62	83.71	0.018985	64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR  
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.  
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF  
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS  
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER  
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.  
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)).  
 (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
65 INTERNAL MEDICINE	1400	6.04	31.91	0.159157	65
65.01 MEDICINE-PEDIATRICS	1450	8.79	29.51	0.229504	65.01
65.02 PEDIATRICS	2000	4.90	18.84	0.206403	65.02

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	1.92	98.03	0.019210	66

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 INTERNAL MEDICINE	1400	7.58	34.76	0.179027	67
67.01 MEDICINE-PEDIATRICS	1450	12.44	30.10	0.292431	67.01
67.02 PEDIATRICS	2000	4.25	24.04	0.150230	67.02

INPATIENT PSYCHIATRIC FACILITY PPS

70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N				70
71 IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					71

INPATIENT REHABILITATION FACILITY PPS

75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y				75
76 IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.	Y	N			76



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

		1	2
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	149006 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: OSF HEALTHCARE SYSTEM	CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 800 NE GLEN OAK AVE	P.O. BOX:		142
143	CITY: CITY: PEORIA	STATE: IL	ZIP CODE: 61603	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161
161.10	CORF			161.10

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	0.50	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddy) (SEE INSTRUCTIONS)	10/01/2012 09/30/2013	170

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)	N	2	1
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	2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	Y	Y	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
BED COMPLEMENT				Y 15
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/19/2013	Y	12/19/2013
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	09/30/2013	Y	09/30/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

		Y/N	DATE	
		1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?			36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.	N		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: ANDREA	LAST NAME: MACDOUGALL	TITLE: GOVERNMENT REIMBURSE	41
42	EMPLOYER: SAINT FRANCIS MEDICAL CENTER			42
43	PHONE NUMBER: 309-624-5938	E-MAIL ADDRESS: ANDREA.N.MACDOUGALL@OSFHEALTHC		43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

LINE NUMBER	WKST A	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	7	8
SALARIES							
1	200	338,987,845	-11,584,795	327,403,050	10,959,705.00	29.87	1
2							2
3							3
4		2,330,768		2,330,768	15,910.00	146.50	4
4.01		11,622,771		11,622,771	72,922.00	159.39	4.01
5		11,640,099		11,640,099	58,024.00	200.61	5
6							6
7	21	11,245,762	-86,682	11,159,080	402,538.00	27.72	7
7.01							7.01
8							8
9	44						9
10		54,012,589	80,345	54,092,934	985,547.00	54.89	10
OTHER WAGES & RELATED COSTS							
11		2,162,621		2,162,621	26,548.00	81.46	11
12							12
13		464,755		464,755	2,434.00	190.94	13
14		56,138,241		56,138,241	1,109,663.00	50.59	14
15							15
16							16
WAGE-RELATED COSTS							
17		81,573,442		81,573,442			17
18							18
19		12,238,468		12,238,468			19
20							20
21							21
22		242,032		242,032			22
22.01		1,176,541		1,176,541			22.01
23		1,107,407		1,107,407			23
24							24
25		2,654,791		2,654,791			25
OVERHEAD COSTS - DIRECT SALARIES							
26		1,422,504	2,501,575	3,924,079	120,350.00	32.61	26
27		20,150,132	-786,842	19,363,290	515,637.00	37.55	27
28		1,484,345		1,484,345	10,796.00	137.49	28
29		5,572,896	-113,822	5,459,074	189,618.00	28.79	29
30		1,851,140	-14,269	1,836,871	81,891.00	22.43	30
31		198,938	-1,533	197,405	14,410.00	13.70	31
32		6,528,728	-206,017	6,322,711	459,488.00	13.76	32
33		207,810		207,810	13,183.00	15.76	33
34		5,408,120	-1,402,243	4,005,877	325,074.00	12.32	34
35		70,686		70,686	3,672.00	19.25	35
36			535,435	535,435	27,910.00	19.18	36
37							37
38		13,347,586	531,141	13,878,727	499,186.00	27.80	38
39		3,899,491	-32,137	3,867,354	232,564.00	16.63	39
40		10,903,246	-85,991	10,817,255	258,939.00	41.78	40
41		3,653,214	-69,635	3,583,579	187,903.00	19.07	41
42							42
43		24,506	-2,267	22,239	936.00	23.76	43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	306,242,054	-11,498,113	294,743,941	10,453,872.00	28.19	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	54,012,589	80,345	54,092,934	985,547.00	54.89	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	252,229,465	-11,578,458	240,651,007	9,468,325.00	25.42	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	58,765,617		58,765,617	1,138,645.00	51.61	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	81,815,474		81,815,474		34.00%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	392,810,556	-11,578,458	381,232,098	10,606,970.00	35.94	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	74,723,342	853,395	75,576,737	2,941,557.00	25.69	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	23,014,393	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	46,678,070	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	220,193	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	834,437	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	2,998,440	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	24,052,210	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	250,924	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	944,014	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	98,992,681	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
----	--	--	----

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 20:01

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	37,039,287	1
2	HOSPITAL	37,039,287	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.191974	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				112,536,214	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				587,697,611	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				112,822,661	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				286,447	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				286,447	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	181,838,517	101,552,350		283,390,867	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	34,908,267	19,495,411		54,403,678	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,567,313	542,838		2,110,151	22
23	COST OF CHARITY CARE	33,340,954	18,952,573		52,293,527	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				43,099,529	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,020,294	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				41,079,235	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				7,886,145	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				60,179,672	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				60,466,119	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		26,246,750	26,246,750	-7,615,901	1
2	00200		15,718,137	15,718,137	799,806	2
3	00300		630,739	630,739	-630,739	3
4	00400	1,422,504	91,503,041	92,925,545	10,298,190	4
5.01	00560	790,484	1,229,120	2,019,604	-6,093	5.01
5.02	00570		328,302	328,302		5.02
5.03	00580	332,170	43,822	375,992	-2,558	5.03
5.04	00581	212	221,963	222,175	-2	5.04
5.05	00590	19,027,266	132,887,898	151,915,164	6,467,363	5.05
6	00600	5,572,896	16,744,421	22,317,317	-118,463	6
7	00700	1,851,140	6,313,717	8,164,857	718,042	7
8	00800	198,938	657,713	856,651	-1,533	8
9	00900	6,528,728	3,410,053	9,938,781	-141,238	9
10	01000	5,408,120	1,822,074	7,230,194	-1,692,546	10
11	01100				1,741,325	11
12	01200					12
13	01300	13,347,586	2,309,866	15,657,452	717,173	13
14	01400	3,899,491	9,012,143	12,911,634	-4,863,959	14
15	01500	10,903,246	24,069,444	34,972,690	-25,307,194	15
16	01600	3,653,214	1,092,782	4,745,996	-14,039	16
17	01700					17
18	01850	24,506	783,611	808,117	-2,267	18
19	01900					19
20	02000	4,392,579	521,917	4,914,496	-483,091	20
21	02100	11,245,762		11,245,762	-86,682	21
22	02200	11,987,628	14,301,295	26,288,923	-1,093,006	22
23	02300	317,824	18,956	336,780	119,295	23
23.01	02301				207,452	23.01
23.02	02302				164,745	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	53,577,544	9,684,550	63,262,094	6,124,829	30
31	03100	14,992,581	5,070,756	20,063,337	-115,375	31
31.01	02060				6,387,604	31.01
35	02120	11,389,813	1,622,123	13,011,936	-13,011,936	35
41	04100	2,594,471	813,567	3,408,038	-19,998	41
ANCILLARY SERVICE COST CENTERS						
50	05000	14,385,647	48,484,556	62,870,203	-29,766,922	50
51	05100	2,232,617	150,492	2,383,109	-17,209	51
52	05200	3,710,169	693,190	4,403,359	-28,593	52
53	05300	490,113	1,461,929	1,952,042	-54,749	53
54	05400	16,250,604	14,304,489	30,555,093	-4,490,438	54
57	05700	1,956,234	2,798,991	4,755,225	-350,531	57
58	05800	2,074,456	3,561,139	5,635,595	-90,317	58
59	05900	2,200,933	13,296,312	15,497,245	-12,342,298	59
60	06000	10,565,032	14,568,932	25,133,964	1,023,910	60
62.30	06250					62.30
63	06300	659,630	5,895,258	6,554,888	-5,084	63
65	06500	5,390,850	1,951,932	7,342,782	-1,733,231	65
66	06600	8,328,585	941,536	9,270,121	-72,234	66
68	06800	615,588	205,399	820,987	-4,810	68
69	06900	2,617,176	614,211	3,231,387	65,863	69
70	07000	741,608	214,992	956,600	-5,709	70
71	07100				20,665,759	71
72	07200				34,244,621	72
73	07300				25,271,547	73
74	07400	134,865	2,388,902	2,523,767	-1,040	74
76	03950	1,859,034	2,478,524	4,337,558	-1,433,161	76
76.01	03951	282,318	16,313	298,631	-2,176	76.01
76.02	03952	593,744	210,457	804,201	-4,111	76.02
76.03	03953	464,286	516,649	980,935	-4,189	76.03
76.04	03550	986,247	154,899	1,141,146	-3,793	76.04
76.05	03954	1,253,607	310,218	1,563,825	-9,663	76.05
76.06	03955					76.06
76.07	03640	68,259	67,928	136,187	-526	76.07
76.08	03956	2,706,969	378,452	3,085,421	-20,766	76.08
76.09	03957	892,048	577,449	1,469,497	-6,876	76.09
76.10	03958	1,506,072	384,558	1,890,630	-11,609	76.10
76.97	07697	557,876	80,254	638,130	-4,300	76.97
76.98	07698					76.98
76.99	07699		135,900	135,900		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	57,014	105,532	162,546	-439	90.01
90.02	09002	17,299	8,568	25,867	-134	90.02
90.03	09003					90.03
90.04	09004	768,486	163,652	932,138	-5,923	90.04
90.05	09005	2,034,189	254,550	2,288,739	-15,679	90.05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
90.06	09006 SPECIAL CLINICS	410,680	365,688	776,368	-3,165	90.06
90.07	09007 PALLIATIVE CARE CLINIC	1,191,780	480,446	1,672,226	9,478	90.07
91	09100 EMERGENCY	18,908,503	5,442,776	24,351,279	-729,785	91
92	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01	09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	1,908,909	128,107	2,037,016	-19,661	92.01
94	09400 HOME PROGRAM DIALYSIS					94
95	09500 AMBULANCE SERVICES	80,620	10,239,880	10,320,500	-621	95
99.10	09910 CORP					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
105	10500 KIDNEY ACQUISITION	627,808	3,090,058	3,717,866	-365,384	105
109	10900 PANCREAS ACQUISITION	99,293	136,787	236,080	-115,886	109
110	11000 INTESTINAL ACQUISITION					110
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	293,087,851	504,318,665	797,406,516	8,099,370	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
194	07950 SISTERS CONVENT				220,832	194
194.01	07951 BRADLEY HEALTH SVC	442,192	31,310	473,502	-3,408	194.01
194.02	07952 COMMUNITY CLINIC	214,029	193,622	407,651	-1,649	194.02
194.03	07953 FUND RAISING	950,309	3,272,102	4,222,411	-7,325	194.03
194.04	07954 OUTREACH PHYSICIAN	35,947,277	61,551,846	97,499,123	-9,293,888	194.04
194.05	07955 PHYSICIAN CONTRACT	123,056	2,226,716	2,349,772	-949	194.05
194.06	07956 MEALS ON WHEELS					194.06
194.07	07957 OTHER NON-REIMB	2,094,585	1,197,764	3,292,349	767,915	194.07
194.08	07958 INDUSTRIAL REHAB	2,123,501	-349,268	1,774,233	305,301	194.08
194.09	07959 CONTRACTED SERVICES					194.09
194.10	07960 IN-SCHOOL CLINIC	171,343	7,935	179,278	-1,321	194.10
194.11	07961 REGIONAL ACTIVITIES	310,702	42,340	353,042	-2,395	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG					194.12
194.13	07963 CFH - ASC LLC	3,523,000	7,425,606	10,948,606	-82,483	194.13
200	TOTAL (SUM OF LINES 118-199)	338,987,845	579,918,638	918,906,483		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	18,630,849	-655,826	17,975,023	1
2	00200	CAP REL COSTS-MVBLE EQUIP	16,517,943	-68,483	16,449,460	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	103,223,735	-2,545,156	100,678,579	4
5.01	00560	PURCH, RCVING, STORING	2,013,511	-84,123	1,929,388	5.01
5.02	00570	ADMITTING	328,302		328,302	5.02
5.03	00580	OUTPATIENT OFFICES	373,434	-203	373,231	5.03
5.04	00581	BUSINESS OFFICE	222,173	-60	222,113	5.04
5.05	00590	OTHER ADMIN + GENERAL	158,382,527	-41,346,413	117,036,114	5.05
6	00600	MAINTENANCE & REPAIRS	22,198,854	-1,043,239	21,155,615	6
7	00700	OPERATION OF PLANT	8,882,899	-13,436	8,869,463	7
8	00800	LAUNDRY & LINEN SERVICE	855,118		855,118	8
9	00900	HOUSEKEEPING	9,797,543		9,797,543	9
10	01000	DIETARY	5,537,648	-761,561	4,776,087	10
11	01100	CAFETERIA	1,741,325		1,741,325	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	16,374,625	-477,715	15,896,910	13
14	01400	CENTRAL SERVICES & SUPPLY	8,047,675	-77	8,047,598	14
15	01500	PHARMACY	9,665,496	-17,090	9,648,406	15
16	01600	MEDICAL RECORDS & LIBRARY	4,731,957	-295,246	4,436,711	16
17	01700	SOCIAL SERVICE				17
18	01850	PARKING	805,850	-69,088	736,762	18
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL	4,431,405	-4,431,121	284	20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,159,080	-97	11,158,983	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	25,195,917	-54,776	25,141,141	22
23	02300	PARAMED ED PRGM-(SPECIFY)	456,075	-11,375	444,700	23
23.01	02301	PARAMEDICAL EDUC X-RAY	207,452	-42,916	164,536	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY INPATIENT ROUTINE SERV COST CENTERS	164,745	-15,310	149,435	23.02
30	03000	ADULTS & PEDIATRICS	69,386,923	-960,019	68,426,904	30
31	03100	INTENSIVE CARE UNIT	19,947,962	-294,405	19,653,557	31
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,387,604	-127,913	6,259,691	31.01
35	02120	PREMATURE INTENSIVE CARE				35
41	04100	SUBPROVIDER - IRF ANCILLARY SERVICE COST CENTERS	3,388,040	-110,609	3,277,431	41
50	05000	OPERATING ROOM	33,103,281	-338,856	32,764,425	50
51	05100	RECOVERY ROOM	2,365,900		2,365,900	51
52	05200	DELIVERY ROOM & LABOR ROOM	4,374,766	-1,187	4,373,579	52
53	05300	ANESTHESIOLOGY	1,897,293	-440,075	1,457,218	53
54	05400	RADIOLOGY-DIAGNOSTIC	26,064,655	-1,712,116	24,352,539	54
57	05700	CT SCAN	4,404,694		4,404,694	57
58	05800	MRI	5,545,278	-701,647	4,843,631	58
59	05900	CARDIAC CATHETERIZATION	3,154,947	-158,776	2,996,171	59
60	06000	LABORATORY	26,157,874	-2,354	26,155,520	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	6,549,804		6,549,804	63
65	06500	RESPIRATORY THERAPY	5,609,551	-50	5,609,501	65
66	06600	PHYSICAL THERAPY	9,197,887	-852,661	8,345,226	66
68	06800	SPEECH PATHOLOGY	816,177	-11,461	804,716	68
69	06900	ELECTROCARDIOLOGY	3,297,250	-553,798	2,743,452	69
70	07000	ELECTROENCEPHALOGRAPHY	950,891		950,891	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,665,759	-113	20,665,646	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	34,244,621		34,244,621	72
73	07300	DRUGS CHARGED TO PATIENTS	25,271,547	-181,189	25,090,358	73
74	07400	RENAL DIALYSIS	2,522,727	-21,172	2,501,555	74
76	03950	DIGESTIVE DISEASES	2,904,397	-39,391	2,865,006	76
76.01	03951	ENTEROSTOMAL	296,455		296,455	76.01
76.02	03952	DIABETIC SERVICE	800,090	-288,803	511,287	76.02
76.03	03953	WOUND CARE	976,746	-1,088	975,658	76.03
76.04	03550	PSYCHOLOGY	1,137,353	-334,602	802,751	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	1,554,162	-842,195	711,967	76.05
76.06	03955	EATING DISORDERS				76.06
76.07	03640	UROLOGICAL	135,661		135,661	76.07
76.08	03956	SLEEP DISORDERS	3,064,655	-940,284	2,124,371	76.08
76.09	03957	PAIN PROGRAM	1,462,621	-545,082	917,539	76.09
76.10	03958	COMP EPILEPSY	1,879,021	-1,097,411	781,610	76.10
76.97	07697	CARDIAC REHABILITATION	633,830	-116,729	517,101	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY	135,900		135,900	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	VOICE CLINIC	162,107	-45,280	116,827	90.01
90.02	09002	LUNG CLINIC	25,733	-2,115	23,618	90.02
90.03	09003	ADULT SICKLE CELL CLINIC				90.03
90.04	09004	ST JUDE CLINIC	926,215	-917,111	9,104	90.04
90.05	09005	SISTERS CLINIC	2,273,060	-38,818	2,234,242	90.05

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
90.06	09006 SPECIAL CLINICS	773,203	-510,133	263,070	90.06
90.07	09007 PALLIATIVE CARE CLINIC	1,681,704	-143,821	1,537,883	90.07
91	09100 EMERGENCY	23,621,494	-9,468,494	14,153,000	91
92	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	2,017,355	-159,429	1,857,926	92.01
94	09400 HOME PROGRAM DIALYSIS				94
95	09500 AMBULANCE SERVICES	10,319,879	-17,065	10,302,814	95
99.10	09910 CORP				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
105	10500 KIDNEY ACQUISITION	3,352,482	-55,360	3,297,122	105
109	10900 PANCREAS ACQUISITION	120,194	-3,879	116,315	109
110	11000 INTESTINAL ACQUISITION				110
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	805,505,886	-73,968,802	731,537,084	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
194	07950 SISTERS CONVENT	220,832		220,832	194
194.01	07951 BRADLEY HEALTH SVC	470,094	-470,066	28	194.01
194.02	07952 COMMUNITY CLINIC	406,002	-126,979	279,023	194.02
194.03	07953 FUND RAISING	4,215,086	-47,672	4,167,414	194.03
194.04	07954 OUTREACH PHYSICIAN	88,205,235	-1,339,694	86,865,541	194.04
194.05	07955 PHYSICIAN CONTRACT	2,348,823		2,348,823	194.05
194.06	07956 MEALS ON WHEELS				194.06
194.07	07957 OTHER NON-REIMB	4,060,264	-310,092	3,750,172	194.07
194.08	07958 INDUSTRIAL REHAB	2,079,534	-725,098	1,354,436	194.08
194.09	07959 CONTRACTED SERVICES				194.09
194.10	07960 IN-SCHOOL CLINIC	177,957		177,957	194.10
194.11	07961 REGIONAL ACTIVITIES	350,647		350,647	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG				194.12
194.13	07963 CFH - ASC LLC	10,866,123	-532,856	10,333,267	194.13
200	TOTAL (SUM OF LINES 118-199)	918,906,483	-77,521,259	841,385,224	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 NON-ALLOWABLE MARKETING SALARY RECL	A	OTHER NON-REIMB	194.07	617,306	1
2					2
500 TOTAL RECLASSIFICATIONS				617,306	500
CODE LETTER - A					
1 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	194	63,167	158,156 1
2 CONVENT DISCRETE COSTING	B				2
3 CONVENT DISCRETE COSTING	B				3
500 TOTAL RECLASSIFICATIONS				63,167	158,156 500
CODE LETTER - B					
1 PATHOLOGIST XVIII CLINICA	C	LABORATORY	60		120,541 1
2 PATHOLOGIST TEACHING COST	C	I&R SERVICES-OTHER PRGM COSTS	22		59,192 2
500 TOTAL RECLASSIFICATIONS					179,733 500
CODE LETTER - C					
1 PARAMED EDUC - LAB TECH	D	PARAMED ED PRGM-(SPECIFY)	23	69,921	52,772 1
500 TOTAL RECLASSIFICATIONS				69,921	52,772 500
CODE LETTER - D					
1 PARAMED EDUC - X-RAY TECH	E	PARAMEDICAL EDUC X-RAY	23.01	129,625	77,827 1
500 TOTAL RECLASSIFICATIONS				129,625	77,827 500
CODE LETTER - E					
1 PARAMED EDUC - DIETICIANS	F	PARAMEDICAL EDUC DIETARY	23.02	73,964	93,438 1
500 TOTAL RECLASSIFICATIONS				73,964	93,438 500
CODE LETTER - F					
1 COST OF MEDICAL SUPP SOLD	G	MEDICAL SUPPLIES CHARGED TO P	71		20,311,204 1
2 COST OF MEDICAL SUPP SOLD	G	LABORATORY	60		31,855 2
3 COST OF MEDICAL SUPP SOLD	G				3
4 COST OF MEDICAL SUPP SOLD	G				4
5 COST OF MEDICAL SUPP SOLD	G				5
6 COST OF MEDICAL SUPP SOLD	G				6
7 COST OF MEDICAL SUPP SOLD	G				7
8 COST OF MEDICAL SUPP SOLD	G				8
9 COST OF MEDICAL SUPP SOLD	G				9
10 COST OF MEDICAL SUPP SOLD	G				10
11 COST OF MEDICAL SUPP SOLD	G				11
12 COST OF MEDICAL SUPP SOLD	G				12
13 COST OF MEDICAL SUPP SOLD	G				13
14 COST OF MEDICAL SUPP SOLD	G				14
15 COST OF MEDICAL SUPP SOLD	G				15
500 TOTAL RECLASSIFICATIONS					20,343,059 500
CODE LETTER - G					
1 COST OF IMPLANT DEVICE SOLD	H	IMPL. DEV. CHARGED TO PATIENT	72		34,244,621 1
2 COST OF IMPLANT DEVICE SOLD	H				2
3 COST OF IMPLANT DEVICE SOLD	H				3
4 COST OF IMPLANT DEVICE SOLD	H				4
5 COST OF IMPLANT DEVICE SOLD	H				5
6 COST OF IMPLANT DEVICE SOLD	H				6
500 TOTAL RECLASSIFICATIONS					34,244,621 500
CODE LETTER - H					
1 COST OF DRUGS CHARGED PTS	I	DRUGS CHARGED TO PATIENTS	73		25,224,277 1
500 TOTAL RECLASSIFICATIONS					25,224,277 500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 RECLASS STD	J	EMPLOYEE BENEFITS DEPARTMENT	4		805 1
2		OUTPATIENT OFFICES	5.03		340 2
3		OTHER ADMIN + GENERAL	5.05		4,971 3
4		HOUSEKEEPING	9		25,762 4
5 RECLASS STD	J	DIETARY	10		3,395 5
6		NURSING ADMINISTRATION	13		9,330 6
7		CENTRAL SERVICES & SUPPLY	14		10,423 7
8		PHARMACY	15		3,074 8
9		MEDICAL RECORDS & LIBRARY	16		416 9
10		PARAMED ED PRGM-(SPECIFY)	23		48 10
11		ADULTS & PEDIATRICS	30		95,200 11
12		INTENSIVE CARE UNIT	31		24,181 12
13		NEONATAL INTENSIVE CARE UNIT	31.01		2,246 13
14		OPERATING ROOM	50		9,589 14
15		DELIVERY ROOM & LABOR ROOM	52		731 15
16		ANESTHESIOLOGY	53		2,333 16
17		RADIOLOGY-DIAGNOSTIC	54		17,003 17
18		CT SCAN	57		326 18
19		CARDIAC CATHETERIZATION	59		7,059 19
20		LABORATORY	60		6,990 20
21		RESPIRATORY THERAPY	65		12,729 21
22		PHYSICAL THERAPY	66		3,634 22
23		ELECTROCARDIOLOGY	69		680 23
24		ELECTROENCEPHALOGRAPHY	70		939 24
25		DIGESTIVE DISEASES	76		38,112 25
26		EMERGENCY	91		23,713 26
27		OBSERVATION BEDS-DISTINCT	92.01		7,506 27
28		SISTERS CONVENT	194		29,405 28
500 TOTAL RECLASSIFICATIONS					340,940 500
CODE LETTER - J					
1 TEACHING SALARIES	K	OUTREACH PHYSICIAN	194.04	1,068,094	1
500 TOTAL RECLASSIFICATIONS				1,068,094	500
CODE LETTER - K					
1 CON - TRAVEL AND MEETINGS	L	OTHER ADMIN + GENERAL	5.05		48,927 1
2 PARA-MED TRAVEL AND MEETINGS	L				2
3 PARA-MED TRAVEL AND MEETINGS	L				3
500 TOTAL RECLASSIFICATIONS					48,927 500
CODE LETTER - L					
1 CAFETERIA & CATERING EXPENSE	M	CAFETERIA	11	539,627	1,205,890 1
500 TOTAL RECLASSIFICATIONS				539,627	1,205,890 500
CODE LETTER - M					
1 CENTER FOR HEALTH	N	CAP REL COSTS-BLDG & FIXT	1		1,638,405 1
2 CENTER FOR HEALTH	N	CAP REL COSTS-MVBLE EQUIP	2		613,648 2
3 CENTER FOR HEALTH	N				3
4 CENTER FOR HEALTH	N	OPERATION OF PLANT	7		732,311 4
5 CENTER FOR HEALTH	N	OTHER NON-REIMB	194.07		143,162 5
500 TOTAL RECLASSIFICATIONS					3,127,526 500
CODE LETTER - N					
1 RECLASS ED SALARIES NON SFMC	O	OUTREACH PHYSICIAN	194.04	1,242,579	1
500 TOTAL RECLASSIFICATIONS				1,242,579	500
CODE LETTER - O					
1 POST TRANSPLANT EXPENSE	P	NURSING ADMINISTRATION	13	313,767	97,676 1
2 POST TRANSPLANT EXPENSE	P				2
500 TOTAL RECLASSIFICATIONS				313,767	97,676 500
CODE LETTER - P					
1 HOME OFFICE DEPR EXPENSE	Q	OTHER ADMIN + GENERAL	5.05		9,756,999 1
500 TOTAL RECLASSIFICATIONS					9,756,999 500
CODE LETTER - Q					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 CON EDUCATIONAL ACTIVITIES	R	NURSING ADMINISTRATION	13		361,256	42,924 1
500 TOTAL RECLASSIFICATIONS					361,256	42,924 500
CODE LETTER - R						
1 NICU PICU RECLASS	S	NEONATAL INTENSIVE CARE UNIT	31.01		5,651,905	778,453 1
2		ADULTS & PEDIATRICS	30		5,737,908	843,670 2
500 TOTAL RECLASSIFICATIONS					11,389,813	1,622,123 500
CODE LETTER - S						
1 TRANSPLANT CENTER CAP REL COST RECL	T	CAP REL COSTS-BLDG & FIXT	1			64,772 1
2						2
500 TOTAL RECLASSIFICATIONS						64,772 500
CODE LETTER - T						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASSIFY VACATION ACCRUAL	U				1	
2 RECLASSIFY VACATION ACCRUAL	U	PURCH, RCVING, STORING	5.01	4,088	2	
3 RECLASSIFY VACATION ACCRUAL	U	OUTPATIENT OFFICES	5.03	1,716	3	
4 RECLASSIFY VACATION ACCRUAL	U	BUSINESS OFFICE	5.04	1	4	
5 RECLASSIFY VACATION ACCRUAL	U	OTHER ADMIN + GENERAL	5.05	95,074	5	
6 RECLASSIFY VACATION ACCRUAL	U	MAINTENANCE & REPAIRS	6	28,445	6	
7 RECLASSIFY VACATION ACCRUAL	U	OPERATION OF PLANT	7	9,572	7	
8 RECLASSIFY VACATION ACCRUAL	U	LAUNDRY & LINEN SERVICE	8	1,029	8	
9 RECLASSIFY VACATION ACCRUAL	U	HOUSEKEEPING	9	32,942	9	
10 RECLASSIFY VACATION ACCRUAL	U	DIETARY	10	20,819	10	
11 RECLASSIFY VACATION ACCRUAL	U	CAFETERIA	11	2,812	11	
12 RECLASSIFY VACATION ACCRUAL	U	NURSING ADMINISTRATION	13	72,101	12	
13 RECLASSIFY VACATION ACCRUAL	U	CENTRAL SERVICES & SUPPLY	14	14,566	13	
14 RECLASSIFY VACATION ACCRUAL	U	PHARMACY	15	55,625	14	
15 RECLASSIFY VACATION ACCRUAL	U	MEDICAL RECORDS & LIBRARY	16	18,673	15	
16 RECLASSIFY VACATION ACCRUAL	U	PARKING	18	116	16	
17 RECLASSIFY VACATION ACCRUAL	U	NURSING SCHOOL	20	22,701	17	
18 RECLASSIFY VACATION ACCRUAL	U	I&R SERVICES-SALARY & FRINGES	21	58,152	18	
19 RECLASSIFY VACATION ACCRUAL	U	I&R SERVICES-OTHER PRGM COSTS	22	56,421	19	
20		PARAMED ED PRGM-(SPECIFY)	23	1,635	20	
21		PARAMEDICAL EDUC DIETARY	23.02	385	21	
22 RECLASSIFY VACATION ACCRUAL	U	ADULTS & PEDIATRICS	30	306,447	22	
23 RECLASSIFY VACATION ACCRUAL	U	INTENSIVE CARE UNIT	31	77,400	23	
24		NEONATAL INTENSIVE CARE UNIT	31.01	29,458	24	
25 RECLASSIFY VACATION ACCRUAL	U	SUBPROVIDER - IRF	41	13,416	25	
26 RECLASSIFY VACATION ACCRUAL	U	OPERATING ROOM	50	74,338	26	
27 RECLASSIFY VACATION ACCRUAL	U	RECOVERY ROOM	51	11,545	27	
28 RECLASSIFY VACATION ACCRUAL	U	DELIVERY ROOM & LABOR ROOM	52	19,181	28	
29 RECLASSIFY VACATION ACCRUAL	U	ANESTHESIOLOGY	53	2,522	29	
30 RECLASSIFY VACATION ACCRUAL	U	RADIOLOGY-DIAGNOSTIC	54	82,991	30	
31 RECLASSIFY VACATION ACCRUAL	U	CT SCAN	57	10,114	31	
32 RECLASSIFY VACATION ACCRUAL	U	MRI	58	10,727	32	
33 RECLASSIFY VACATION ACCRUAL	U	CARDIAC CATHETERIZATION	59	11,344	33	
34 RECLASSIFY VACATION ACCRUAL	U	LABORATORY	60	35,060	34	
35 RECLASSIFY VACATION ACCRUAL	U	BLOOD STORING, PROCESSING & T	63	3,411	35	
36 RECLASSIFY VACATION ACCRUAL	U	RESPIRATORY THERAPY	65	27,810	36	
37 RECLASSIFY VACATION ACCRUAL	U	PHYSICAL THERAPY	66	43,018	37	
38 RECLASSIFY VACATION ACCRUAL	U	SPEECH PATHOLOGY	68	3,183	38	
39 RECLASSIFY VACATION ACCRUAL	U	ELECTROCARDIOLOGY	69	12,215	39	
40 RECLASSIFY VACATION ACCRUAL	U	ELECTROENCEPHALOGRAPHY	70	3,830	40	
41 RECLASSIFY VACATION ACCRUAL	U	RENAL DIALYSIS	74	697	41	
42 RECLASSIFY VACATION ACCRUAL	U	DIGESTIVE DISEASES	76	9,603	42	
43 RECLASSIFY VACATION ACCRUAL	U	ENTEROSTOMAL	76.01	1,460	43	
44 RECLASSIFY VACATION ACCRUAL	U	DIABETIC SERVICE	76.02	3,063	44	
45 RECLASSIFY VACATION ACCRUAL	U	WOUND CARE	76.03	2,401	45	
46 RECLASSIFY VACATION ACCRUAL	U	PSYCHOLOGY	76.04	3,325	46	
47 RECLASSIFY VACATION ACCRUAL	U	NEURO DIAGNOSTIC CENTER	76.05	6,482	47	
48 RECLASSIFY VACATION ACCRUAL	U	UROLOGICAL	76.07	353	48	
49 RECLASSIFY VACATION ACCRUAL	U	SLEEP DISORDERS	76.08	13,931	49	
50 RECLASSIFY VACATION ACCRUAL	U	PAIN PROGRAM	76.09	4,613	50	
51 RECLASSIFY VACATION ACCRUAL	U	COMP EPILEPSY	76.10	7,788	51	
52 RECLASSIFY VACATION ACCRUAL	U	CARDIAC REHABILITATION	76.97	2,885	52	
53 RECLASSIFY VACATION ACCRUAL	U	VOICE CLINIC	90.01	295	53	
54 RECLASSIFY VACATION ACCRUAL	U	LUNG CLINIC	90.02	89	54	
55 RECLASSIFY VACATION ACCRUAL	U	ADULT SICKLE CELL CLINIC	90.03	1	55	
56 RECLASSIFY VACATION ACCRUAL	U	ST JUDE CLINIC	90.04	3,974	56	
57 RECLASSIFY VACATION ACCRUAL	U	SISTERS CLINIC	90.05	10,519	57	
58 RECLASSIFY VACATION ACCRUAL	U	SPECIAL CLINICS	90.06	2,123	58	
59 RECLASSIFY VACATION ACCRUAL	U	PALLIATIVE CARE CLINIC	90.07	5,877	59	
60 RECLASSIFY VACATION ACCRUAL	U	EMERGENCY	91	82,379	60	
61 RECLASSIFY VACATION ACCRUAL	U	OBSERVATION BEDS-DISTINCT	92.01	9,948	61	
62 RECLASSIFY VACATION ACCRUAL	U	AMBULANCE SERVICES	95	417	62	
63 RECLASSIFY VACATION ACCRUAL	U	KIDNEY ACQUISITION	105	2,044	63	
64 RECLASSIFY VACATION ACCRUAL	U	PANCREAS ACQUISITION	109	80	64	
65		SISTERS CONVENT	194	329	65	
66 RECLASSIFY VACATION ACCRUAL	U	BRADLEY HEALTH SVC	194.01	2,287	66	
67 RECLASSIFY VACATION ACCRUAL	U	COMMUNITY CLINIC	194.02	1,107	67	
68 RECLASSIFY VACATION ACCRUAL	U	FUND RAISING	194.03	4,914	68	
69 RECLASSIFY VACATION ACCRUAL	U	OUTREACH PHYSICIAN	194.04	192,351	69	
70 RECLASSIFY VACATION ACCRUAL	U	PHYSICIAN CONTRACT	194.05	636	70	
71 RECLASSIFY VACATION ACCRUAL	U	OTHER NON-REIMB	194.07	12,988	71	
72 RECLASSIFY VACATION ACCRUAL	U	INDUSTRIAL REHAB	194.08	5,134	72	
73 RECLASSIFY VACATION ACCRUAL	U	IN-SCHOOL CLINIC	194.10	886	73	
74 RECLASSIFY VACATION ACCRUAL	U	REGIONAL ACTIVITIES	194.11	1,607	74	
75 RECLASSIFY VACATION ACCRUAL	U	CFH - ASC LLC	194.13	13,662	75	
500 TOTAL RECLASSIFICATIONS				1,685,131	500	
CODE LETTER - U						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASSIFY PARKING REV OFFSET/SALAR	W	OTHER NON-REIMB	194.07	2,095	1
500 TOTAL RECLASSIFICATIONS				2,095	500
CODE LETTER - W					
1 RECLASS MISC CREDITS TO SALARIES	X	EMPLOYEE BENEFITS DEPARTMENT	4		44,958 1
2		OTHER ADMIN + GENERAL	5.05		193,444 2
3		MAINTENANCE & REPAIRS	6		81,892 3
4		HOUSEKEEPING	9		103,980 4
5		DIETARY	10		1,005,630 5
6		NURSING ADMINISTRATION	13		36,102 6
7		MEDICAL RECORDS & LIBRARY	16		55,180 7
8		NURSING SCHOOL	20		3,243 8
9		ADULTS & PEDIATRICS	30		200 9
10		NEONATAL INTENSIVE CARE UNIT	31.01		4,638 10
11		RADIOLOGY-DIAGNOSTIC	54		70,617 11
12		LABORATORY	60		4,904,806 12
13		PHYSICAL THERAPY	66		7,574 13
14		ELECTROCARDIOLOGY	69		336,290 14
15		MEDICAL SUPPLIES CHARGED TO P	71		1,418,247 15
16		DRUGS CHARGED TO PATIENTS	73		189,080 16
17		DIABETIC SERVICE	76.02		1,820 17
18		PSYCHOLOGY	76.04		4,650 18
19		PALLIATIVE CARE CLINIC	90.07		72,960 19
20		EMERGENCY	91		3,566,250 20
21		OUTREACH PHYSICIAN	194.04		820 21
22		OTHER NON-REIMB	194.07		98,916 22
23		INDUSTRIAL REHAB	194.08		1,431,291 23
24		CFH - ASC LLC	194.13		1,165,436 24
500 TOTAL RECLASSIFICATIONS					14,798,024 500
CODE LETTER - X					
1 RECLASSIFY TRANSPLANT CTR A&G COSTS	Y	OTHER ADMIN + GENERAL	5.05		1,888 1
500 TOTAL RECLASSIFICATIONS					1,888 500
CODE LETTER - Y					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS TEAM AWARDS	Z				
2 RECLASS TEAM AWARDS	Z				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76 EMPLOYEE BENEFITS RECLASS	Z	EMPLOYEE BENEFITS DEPARTMENT	4	4,249,432	76
500 TOTAL RECLASSIFICATIONS				4,249,432	500
CODE LETTER - Z					

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 20:01

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 EMPLOYEE BENEFITS -OUTREACH PHYSICI	AA	EMPLOYEE BENEFITS DEPARTMENT	4		11,305,021 1
500 TOTAL RECLASSIFICATIONS					11,305,021 500
CODE LETTER - AA					
GRAND TOTAL (INCREASES)				21,805,777	122,786,593

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 NON-ALLOWABLE MARKETING SALARY RECL	A	OTHER ADMIN + GENERAL	5.05	486,068		1
2		EMPLOYEE BENEFITS DEPARTMENT	4		131,238	2
500 TOTAL RECLASSIFICATIONS				486,068	131,238	500
CODE LETTER - A						
1 CONVENT DISCRETE COSTING	B	HOUSEKEEPING	9	53,165	64,963	1
2 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	6	10,002	86,533	2
3 CONVENT DISCRETE COSTING	B	CAP REL COSTS-BLDG & FIXT	1		6,660	9 3
500 TOTAL RECLASSIFICATIONS				63,167	158,156	500
CODE LETTER - B						
1 PATHOLOGIST XVIII CLINICA	C	LABORATORY	60		179,733	1
2 PATHOLOGIST TEACHING COST	C					2
500 TOTAL RECLASSIFICATIONS					179,733	500
CODE LETTER - C						
1 PARAMED EDUC - LAB TECH	D	LABORATORY	60	69,921	52,772	1
500 TOTAL RECLASSIFICATIONS				69,921	52,772	500
CODE LETTER - D						
1 PARAMED EDUC - X-RAY TECH	E	RADIOLOGY-DIAGNOSTIC	54	129,625	77,827	1
500 TOTAL RECLASSIFICATIONS				129,625	77,827	500
CODE LETTER - E						
1 PARAMED EDUC - DIETICIANS	F	DIETARY	10	73,964	93,438	1
500 TOTAL RECLASSIFICATIONS				73,964	93,438	500
CODE LETTER - F						
1 COST OF MEDICAL SUPP SOLD	G	CENTRAL SERVICES & SUPPLY	14		4,837,490	1
2 COST OF MEDICAL SUPP SOLD	G	OPERATING ROOM	50		6,379,980	2
3 COST OF MEDICAL SUPP SOLD	G	ANESTHESIOLOGY	53		50,989	3
4 COST OF MEDICAL SUPP SOLD	G	RADIOLOGY-DIAGNOSTIC	54		2,841,413	4
5 COST OF MEDICAL SUPP SOLD	G	CT SCAN	57		335,455	5
6 COST OF MEDICAL SUPP SOLD	G	MRI	58		74,247	6
7 COST OF MEDICAL SUPP SOLD	G	CARDIAC CATHETERIZATION	59		3,041,591	7
8 COST OF MEDICAL SUPP SOLD	G					8
9 COST OF MEDICAL SUPP SOLD	G	RESPIRATORY THERAPY	65		1,691,778	9
10 COST OF MEDICAL SUPP SOLD	G	PHYSICAL THERAPY	66		10,002	10
11 COST OF MEDICAL SUPP SOLD	G	SPEECH PATHOLOGY	68		65	11
12 COST OF MEDICAL SUPP SOLD	G	DIGESTIVE DISEASES	76		1,074,507	12
13 COST OF MEDICAL SUPP SOLD	G	WOUND CARE	76.03		610	13
14 COST OF MEDICAL SUPP SOLD	G	EMERGENCY	91		100	14
15 COST OF MEDICAL SUPP SOLD	G	OBSERVATION BEDS-DISTINCT	92.01		4,832	15
500 TOTAL RECLASSIFICATIONS					20,343,059	500
CODE LETTER - G						
1 COST OF IMPLANT DEVICE SOLD	H	CENTRAL SERVICES & SUPPLY	14		4,755	1
2 COST OF IMPLANT DEVICE SOLD	H	OPERATING ROOM	50		23,276,132	2
3 COST OF IMPLANT DEVICE SOLD	H	RADIOLOGY-DIAGNOSTIC	54		1,335,517	3
4 COST OF IMPLANT DEVICE SOLD	H	MRI	58		80	4
5 COST OF IMPLANT DEVICE SOLD	H	CARDIAC CATHETERIZATION	59		9,283,797	5
6 COST OF IMPLANT DEVICE SOLD	H	DIGESTIVE DISEASES	76		344,340	6
500 TOTAL RECLASSIFICATIONS					34,244,621	500
CODE LETTER - H						
1 COST OF DRUGS CHARGED PTS	I	PHARMACY	15		25,224,277	1
500 TOTAL RECLASSIFICATIONS					25,224,277	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1	6		7	8	9	10
1 RECLASS STD	J	EMPLOYEE BENEFITS DEPARTMENT	4	805		1
2		OUTPATIENT OFFICES	5.03	340		2
3		OTHER ADMIN + GENERAL	5.05	4,971		3
4		HOUSEKEEPING	9	25,762		4
5 RECLASS STD	J	DIETARY	10	3,395		5
6		NURSING ADMINISTRATION	13	9,330		6
7		CENTRAL SERVICES & SUPPLY	14	10,423		7
8		PHARMACY	15	3,074		8
9		MEDICAL RECORDS & LIBRARY	16	416		9
10		PARAMED ED PRGM-(SPECIFY)	23	48		10
11		ADULTS & PEDIATRICS	30	95,200		11
12		INTENSIVE CARE UNIT	31	24,181		12
13		NEONATAL INTENSIVE CARE UNIT	31.01	2,246		13
14		OPERATING ROOM	50	9,589		14
15		DELIVERY ROOM & LABOR ROOM	52	731		15
16		ANESTHESIOLOGY	53	2,333		16
17		RADIOLOGY-DIAGNOSTIC	54	17,003		17
18		CT SCAN	57	326		18
19		CARDIAC CATHETERIZATION	59	7,059		19
20		LABORATORY	60	6,990		20
21		RESPIRATORY THERAPY	65	12,729		21
22		PHYSICAL THERAPY	66	3,634		22
23		ELECTROCARDIOLOGY	69	680		23
24		ELECTROENCEPHALOGRAPHY	70	939		24
25		DIGESTIVE DISEASES	76	38,112		25
26		EMERGENCY	91	23,713		26
27		OBSERVATION BEDS-DISTINCT	92.01	7,506		27
28		SISTERS CONVENT	194	29,405		28
500 TOTAL RECLASSIFICATIONS				340,940		500
CODE LETTER - J						
1 TEACHING SALARIES	K	I&R SERVICES-OTHER PRGM COSTS	22	1,068,094		1
500 TOTAL RECLASSIFICATIONS				1,068,094		500
CODE LETTER - K						
1 CON - TRAVEL AND MEETINGS	L	NURSING SCHOOL	20		45,883	1
2 PARA-MED TRAVEL AND MEETINGS	L	PARAMED ED PRGM-(SPECIFY)	23		962	2
3 PARA-MED TRAVEL AND MEETINGS	L	PARAMEDICAL EDUC DIETARY	23.02		2,082	3
500 TOTAL RECLASSIFICATIONS					48,927	500
CODE LETTER - L						
1 CAFETERIA & CATERING EXPENSE	M	DIETARY	10	539,627	1,205,890	1
500 TOTAL RECLASSIFICATIONS				539,627	1,205,890	500
CODE LETTER - M						
1 CENTER FOR HEALTH	N	CFH - ASC LLC	194.13		353,475	9 1
2 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	5.05		1,885,544	9 2
3 CENTER FOR HEALTH	N	OUTREACH PHYSICIAN	194.04		13,034	9 3
4 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	5.05		732,311	4
5 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	5.05		143,162	5
500 TOTAL RECLASSIFICATIONS					3,127,526	500
CODE LETTER - N						
1 RECLASS ED SALARIES NON SFMC	O	EMERGENCY	91	1,242,579		1
500 TOTAL RECLASSIFICATIONS				1,242,579		500
CODE LETTER - O						
1 POST TRANSPLANT EXPENSE	P	KIDNEY ACQUISITION	105	230,683	97,380	1
2 POST TRANSPLANT EXPENSE	P	PANCREAS ACQUISITION	109	83,084	296	2
500 TOTAL RECLASSIFICATIONS				313,767	97,676	500
CODE LETTER - P						
1 HOME OFFICE DEPR EXPENSE	Q	CAP REL COSTS-BLDG & FIXT	1		9,756,999	9 1
500 TOTAL RECLASSIFICATIONS					9,756,999	500
CODE LETTER - Q						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 CON EDUCATIONAL ACTIVITIES	R	NURSING SCHOOL	20	361,256	42,924	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - R				361,256	42,924	500
1 NICU PICU RECLASS	S	PREMATURE INTENSIVE CARE	35	11,389,813	1,622,123	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - S				11,389,813	1,622,123	500
1 TRANSPLANT CENTER CAP REL COST RECL	T	KIDNEY ACQUISITION	105		32,386	9 1
2		PANCREAS ACQUISITION	109		32,386	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					64,772	500

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 RECLASSIFY VACATION ACCRUAL	U	EMPLOYEE BENEFITS DEPARTMENT	4	1,685,131		1
2 RECLASSIFY VACATION ACCRUAL	U					2
3 RECLASSIFY VACATION ACCRUAL	U					3
4 RECLASSIFY VACATION ACCRUAL	U					4
5 RECLASSIFY VACATION ACCRUAL	U					5
6 RECLASSIFY VACATION ACCRUAL	U					6
7 RECLASSIFY VACATION ACCRUAL	U					7
8 RECLASSIFY VACATION ACCRUAL	U					8
9 RECLASSIFY VACATION ACCRUAL	U					9
10 RECLASSIFY VACATION ACCRUAL	U					10
11 RECLASSIFY VACATION ACCRUAL	U					11
12 RECLASSIFY VACATION ACCRUAL	U					12
13 RECLASSIFY VACATION ACCRUAL	U					13
14 RECLASSIFY VACATION ACCRUAL	U					14
15 RECLASSIFY VACATION ACCRUAL	U					15
16 RECLASSIFY VACATION ACCRUAL	U					16
17 RECLASSIFY VACATION ACCRUAL	U					17
18 RECLASSIFY VACATION ACCRUAL	U					18
19 RECLASSIFY VACATION ACCRUAL	U					19
20						20
21						21
22 RECLASSIFY VACATION ACCRUAL	U					22
23 RECLASSIFY VACATION ACCRUAL	U					23
24						24
25 RECLASSIFY VACATION ACCRUAL	U					25
26 RECLASSIFY VACATION ACCRUAL	U					26
27 RECLASSIFY VACATION ACCRUAL	U					27
28 RECLASSIFY VACATION ACCRUAL	U					28
29 RECLASSIFY VACATION ACCRUAL	U					29
30 RECLASSIFY VACATION ACCRUAL	U					30
31 RECLASSIFY VACATION ACCRUAL	U					31
32 RECLASSIFY VACATION ACCRUAL	U					32
33 RECLASSIFY VACATION ACCRUAL	U					33
34 RECLASSIFY VACATION ACCRUAL	U					34
35 RECLASSIFY VACATION ACCRUAL	U					35
36 RECLASSIFY VACATION ACCRUAL	U					36
37 RECLASSIFY VACATION ACCRUAL	U					37
38 RECLASSIFY VACATION ACCRUAL	U					38
39 RECLASSIFY VACATION ACCRUAL	U					39
40 RECLASSIFY VACATION ACCRUAL	U					40
41 RECLASSIFY VACATION ACCRUAL	U					41
42 RECLASSIFY VACATION ACCRUAL	U					42
43 RECLASSIFY VACATION ACCRUAL	U					43
44 RECLASSIFY VACATION ACCRUAL	U					44
45 RECLASSIFY VACATION ACCRUAL	U					45
46 RECLASSIFY VACATION ACCRUAL	U					46
47 RECLASSIFY VACATION ACCRUAL	U					47
48 RECLASSIFY VACATION ACCRUAL	U					48
49 RECLASSIFY VACATION ACCRUAL	U					49
50 RECLASSIFY VACATION ACCRUAL	U					50
51 RECLASSIFY VACATION ACCRUAL	U					51
52 RECLASSIFY VACATION ACCRUAL	U					52
53 RECLASSIFY VACATION ACCRUAL	U					53
54 RECLASSIFY VACATION ACCRUAL	U					54
55 RECLASSIFY VACATION ACCRUAL	U					55
56 RECLASSIFY VACATION ACCRUAL	U					56
57 RECLASSIFY VACATION ACCRUAL	U					57
58 RECLASSIFY VACATION ACCRUAL	U					58
59 RECLASSIFY VACATION ACCRUAL	U					59
60 RECLASSIFY VACATION ACCRUAL	U					60
61 RECLASSIFY VACATION ACCRUAL	U					61
62 RECLASSIFY VACATION ACCRUAL	U					62
63 RECLASSIFY VACATION ACCRUAL	U					63
64 RECLASSIFY VACATION ACCRUAL	U					64
65						65
66 RECLASSIFY VACATION ACCRUAL	U					66
67 RECLASSIFY VACATION ACCRUAL	U					67
68 RECLASSIFY VACATION ACCRUAL	U					68
69 RECLASSIFY VACATION ACCRUAL	U					69
70 RECLASSIFY VACATION ACCRUAL	U					70
71 RECLASSIFY VACATION ACCRUAL	U					71
72 RECLASSIFY VACATION ACCRUAL	U					72
73 RECLASSIFY VACATION ACCRUAL	U					73
74 RECLASSIFY VACATION ACCRUAL	U					74
75 RECLASSIFY VACATION ACCRUAL	U					75
500 TOTAL RECLASSIFICATIONS				1,685,131		500
CODE LETTER - U						

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 RECLASSIFY PARKING REV OFFSET/SALAR	W	PARKING	18	2,095		1
500 TOTAL RECLASSIFICATIONS				2,095		500
CODE LETTER - W						
1 RECLASS MISC CREDITS TO SALARIES	X	EMPLOYEE BENEFITS DEPARTMENT	4	9,532	3,422,931	1
2		OTHER ADMIN + GENERAL	5.05	145,089		2
3		MAINTENANCE & REPAIRS	6	61,419		3
4		HOUSEKEEPING	9	77,985		4
5		DIETARY	10	754,223		5
6		NURSING ADMINISTRATION	13	27,077		6
7		MEDICAL RECORDS & LIBRARY	16	41,385		7
8		NURSING SCHOOL	20	2,432		8
9		ADULTS & PEDIATRICS	30	150		9
10		NEONATAL INTENSIVE CARE UNIT	31.01	3,480		10
11		RADIOLOGY-DIAGNOSTIC	54	52,963		11
12		LABORATORY	60	3,678,605		12
13		PHYSICAL THERAPY	66	5,681		13
14		ELECTROCARDIOLOGY	69	252,218		14
15		MEDICAL SUPPLIES CHARGED TO P	71	1,063,692		15
16		DRUGS CHARGED TO PATIENTS	73	141,810		16
17		DIABETIC SERVICE	76.02	1,365		17
18		PSYCHOLOGY	76.04	3,488		18
19		PALLIATIVE CARE CLINIC	90.07	54,720		19
20		EMERGENCY	91	2,930,559		20
21		OUTREACH PHYSICIAN	194.04	602		21
22		OTHER NON-REIMB	194.07	74,203		22
23		INDUSTRIAL REHAB	194.08	1,118,338		23
24		CFH - ASC LLC	194.13	874,077		24
500 TOTAL RECLASSIFICATIONS				11,375,093	3,422,931	500
CODE LETTER - X						
1 RECLASSIFY TRANSPLANT CTR A&G COSTS	Y	KIDNEY ACQUISITION	105		1,888	1
500 TOTAL RECLASSIFICATIONS					1,888	500
CODE LETTER - Y						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS TEAM AWARDS	Z	EMPLOYEE BENEFITS DEPARTMENT	4	52,389		1
2 RECLASS TEAM AWARDS	Z	PURCH, RCVING, STORING	5.01	10,181		2
3		OUTPATIENT OFFICES	5.03	4,274		3
4		BUSINESS OFFICE	5.04	3		4
5		OTHER ADMIN + GENERAL	5.05	236,795		5
6		MAINTENANCE & REPAIRS	6	70,846		6
7		OPERATION OF PLANT	7	23,841		7
8		LAUNDRY & LINEN SERVICE	8	2,562		8
9		HOUSEKEEPING	9	82,047		9
10		DIETARY	10	51,853		10
11		CAFETERIA	11	7,004		11
12		NURSING ADMINISTRATION	13	179,576		12
13		CENTRAL SERVICES & SUPPLY	14	36,280		13
14		PHARMACY	15	138,542		14
15		MEDICAL RECORDS & LIBRARY	16	46,507		15
16		PARKING	18	288		16
17		NURSING SCHOOL	20	56,540		17
18		I&R SERVICES-SALARY & FRINGES	21	144,834		18
19		I&R SERVICES-OTHER PRGM COSTS	22	140,525		19
20		PARAMED ED PRGM-(SPECIFY)	23	4,071		20
21		PARAMEDICAL EDUC DIETARY	23.02	960		21
22		ADULTS & PEDIATRICS	30	763,246		22
23		INTENSIVE CARE UNIT	31	192,775		23
24		NEONATAL INTENSIVE CARE UNIT	31.01	73,370		24
25		SUBPROVIDER - IRF	41	33,414		25
26		OPERATING ROOM	50	185,148		26
27		RECOVERY ROOM	51	28,754		27
28		DELIVERY ROOM & LABOR ROOM	52	47,774		28
29		ANESTHESIOLOGY	53	6,282		29
30		RADIOLOGY-DIAGNOSTIC	54	206,701		30
31		CT SCAN	57	25,190		31
32		MRI	58	26,717		32
33		CARDIAC CATHETERIZATION	59	28,254		33
34		LABORATORY	60	87,321		34
35		BLOOD STORING, PROCESSING & T	63	8,495		35
36		RESPIRATORY THERAPY	65	69,263		36
37		PHYSICAL THERAPY	66	107,143		37
38		SPEECH PATHOLOGY	68	7,928		38
39		ELECTROCARDIOLOGY	69	30,424		39
40		ELECTROENCEPHALOGRAPHY	70	9,539		40
41		RENAL DIALYSIS	74	1,737		41
42		DIGESTIVE DISEASES	76	23,917		42
43		ENTEROSTOMAL	76.01	3,636		43
44		DIABETIC SERVICE	76.02	7,629		44
45		WOUND CARE	76.03	5,980		45
46		PSYCHOLOGY	76.04	8,280		46
47		NEURO DIAGNOSTIC CENTER	76.05	16,145		47
48		UROLOGICAL	76.07	879		48
49		SLEEP DISORDERS	76.08	34,697		49
50		PAIN PROGRAM	76.09	11,489		50
51		COMP EPILEPSY	76.10	19,397		51
52		CARDIAC REHABILITATION	76.97	7,185		52
53		VOICE CLINIC	90.01	734		53
54		LUNG CLINIC	90.02	223		54
55		ADULT SICKLE CELL CLINIC	90.03	1		55
56		ST JUDE CLINIC	90.04	9,897		56
57		SISTERS CLINIC	90.05	26,198		57
58		SPECIAL CLINICS	90.06	5,288		58
59		PALLIATIVE CARE CLINIC	90.07	14,639		59
60		EMERGENCY	91	205,176		60
61		OBSERVATION BEDS-DISTINCT	92.01	24,777		61
62		AMBULANCE SERVICES	95	1,038		62
63		KIDNEY ACQUISITION	105	5,091		63
64		PANCREAS ACQUISITION	109	200		64
65		SISTERS CONVENT	194	820		65
66		BRADLEY HEALTH SVC	194.01	5,695		66
67		COMMUNITY CLINIC	194.02	2,756		67
68		FUND RAISING	194.03	12,239		68
69		OUTREACH PHYSICIAN	194.04	479,075		69
70		PHYSICIAN CONTRACT	194.05	1,585		70
71		OTHER NON-REIMB	194.07	32,349		71
72		INDUSTRIAL REHAB	194.08	12,786		72
73		IN-SCHOOL CLINIC	194.10	2,207		73
74		REGIONAL ACTIVITIES	194.11	4,002		74
75		CFH - ASC LLC	194.13	34,029		75
76	EMPLOYEE BENEFITS RECLASS	Z				76
500	TOTAL RECLASSIFICATIONS			4,249,432		500
	CODE LETTER - Z					

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 20:01

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 EMPLOYEE BENEFITS -OUTREACH PHYSICI	AA	OUTREACH PHYSICIAN	194.04		11,305,021	1
500 TOTAL RECLASSIFICATIONS					11,305,021	500
CODE LETTER - AA						
GRAND TOTAL (DECREASES)				33,390,572	111,201,798	

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	8,659,630	234,968		234,968		8,894,598	1
2 LAND IMPROVEMENTS	11,890,757					11,890,757	2
3 BUILDINGS AND FIXTURES	614,842,348	4,566,911		4,566,911	252,478	619,156,781	3
4 BUILDING IMPROVEMENTS	5,361,657	1,442		1,442		5,363,099	4
5 FIXED EQUIPMENT	3,294,682	14,963,968		14,963,968		18,258,650	5
6 MOVABLE EQUIPMENT	332,793,483	9,340,298		9,340,298	90,186,105	251,947,676	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	976,842,557	29,107,587		29,107,587	90,438,583	915,511,561	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	976,842,557	29,107,587		29,107,587	90,438,583	915,511,561	10

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

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS (SEE INSTR.)		TOTAL(1)
						9	10	11
1 CAP REL COSTS-BLDG & FIXT	26,246,750							26,246,750
2 CAP REL COSTS-MVBLE EQUIP	15,718,137							15,718,137
3 TOTAL (SUM OF LINES 1-2)	41,964,887							41,964,887

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	645,305,235		645,305,235	0.704858	444,581			444,581
2 CAP REL COSTS-MVBLE EQUIP	270,206,326		270,206,326	0.295142	186,158			186,158
3 TOTAL (SUM OF LINES 1-2)	915,511,561		915,511,561	1.000000	630,739			630,739

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS (SEE INSTR.)		TOTAL(2)
						9	10	11
1 CAP REL COSTS-BLDG & FIXT	17,530,442			444,581				17,975,023
2 CAP REL COSTS-MVBLE EQUIP	16,263,302			186,158				16,449,460
3 TOTAL	33,793,744			630,739				34,424,483

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-68,483	CAP REL COSTS-MVBLE EQUIP	2	9 8
9 PARKING LOT (CHAPTER 21)	A	-66,993	PARKING	18	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-17,659,237			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	-8,256,896			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-295,246	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-4,383,791	NURSING SCHOOL	20	19
20 VENDING MACHINES	B	-169,904	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-471,484	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 WORKMAN'S COMP CHARGES W/O	A	-375,337	EMPLOYEE BENEFITS DEPARTMENT	4	33
33.08 COMM CLINIC VENDOR COST	A	4,276	COMMUNITY CLINIC	194.02	33.08
34					34
34.03 VENDING MACHINE COMMISSIONS	B	-14,414	OTHER ADMIN + GENERAL	5.05	34.03
34.05 UNEMPLOYMENT COMPENSATION	A	250,924	OTHER ADMIN + GENERAL	5.05	34.05
34.06 UNEMPLOYMENT COMP INTEREST INCOME	B	-80,841	OTHER ADMIN + GENERAL	5.05	34.06
35 TUITION LAB TECH SCHOOL	B	-11,375	PARAMED ED PRGM-(SPECIFY)	23	35
35.01 TUITION X-RAY TECH SCHOOL	B	-42,916	PARAMEDICAL EDUC X-RAY	23.01	35.01
35.02 TUITION & FEE DIETICIAN SCHOOL	B	-15,310	PARAMEDICAL EDUC DIETARY	23.02	35.02
35.03 TUITION & FEES EDUC ACTIVITIES	B	-404,180	NURSING ADMINISTRATION	13	35.03
35.04 TUITION-CON TRAVEL	B	-45,883	OTHER ADMIN + GENERAL	5.05	35.04
36 PATIENT TV ELECTRICITY COST	A	-13,406	OPERATION OF PLANT	7	36
37 PATIENT TELEPHONE - OPERATORS	A	-21,438	OTHER ADMIN + GENERAL	5.05	37
37.01 PHOTO COMMISSIONS	B	-4,743	ADULTS & PEDIATRICS	30	37.01
38 PRIVATE-DUTY PERSONNEL (SITTERS)	A	-269,758	ADULTS & PEDIATRICS	30	38
38.01 PRIVATE DUTY PERSONNEL (SITTERS)	A	-11,988	INTENSIVE CARE UNIT	31	38.01
38.02 PRIVATE DUTY PERSONNEL (SITTERS)	A	-109,615	SUBPROVIDER - IRF	41	38.02
39 CATERING REVENUE	B	-448,878	DIETARY	10	39
39.01 CATERING REVENUE	B	-220,555	DIABETIC SERVICE	76.02	39.01
39.02 BRANDING REVENUE	B	-100,947	DIETARY	10	39.02
40 LOBBYING COSTS - ASSOC DUES	A	-61,649	OTHER ADMIN + GENERAL	5.05	40
40.01 MISC CREDITS	B	-32,109	EMPLOYEE BENEFITS DEPARTMENT	4	40.01
40.02 MISC CREDITS	B	-60	BUSINESS OFFICE	5.04	40.02
40.03 MISC CREDITS	B	-391,892	OTHER ADMIN + GENERAL	5.05	40.03
40.04 MISC CREDITS	B	-161,120	MAINTENANCE & REPAIRS	6	40.04
40.06 MISC CREDITS	B	-41,832	DIETARY	10	40.06
40.07 MISC CREDITS	B	-36,810	NURSING ADMINISTRATION	13	40.07
40.09 MISC CREDITS	B	-17,090	PHARMACY	15	40.09
40.12 MISC CREDITS	B	-29,164	NURSING SCHOOL	20	40.12

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
40.13 MISC CREDITS	B	-54,776	I&R SERVICES-OTHER PRGM COSTS A	22	40.13
40.14 MISC CREDITS	B	-4,233	ADULTS & PEDIATRICS	30	40.14
40.15 MISC CREDITS	B	-56	NEONATAL INTENSIVE CARE UNIT	31.01	40.15
40.16 MISC CREDITS	B	-994	SUBPROVIDER - IRF	41	40.16
40.17 MISC CREDITS	B	-154,847	OPERATING ROOM	50	40.17
40.20 MISC CREDITS	B	-22,576	ANESTHESIOLOGY	53	40.20
40.21 MISC CREDITS	B	-100,030	RADIOLOGY-DIAGNOSTIC	54	40.21
40.23 MISC CREDITS	B	-48	LABORATORY	60	40.23
40.24 MISC CREDITS	B	-60,954	PHYSICAL THERAPY	66	40.24
40.27 MISC CREDITS	B	-61	SPEECH PATHOLOGY	68	40.27
40.29 MISC CREDITS	B	-68,238	DIABETIC SERVICE	76.02	40.29
40.30 MISC CREDITS	B	-1,088	WOUND CARE	76.03	40.30
40.31 MISC CREDITS	B	-15,313	PSYCHOLOGY	76.04	40.31
40.35 MISC CREDITS	B	-2,150	PAIN PROGRAM	76.09	40.35
40.37 MISC CREDITS	B	-917,111	ST JUDE CLINIC	90.04	40.37
40.38 MISC CREDITS	B	-37,287	SISTERS CLINIC	90.05	40.38
40.40 MISC CREDITS	B	-141,343	EMERGENCY	91	40.40
40.44 MISC CREDITS	B	-470,066	BRADLEY HEALTH SVC	194.01	40.44
40.46 MISC CREDITS	B	-131,255	COMMUNITY CLINIC	194.02	40.46
40.47 MISC CREDITS	B	-1,599,324	OUTREACH PHYSICIAN	194.04	40.47
40.48 MISC CREDITS	B	194,831	OTHER NON-REIMB	194.07	40.48
40.49 MISC CREDITS	B	-724,963	INDUSTRIAL REHAB	194.08	40.49
40.50 MISC CREDITS	B	-304,211	CFH - ASC LLC	194.13	40.50
40.51 MISC CREDITS	B	-228,615	CFH - ASC LLC	194.13	40.51
41 A&G NON-ALLOWABLE MARKETING	A	-1,833,021	OTHER ADMIN + GENERAL	5.05	41
41.02 NON-ALLOWABLE MARKETING	A	-486,068	OTHER NON-REIMB	194.07	41.02
41.03 NON-ALLOWABLE MARKETING	A	-6,524	EMPLOYEE BENEFITS DEPARTMENT	4	41.03
41.04 NON-ALLOWABLE MARKETING	A	-203	OUTPATIENT OFFICES	5.03	41.04
41.05 NON-ALLOWABLE MARKETING	A	-34,607	OTHER ADMIN + GENERAL	5.05	41.05
41.07 NON-ALLOWABLE MARKETING	A	-74	MAINTENANCE & REPAIRS	6	41.07
41.08 NON-ALLOWABLE MARKETING	A	-30	OPERATION OF PLANT	7	41.08
41.09 NON-ALLOWABLE MARKETING	A	-24,527	NURSING ADMINISTRATION	13	41.09
41.10 NON-ALLOWABLE MARKETING	B	-77	CENTRAL SERVICES & SUPPLY	14	41.10
41.11 NON-ALLOWABLE MARKETING	A	-1,313	ADULTS & PEDIATRICS	30	41.11
41.12 NON-ALLOWABLE MARKETING	A	-12	INTENSIVE CARE UNIT	31	41.12
41.13 NON-ALLOWABLE MARKETING	A	-37	OPERATING ROOM	50	41.13
41.14 NON-ALLOWABLE MARKETING	A	-1,187	DELIVERY ROOM & LABOR ROOM	52	41.14
41.15 NON-ALLOWABLE MARKETING	A	-822	RADIOLOGY-DIAGNOSTIC	54	41.15
41.16 NON-ALLOWABLE MARKETING	A	-2,279	LABORATORY	60	41.16
41.17 NON-ALLOWABLE MARKETING	A	-50	RESPIRATORY THERAPY	65	41.17
41.18 NON-ALLOWABLE MARKETING	A	-2,702	PHYSICAL THERAPY	66	41.18
41.19 NON-ALLOWABLE MARKETING	A	-10	DIABETIC SERVICE	76.02	41.19
41.20 NON-ALLOWABLE MARKETING	A	-774	CARDIAC REHABILITATION	76.97	41.20
41.21 NON-ALLOWABLE MARKETING	A	-2,115	LUNG CLINIC	90.02	41.21
41.22 NON-ALLOWABLE MARKETING	A	-7,901	EMERGENCY	91	41.22
41.23 NON-ALLOWABLE MARKETING	A	-7,219	AMBULANCE SERVICES	95	41.23
41.24 NON-ALLOWABLE MARKETING	A	-59	KIDNEY ACQUISITION	105	41.24
41.25 NON-ALLOWABLE MARKETING	A	-47,672	FUND RAISING	194.03	41.25
41.26 NON-ALLOWABLE MARKETING	A	-3,453	OUTREACH PHYSICIAN	194.04	41.26
41.27 NON-ALLOWABLE MARKETING	A	-18,855	OTHER NON-REIMB	194.07	41.27
41.28 NON-ALLOWABLE MARKETING	A	-135	INDUSTRIAL REHAB	194.08	41.28
41.29 NON-ALLOWABLE MARKETING	A	-18,166	NURSING SCHOOL	20	41.29
41.30 NON-ALLOWABLE MARKETING	A	-97	I&R SERVICES-SALARY & FRINGES A	21	41.30
42 CAT EKG STORAGE FEE	B	-553,798	ELECTROCARDIOLOGY	69	42
42.01 MOONLIGHTING ER RESIDENTS COST	A	-29,592	EMERGENCY	91	42.01
42.02 CLINIC PSYCH PART "B" OFFSET	A	-319,289	PSYCHOLOGY	76.04	42.02
42.03 MOONLIGHTING RESIDENTS	A	-85,811	MRI	58	42.03
42.04 MOONLIGHTING RESIDENTS	A	-4,043	ADULTS & PEDIATRICS	30	42.04
42.05 MOONLIGHTING RESIDENTS	A	-113	MEDICAL SUPPLIES CHARGED TO PAT	71	42.05
42.06 TO CORRECT ERROR IN MRI SALARY	A	-1,800	CARDIAC REHABILITATION	76.97	42.06
42.07 MOONLIGHTING RESIDENT	A	-25,000	NEURO DIAGNOSTIC CENTER	76.05	42.07
43 SISTER'S MAINTENANCE H&W REFUND	B	-28,667	EMPLOYEE BENEFITS DEPARTMENT	4	43
43.03 EMPLOYEE EYE WEAR FEES	B	-37,396	SPECIAL CLINICS	90.06	43.03
43.04 INTEREST INCOME	B	-19,122	OTHER ADMIN + GENERAL	5.05	43.04
43.06 MEDICAID FEES	A	-32,346,752	OTHER ADMIN + GENERAL	5.05	43.06
44 CLINIC PSYCH EB PART B OFFSET	A	-51,086	EMPLOYEE BENEFITS DEPARTMENT	4	44
45 PARKING REV/CAP INTEREST	A	-184,342	CAP REL COSTS-BLDG & FIXT	1	9 45
45.01 PARKING REV/SAL OFFSET	A	-2,095	PARKING	18	45.01
46 MOONLIGHTING BENEFIT OFFSET	A	-23,217	EMPLOYEE BENEFITS DEPARTMENT	4	46
47 DONATIONS	A	-243,000	OTHER ADMIN + GENERAL	5.05	47
48					48
49 PART B BENEFIT OFFSET	A	-1,819,699	EMPLOYEE BENEFITS DEPARTMENT	4	49
49.01 MARKETING BENEFIT OFFSET	A	-131,238	EMPLOYEE BENEFITS DEPARTMENT	4	49.01
49.02 CONTRACT PHARMACY	A	-181,189	DRUGS CHARGED TO PATIENTS	73	49.02
49.03 TELEPHONE AND TELEGRAPH OFFSET	B	-363	OTHER ADMIN + GENERAL	5.05	49.03
49.04 INTEREST EXPENSE OFFSET	A	-8,776	NURSING ADMINISTRATION	13	49.04
49.05 INTEREST EXPENSE OFFSET	A	-30	CFH - ASC LLC	194.13	49.05

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 20:01

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
				COST CENTER 3	LINE NO. 4	
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-77,521,259			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS DEPARTMENT	CORP OCE EMPLOYEE BENEFIT	945,810	1,023,089	-77,279	1
2	5.01	PURCH, RCVING, STORING	CORP OFC CENTRAL PURCHASI	1,029,572	1,113,695	-84,123	2
3	5.05	OTHER ADMIN + GENERAL	CORP/SF INC ADMIN ALLOCAT	76,505,853	83,010,208	-6,504,355	3
3.01	6	MAINTENANCE & REPAIRS	CORP OFC PURCH MAINT	3,390,446	4,272,491	-882,045	4.01
3.02	13	NURSING ADMINISTRATION	CORP OFC NURSING ADMIN	41,881	45,303	-3,422	4.02
3.03	30	ADULTS & PEDIATRICS	CORP OFC EXPENSE	612,747	662,813	-50,066	4.03
3.04	31	INTENSIVE CARE UNIT	CORP EICU EXPENSE	1,830,473	1,980,035	-149,562	4.04
3.05	58	MRI	SF INC EQUIP RENTAL	909,249	1,519,600	-610,351	4.05
3.06	59	CARDIAC CATHETERIZATION	SF INC CARDIAC CATH MAINT	288,199	446,975	-158,776	4.06
3.07	194.04	OUTREACH PHYSICIAN	SF INC PHYSICIAN MGMT	34,108,088	33,845,005	263,083	4.07
4							4
5		TOTALS (SUM OF LINES 1-4)		119,662,318	127,919,214	-8,256,896	5
		TRANSFER COL. 6, LINE 5 TO					
		WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B OSF HEALTHCARE	100.00	OSF HEALTHCARE		CATHOLIC SYSTEM
7					
8					
9					
10					

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO. 1	2	3	4	5	6	7	8	9	
1	30 ADULTS & PEDIATRICS	ADULTS AND PEDI	636,988	620,828	16,160	171,400	135	11,125	556
2	31 INTENSIVE CARE UNIT	INTENSIVE CARE	405,847	12,399	393,448	171,400	3,313	273,004	13,650
3	31.01 NEONATAL INTENSIVE CARE	PREMATURE INTEN	127,857	127,857		171,400			
4	50 OPERATING ROOM	OPERATING ROOM	607,087		607,087	204,100	4,312	423,115	21,156
5	53 ANESTHESIOLOGY	ANESTHESIOLOGY	417,499	417,499		200,300			
6	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY	1,811,254	1,558,213	253,041	231,100	1,800	199,990	10,000
7	58 MRI	MRI	5,485	5,485		231,100			
8	60 LABORATORY	LAB	120,541		120,541	219,500	1,142	120,514	6,026
9	66 PHYSICAL THERAPY	PHYSIATRIST	832,679	748,736	83,943	171,400	530	43,674	2,184
10	68 SPEECH PATHOLOGY	SPEECH	11,400	11,400		171,400			
11	74 RENAL DIALYSIS	RENAL	27,600		27,600	171,400	78	6,428	321
12	76 DIGESTIVE DISEASES	DIGESTIVE DISEA	56,449		56,449	171,400	207	17,058	853
13	76.05 NEURO DIAGNOSTIC CENTER	NEURO DIAG	842,658	806,148	36,510	171,400	309	25,463	1,273
14	76.08 SLEEP DISORDERS	SLEEP DISORDERS	1,019,392	800,128	219,264	171,400	960	79,108	3,955
15	76.09 PAIN PROGRAM	PAIN PROGRAM	553,397	532,481	20,916	171,400	127	10,465	523
16	76.10 COMP EPILEPSY	COMP EPILEPSY	1,139,931	978,079	161,852	171,400	516	42,520	2,126
17	76.97 CARDIAC REHABILITATION	CARDIAC REHAB	114,155	114,155		171,400			
18	90.01 VOICE CLINIC	VOICE CLINIC	45,280	45,280		171,400			
19	90.05 SISTERS CLINIC	SISTERS CLINIC	27,900		27,900	171,400	320	26,369	1,318
20	90.06 SPECIAL CLINICS	SPECIAL CLINICS	472,737	472,737		171,400			
21	90.07 PALLIATIVE CARE CLINIC	PALLIATIVE CARE	349,831	120,420	229,411	171,400	2,500	206,010	10,301
22	91 EMERGENCY	EMERGENCY	9,402,304	9,118,563	283,741	171,400	1,367	112,646	5,632
23	92.01 OBSERVATION BEDS-DISTINC	EXTENDED CARE	219,419	79,536	139,883	171,400	728	59,990	3,000
24	105 KIDNEY ACQUISITION	KIDNET ACQUI	92,000		92,000	204,100	374	36,699	1,835
25	109 PANCREAS ACQUISITION	PANCREAS ACQUI	8,000		8,000	204,100	42	4,121	206
27	95 AMBULANCE SERVICES	AMBULANCE SERVI	18,086		18,086	171,400	100	8,240	412
200	TOTAL		19,365,776	16,569,944	2,795,832		18,860	1,706,539	85,327

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS					11,125	5,035	625,863	1
2	31	INTENSIVE CARE UNIT					273,004	120,444	132,843	2
3	31.01	NEONATAL INTENSIVE CARE							127,857	3
4	50	OPERATING ROOM					423,115	183,972	183,972	4
5	53	ANESTHESIOLOGY							417,499	5
6	54	RADIOLOGY-DIAGNOSTIC					199,990	53,051	1,611,264	6
7	58	MRI							5,485	7
8	60	LABORATORY					120,514	27	27	8
9	66	PHYSICAL THERAPY					43,674	40,269	789,005	9
10	68	SPEECH PATHOLOGY							11,400	10
11	74	RENAL DIALYSIS					6,428	21,172	21,172	11
12	76	DIGESTIVE DISEASES					17,058	39,391	39,391	12
13	76.05	NEURO DIAGNOSTIC CENTER					25,463	11,047	817,195	13
14	76.08	SLEEP DISORDERS					79,108	140,156	940,284	14
15	76.09	PAIN PROGRAM					10,465	10,451	542,932	15
16	76.10	COMP EPILEPSY					42,520	119,332	1,097,411	16
17	76.97	CARDIAC REHABILITATION							114,155	17
18	90.01	VOICE CLINIC							45,280	18
19	90.05	SISTERS CLINIC					26,369	1,531	1,531	19
20	90.06	SPECIAL CLINICS							472,737	20
21	90.07	PALLIATIVE CARE CLINIC					206,010	23,401	143,821	21
22	91	EMERGENCY					112,646	171,095	9,289,658	22
23	92.01	OBSERVATION BEDS-DISTINC					59,990	79,893	159,429	23
24	105	KIDNEY ACQUISITION					36,699	55,301	55,301	24
25	109	PANCREAS ACQUISITION					4,121	3,879	3,879	25
27	95	AMBULANCE SERVICES					8,240	9,846	9,846	27
200		TOTAL					1,706,539	1,089,293	17,659,237	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	PURCH, RCV STORING 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	17,975,023	17,975,023				1
2 CAP REL COSTS-MVBLE EQUIP	16,449,460		16,449,460			2
4 EMPLOYEE BENEFITS DEPARTMENT	100,678,579	195,617	4,501	100,878,697		4
5.01 PURCH, RCVING, STORING	1,929,388	50,691	18,312	245,068	2,243,459	5.01
5.02 ADMITTING	328,302	63,278				5.02
5.03 OUTPATIENT OFFICES	373,231	57,757	39,408	102,874	1,933	5.03
5.04 BUSINESS OFFICE	222,113		1,314	66	27	5.04
5.05 OTHER ADMIN + GENERAL	117,036,114	1,057,649	7,437,298	5,700,128	81,366	5.05
6 MAINTENANCE & REPAIRS	21,155,615	3,451,508	772,971	1,705,410	406,322	6
7 OPERATION OF PLANT	8,869,463	318,004	283,282	573,896	71,923	7
8 LAUNDRY & LINEN SERVICE	855,118	40,681		61,675	302	8
9 HOUSEKEEPING	9,797,543	131,744	10,042	1,975,027	90,216	9
10 DIETARY	4,776,087	162,277	29,921	1,248,207	18,808	10
11 CAFETERIA	1,741,325			168,606		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	15,896,910	211,021	154,760	4,322,753	24,502	13
14 CENTRAL SERVICES & SUPPLY	8,047,598	447,365	487,830		144,582	14
15 PHARMACY	9,648,406	139,543	296,008			15
16 MEDICAL RECORDS & LIBRARY	4,436,711	141,788	18,634	1,119,519	20,485	16
17 SOCIAL SERVICE						17
18 PARKING	736,762	607	514,337	6,943	227	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	284	816,827	102,185	1,361,039	5,462	20
21 I&R SERVICES-SALARY & FRINGES APPRVD	11,158,983			3,486,442		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	25,141,141	624,829		3,382,712	6,395	22
23 PARAMED ED PRGM-(SPECIFY)	444,700			98,000		23
23.01 PARAMEDICAL EDUC X-RAY	164,536					23.01
23.02 PARAMEDICAL EDUC DIETARY	149,435				23,110	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	68,426,904	2,774,440	357,203	18,372,894	575,675	30
31 INTENSIVE CARE UNIT	19,653,557	528,383	200,087	4,640,487	240,574	31
31.01 NEONATAL INTENSIVE CARE UNIT	6,259,691	318,519	342,279	1,766,151	72,670	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	3,277,431	35,161	12,662	804,345	47,077	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,764,425	1,116,494	943,063	4,456,882	102,040	50
51 RECOVERY ROOM	2,365,900	61,892	36,117	692,162	1,599	51
52 DELIVERY ROOM & LABOR ROOM	4,373,579	142,166	73,003	1,150,008	21,613	52
53 ANESTHESIOLOGY	1,457,218	14,625	132,937	151,217	12,577	53
54 RADIOLOGY-DIAGNOSTIC	24,352,539	913,696	1,327,543	4,975,695	35,255	54
57 CT SCAN	4,404,694	43,979	60,496	606,375	2,584	57
58 MRI	4,843,631	73,482	300,307	643,129	4,790	58
59 CARDIAC CATHETERIZATION	2,996,171	86,058	484,894	680,134	8,332	59
60 LABORATORY	26,155,520	365,797	320,807	2,101,990	2,378	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,549,804	87,512		204,500	203	63
65 RESPIRATORY THERAPY	5,609,501	76,059	195,024	1,667,309	3,296	65
66 PHYSICAL THERAPY	8,345,226	326,593	62,120	2,579,140	8,912	66
68 SPEECH PATHOLOGY	804,716	19,264	39,285	190,846	2,322	68
69 ELECTROCARDIOLOGY	2,743,452	66,989	238,737	732,366	3,592	69
70 ELECTROENCEPHALOGRAPHY	950,891	2,806	70,437	229,622	869	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,665,646			873,324		71
72 IMPL. DEV. CHARGED TO PATIENTS	34,244,621					72
73 DRUGS CHARGED TO PATIENTS	25,090,358			3,334,985		73
74 RENAL DIALYSIS	2,501,555	30,923	2,065	41,811	2,339	74
76 DIGESTIVE DISEASES	2,865,006	148,786	213,886	575,733	44,636	76
76.01 ENTEROSTOMAL	296,455			87,525	366	76.01
76.02 DIABETIC SERVICE	511,287	52,397	2,270	183,647	1,396	76.02
76.03 WOUND CARE	975,658	49,660	1,332	143,939	2,916	76.03
76.04 PSYCHOLOGY	802,751	55,868	317	199,324	4,379	76.04
76.05 NEURO DIAGNOSTIC CENTER	711,967	30,809		388,647		76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	135,661		627	21,162	1,802	76.07
76.08 SLEEP DISORDERS	2,124,371	57,345	23,026	835,232	4,554	76.08
76.09 PAIN PROGRAM	917,539	61,846	9,646	276,555	2,977	76.09
76.10 COMP EPILEPSY	781,610	62,865	675	466,917		76.10
76.97 CARDIAC REHABILITATION	517,101	2,543	10,745	172,954	538	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	135,900					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	116,827	5,669	58,134	17,676	681	90.01
90.02 LUNG CLINIC	23,618	7,078		5,363	13	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	9,104	89,035	4,211	238,248	2,550	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	PURCH, RCV STORING 5.01	
90.05 SISTERS CLINIC	2,234,242	243,112	23,415	630,645	5,698	90.05
90.06 SPECIAL CLINICS	263,070	26,147	9,200	127,321	1,107	90.06
90.07 PALLIATIVE CARE CLINIC	1,537,883	16,836		352,382	669	90.07
91 EMERGENCY	14,153,000	445,601	192,713	4,939,003	49,880	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	1,857,926	192,078	79,315	596,439	2,926	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	10,302,814		20,880	24,994	1,638	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,297,122		978	122,558	3,467	105
109 PANCREAS ACQUISITION	116,315			4,823		109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	731,537,084	16,543,699	16,021,239	86,887,934	2,153,440	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		11,968	11,704			190
194 SISTERS CONVENT	220,832			19,737		194
194.01 BRADLEY HEALTH SVC	28			137,089	141	194.01
194.02 COMMUNITY CLINIC	279,023			66,354		194.02
194.03 FUND RAISING	4,167,414	1,958	7,181	294,617	7,452	194.03
194.04 OUTREACH PHYSICIAN	86,865,541	778,975	362,190	11,532,293	61,552	194.04
194.05 PHYSICIAN CONTRACT	2,348,823			38,150	47	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	3,750,172	17,305	13,553	626,184	14,725	194.07
194.08 INDUSTRIAL REHAB	1,354,436	74,994	4,212	307,789	5,900	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	177,957	66,714	3,481	53,120		194.10
194.11 REGIONAL ACTIVITIES	350,647	11,361		96,325	174	194.11
194.12 CFH - MEDICAL OFFICE BLDG		249,137				194.12
194.13 CFH - ASC LLC	10,333,267	218,912	25,900	819,105	28	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	841,385,224	17,975,023	16,449,460	100,878,697	2,243,459	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING	OUTPATIENT	BUSINESS O	SUBTOTAL	OTHER ADMI	
	5.02	5.03	5.04	(COLS.0-4) 4A	ENERAL	5.05
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING	391,580					5.02
5.03 OUTPATIENT OFFICES		575,203				5.03
5.04 BUSINESS OFFICE			223,520			5.04
5.05 OTHER ADMIN + GENERAL				131,312,555	131,312,555	5.05
6 MAINTENANCE & REPAIRS				27,491,826	5,084,008	6
7 OPERATION OF PLANT				10,116,568	1,870,837	7
8 LAUNDRY & LINEN SERVICE				957,776	177,120	8
9 HOUSEKEEPING				12,004,572	2,219,981	9
10 DIETARY				6,235,300	1,153,082	10
11 CAFETERIA				1,909,931	353,200	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				20,609,946	3,811,356	13
14 CENTRAL SERVICES & SUPPLY				9,127,375	1,687,907	14
15 PHARMACY				10,083,957	1,864,806	15
16 MEDICAL RECORDS & LIBRARY				5,737,137	1,060,957	16
17 SOCIAL SERVICE						17
18 PARKING				1,258,876	232,801	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				2,285,797	422,708	20
21 I&R SERVICES-SALARY & FRINGES APPRVD				14,645,425	2,708,349	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				29,155,077	5,391,590	22
23 PARAMED ED PRGM-(SPECIFY)				542,700	100,360	23
23.01 PARAMEDICAL EDUC X-RAY				164,536	30,427	23.01
23.02 PARAMEDICAL EDUC DIETARY				172,545	31,908	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	29,876		17,037	90,554,029	16,745,975	30
31 INTENSIVE CARE UNIT	9,658		5,507	25,278,253	4,674,657	31
31.01 NEONATAL INTENSIVE CARE UNIT	3,677		2,097	8,765,084	1,620,909	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	1,164		664	4,178,504	772,722	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,650		15,767	39,426,321	7,291,031	50
51 RECOVERY ROOM	4,323		2,465	3,164,458	585,197	51
52 DELIVERY ROOM & LABOR ROOM	1,876		1,070	5,763,315	1,065,798	52
53 ANESTHESIOLOGY	15,076		8,597	1,792,247	331,437	53
54 RADIOLOGY-DIAGNOSTIC	33,964	180,699	19,368	31,838,759	5,887,878	54
57 CT SCAN	18,363	91,890	10,471	5,238,852	968,810	57
58 MRI	12,917	76,130	7,366	5,961,752	1,102,495	58
59 CARDIAC CATHETERIZATION	18,530		10,567	4,284,686	792,358	59
60 LABORATORY	51,312	193,534	29,485	29,220,823	5,403,748	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,091		1,193	6,845,303	1,265,888	63
65 RESPIRATORY THERAPY	12,607		7,189	7,570,985	1,400,087	65
66 PHYSICAL THERAPY	5,777		3,294	11,331,062	2,095,431	66
68 SPEECH PATHOLOGY	594		338	1,057,365	195,536	68
69 ELECTROCARDIOLOGY	7,185	32,950	4,097	3,829,368	708,157	69
70 ELECTROENCEPHALOGRAPHY	1,299		741	1,256,665	232,393	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,359		21,304	21,597,633	3,994,007	71
72 IMPL. DEV. CHARGED TO PATIENTS	21,247		12,116	34,277,984	6,338,959	72
73 DRUGS CHARGED TO PATIENTS	40,263		22,960	28,488,566	5,268,334	73
74 RENAL DIALYSIS	1,063		606	2,580,362	477,181	74
76 DIGESTIVE DISEASES	7,873		4,489	3,860,409	713,898	76
76.01 ENTEROSTOMAL				384,346	71,076	76.01
76.02 DIABETIC SERVICE	25		14	751,036	138,888	76.02
76.03 WOUND CARE	615		351	1,174,471	217,193	76.03
76.04 PSYCHOLOGY	320		182	1,063,141	196,605	76.04
76.05 NEURO DIAGNOSTIC CENTER	262		149	1,131,834	209,308	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	78		44	159,374	29,473	76.07
76.08 SLEEP DISORDERS	1,953		1,114	3,047,595	563,586	76.08
76.09 PAIN PROGRAM	772		440	1,269,775	234,817	76.09
76.10 COMP EPILEPSY	546		311	1,312,924	242,796	76.10
76.97 CARDIAC REHABILITATION	188		107	704,176	130,222	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	295		168	136,363	25,217	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	68		39	199,094	36,818	90.01
90.02 LUNG CLINIC	1		1	36,074	6,671	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	141		80	343,369	63,499	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING	OUTPATIENT	BUSINESS O	SUBTOTAL (COLS. 0-4) 4A	OTHER ADMI ENERAL	
	5.02	5.03	5.04		5.05	
90.05 SISTERS CLINIC	321		183	3,137,616	580,233	90.05
90.06 SPECIAL CLINICS	159		91	427,095	78,982	90.06
90.07 PALLIATIVE CARE CLINIC	102		58	1,907,930	352,830	90.07
91 EMERGENCY	14,470		8,252	19,802,919	3,662,114	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	1,504		857	2,731,045	505,047	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	3,552		2,026	10,355,904	1,915,097	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	449		256	3,424,830	633,347	105
109 PANCREAS ACQUISITION	15		9	121,162	22,406	109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	391,580	575,203	223,520	715,596,757	108,050,508	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				23,672	4,378	190
194 SISTERS CONVENT				240,569	44,488	194
194.01 BRADLEY HEALTH SVC				137,258	25,383	194.01
194.02 COMMUNITY CLINIC				345,377	63,870	194.02
194.03 FUND RAISING				4,478,622	828,223	194.03
194.04 OUTREACH PHYSICIAN				99,600,551	18,419,167	194.04
194.05 PHYSICIAN CONTRACT				2,387,020	441,427	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB				4,421,939	817,740	194.07
194.08 INDUSTRIAL REHAB				1,747,331	323,130	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC				301,272	55,714	194.10
194.11 REGIONAL ACTIVITIES				458,507	84,791	194.11
194.12 CFH - MEDICAL OFFICE BLDG				249,137	46,072	194.12
194.13 CFH - ASC LLC				11,397,212	2,107,664	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	391,580	575,203	223,520	841,385,224	131,312,555	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS	32,575,834					6
7 OPERATION OF PLANT	790,870	12,778,275				7
8 LAUNDRY & LINEN SERVICE	101,173	40,674	1,276,743			8
9 HOUSEKEEPING	327,645	131,721	23,846	14,707,765		9
10 DIETARY	403,581	162,249		192,213	8,146,425	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	524,807	210,984		249,949		13
14 CENTRAL SERVICES & SUPPLY	1,112,590	447,286	29,419	529,892		14
15 PHARMACY	347,042	139,519		165,285		15
16 MEDICAL RECORDS & LIBRARY	352,624	141,763		167,944		16
17 SOCIAL SERVICE						17
18 PARKING	1,510	607		719		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	2,031,436	816,683		967,510		20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,553,940	624,719	1,035	740,094		22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
30 ADULTS & PEDIATRICS	6,899,990	2,773,950	536,393	3,286,250	6,607,962	30
31 INTENSIVE CARE UNIT	1,314,082	528,291	141,403	625,856	984,039	31
31.01 NEONATAL INTENSIVE CARE UNIT	792,152	318,463	14,615	377,277		31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	87,444	35,154	34,976	41,647	465,448	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,776,704	1,116,298	115,323	1,322,458		50
51 RECOVERY ROOM	153,924	61,881		73,309		51
52 DELIVERY ROOM & LABOR ROOM	353,564	142,141	35,289	168,392	84,958	52
53 ANESTHESIOLOGY	36,373	14,623		17,323		53
54 RADIOLOGY-DIAGNOSTIC	2,272,348	913,535	86,471	1,082,249		54
57 CT SCAN	109,376	43,972	32,072	52,093		57
58 MRI	182,749	73,469	10,296	87,038		58
59 CARDIAC CATHETERIZATION	214,024	86,043	40,177	101,933		59
60 LABORATORY	909,731	365,733	6,436	433,277		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	217,642	87,497		103,656		63
65 RESPIRATORY THERAPY	189,158	76,046		90,090		65
66 PHYSICAL THERAPY	812,233	326,536	2,882	386,841		66
68 SPEECH PATHOLOGY	47,909	19,261	1,292	22,818		68
69 ELECTROCARDIOLOGY	166,599	66,977	16,547	79,346		69
70 ELECTROENCEPHALOGRAPHY	6,978	2,805	4,849	3,324		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	76,905	30,918	5,707	36,628		74
76 DIGESTIVE DISEASES	370,028	148,760	22,569	176,233		76
76.01 ENTEROSTOMAL						76.01
76.02 DIABETIC SERVICE	130,312	52,388		62,063		76.02
76.03 WOUND CARE	123,504	49,651				76.03
76.04 PSYCHOLOGY	138,942	55,858		66,174		76.04
76.05 NEURO DIAGNOSTIC CENTER	76,620	30,803		36,492		76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL						76.07
76.08 SLEEP DISORDERS	142,616	57,335	2,545	67,924		76.08
76.09 PAIN PROGRAM	153,810	61,835				76.09
76.10 COMP EPILEPSY	156,345	62,854		74,462		76.10
76.97 CARDIAC REHABILITATION	6,323	2,542		3,012		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	14,099	5,668				90.01
90.02 LUNG CLINIC	17,603	7,077				90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	221,430	89,020	2,354	105,460		90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6	7	8	9	10	
90.05 SISTERS CLINIC	604,617	243,070		287,960		90.05
90.06 SPECIAL CLINICS	65,028	26,143		30,971		90.06
90.07 PALLIATIVE CARE CLINIC	41,871	16,833		19,942		90.07
91 EMERGENCY	1,108,204	445,523	105,393	527,803		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	477,695	192,044		227,511	4,018	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	29,016,150	11,347,202	1,271,889	13,091,418	8,146,425	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,765	11,966		14,176		190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING	4,871	1,958		2,320		194.03
194.04 OUTREACH PHYSICIAN	1,937,298	778,838	4,854	922,675		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	43,038	17,302		20,498		194.07
194.08 INDUSTRIAL REHAB	186,509	74,981		88,829		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	165,916	66,702				194.10
194.11 REGIONAL ACTIVITIES	28,256	11,359		13,457		194.11
194.12 CFH - MEDICAL OFFICE BLDG	619,599	249,093		295,096		194.12
194.13 CFH - ASC LLC	544,432	218,874		259,296		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	32,575,834	12,778,275	1,276,743	14,707,765	8,146,425	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,263,131					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	126,435	25,533,477				13
14 CENTRAL SERVICES & SUPPLY	41,129		12,975,598			14
15 PHARMACY	65,502		548,359	13,214,470		15
16 MEDICAL RECORDS & LIBRARY	47,223				11	16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	76,673		3,589	26		20
21 I&R SERVICES-SALARY & FRINGES APPRVD	103,077					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	18,787		90,917	2,187		22
23 PARAMED ED PRGM-(SPECIFY)	2,031					23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY	508					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	575,301	15,209,093	525,468	39,133	574,555	30
31 INTENSIVE CARE UNIT	132,020	3,485,394	274,357	49,769	185,733	31
31.01 NEONATAL INTENSIVE CARE UNIT	42,653	1,129,408	50,530	7,075	70,710	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	27,927	737,101	17,130	198	22,377	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	133,036	3,512,371	4,985,754	20,324	531,741	50
51 RECOVERY ROOM	17,772	464,513	43,597		83,136	51
52 DELIVERY ROOM & LABOR ROOM	33,513	879,502	48,030	469	36,082	52
53 ANESTHESIOLOGY	4,062	102,271	372,983	354,847	289,931	53
54 RADIOLOGY-DIAGNOSTIC	128,466		1,602,228	2,133,991	653,177	54
57 CT SCAN	18,280		272,573	358,381	353,145	57
58 MRI	15,741		167,792	5,807	248,419	58
59 CARDIAC CATHETERIZATION	19,295		1,168,327	2,116	356,356	59
60 LABORATORY	86,829		116,233	358	963,845	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,109		19,414		40,222	63
65 RESPIRATORY THERAPY	52,300		733,251	7,308	242,449	65
66 PHYSICAL THERAPY	62,963		18,077	309,517	111,097	66
68 SPEECH PATHOLOGY	4,570		67,382		11,414	68
69 ELECTROCARDIOLOGY	23,865		25,430	81,447	138,175	69
70 ELECTROENCEPHALOGRAPHY	7,617				24,974	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					718,471	71
72 IMPL. DEV. CHARGED TO PATIENTS					408,604	72
73 DRUGS CHARGED TO PATIENTS					774,322	73
74 RENAL DIALYSIS	1,016		26,153	16,271	20,449	74
76 DIGESTIVE DISEASES	16,249		458,080	927	151,400	76
76.01 ENTEROSTOMAL	2,539		213		1	76.01
76.02 DIABETIC SERVICE	5,585				476	76.02
76.03 WOUND CARE	4,062		82,884	5,327	11,832	76.03
76.04 PSYCHOLOGY	6,093		3		6,154	76.04
76.05 NEURO DIAGNOSTIC CENTER	5,078	13,824			5,035	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	508		1,931		1,496	76.07
76.08 SLEEP DISORDERS	15,741		17,580		37,563	76.08
76.09 PAIN PROGRAM	6,093		17,199	154,099	14,850	76.09
76.10 COMP EPILEPSY	4,570				10,491	76.10
76.97 CARDIAC REHABILITATION	5,078		9	788	3,619	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					5,669	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	508		3,687	24,873	1,311	90.01
90.02 LUNG CLINIC					25	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	7,617		17,586	1,686	2,713	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	11	ADMINIS- TRATION 13	SERVICES + SUPPLY 14	15	RECORDS & LIBRARY 16	
90.05 SISTERS CLINIC	21,326		9,613		6,179	90.05
90.06 SPECIAL CLINICS	3,047		21,456	2,327	3,067	90.06
90.07 PALLIATIVE CARE CLINIC	6,601		629		1,963	90.07
91 EMERGENCY	135,067		328,244	22,165	278,285	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			4,216	35	28,916	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	508		10,383	5,508	68,314	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	3,047		3,760	3,534	8,627	105
109 PANCREAS ACQUISITION					289	109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	2,125,017	25,533,477	12,155,058	3,610,493	7,507,659	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 SISTERS CONVENT	1,016					194
194.01 BRADLEY HEALTH SVC	2,539		1,500			194.01
194.02 COMMUNITY CLINIC	1,523		295	224,110		194.02
194.03 FUND RAISING	7,109		18,061			194.03
194.04 OUTREACH PHYSICIAN	96,984		205,912	8,764,168		194.04
194.05 PHYSICIAN CONTRACT	508					194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	17,264		1,711	1,683		194.07
194.08 INDUSTRIAL REHAB	7,617		5,776	145,261		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	1,523					194.10
194.11 REGIONAL ACTIVITIES	2,031					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC			587,285	468,755		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,263,131	25,533,477	12,975,598	13,214,470	7,507,659	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARKING 18	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMEDICA EDUCATION 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING	1,494,513					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	58,188	6,662,610				20
21 I&R SERVICES-SALARY & FRINGES APPRVD	77,712		17,534,563			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	14,164			37,592,510		22
23 PARAMED ED PRGM-(SPECIFY)	1,531				646,622	23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY	383					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	433,731	4,711,104	7,634,443	16,367,552		30
31 INTENSIVE CARE UNIT	99,532	453,040	1,272,320	2,727,738		31
31.01 NEONATAL INTENSIVE CARE UNIT	32,157	22,906	131,962	282,915		31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	21,055		465,461	997,906		41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	100,298	105,624	2,364,613	5,069,516		50
51 RECOVERY ROOM	13,399					51
52 DELIVERY ROOM & LABOR ROOM	25,266	310,510				52
53 ANESTHESIOLOGY	3,063	24,179	124,253	266,387		53
54 RADIOLOGY-DIAGNOSTIC	96,852	69,992	2,273,196	4,873,526		54
57 CT SCAN	13,781					57
58 MRI	11,867					58
59 CARDIAC CATHETERIZATION	14,547		16,751	35,913		59
60 LABORATORY	65,462		20,606	44,177	646,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,359					63
65 RESPIRATORY THERAPY	39,430					65
66 PHYSICAL THERAPY	47,469					66
68 SPEECH PATHOLOGY	3,445	69,992				68
69 ELECTROCARDIOLOGY	17,992		25,127	53,869		69
70 ELECTROENCEPHALOGRAPHY	5,742		99,602	213,538		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	766					74
76 DIGESTIVE DISEASES	12,250	69,992				76
76.01 ENTEROSTOMAL	1,914					76.01
76.02 DIABETIC SERVICE	4,211	19,725				76.02
76.03 WOUND CARE	3,063	17,180				76.03
76.04 PSYCHOLOGY	4,594					76.04
76.05 NEURO DIAGNOSTIC CENTER	3,828					76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	383					76.07
76.08 SLEEP DISORDERS	11,867					76.08
76.09 PAIN PROGRAM	4,594		8,376	17,956		76.09
76.10 COMP EPILEPSY	3,445					76.10
76.97 CARDIAC REHABILITATION	3,828					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	383					90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	5,742	25,452				90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARKING 18	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMEDICA EDUCATION 23	
90.05 SISTERS CLINIC	16,078	13,362	585,526	1,255,315		90.05
90.06 SPECIAL CLINICS	1,914					90.06
90.07 PALLIATIVE CARE CLINIC	4,977					90.07
91 EMERGENCY	101,829	105,624	2,512,327	5,386,202		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		71,901				92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	383					95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,297					105
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	1,390,771	6,090,583	17,534,563	37,592,510	646,622	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 SISTERS CONVENT	766					194
194.01 BRADLEY HEALTH SVC	1,914					194.01
194.02 COMMUNITY CLINIC	1,148					194.02
194.03 FUND RAISING	5,359					194.03
194.04 OUTREACH PHYSICIAN	73,118	10,181				194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	13,016	561,846				194.07
194.08 INDUSTRIAL REHAB	5,742					194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	1,148					194.10
194.11 REGIONAL ACTIVITIES	1,531					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC						194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,494,513	6,662,610	17,534,563	37,592,510	646,622	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL EDUC X-RAY	194,963					23.01
23.02 PARAMEDICAL EDUC DIETARY		205,344				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		205,344	173,680,273	-24,001,995	149,678,278	30
31 INTENSIVE CARE UNIT			42,226,484	-4,000,058	38,226,426	31
31.01 NEONATAL INTENSIVE CARE UNIT			13,658,816	-414,877	13,243,939	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF			7,905,050	-1,463,367	6,441,683	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			68,871,412	-7,434,129	61,437,283	50
51 RECOVERY ROOM			4,661,186		4,661,186	51
52 DELIVERY ROOM & LABOR ROOM			8,946,829		8,946,829	52
53 ANESTHESIOLOGY			3,733,979	-390,640	3,343,339	53
54 RADIOLOGY-DIAGNOSTIC	194,963		54,107,631	-7,146,722	46,960,909	54
57 CT SCAN			7,461,335		7,461,335	57
58 MRI			7,867,425		7,867,425	58
59 CARDIAC CATHETERIZATION			7,132,526	-52,664	7,079,862	59
60 LABORATORY			38,283,880	-64,783	38,219,097	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			8,592,090		8,592,090	63
65 RESPIRATORY THERAPY			10,401,104		10,401,104	65
66 PHYSICAL THERAPY			15,504,108		15,504,108	66
68 SPEECH PATHOLOGY			1,500,984		1,500,984	68
69 ELECTROCARDIOLOGY			5,232,899	-78,996	5,153,903	69
70 ELECTROENCEPHALOGRAPHY			1,858,487	-313,140	1,545,347	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			26,310,111		26,310,111	71
72 IMPL. DEV. CHARGED TO PATIENTS			41,025,547		41,025,547	72
73 DRUGS CHARGED TO PATIENTS			34,531,222		34,531,222	73
74 RENAL DIALYSIS			3,272,356		3,272,356	74
76 DIGESTIVE DISEASES			6,000,795		6,000,795	76
76.01 ENTEROSTOMAL			460,089		460,089	76.01
76.02 DIABETIC SERVICE			1,164,684		1,164,684	76.02
76.03 WOUND CARE			1,689,167		1,689,167	76.03
76.04 PSYCHOLOGY			1,537,564		1,537,564	76.04
76.05 NEURO DIAGNOSTIC CENTER			1,512,822		1,512,822	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL			193,165		193,165	76.07
76.08 SLEEP DISORDERS			3,964,352		3,964,352	76.08
76.09 PAIN PROGRAM			1,943,404	-26,332	1,917,072	76.09
76.10 COMP EPILEPSY			1,867,887		1,867,887	76.10
76.97 CARDIAC REHABILITATION			859,597		859,597	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY			167,249		167,249	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			286,441		286,441	90.01
90.02 LUNG CLINIC			67,450		67,450	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC			885,928		885,928	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	SUBTOTAL	I&R COST &	TOTAL	
	X-RAY	DIETARY		POST STEP-		
	23.01	23.02	24	25	26	
90.05 SISTERS CLINIC			6,760,895	-1,840,841	4,920,054	90.05
90.06 SPECIAL CLINICS			660,030		660,030	90.06
90.07 PALLIATIVE CARE CLINIC			2,353,576		2,353,576	90.07
91 EMERGENCY			34,521,699	-7,898,529	26,623,170	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			4,242,428		4,242,428	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES			12,356,097		12,356,097	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			4,079,442		4,079,442	105
109 PANCREAS ACQUISITION			143,857		143,857	109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	194,963	205,344	674,484,352	-55,127,073	619,357,279	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			83,957		83,957	190
194 SISTERS CONVENT			286,839		286,839	194
194.01 BRADLEY HEALTH SVC			168,594		168,594	194.01
194.02 COMMUNITY CLINIC			636,323		636,323	194.02
194.03 FUND RAISING			5,346,523		5,346,523	194.03
194.04 OUTREACH PHYSICIAN			130,813,746		130,813,746	194.04
194.05 PHYSICIAN CONTRACT			2,828,955		2,828,955	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB			5,916,037		5,916,037	194.07
194.08 INDUSTRIAL REHAB			2,585,176		2,585,176	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			592,275		592,275	194.10
194.11 REGIONAL ACTIVITIES			599,932		599,932	194.11
194.12 CFH - MEDICAL OFFICE BLDG			1,458,997		1,458,997	194.12
194.13 CFH - ASC LLC			15,583,518		15,583,518	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	194,963	205,344	841,385,224	-55,127,073	786,258,151	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	1,486		4,501	201,604	201,604	4
5.01 PURCH, RCVING, STORING	103,186	195,617	18,312	172,189	489	5.01
5.02 ADMITTING	327,281	63,278		390,559		5.02
5.03 OUTPATIENT OFFICES		57,757	39,408	97,165	205	5.03
5.04 BUSINESS OFFICE	218,491		1,314	219,805		5.04
5.05 OTHER ADMIN + GENERAL	23,462,541	1,057,649	7,437,298	31,957,488	11,384	5.05
6 MAINTENANCE & REPAIRS	53,364	3,451,508	772,971	4,277,843	3,406	6
7 OPERATION OF PLANT		318,004	283,282	601,286	1,146	7
8 LAUNDRY & LINEN SERVICE		40,681		40,681	123	8
9 HOUSEKEEPING		131,744	10,042	141,786	3,944	9
10 DIETARY	247	162,277	29,921	192,445	2,493	10
11 CAFETERIA					337	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	26,330	211,021	154,760	392,111	8,633	13
14 CENTRAL SERVICES & SUPPLY	1,291,717	447,365	487,830	2,226,912		14
15 PHARMACY	399	139,543	296,008	435,950		15
16 MEDICAL RECORDS & LIBRARY	33,942	141,788	18,634	194,364	2,236	16
17 SOCIAL SERVICE						17
18 PARKING	23,940	607	514,337	538,884	14	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	166	816,827	102,185	919,178	2,718	20
21 I&R SERVICES-SALARY & FRINGES APPRVD					6,963	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	50,596	624,829		675,425	6,756	22
23 PARAMED ED PRGM-(SPECIFY)					196	23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY					46	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,168	2,774,440	357,203	3,132,811	36,832	30
31 INTENSIVE CARE UNIT	469	528,383	200,087	728,939	9,268	31
31.01 NEONATAL INTENSIVE CARE UNIT		318,519	342,279	660,798	3,527	31.01
35 PREMATURE INTENSIVE CARE	31,857			31,857		35
41 SUBPROVIDER - IRF		35,161	12,662	47,823	1,606	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	391,295	1,116,494	943,063	2,450,852	8,901	50
51 RECOVERY ROOM		61,892	36,117	98,009	1,382	51
52 DELIVERY ROOM & LABOR ROOM		142,166	73,003	215,169	2,297	52
53 ANESTHESIOLOGY		14,625	132,937	147,562	302	53
54 RADIOLOGY-DIAGNOSTIC	1,016,288	913,696	1,327,543	3,257,527	9,937	54
57 CT SCAN	163,210	43,979	60,496	267,685	1,211	57
58 MRI	275,589	73,482	300,307	649,378	1,284	58
59 CARDIAC CATHETERIZATION	37,433	86,058	484,894	608,385	1,358	59
60 LABORATORY	890	365,797	320,807	687,494	4,198	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		87,512		87,512	408	63
65 RESPIRATORY THERAPY	42,401	76,059	195,024	313,484	3,330	65
66 PHYSICAL THERAPY	262,292	326,593	62,120	651,005	5,151	66
68 SPEECH PATHOLOGY		19,264	39,285	58,549	381	68
69 ELECTROCARDIOLOGY	88,318	66,989	238,737	394,044	1,463	69
70 ELECTROENCEPHALOGRAPHY		2,806	70,437	73,243	459	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					1,744	71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					6,660	73
74 RENAL DIALYSIS		30,923	2,065	32,988	84	74
76 DIGESTIVE DISEASES	40,939	148,786	213,886	403,611	1,150	76
76.01 ENTEROSTOMAL					175	76.01
76.02 DIABETIC SERVICE	13,065	52,397	2,270	67,732	367	76.02
76.03 WOUND CARE	26,557	49,660	1,332	77,549	287	76.03
76.04 PSYCHOLOGY		55,868	317	56,185	398	76.04
76.05 NEURO DIAGNOSTIC CENTER		30,809		30,809	776	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	19,099		627	19,726	42	76.07
76.08 SLEEP DISORDERS	48,655	57,345	23,026	129,026	1,668	76.08
76.09 PAIN PROGRAM		61,846	9,646	71,492	552	76.09
76.10 COMP EPILEPSY		62,865	675	63,540	932	76.10
76.97 CARDIAC REHABILITATION	13,489	2,543	10,745	26,777	345	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		5,669	58,134	63,803	35	90.01
90.02 LUNG CLINIC	486	7,078		7,564	11	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	541	89,035	4,211	93,787	476	90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
90.05 SISTERS CLINIC	160	243,112	23,415	266,687	1,259	90.05
90.06 SPECIAL CLINICS		26,147	9,200	35,347	254	90.06
90.07 PALLIATIVE CARE CLINIC		16,836		16,836	704	90.07
91 EMERGENCY	246,758	445,601	192,713	885,072	9,864	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS		192,078	79,315	271,393	1,191	92.01
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	22,431		20,880	43,311	50	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION	32,386		978	33,364	245	105
109 PANCREAS ACQUISITION	32,386			32,386	10	109
110 INTESTINAL ACQUISITION	77,352			77,352		110
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	28,479,200	16,543,699	16,021,239	61,044,138	173,663	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		11,968	11,704	23,672		190
194 SISTERS CONVENT					39	194
194.01 BRADLEY HEALTH SVC					274	194.01
194.02 COMMUNITY CLINIC					133	194.02
194.03 FUND RAISING		1,958	7,181	9,139	588	194.03
194.04 OUTREACH PHYSICIAN	3,000,842	778,975	362,190	4,142,007	23,031	194.04
194.05 PHYSICIAN CONTRACT					76	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	214,755	17,305	13,553	245,613	1,251	194.07
194.08 INDUSTRIAL REHAB	86,866	74,994	4,212	166,072	615	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC		66,714	3,481	70,195	106	194.10
194.11 REGIONAL ACTIVITIES	388	11,361		11,749	192	194.11
194.12 CFH - MEDICAL OFFICE BLDG		249,137		249,137		194.12
194.13 CFH - ASC LLC	1,053,498	218,912	25,900	1,298,310	1,636	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	32,835,549	17,975,023	16,449,460	67,260,032	201,604	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCH, RCV STORING	ADMITTING	OUTPATIENT	BUSINESS O	OTHER ADMI ENERAL	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING	172,678					5.01
5.02 ADMITTING		390,559				5.02
5.03 OUTPATIENT OFFICES	149		97,519			5.03
5.04 BUSINESS OFFICE	2			219,807		5.04
5.05 OTHER ADMIN + GENERAL	6,263				31,975,135	5.05
6 MAINTENANCE & REPAIRS	31,274				1,237,984	6
7 OPERATION OF PLANT	5,536				455,559	7
8 LAUNDRY & LINEN SERVICE	23				43,130	8
9 HOUSEKEEPING	6,944				540,578	9
10 DIETARY	1,448				280,782	10
11 CAFETERIA					86,006	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,886				928,086	13
14 CENTRAL SERVICES & SUPPLY	11,128				411,015	14
15 PHARMACY					454,091	15
16 MEDICAL RECORDS & LIBRARY	1,577				258,349	16
17 SOCIAL SERVICE						17
18 PARKING	17				56,688	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	420				102,932	20
21 I&R SERVICES-SALARY & FRINGES APPRVD					659,498	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	492				1,312,882	22
23 PARAMED ED PRGM-(SPECIFY)					24,438	23
23.01 PARAMEDICAL EDUC X-RAY					7,409	23.01
23.02 PARAMEDICAL EDUC DIETARY					7,770	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	44,311	29,876		16,790	4,077,738	30
31 INTENSIVE CARE UNIT	18,517	9,658		5,428	1,138,305	31
31.01 NEONATAL INTENSIVE CARE UNIT	5,593	3,677		2,066	394,700	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	3,623	1,164		654	188,162	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,854	27,650		15,539	1,775,407	50
51 RECOVERY ROOM	123	4,323		2,429	142,499	51
52 DELIVERY ROOM & LABOR ROOM	1,664	1,876		1,054	259,528	52
53 ANESTHESIOLOGY	968	15,076		8,472	80,707	53
54 RADIOLOGY-DIAGNOSTIC	2,714	33,964	30,649	19,087	1,433,731	54
57 CT SCAN	199	18,363	15,586	10,320	235,911	57
58 MRI	369	12,917	12,913	7,259	268,464	58
59 CARDIAC CATHETERIZATION	641	18,530		10,413	192,944	59
60 LABORATORY	183	50,291	32,782	28,583	1,315,843	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	16	2,091		1,175	308,251	63
65 RESPIRATORY THERAPY	254	12,607		7,085	340,929	65
66 PHYSICAL THERAPY	686	5,777		3,246	510,249	66
68 SPEECH PATHOLOGY	179	594		334	47,614	68
69 ELECTROCARDIOLOGY	276	7,185	5,589	4,038	172,440	69
70 ELECTROENCEPHALOGRAPHY	67	1,299		730	56,589	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		37,359		20,995	972,563	71
72 IMPL. DEV. CHARGED TO PATIENTS		21,247		11,940	1,543,572	72
73 DRUGS CHARGED TO PATIENTS		40,263		22,627	1,282,869	73
74 RENAL DIALYSIS	180	1,063		598	116,196	74
76 DIGESTIVE DISEASES	3,436	7,873		4,424	173,838	76
76.01 ENTEROSTOMAL	28				17,307	76.01
76.02 DIABETIC SERVICE	107	25		14	33,820	76.02
76.03 WOUND CARE	224	615		346	52,888	76.03
76.04 PSYCHOLOGY	337	320		180	47,874	76.04
76.05 NEURO DIAGNOSTIC CENTER		262		147	50,968	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	139	78		44	7,177	76.07
76.08 SLEEP DISORDERS	350	1,953		1,098	137,236	76.08
76.09 PAIN PROGRAM	229	772		434	57,179	76.09
76.10 COMP EPILEPSY		546		307	59,122	76.10
76.97 CARDIAC REHABILITATION	41	188		106	31,710	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		295		166	6,141	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	52	68		38	8,965	90.01
90.02 LUNG CLINIC	1	1		1	1,624	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	196	141		79	15,462	90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O	OTHER ADMI	
	STORING				ENERAL	
	5.01	5.02	5.03	5.04	5.05	
90.05 SISTERS CLINIC	439	321		181	141,290	90.05
90.06 SPECIAL CLINICS	85	159		90	19,233	90.06
90.07 PALLIATIVE CARE CLINIC	52	102		57	85,916	90.07
91 EMERGENCY	3,839	14,470		8,132	891,745	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	225	1,504		845	122,982	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	126	3,552		1,996	466,337	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	267	449		252	154,224	105
109 PANCREAS ACQUISITION		15		8	5,456	109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	165,749	390,559	97,519	219,807	26,310,902	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					1,066	190
194 SISTERS CONVENT					10,833	194
194.01 BRADLEY HEALTH SVC	11				6,181	194.01
194.02 COMMUNITY CLINIC					15,553	194.02
194.03 FUND RAISING	574				201,677	194.03
194.04 OUTREACH PHYSICIAN	4,738				4,484,964	194.04
194.05 PHYSICIAN CONTRACT	4				107,490	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	1,133				199,124	194.07
194.08 INDUSTRIAL REHAB	454				78,684	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC					13,567	194.10
194.11 REGIONAL ACTIVITIES	13				20,647	194.11
194.12 CFH - MEDICAL OFFICE BLDG					11,219	194.12
194.13 CFH - ASC LLC	2				513,228	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	172,678	390,559	97,519	219,807	31,975,135	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS	5,550,507					6
7 OPERATION OF PLANT	134,754	1,198,281				7
8 LAUNDRY & LINEN SERVICE	17,239	3,814	105,010			8
9 HOUSEKEEPING	55,826	12,352	1,961	763,391		9
10 DIETARY	68,765	15,215		9,977	571,125	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	89,420	19,785		12,973		13
14 CENTRAL SERVICES & SUPPLY	189,571	41,944	2,420	27,503		14
15 PHARMACY	59,131	13,083		8,579		15
16 MEDICAL RECORDS & LIBRARY	60,083	13,294		8,717		16
17 SOCIAL SERVICE						17
18 PARKING	257	57		37		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	346,131	76,584		50,218		20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	264,772	58,583	85	38,414		22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,175,672	260,123	44,120	170,570	463,268	30
31 INTENSIVE CARE UNIT	223,903	49,540	11,630	32,484	68,988	31
31.01 NEONATAL INTENSIVE CARE UNIT	134,973	29,864	1,202	19,582		31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	14,899	3,297	2,877	2,162	32,631	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	473,115	104,681	9,485	68,641		50
51 RECOVERY ROOM	26,227	5,803		3,805		51
52 DELIVERY ROOM & LABOR ROOM	60,243	13,329	2,902	8,740	5,956	52
53 ANESTHESIOLOGY	6,198	1,371		899		53
54 RADIOLOGY-DIAGNOSTIC	387,179	85,667	7,112	56,173		54
57 CT SCAN	18,636	4,123	2,638	2,704		57
58 MRI	31,138	6,890	847	4,518		58
59 CARDIAC CATHETERIZATION	36,467	8,069	3,304	5,291		59
60 LABORATORY	155,007	34,297	529	22,489		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	37,083	8,205		5,380		63
65 RESPIRATORY THERAPY	32,230	7,131		4,676		65
66 PHYSICAL THERAPY	138,394	30,621	237	20,079		66
68 SPEECH PATHOLOGY	8,163	1,806	106	1,184		68
69 ELECTROCARDIOLOGY	28,386	6,281	1,361	4,118		69
70 ELECTROENCEPHALOGRAPHY	1,189	263	399	173		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	13,104	2,899	469	1,901		74
76 DIGESTIVE DISEASES	63,048	13,950	1,856	9,147		76
76.01 ENTEROSTOMAL						76.01
76.02 DIABETIC SERVICE	22,203	4,913		3,221		76.02
76.03 WOUND CARE	21,044	4,656				76.03
76.04 PSYCHOLOGY	23,674	5,238		3,435		76.04
76.05 NEURO DIAGNOSTIC CENTER	13,055	2,889		1,894		76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL						76.07
76.08 SLEEP DISORDERS	24,300	5,377	209	3,526		76.08
76.09 PAIN PROGRAM	26,207	5,799				76.09
76.10 COMP EPILEPSY	26,639	5,894		3,865		76.10
76.97 CARDIAC REHABILITATION	1,077	238		156		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	2,402	532				90.01
90.02 LUNG CLINIC	2,999	664				90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	37,729	8,348	194	5,474		90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS 6	OF PLANT 7	& LINEN SERVICE 8	KEEPING 9	10	
90.05 SISTERS CLINIC	103,019	22,794		14,946		90.05
90.06 SPECIAL CLINICS	11,080	2,452		1,607		90.06
90.07 PALLIATIVE CARE CLINIC	7,134	1,579		1,035		90.07
91 EMERGENCY	188,824	41,779	8,668	27,395		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	81,393	18,009		11,809	282	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	4,943,982	1,064,082	104,611	679,497	571,125	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,072	1,122		736		190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING	830	184		120		194.03
194.04 OUTREACH PHYSICIAN	330,091	73,035	399	47,890		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	7,333	1,623		1,064		194.07
194.08 INDUSTRIAL REHAB	31,779	7,031		4,611		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	28,270	6,255				194.10
194.11 REGIONAL ACTIVITIES	4,814	1,065		698		194.11
194.12 CFH - MEDICAL OFFICE BLDG	105,572	23,359		15,317		194.12
194.13 CFH - ASC LLC	92,764	20,525		13,458		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,550,507	1,198,281	105,010	763,391	571,125	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	86,343					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,824	1,457,718				13
14 CENTRAL SERVICES & SUPPLY	1,569		2,912,062			14
15 PHARMACY	2,499		123,066	1,096,399		15
16 MEDICAL RECORDS & LIBRARY	1,802				3	16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	2,925		805	2		20
21 I&R SERVICES-SALARY & FRINGES APPRVD	3,933					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	717		20,404	181		22
23 PARAMED ED PRGM-(SPECIFY)	77					23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY	19					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,950	868,295	117,929	3,247	41,481	30
31 INTENSIVE CARE UNIT	5,037	198,983	61,573	4,129	13,409	31
31.01 NEONATAL INTENSIVE CARE UNIT	1,627	64,478	11,340	587	5,105	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	1,065	42,081	3,845	16	1,616	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,076	200,523	1,118,935	1,686	38,390	50
51 RECOVERY ROOM	678	26,519	9,784		6,002	51
52 DELIVERY ROOM & LABOR ROOM	1,279	50,211	10,779	39	2,605	52
53 ANESTHESIOLOGY	155	5,839	83,707	29,441	20,932	53
54 RADIOLOGY-DIAGNOSTIC	4,901		359,582	177,056	47,157	54
57 CT SCAN	697		61,172	29,735	25,496	57
58 MRI	601		37,657	482	17,935	58
59 CARDIAC CATHETERIZATION	736		262,203	176	25,727	59
60 LABORATORY	3,313		26,086	30	67,986	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	271		4,357		2,904	63
65 RESPIRATORY THERAPY	1,995		164,561	606	17,504	65
66 PHYSICAL THERAPY	2,402		4,057	25,680	8,021	66
68 SPEECH PATHOLOGY	174		15,122		824	68
69 ELECTROCARDIOLOGY	911		5,707	6,758	9,976	69
70 ELECTROENCEPHALOGRAPHY	291				1,803	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					51,871	71
72 IMPL. DEV. CHARGED TO PATIENTS					29,500	72
73 DRUGS CHARGED TO PATIENTS					55,903	73
74 RENAL DIALYSIS	39		5,869	1,350	1,476	74
76 DIGESTIVE DISEASES	620		102,805	77	10,930	76
76.01 ENTEROSTOMAL	97		48			76.01
76.02 DIABETIC SERVICE	213				34	76.02
76.03 WOUND CARE	155		18,601	442	854	76.03
76.04 PSYCHOLOGY	232		1		444	76.04
76.05 NEURO DIAGNOSTIC CENTER	194	789			364	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	19		433		108	76.07
76.08 SLEEP DISORDERS	601		3,945		2,712	76.08
76.09 PAIN PROGRAM	232		3,860	12,785	1,072	76.09
76.10 COMP EPILEPSY	174				757	76.10
76.97 CARDIAC REHABILITATION	194		2	65	261	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					409	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	19		827	2,064	95	90.01
90.02 LUNG CLINIC					2	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	291		3,947	140	196	90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	11	ADMINIS- TRATION 13	SERVICES + SUPPLY 14	15	RECORDS & LIBRARY 16	
90.05 SISTERS CLINIC	814		2,157		446	90.05
90.06 SPECIAL CLINICS	116		4,815	193	221	90.06
90.07 PALLIATIVE CARE CLINIC	252		141		142	90.07
91 EMERGENCY	5,153		73,667	1,839	20,091	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			946	3	2,088	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	19		2,330	457	4,932	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	116		844	293	623	105
109 PANCREAS ACQUISITION					21	109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	81,074	1,457,718	2,727,912	299,559	540,425	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 SISTERS CONVENT	39					194
194.01 BRADLEY HEALTH SVC	97		337			194.01
194.02 COMMUNITY CLINIC	58		66	18,594		194.02
194.03 FUND RAISING	271		4,053			194.03
194.04 OUTREACH PHYSICIAN	3,700		46,212	727,162		194.04
194.05 PHYSICIAN CONTRACT	19					194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	659		384	140		194.07
194.08 INDUSTRIAL REHAB	291		1,296	12,052		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	58					194.10
194.11 REGIONAL ACTIVITIES	77					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC			131,802	38,892		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	86,343	1,457,718	2,912,062	1,096,399	540,425	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARKING 18	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMEDICA EDUCATION 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING	595,954					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	23,203	1,525,116				20
21 I&R SERVICES-SALARY & FRINGES APPRVD	30,988		701,382			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,648			2,384,359		22
23 PARAMED ED PRGM-(SPECIFY)	611				25,322	23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY	153					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	172,953					30
31 INTENSIVE CARE UNIT	39,690					31
31.01 NEONATAL INTENSIVE CARE UNIT	12,823					31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	8,396					41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,995					50
51 RECOVERY ROOM	5,343					51
52 DELIVERY ROOM & LABOR ROOM	10,075					52
53 ANESTHESIOLOGY	1,221					53
54 RADIOLOGY-DIAGNOSTIC	38,621					54
57 CT SCAN	5,495					57
58 MRI	4,732					58
59 CARDIAC CATHETERIZATION	5,801					59
60 LABORATORY	26,104					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,137					63
65 RESPIRATORY THERAPY	15,723					65
66 PHYSICAL THERAPY	18,929					66
68 SPEECH PATHOLOGY	1,374					68
69 ELECTROCARDIOLOGY	7,175					69
70 ELECTROENCEPHALOGRAPHY	2,290					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	305					74
76 DIGESTIVE DISEASES	4,885					76
76.01 ENTEROSTOMAL	763					76.01
76.02 DIABETIC SERVICE	1,679					76.02
76.03 WOUND CARE	1,221					76.03
76.04 PSYCHOLOGY	1,832					76.04
76.05 NEURO DIAGNOSTIC CENTER	1,527					76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	153					76.07
76.08 SLEEP DISORDERS	4,732					76.08
76.09 PAIN PROGRAM	1,832					76.09
76.10 COMP EPILEPSY	1,374					76.10
76.97 CARDIAC REHABILITATION	1,527					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	153					90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	2,290					90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARKING 18	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMEDICA EDUCATION 23	
90.05 SISTERS CLINIC	6,411					90.05
90.06 SPECIAL CLINICS	763					90.06
90.07 PALLIATIVE CARE CLINIC	1,984					90.07
91 EMERGENCY	40,605					91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	153					95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	916					105
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	554,585					118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 SISTERS CONVENT	305					194
194.01 BRADLEY HEALTH SVC	763					194.01
194.02 COMMUNITY CLINIC	458					194.02
194.03 FUND RAISING	2,137					194.03
194.04 OUTREACH PHYSICIAN	29,157					194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	5,190					194.07
194.08 INDUSTRIAL REHAB	2,290					194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	458					194.10
194.11 REGIONAL ACTIVITIES	611					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC						194.13
200 CROSS FOOT ADJUSTMENTS		1,525,116	701,382	2,384,359	25,322	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	595,954	1,525,116	701,382	2,384,359	25,322	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMEDICA X-RAY	PARAMEDICA DIETARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23.01	23.02	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL EDUC X-RAY	7,409					23.01
23.02 PARAMEDICAL EDUC DIETARY		7,988				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			10,677,966		10,677,966	30
31 INTENSIVE CARE UNIT			2,619,481		2,619,481	31
31.01 NEONATAL INTENSIVE CARE UNIT			1,351,942		1,351,942	31.01
35 PREMATURE INTENSIVE CARE			31,857		31,857	35
41 SUBPROVIDER - IRF			355,917		355,917	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			6,346,730		6,346,730	50
51 RECOVERY ROOM			332,926		332,926	51
52 DELIVERY ROOM & LABOR ROOM			647,746		647,746	52
53 ANESTHESIOLOGY			402,850		402,850	53
54 RADIOLOGY-DIAGNOSTIC			5,951,057		5,951,057	54
57 CT SCAN			699,971		699,971	57
58 MRI			1,057,384		1,057,384	58
59 CARDIAC CATHETERIZATION			1,180,045		1,180,045	59
60 LABORATORY			2,455,215		2,455,215	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			459,790		459,790	63
65 RESPIRATORY THERAPY			922,115		922,115	65
66 PHYSICAL THERAPY			1,424,534		1,424,534	66
68 SPEECH PATHOLOGY			136,404		136,404	68
69 ELECTROCARDIOLOGY			655,708		655,708	69
70 ELECTROENCEPHALOGRAPHY			138,795		138,795	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			1,084,532		1,084,532	71
72 IMPL. DEV. CHARGED TO PATIENTS			1,606,259		1,606,259	72
73 DRUGS CHARGED TO PATIENTS			1,408,322		1,408,322	73
74 RENAL DIALYSIS			178,521		178,521	74
76 DIGESTIVE DISEASES			801,650		801,650	76
76.01 ENTEROSTOMAL			18,418		18,418	76.01
76.02 DIABETIC SERVICE			134,328		134,328	76.02
76.03 WOUND CARE			178,882		178,882	76.03
76.04 PSYCHOLOGY			140,150		140,150	76.04
76.05 NEURO DIAGNOSTIC CENTER			103,674		103,674	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL			27,919		27,919	76.07
76.08 SLEEP DISORDERS			316,733		316,733	76.08
76.09 PAIN PROGRAM			182,445		182,445	76.09
76.10 COMP EPILEPSY			163,150		163,150	76.10
76.97 CARDIAC REHABILITATION			62,687		62,687	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY			7,011		7,011	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			79,053		79,053	90.01
90.02 LUNG CLINIC			12,867		12,867	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC			168,750		168,750	90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	SUBTOTAL	I&R COST &	TOTAL	
	X-RAY	DIETARY		POST STEP-		
	23.01	23.02	24	25	26	
90.05 SISTERS CLINIC			560,764		560,764	90.05
90.06 SPECIAL CLINICS			76,415		76,415	90.06
90.07 PALLIATIVE CARE CLINIC			115,934		115,934	90.07
91 EMERGENCY			2,221,143		2,221,143	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			512,670		512,670	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES			523,263		523,263	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION			191,593		191,593	105
109 PANCREAS ACQUISITION			37,896		37,896	109
110 INTESTINAL ACQUISITION			77,352		77,352	110
118 SUBTOTALS (SUM OF LINES 1-117)			48,840,814		48,840,814	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			31,668		31,668	190
194 SISTERS CONVENT			11,216		11,216	194
194.01 BRADLEY HEALTH SVC			7,663		7,663	194.01
194.02 COMMUNITY CLINIC			34,862		34,862	194.02
194.03 FUND RAISING			219,573		219,573	194.03
194.04 OUTREACH PHYSICIAN			9,912,386		9,912,386	194.04
194.05 PHYSICIAN CONTRACT			107,589		107,589	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB			463,514		463,514	194.07
194.08 INDUSTRIAL REHAB			305,175		305,175	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			118,909		118,909	194.10
194.11 REGIONAL ACTIVITIES			39,866		39,866	194.11
194.12 CFH - MEDICAL OFFICE BLDG			404,604		404,604	194.12
194.13 CFH - ASC LLC			2,110,617		2,110,617	194.13
200 CROSS FOOT ADJUSTMENTS	7,409	7,988	4,651,576		4,651,576	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,409	7,988	67,260,032		67,260,032	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES (SQUARE FEET) 1	CAP MOVABLE EQUIPMENT (DOLLAR VALUE) 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	PURCH, RCV STORING COSTED REQUISITIO 5.01	ADMITTING TOTAL GROS REVENUES 5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,569,462					1
2 CAP REL COSTS-MVBLE EQUIP		15,934,208				2
4 EMPLOYEE BENEFITS DEPARTMENT	17,080	4,360	322,863,340			4
5.01 PURCH, RCVING, STORING	4,426	17,738	784,344	16,257,960		5.01
5.02 ADMITTING	5,525				3,226,258,983	5.02
5.03 OUTPATIENT OFFICES	5,043	38,174	329,249	14,009		5.03
5.04 BUSINESS OFFICE		1,273	210	193		5.04
5.05 OTHER ADMIN + GENERAL	92,347	7,204,339	18,243,329	589,649		5.05
6 MAINTENANCE & REPAIRS	301,363	748,759	5,458,184	2,944,551		6
7 OPERATION OF PLANT	27,766	274,409	1,836,760	521,216		7
8 LAUNDRY & LINEN SERVICE	3,552		197,393	2,191		8
9 HOUSEKEEPING	11,503	9,727	6,321,097	653,783		9
10 DIETARY	14,169	28,984	3,994,900	136,297		10
11 CAFETERIA			539,627			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	18,425	149,912	13,835,024	177,565		13
14 CENTRAL SERVICES & SUPPLY	39,061	472,550		1,047,766		14
15 PHARMACY	12,184	286,736				15
16 MEDICAL RECORDS & LIBRARY	12,380	18,050	3,583,034	148,453		16
17 SOCIAL SERVICE						17
18 PARKING	53	498,226	22,221	1,643		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	71,320	98,984	4,356,023	39,581		20
21 I&R SERVICES-SALARY & FRINGES APPRVD			11,158,401			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	54,556		10,826,410	46,345		22
23 PARAMED ED PRGM-(SPECIFY)			313,651			23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY			73,964			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	242,246	346,014	58,802,516	4,171,767	246,907,956	30
31 INTENSIVE CARE UNIT	46,135	193,820	14,851,934	1,743,401	79,816,714	31
31.01 NEONATAL INTENSIVE CARE UNIT	27,811	331,558	5,652,588	526,632	30,386,944	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	3,070	12,265	2,574,316	341,161	9,616,346	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	97,485	913,523	14,264,305	739,471	228,509,342	50
51 RECOVERY ROOM	5,404	34,986	2,215,273	11,588	35,726,666	51
52 DELIVERY ROOM & LABOR ROOM	12,413	70,716	3,680,616	156,626	15,505,614	52
53 ANESTHESIOLOGY	1,277	128,773	483,972	91,141	124,594,428	53
54 RADIOLOGY-DIAGNOSTIC	79,778	1,285,960	15,924,772	255,490	280,695,046	54
57 CT SCAN	3,840	58,601	1,940,711	18,726	151,759,780	57
58 MRI	6,416	290,900	2,058,341	34,712	106,754,957	58
59 CARDIAC CATHETERIZATION	7,514	469,706	2,176,776	60,382	153,139,479	59
60 LABORATORY	31,939	310,758	6,727,444	17,232	414,133,694	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,641		654,506	1,472	17,284,928	63
65 RESPIRATORY THERAPY	6,641	188,915	5,336,243	23,883	104,189,702	65
66 PHYSICAL THERAPY	28,516	60,174	8,254,570	64,583	47,742,549	66
68 SPEECH PATHOLOGY	1,682	38,054	610,806	16,830	4,905,126	68
69 ELECTROCARDIOLOGY	5,849	231,259	2,343,947	26,031	59,379,067	69
70 ELECTROENCEPHALOGRAPHY	245	68,231	734,908	6,301	10,732,353	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			2,795,084		308,754,168	71
72 IMPL. DEV. CHARGED TO PATIENTS					175,592,662	72
73 DRUGS CHARGED TO PATIENTS			10,673,660		332,755,437	73
74 RENAL DIALYSIS	2,700	2,000	133,817	16,950	8,787,777	74
76 DIGESTIVE DISEASES	12,991	207,186	1,842,641	323,471	65,062,288	76
76.01 ENTEROSTOMAL			280,125	2,654	456	76.01
76.02 DIABETIC SERVICE	4,575	2,199	587,766	10,113	204,594	76.02
76.03 WOUND CARE	4,336	1,290	460,680	21,129	5,084,819	76.03
76.04 PSYCHOLOGY	4,878	307	637,939	31,735	2,644,747	76.04
76.05 NEURO DIAGNOSTIC CENTER	2,690		1,243,868		2,163,712	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL		607	67,729	13,059	642,802	76.07
76.08 SLEEP DISORDERS	5,007	22,305	2,673,171	33,000	16,142,042	76.08
76.09 PAIN PROGRAM	5,400	9,344	885,118	21,573	6,381,625	76.09
76.10 COMP EPILEPSY	5,489	654	1,494,372		4,508,476	76.10
76.97 CARDIAC REHABILITATION	222	10,408	553,542	3,902	1,555,132	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					2,436,040	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	495	56,313	56,571	4,935	563,177	90.01
90.02 LUNG CLINIC	618		17,164	95	10,743	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	PURCH, RCV	ADMITTING	
	BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)	BENEFITS DEPARTMENT GROSS SALARIES	STORING  COSTED REQUISITIO	TOTAL GROS REVENUES	
	1	2	4	5.01	5.02	
90.04 ST JUDE CLINIC	7,774	4,079	762,516	18,479	1,165,730	90.04
90.05 SISTERS CLINIC	21,227	22,682	2,018,387	41,294	2,655,450	90.05
90.06 SPECIAL CLINICS	2,283	8,912	407,491	8,020	1,317,853	90.06
90.07 PALLIATIVE CARE CLINIC	1,470		1,127,802	4,850	843,694	90.07
91 EMERGENCY	38,907	186,677	15,807,339	361,473	119,589,644	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	16,771	76,831	1,908,909	21,201	12,426,267	92.01
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		20,226	79,994	11,873	29,357,264	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION		947	392,248	25,124	3,707,303	105
109 PANCREAS ACQUISITION			15,437		124,390	109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,444,488	15,519,401	278,085,735	15,605,601	3,226,258,983	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,045	11,337				190
194 SISTERS CONVENT			63,167			194
194.01 BRADLEY HEALTH SVC			438,756	1,021		194.01
194.02 COMMUNITY CLINIC			212,366			194.02
194.03 FUND RAISING	171	6,956	942,926	54,004		194.03
194.04 OUTREACH PHYSICIAN	68,015	350,845	36,909,243	446,061		194.04
194.05 PHYSICIAN CONTRACT			122,100	344		194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	1,511	13,128	2,004,110	106,708		194.07
194.08 INDUSTRIAL REHAB	6,548	4,080	985,082	42,757		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	5,825	3,372	170,012			194.10
194.11 REGIONAL ACTIVITIES	992		308,288	1,262		194.11
194.12 CFH - MEDICAL OFFICE BLDG	21,753					194.12
194.13 CFH - ASC LLC	19,114	25,089	2,621,555	202		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	17,975,023	16,449,460	100,878,697	2,243,459	391,580	202
203 UNIT COST MULT-WS B PT I	11.452984	1.032336	0.312450	0.137991	0.000121	203
204 COST TO BE ALLOC PER B PT II			201,604	172,678	390,559	204
205 UNIT COST MULT-WS B PT II			0.000624	0.010621	0.000121	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OUTPATIENT	BUSINESS O	RECON-	OTHER ADMI	MAIN-
	OUTPATIENT REVENUES 5.03	TOTAL GROS REVENUES 5.04	CILIAATION 5A.05	ENERAL ACCUM COST 5.05	TENANCE & REPAIRS (SQUARE FEET) 6
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 PURCH, RCVING, STORING					5.01
5.02 ADMITTING					5.02
5.03 OUTPATIENT OFFICES	598,402,979				5.03
5.04 BUSINESS OFFICE		3,226,258,983			5.04
5.05 OTHER ADMIN + GENERAL			-131,312,555	710,072,669	5.05
6 MAINTENANCE & REPAIRS				27,491,826	1,143,678
7 OPERATION OF PLANT				10,116,568	27,766
8 LAUNDRY & LINEN SERVICE				957,776	3,552
9 HOUSEKEEPING				12,004,572	11,503
10 DIETARY				6,235,300	14,169
11 CAFETERIA				1,909,931	
12 MAINTENANCE OF PERSONNEL					
13 NURSING ADMINISTRATION				20,609,946	18,425
14 CENTRAL SERVICES & SUPPLY				9,127,375	39,061
15 PHARMACY				10,083,957	12,184
16 MEDICAL RECORDS & LIBRARY				5,737,137	12,380
17 SOCIAL SERVICE					
18 PARKING				1,258,876	53
19 NONPHYSICIAN ANESTHETISTS					
20 NURSING SCHOOL				2,285,797	71,320
21 I&R SERVICES-SALARY & FRINGES APPRVD				14,645,425	
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				29,155,077	54,556
23 PARAMED ED PRGM-(SPECIFY)				542,700	
23.01 PARAMEDICAL EDUC X-RAY				164,536	
23.02 PARAMEDICAL EDUC DIETARY				172,545	
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		246,907,956		90,554,029	242,246
31 INTENSIVE CARE UNIT		79,816,714		25,278,253	46,135
31.01 NEONATAL INTENSIVE CARE UNIT		30,386,944		8,765,084	27,811
35 PREMATURE INTENSIVE CARE					
41 SUBPROVIDER - IRF		9,616,346		4,178,504	3,070
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		228,509,342		39,426,321	97,485
51 RECOVERY ROOM		35,726,666		3,164,458	5,404
52 DELIVERY ROOM & LABOR ROOM		15,505,614		5,763,315	12,413
53 ANESTHESIOLOGY		124,594,428		1,792,247	1,277
54 RADIOLOGY-DIAGNOSTIC	188,032,634	280,695,046		31,838,759	79,778
57 CT SCAN	95,619,654	151,759,780		5,238,852	3,840
58 MRI	79,219,790	106,754,957		5,961,752	6,416
59 CARDIAC CATHETERIZATION		153,139,479		4,284,686	7,514
60 LABORATORY	201,244,084	414,133,694		29,220,823	31,939
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.		17,284,928		6,845,303	7,641
65 RESPIRATORY THERAPY		104,189,702		7,570,985	6,641
66 PHYSICAL THERAPY		47,742,549		11,331,062	28,516
68 SPEECH PATHOLOGY		4,905,126		1,057,365	1,682
69 ELECTROCARDIOLOGY	34,286,817	59,379,067		3,829,368	5,849
70 ELECTROENCEPHALOGRAPHY		10,732,353		1,256,665	245
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		308,754,168		21,597,633	
72 IMPL. DEV. CHARGED TO PATIENTS		175,592,662		34,277,984	
73 DRUGS CHARGED TO PATIENTS		332,755,437		28,488,566	
74 RENAL DIALYSIS		8,787,777		2,580,362	2,700
76 DIGESTIVE DISEASES		65,062,288		3,860,409	12,991
76.01 ENTEROSTOMAL		456		384,346	
76.02 DIABETIC SERVICE		204,594		751,036	4,575
76.03 WOUND CARE		5,084,819		1,174,471	4,336
76.04 PSYCHOLOGY		2,644,747		1,063,141	4,878
76.05 NEURO DIAGNOSTIC CENTER		2,163,712		1,131,834	2,690
76.06 EATING DISORDERS					
76.07 UROLOGICAL		642,802		159,374	
76.08 SLEEP DISORDERS		16,142,042		3,047,595	5,007
76.09 PAIN PROGRAM		6,381,625		1,269,775	5,400
76.10 COMP EPILEPSY		4,508,476		1,312,924	5,489
76.97 CARDIAC REHABILITATION		1,555,132		704,176	222
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY		2,436,040		136,363	
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC		563,177		199,094	495
90.02 LUNG CLINIC		10,743		36,074	618
90.03 ADULT SICKLE CELL CLINIC					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OUTPATIENT	BUSINESS O	RECON-	OTHER ADMI	MAIN-	
	OUTPATIENT REVENUES 5.03	TOTAL GROS REVENUES 5.04	CILIAATION 5A.05	ENERAL ACCUM COST 5.05	TENANCE & REPAIRS (SQUARE FEET) 6	
90.04 ST JUDE CLINIC		1,165,730		343,369	7,774	90.04
90.05 SISTERS CLINIC		2,655,450		3,137,616	21,227	90.05
90.06 SPECIAL CLINICS		1,317,853		427,095	2,283	90.06
90.07 PALLIATIVE CARE CLINIC		843,694		1,907,930	1,470	90.07
91 EMERGENCY		119,589,644		19,802,919	38,907	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS		12,426,267		2,731,045	16,771	92.01
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		29,357,264		10,355,904		95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
105 KIDNEY ACQUISITION		3,707,303		3,424,830		105
109 PANCREAS ACQUISITION		124,390		121,162		109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	598,402,979	3,226,258,983	-131,312,555	584,284,202	1,018,704	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				23,672	1,045	190
194 SISTERS CONVENT				240,569		194
194.01 BRADLEY HEALTH SVC				137,258		194.01
194.02 COMMUNITY CLINIC				345,377		194.02
194.03 FUND RAISING				4,478,622	171	194.03
194.04 OUTREACH PHYSICIAN				99,600,551	68,015	194.04
194.05 PHYSICIAN CONTRACT				2,387,020		194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB				4,421,939	1,511	194.07
194.08 INDUSTRIAL REHAB				1,747,331	6,548	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC				301,272	5,825	194.10
194.11 REGIONAL ACTIVITIES				458,507	992	194.11
194.12 CFH - MEDICAL OFFICE BLDG				249,137	21,753	194.12
194.13 CFH - ASC LLC				11,397,212	19,114	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	575,203	223,520		131,312,555	32,575,834	202
203 UNIT COST MULT-WS B PT I	0.000961	0.000069		0.184928	28.483397	203
204 COST TO BE ALLOC PER B PT II	97,519	219,807		31,975,135	5,550,507	204
205 UNIT COST MULT-WS B PT II	0.000163	0.000068		0.045031	4.853208	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OF PLANT	& LINEN	KEEPING		
	(SQUARE	SERVICE	(SQUARE	MEALS	FTE EMPLOY
	FEET)	POUNDS OF	FEET)	SERVED	(READ AS 0
	7	LAUNDRY	9	10	11
		8			
GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT				1
2	CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS DEPARTMENT				4
5.01	PURCH, RCVING, STORING				5.01
5.02	ADMITTING				5.02
5.03	OUTPATIENT OFFICES				5.03
5.04	BUSINESS OFFICE				5.04
5.05	OTHER ADMIN + GENERAL				5.05
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT	1,115,912			7
8	LAUNDRY & LINEN SERVICE		4,993,723		8
9	HOUSEKEEPING	11,503	93,269	1,084,183	9
10	DIETARY	14,169			10
11	CAFETERIA			815,049	4,457
12	MAINTENANCE OF PERSONNEL				12
13	NURSING ADMINISTRATION	18,425		18,425	249
14	CENTRAL SERVICES & SUPPLY	39,061	115,068	39,061	81
15	PHARMACY	12,184		12,184	129
16	MEDICAL RECORDS & LIBRARY	12,380		12,380	93
17	SOCIAL SERVICE				17
18	PARKING	53		53	18
19	NONPHYSICIAN ANESTHETISTS				19
20	NURSING SCHOOL	71,320		71,320	151
21	I&R SERVICES-SALARY & FRINGES APPRVD				203
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	54,556	4,050	54,556	37
23	PARAMED ED PRGM-(SPECIFY)				4
23.01	PARAMEDICAL EDUC X-RAY				23.01
23.02	PARAMEDICAL EDUC DIETARY				1
INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	242,246	2,098,004	242,246	661,126
31	INTENSIVE CARE UNIT	46,135	553,067	46,135	98,453
31.01	NEONATAL INTENSIVE CARE UNIT	27,811	57,162	27,811	84
35	PREMATURE INTENSIVE CARE				35
41	SUBPROVIDER - IRF	3,070	136,801	3,070	46,568
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	97,485	451,062	97,485	262
51	RECOVERY ROOM	5,404		5,404	35
52	DELIVERY ROOM & LABOR ROOM	12,413	138,024	12,413	8,500
53	ANESTHESIOLOGY	1,277		1,277	8
54	RADIOLOGY-DIAGNOSTIC	79,778	338,212	79,778	253
57	CT SCAN	3,840	125,444	3,840	36
58	MRI	6,416	40,269	6,416	31
59	CARDIAC CATHETERIZATION	7,514	157,144	7,514	38
60	LABORATORY	31,939	25,173	31,939	171
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,641		7,641	14
65	RESPIRATORY THERAPY	6,641		6,641	103
66	PHYSICAL THERAPY	28,516	11,273	28,516	124
68	SPEECH PATHOLOGY	1,682	5,052	1,682	9
69	ELECTROCARDIOLOGY	5,849	64,722	5,849	47
70	ELECTROENCEPHALOGRAPHY	245	18,964	245	15
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72	IMPL. DEV. CHARGED TO PATIENTS				72
73	DRUGS CHARGED TO PATIENTS				73
74	RENAL DIALYSIS	2,700	22,321	2,700	2
76	DIGESTIVE DISEASES	12,991	88,273	12,991	32
76.01	ENTEROSTOMAL				5
76.02	DIABETIC SERVICE	4,575		4,575	11
76.03	WOUND CARE	4,336			8
76.04	PSYCHOLOGY	4,878		4,878	12
76.05	NEURO DIAGNOSTIC CENTER	2,690		2,690	10
76.06	EATING DISORDERS				76.06
76.07	UROLOGICAL				1
76.08	SLEEP DISORDERS	5,007	9,954	5,007	31
76.09	PAIN PROGRAM	5,400			12
76.10	COMP EPILEPSY	5,489		5,489	9
76.97	CARDIAC REHABILITATION	222		222	10
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	VOICE CLINIC	495			1
90.02	LUNG CLINIC	618			90.02
90.03	ADULT SICKLE CELL CLINIC				90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING		FTE EMPLOY	(READ AS 0
	(SQUARE	SERVICE	(SQUARE	MEALS	(READ AS 0	
	FEET)	POUNDS OF	FEET)	SERVED		
	7	LAUNDRY	9	10	11	
90.04 ST JUDE CLINIC	7,774	9,208	7,774		15	90.04
90.05 SISTERS CLINIC	21,227		21,227		42	90.05
90.06 SPECIAL CLINICS	2,283		2,283		6	90.06
90.07 PALLIATIVE CARE CLINIC	1,470		1,470		13	90.07
91 EMERGENCY	38,907	412,221	38,907		266	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	16,771		16,771	402		92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES					1	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					6	105
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	990,938	4,974,737	965,034	815,049	4,185	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,045		1,045			190
194 SISTERS CONVENT					2	194
194.01 BRADLEY HEALTH SVC					5	194.01
194.02 COMMUNITY CLINIC					3	194.02
194.03 FUND RAISING	171		171		14	194.03
194.04 OUTREACH PHYSICIAN	68,015	18,986	68,015		191	194.04
194.05 PHYSICIAN CONTRACT					1	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	1,511		1,511		34	194.07
194.08 INDUSTRIAL REHAB	6,548		6,548		15	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC	5,825				3	194.10
194.11 REGIONAL ACTIVITIES	992		992		4	194.11
194.12 CFH - MEDICAL OFFICE BLDG	21,753		21,753			194.12
194.13 CFH - ASC LLC	19,114		19,114			194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	12,778,275	1,276,743	14,707,765	8,146,425	2,263,131	202
203 UNIT COST MULT-WS B PT I	11.450970	0.255670	13.565759	9.995013	507.770025	203
204 COST TO BE ALLOC PER B PT II	1,198,281	105,010	763,391	571,125	86,343	204
205 UNIT COST MULT-WS B PT II	1.073813	0.021028	0.704116	0.700725	19.372448	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURSING FT (READ AS 0 13	CENTRAL SERVICES + SUPPLY COSTED REQUISITIO 14	PHARMACY COSTED REQUISITIO 15	MEDICAL RECORDS & LIBRARY TOTAL GROS REVENUES 16	PARKING FTE EMPLOY (READ AS 0 18	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	190,245					13
14 CENTRAL SERVICES & SUPPLY		30,199,066				14
15 PHARMACY		1,276,235	9,553,081			15
16 MEDICAL RECORDS & LIBRARY		26		3,226,258,983		16
17 SOCIAL SERVICE						17
18 PARKING					3,904	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		8,353			152	20
21 I&R SERVICES-SALARY & FRINGES APPRVD					203	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		211,597	1,581			22
23 PARAMED ED PRGM-(SPECIFY)					4	23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY					1	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	113,320	1,222,959	28,290	246,907,956	1,133	30
31 INTENSIVE CARE UNIT	25,969	638,531	35,979	79,816,714	260	31
31.01 NEONATAL INTENSIVE CARE UNIT	8,415	117,601	5,115	30,386,944	84	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	5,492	39,869	143	9,616,346	55	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	26,170	11,603,728	14,693	228,509,342	262	50
51 RECOVERY ROOM	3,461	101,466		35,726,666	35	51
52 DELIVERY ROOM & LABOR ROOM	6,553	111,784	339	15,505,614	66	52
53 ANESTHESIOLOGY	762	868,071	256,528	124,594,428	8	53
54 RADIOLOGY-DIAGNOSTIC		3,728,981	1,542,717	280,695,046	253	54
57 CT SCAN		634,378	259,083	151,759,780	36	57
58 MRI		390,514	4,198	106,754,957	31	58
59 CARDIAC CATHETERIZATION		2,719,133	1,530	153,139,479	38	59
60 LABORATORY		270,518	259	414,133,694	171	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		45,183		17,284,928	14	62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,706,549	5,283	104,189,702	103	63
65 RESPIRATORY THERAPY		42,073	223,758	47,742,549	124	65
66 PHYSICAL THERAPY		156,823		4,905,126	9	66
68 SPEECH PATHOLOGY		59,186	58,880	59,379,067	47	68
69 ELECTROCARDIOLOGY				10,732,353	15	69
70 ELECTROENCEPHALOGRAPHY				308,754,168		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				175,592,662		71
72 IMPL. DEV. CHARGED TO PATIENTS				332,755,437		72
73 DRUGS CHARGED TO PATIENTS				8,787,777	2	73
74 RENAL DIALYSIS		60,868	11,763	65,062,288	32	74
76 DIGESTIVE DISEASES		1,066,122	670	456	5	76
76.01 ENTEROSTOMAL		495		204,594	11	76.01
76.02 DIABETIC SERVICE				5,084,819	8	76.02
76.03 WOUND CARE		192,903	3,851	2,644,747	12	76.03
76.04 PSYCHOLOGY		6		2,163,712	10	76.04
76.05 NEURO DIAGNOSTIC CENTER	103					76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL		4,493		642,802	1	76.07
76.08 SLEEP DISORDERS		40,916		16,142,042	31	76.08
76.09 PAIN PROGRAM		40,028	111,402	6,381,625	12	76.09
76.10 COMP EPILEPSY				4,508,476	9	76.10
76.97 CARDIAC REHABILITATION		20	570	1,555,132	10	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY				2,436,040		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		8,580	17,981	563,177	1	90.01
90.02 LUNG CLINIC				10,743		90.02
90.03 ADULT SICKLE CELL CLINIC						90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	PARKING
	ADMINIS- TRATION NURSING FT (READ AS 0 13	SERVICES + SUPPLY COSTED REQUISITIO 14	COSTED REQUISITIO 15	RECORDS & LIBRARY TOTAL GROS REVENUES 16	FTE EMPLOY (READ AS 0 18
90.04 ST JUDE CLINIC		40,930	1,219	1,165,730	15 90.04
90.05 SISTERS CLINIC		22,372		2,655,450	42 90.05
90.06 SPECIAL CLINICS		49,936	1,682	1,317,853	5 90.06
90.07 PALLIATIVE CARE CLINIC		1,465		843,694	13 90.07
91 EMERGENCY		763,946	16,024	119,589,644	266 91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS		9,812	25	12,426,267	92.01
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES		24,165	3,982	29,357,264	1 95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
105 KIDNEY ACQUISITION		8,750	2,555	3,707,303	6 105
109 PANCREAS ACQUISITION				124,390	109
110 INTESTINAL ACQUISITION					110
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	190,245	28,289,365	2,610,119	3,226,258,983	3,633 118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
194 SISTERS CONVENT					2 194
194.01 BRADLEY HEALTH SVC		3,492			5 194.01
194.02 COMMUNITY CLINIC		686	162,015		3 194.02
194.03 FUND RAISING		42,034			14 194.03
194.04 OUTREACH PHYSICIAN		479,233	6,335,842		191 194.04
194.05 PHYSICIAN CONTRACT					194.05
194.06 MEALS ON WHEELS					194.06
194.07 OTHER NON-REIMB		3,983	1,217		34 194.07
194.08 INDUSTRIAL REHAB		13,442	105,013		15 194.08
194.09 CONTRACTED SERVICES					194.09
194.10 IN-SCHOOL CLINIC					3 194.10
194.11 REGIONAL ACTIVITIES					4 194.11
194.12 CFH - MEDICAL OFFICE BLDG					194.12
194.13 CFH - ASC LLC		1,366,831	338,875		194.13
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	25,533,477	12,975,598	13,214,470	7,507,659	1,494,513 202
203 UNIT COST MULT-WS B PT I	134.213656	0.429669	1.383268	0.002327	382.815830 203
204 COST TO BE ALLOC PER B PT II	1,457,718	2,912,062	1,096,399	540,425	595,954 204
205 UNIT COST MULT-WS B PT II	7.662320	0.096429	0.114769	0.000168	152.652152 205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	I&R	I&R	PARAMEDICA	PARAMEDICA
	SCHOOL	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	X-RAY
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	DIRECT ALLOCATION	DIRECT ALLOCATION
	20	21	22	23	23.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 PURCH, RCVING, STORING					5.01
5.02 ADMITTING					5.02
5.03 OUTPATIENT OFFICES					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMIN + GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 PARKING					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL	83,768				20
21 I&R SERVICES-SALARY & FRINGES APPRVD		368,464			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			368,464		22
23 PARAMED ED PRGM-(SPECIFY)				100	23
23.01 PARAMEDICAL EDUC X-RAY					100
23.02 PARAMEDICAL EDUC DIETARY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	59,232	160,427	160,427		30
31 INTENSIVE CARE UNIT	5,696	26,736	26,736		31
31.01 NEONATAL INTENSIVE CARE UNIT	288	2,773	2,773		31.01
35 PREMATURE INTENSIVE CARE					35
41 SUBPROVIDER - IRF		9,781	9,781		41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,328	49,689	49,689		50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM	3,904				52
53 ANESTHESIOLOGY	304	2,611	2,611		53
54 RADIOLOGY-DIAGNOSTIC	880	47,768	47,768	100	54
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION		352	352		59
60 LABORATORY		433	433	100	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY	880				68
69 ELECTROCARDIOLOGY		528	528		69
70 ELECTROENCEPHALOGRAPHY		2,093	2,093		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 DIGESTIVE DISEASES	880				76
76.01 ENTEROSTOMAL					76.01
76.02 DIABETIC SERVICE	248				76.02
76.03 WOUND CARE	216				76.03
76.04 PSYCHOLOGY					76.04
76.05 NEURO DIAGNOSTIC CENTER					76.05
76.06 EATING DISORDERS					76.06
76.07 UROLOGICAL					76.07
76.08 SLEEP DISORDERS					76.08
76.09 PAIN PROGRAM		176	176		76.09
76.10 COMP EPILEPSY					76.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC					90.01
90.02 LUNG CLINIC					90.02
90.03 ADULT SICKLE CELL CLINIC					90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	I&R	I&R	PARAMEDICA	PARAMEDICA	
	SCHOOL	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	X-RAY	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	DIRECT ALLOCATION	DIRECT ALLOCATION	
	20	21	22	23	23.01	
90.04 ST JUDE CLINIC	320					90.04
90.05 SISTERS CLINIC	168	12,304	12,304			90.05
90.06 SPECIAL CLINICS						90.06
90.07 PALLIATIVE CARE CLINIC						90.07
91 EMERGENCY	1,328	52,793	52,793			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	904					92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)	76,576	368,464	368,464	100	100	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING						194.03
194.04 OUTREACH PHYSICIAN	128					194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	7,064					194.07
194.08 INDUSTRIAL REHAB						194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES						194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC						194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,662,610	17,534,563	37,592,510	646,622	194,963	202
203 UNIT COST MULT-WS B PT I	79.536458	47.588266	102.024920	6,466.220000	1,949.630000	203
204 COST TO BE ALLOC PER B PT II	1,525,116	701,382	2,384,359	25,322	7,409	204
205 UNIT COST MULT-WS B PT II	18.206427	1.903529	6.471077	253.220000	74.090000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA DIETARY	DIRECT ALLOCATION	
		23.02	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS DEPARTMENT		4
5.01	PURCH, RCVING, STORING		5.01
5.02	ADMITTING		5.02
5.03	OUTPATIENT OFFICES		5.03
5.04	BUSINESS OFFICE		5.04
5.05	OTHER ADMIN + GENERAL		5.05
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
18	PARKING		18
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
23.01	PARAMEDICAL EDUC X-RAY		23.01
23.02	PARAMEDICAL EDUC DIETARY	100	23.02
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	100	30
31	INTENSIVE CARE UNIT		31
31.01	NEONATAL INTENSIVE CARE UNIT		31.01
35	PREMATURE INTENSIVE CARE		35
41	SUBPROVIDER - IRF		41
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM		50
51	RECOVERY ROOM		51
52	DELIVERY ROOM & LABOR ROOM		52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC		54
57	CT SCAN		57
58	MRI		58
59	CARDIAC CATHETERIZATION		59
60	LABORATORY		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.		63
65	RESPIRATORY THERAPY		65
66	PHYSICAL THERAPY		66
68	SPEECH PATHOLOGY		68
69	ELECTROCARDIOLOGY		69
70	ELECTROENCEPHALOGRAPHY		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		71
72	IMPL. DEV. CHARGED TO PATIENTS		72
73	DRUGS CHARGED TO PATIENTS		73
74	RENAL DIALYSIS		74
76	DIGESTIVE DISEASES		76
76.01	ENTEROSTOMAL		76.01
76.02	DIABETIC SERVICE		76.02
76.03	WOUND CARE		76.03
76.04	PSYCHOLOGY		76.04
76.05	NEURO DIAGNOSTIC CENTER		76.05
76.06	EATING DISORDERS		76.06
76.07	UROLOGICAL		76.07
76.08	SLEEP DISORDERS		76.08
76.09	PAIN PROGRAM		76.09
76.10	COMP EPILEPSY		76.10
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	VOICE CLINIC		90.01
90.02	LUNG CLINIC		90.02
90.03	ADULT SICKLE CELL CLINIC		90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICA DIETARY	DIRECT ALLOCATION	
		23.02	
90.04 ST JUDE CLINIC			90.04
90.05 SISTERS CLINIC			90.05
90.06 SPECIAL CLINICS			90.06
90.07 PALLIATIVE CARE CLINIC			90.07
91 EMERGENCY			91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
92.01 OBSERVATION BEDS-DISTINCT			92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION			105
109 PANCREAS ACQUISITION			109
110 INTESTINAL ACQUISITION			110
118 SUBTOTALS (SUM OF LINES 1-117)	100		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
194 SISTERS CONVENT			194
194.01 BRADLEY HEALTH SVC			194.01
194.02 COMMUNITY CLINIC			194.02
194.03 FUND RAISING			194.03
194.04 OUTREACH PHYSICIAN			194.04
194.05 PHYSICIAN CONTRACT			194.05
194.06 MEALS ON WHEELS			194.06
194.07 OTHER NON-REIMB			194.07
194.08 INDUSTRIAL REHAB			194.08
194.09 CONTRACTED SERVICES			194.09
194.10 IN-SCHOOL CLINIC			194.10
194.11 REGIONAL ACTIVITIES			194.11
194.12 CFH - MEDICAL OFFICE BLDG			194.12
194.13 CFH - ASC LLC			194.13
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	205,344		202
203 UNIT COST MULT-WS B PT I	2,053.440000		203
204 COST TO BE ALLOC PER B PT II	7,988		204
205 UNIT COST MULT-WS B PT II	79.880000		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	149,678,278		149,678,278	5,035	149,683,313	30
31 INTENSIVE CARE UNIT	38,226,426		38,226,426	120,444	38,346,870	31
31.01 NEONATAL INTENSIVE CARE UNI	13,243,939		13,243,939		13,243,939	31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	6,441,683		6,441,683		6,441,683	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	61,437,283		61,437,283	183,972	61,621,255	50
51 RECOVERY ROOM	4,661,186		4,661,186		4,661,186	51
52 DELIVERY ROOM & LABOR ROOM	8,946,829		8,946,829		8,946,829	52
53 ANESTHESIOLOGY	3,343,339		3,343,339		3,343,339	53
54 RADIOLOGY-DIAGNOSTIC	46,960,909		46,960,909	53,051	47,013,960	54
57 CT SCAN	7,461,335		7,461,335		7,461,335	57
58 MRI	7,867,425		7,867,425		7,867,425	58
59 CARDIAC CATHETERIZATION	7,079,862		7,079,862		7,079,862	59
60 LABORATORY	38,219,097		38,219,097	27	38,219,124	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	8,592,090		8,592,090		8,592,090	63
65 RESPIRATORY THERAPY	10,401,104		10,401,104		10,401,104	65
66 PHYSICAL THERAPY	15,504,108		15,504,108	40,269	15,544,377	66
68 SPEECH PATHOLOGY	1,500,984		1,500,984		1,500,984	68
69 ELECTROCARDIOLOGY	5,153,903		5,153,903		5,153,903	69
70 ELECTROENCEPHALOGRAPHY	1,545,347		1,545,347		1,545,347	70
71 MEDICAL SUPPLIES CHARGED TO	26,310,111		26,310,111		26,310,111	71
72 IMPL. DEV. CHARGED TO PATIE	41,025,547		41,025,547		41,025,547	72
73 DRUGS CHARGED TO PATIENTS	34,531,222		34,531,222		34,531,222	73
74 RENAL DIALYSIS	3,272,356		3,272,356	21,172	3,293,528	74
76 DIGESTIVE DISEASES	6,000,795		6,000,795	39,391	6,040,186	76
76.01 ENTEROSTOMAL	460,089		460,089		460,089	76.01
76.02 DIABETIC SERVICE	1,164,684		1,164,684		1,164,684	76.02
76.03 WOUND CARE	1,689,167		1,689,167		1,689,167	76.03
76.04 PSYCHOLOGY	1,537,564		1,537,564		1,537,564	76.04
76.05 NEURO DIAGNOSTIC CENTER	1,512,822		1,512,822	11,047	1,523,869	76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	193,165		193,165		193,165	76.07
76.08 SLEEP DISORDERS	3,964,352		3,964,352	140,156	4,104,508	76.08
76.09 PAIN PROGRAM	1,917,072		1,917,072	10,451	1,927,523	76.09
76.10 COMP EPILEPSY	1,867,887		1,867,887	119,332	1,987,219	76.10
76.97 CARDIAC REHABILITATION	859,597		859,597		859,597	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	167,249		167,249		167,249	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	286,441		286,441		286,441	90.01
90.02 LUNG CLINIC	67,450		67,450		67,450	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	885,928		885,928		885,928	90.04
90.05 SISTERS CLINIC	4,920,054		4,920,054	1,531	4,921,585	90.05
90.06 SPECIAL CLINICS	660,030		660,030		660,030	90.06
90.07 PALLIATIVE CARE CLINIC	2,353,576		2,353,576	23,401	2,376,977	90.07
91 EMERGENCY	26,623,170		26,623,170	171,095	26,794,265	91
92 OBSERVATION BEDS (NON-DISTI	4,851,846		4,851,846		4,851,846	92
92.01 OBSERVATION BEDS-DISTINCT	4,242,428		4,242,428	79,893	4,322,321	92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	12,356,097		12,356,097	9,846	12,365,943	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	4,079,442		4,079,442		4,079,442	105
109 PANCREAS ACQUISITION	143,857		143,857		143,857	109
110 INTESTINAL ACQUISITION						110
200 SUBTOTAL (SEE INSTRUCTIONS)	624,209,125		624,209,125	1,030,113	625,239,238	200
201 LESS OBSERVATION BEDS	4,851,846		4,851,846		4,851,846	201
202 TOTAL (SEE INSTRUCTIONS)	619,357,279		619,357,279		620,387,392	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	246,909,499		246,909,499			30
31 INTENSIVE CARE UNIT	79,816,916		79,816,916			31
31.01 NEONATAL INTENSIVE CARE UNI	30,386,944		30,386,944			31.01
35 PREMATURE INTENSIVE CARE						35
41 SUBPROVIDER - IRF	9,616,346		9,616,346			41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	146,598,175	82,383,177	228,981,352	0.268307	0.268307	0.269110 50
51 RECOVERY ROOM	17,062,018	18,664,648	35,726,666	0.130468	0.130468	0.130468 51
52 DELIVERY ROOM & LABOR ROOM	14,019,854	1,485,760	15,505,614	0.577006	0.577006	0.577006 52
53 ANESTHESIOLOGY	74,283,696	50,310,725	124,594,421	0.026834	0.026834	0.026834 53
54 RADIOLOGY-DIAGNOSTIC	92,656,279	188,099,051	280,755,330	0.167266	0.167266	0.167455 54
57 CT SCAN	56,140,027	95,619,753	151,759,780	0.049165	0.049165	0.049165 57
58 MRI	27,535,167	79,219,790	106,754,957	0.073696	0.073696	0.073696 58
59 CARDIAC CATHETERIZATION	67,294,484	85,854,863	153,149,347	0.046228	0.046228	0.046228 59
60 LABORATORY	212,889,607	201,244,087	414,133,694	0.092287	0.092287	0.092287 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	14,895,431	2,389,497	17,284,928	0.497086	0.497086	0.497086 63
65 RESPIRATORY THERAPY	102,005,475	2,184,227	104,189,702	0.099829	0.099829	0.099829 65
66 PHYSICAL THERAPY	30,118,364	17,624,185	47,742,549	0.324744	0.324744	0.325587 66
68 SPEECH PATHOLOGY	3,606,623	1,298,503	4,905,126	0.306003	0.306003	0.306003 68
69 ELECTROCARDIOLOGY	25,092,250	34,286,817	59,379,067	0.086797	0.086797	0.086797 69
70 ELECTROENCEPHALOGRAPHY	8,584,318	2,148,035	10,732,353	0.143990	0.143990	0.143990 70
71 MEDICAL SUPPLIES CHARGED TO	242,804,615	68,261,363	311,065,978	0.084580	0.084580	0.084580 71
72 IMPL. DEV. CHARGED TO PATIE	131,473,058	41,265,632	172,738,690	0.237501	0.237501	0.237501 72
73 DRUGS CHARGED TO PATIENTS	277,347,818	55,407,619	332,755,437	0.103774	0.103774	0.103774 73
74 RENAL DIALYSIS	8,465,194	322,583	8,787,777	0.372376	0.372376	0.374785 74
76 DIGESTIVE DISEASES	17,659,319	47,402,969	65,062,288	0.092232	0.092232	0.092837 76
76.01 ENTEROSTOMAL	963,944	12,234	976,178	0.471317	0.471317	0.471317 76.01
76.02 DIABETIC SERVICE	99,103	105,491	204,594	5.692660	5.692660	5.692660 76.02
76.03 WOUND CARE	19,513	5,065,306	5,084,819	0.332198	0.332198	0.332198 76.03
76.04 PSYCHOLOGY	741,735	1,903,012	2,644,747	0.581365	0.581365	0.581365 76.04
76.05 NEURO DIAGNOSTIC CENTER		2,163,712	2,163,712	0.699179	0.699179	0.704285 76.05
76.06 EATING DISORDERS						76.06
76.07 UROLOGICAL	106,134	536,668	642,802	0.300505	0.300505	0.300505 76.07
76.08 SLEEP DISORDERS	24,672	16,117,370	16,142,042	0.245592	0.245592	0.254274 76.08
76.09 PAIN PROGRAM	3,778	6,377,847	6,381,625	0.300405	0.300405	0.302043 76.09
76.10 COMP EPILEPSY		4,508,476	4,508,476	0.414306	0.414306	0.440774 76.10
76.97 CARDIAC REHABILITATION	581,659	973,473	1,555,132	0.552749	0.552749	0.552749 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	213,665	2,222,375	2,436,040	0.068656	0.068656	0.068656 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		563,177	563,177	0.508616	0.508616	0.508616 90.01
90.02 LUNG CLINIC	357	10,386	10,743	6.278507	6.278507	6.278507 90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	71,021	1,094,709	1,165,730	0.759977	0.759977	0.759977 90.04
90.05 SISTERS CLINIC	10,025	2,645,425	2,655,450	1.852814	1.852814	1.853390 90.05
90.06 SPECIAL CLINICS	22,079	1,295,774	1,317,853	0.500837	0.500837	0.500837 90.06
90.07 PALLIATIVE CARE CLINIC		843,694	843,694	2.789609	2.789609	2.817345 90.07
91 EMERGENCY	31,205,618	88,384,026	119,589,644	0.222621	0.222621	0.224052 91
92 OBSERVATION BEDS (NON-DISTI						92
92.01 OBSERVATION BEDS-DISTINCT	1,417,028	10,031,779	11,448,807	0.370556	0.370556	0.377535 92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	26,672,039	2,685,225	29,357,264	0.420887	0.420887	0.421223 95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	3,499,452	207,851	3,707,303			105
109 PANCREAS ACQUISITION	124,390		124,390			109
110 INTESTINAL ACQUISITION						110
200 SUBTOTAL (SEE INSTRUCTIONS)	2,003,037,689	1,223,221,294	3,226,258,983			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	2,003,037,689	1,223,221,294	3,226,258,983			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.3 MINUS COL.4)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	10,677,966		10,677,966	146,017	73.13	30
31 INTENSIVE CARE UNIT	2,619,481		2,619,481	18,935	138.34	31
31.01 NEONATAL INTENSIVE CARE UNIT	1,351,942		1,351,942	8,840	152.93	31.01
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 PREMATURE INTENSIVE CARE	31,857		31,857			35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	355,917		355,917	8,928	39.87	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (LINES 30-199)	15,037,163		15,037,163	182,720		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[XX] TITLE V [ ] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0067) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA						
						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						6,346,730	228,981,352	0.027717		50
51						332,926	35,726,666	0.009319		51
52						647,746	15,505,614	0.041775		52
53						402,850	124,594,421	0.003233		53
54						5,951,057	280,755,330	0.021197		54
57						699,971	151,759,780	0.004612		57
58						1,057,384	106,754,957	0.009905		58
59						1,180,045	153,149,347	0.007705		59
60						2,455,215	414,133,694	0.005929		60
62.30										62.30
63						459,790	17,284,928	0.026601		63
65						922,115	104,189,702	0.008850		65
66						1,424,534	47,742,549	0.029838		66
68						136,404	4,905,126	0.027808		68
69						655,708	59,379,067	0.011043		69
70						138,795	10,732,353	0.012932		70
71						1,084,532	311,065,978	0.003487		71
72						1,606,259	172,738,690	0.009299		72
73						1,408,322	332,755,437	0.004232		73
74						178,521	8,787,777	0.020315		74
76						801,650	65,062,288	0.012321		76
76.01						18,418	976,178	0.018867		76.01
76.02						134,328	204,594	0.656559		76.02
76.03						178,882	5,084,819	0.035180		76.03
76.04						140,150	2,644,747	0.052992		76.04
76.05						103,674	2,163,712	0.047915		76.05
76.06										76.06
76.07						27,919	642,802	0.043433		76.07
76.08						316,733	16,142,042	0.019622		76.08
76.09						182,445	6,381,625	0.028589		76.09
76.10						163,150	4,508,476	0.036187		76.10
76.97						62,687	1,555,132	0.040310		76.97
76.98										76.98
76.99						7,011	2,436,040	0.002878		76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01						79,053	563,177	0.140370		90.01
90.02						12,867	10,743	1.197710		90.02
90.03										90.03
90.04						168,750	1,165,730	0.144759		90.04
90.05						560,764	2,655,450	0.211175		90.05
90.06						76,415	1,317,853	0.057984		90.06
90.07						115,934	843,694	0.137412		90.07
91						2,221,143	119,589,644	0.018573		91
92						346,116				92
92.01						512,670	11,448,807	0.044779		92.01
	OTHER REIMBURSABLE COST CENTERS									
94										94
95										95
200						33,319,663	2,826,340,321			200

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	4,711,104	205,344			4,916,448	30
31 INTENSIVE CARE UNIT	453,040				453,040	31
31.01 NEONATAL INTENSIVE CARE UNIT	22,906				22,906	31.01
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 PREMATURE INTENSIVE CARE						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	5,187,050	205,344			5,392,394	200

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	146,017	33.67			30
31 INTENSIVE CARE UNIT	18,935	23.93			31
31.01 NEONATAL INTENSIVE CARE UNIT	8,840	2.59			31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 PREMATURE INTENSIVE CARE					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	8,928				41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	182,720				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (14-0067) [ ] 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		105,624			105,624	105,624	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		310,510			310,510	310,510	52
53 ANESTHESIOLOGY		24,179			24,179	24,179	53
54 RADIOLOGY-DIAGNOSTIC		69,992	194,963		264,955	264,955	54
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			646,622		646,622	646,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		69,992			69,992	69,992	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		69,992			69,992	69,992	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		19,725			19,725	19,725	76.02
76.03 WOUND CARE		17,180			17,180	17,180	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS							76.06
76.07 UROLOGICAL							76.07
76.08 SLEEP DISORDERS							76.08
76.09 PAIN PROGRAM							76.09
76.10 COMP EPILEPSY							76.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 VOICE CLINIC							90.01
90.02 LUNG CLINIC							90.02
90.03 ADULT SICKLE CELL CLINIC							90.03
90.04 ST JUDE CLINIC		25,452			25,452	25,452	90.04
90.05 SISTERS CLINIC		13,362			13,362	13,362	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		105,624			105,624	105,624	91
92 OBSERVATION BEDS (NON-DISTINC							92
92.01 OBSERVATION BEDS-DISTINCT		71,901			71,901	71,901	92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		903,533	841,585		1,745,118	1,745,118	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[XX] TITLE V	[XX] HOSPITAL (14-0067)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] ICF/MR	[ ] 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 (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	228,981,352	0.000461	0.000461	50
51	RECOVERY ROOM	35,726,666			51
52	DELIVERY ROOM & LABOR ROOM	15,505,614	0.020026	0.020026	52
53	ANESTHESIOLOGY	124,594,421	0.000194	0.000194	53
54	RADIOLOGY-DIAGNOSTIC	280,755,330	0.000944	0.000944	54
57	CT SCAN	151,759,780			57
58	MRI	106,754,957			58
59	CARDIAC CATHETERIZATION	153,149,347			59
60	LABORATORY	414,133,694	0.001561	0.001561	60
62.30	BLOOD CLOTTING FOR HEMOPHILI				62.30
63	BLOOD STORING, PROCESSING &	17,284,928			63
65	RESPIRATORY THERAPY	104,189,702			65
66	PHYSICAL THERAPY	47,742,549			66
68	SPEECH PATHOLOGY	4,905,126	0.014269	0.014269	68
69	ELECTROCARDIOLOGY	59,379,067			69
70	ELECTROENCEPHALOGRAPHY	10,732,353			70
71	MEDICAL SUPPLIES CHARGED TO	311,065,978			71
72	IMPL. DEV. CHARGED TO PATIEN	172,738,690			72
73	DRUGS CHARGED TO PATIENTS	332,755,437			73
74	RENAL DIALYSIS	8,787,777			74
76	DIGESTIVE DISEASES	65,062,288	0.001076	0.001076	76
76.01	ENTEROSTOMAL	976,178			76.01
76.02	DIABETIC SERVICE	204,594	0.096410	0.096410	76.02
76.03	WOUND CARE	5,084,819	0.003379	0.003379	76.03
76.04	PSYCHOLOGY	2,644,747			76.04
76.05	NEURO DIAGNOSTIC CENTER	2,163,712			76.05
76.06	EATING DISORDERS				76.06
76.07	UROLOGICAL	642,802			76.07
76.08	SLEEP DISORDERS	16,142,042			76.08
76.09	PAIN PROGRAM	6,381,625			76.09
76.10	COMP EPILEPSY	4,508,476			76.10
76.97	CARDIAC REHABILITATION	1,555,132			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	2,436,040			76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	VOICE CLINIC	563,177			90.01
90.02	LUNG CLINIC	10,743			90.02
90.03	ADULT SICKLE CELL CLINIC				90.03
90.04	ST JUDE CLINIC	1,165,730	0.021834	0.021834	90.04
90.05	SISTERS CLINIC	2,655,450	0.005032	0.005032	90.05
90.06	SPECIAL CLINICS	1,317,853			90.06
90.07	PALLIATIVE CARE CLINIC	843,694			90.07
91	EMERGENCY	119,589,644	0.000883	0.000883	91
92	OBSERVATION BEDS (NON-DISTIN				92
92.01	OBSERVATION BEDS-DISTINCT	11,448,807	0.006280	0.006280	92.01
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
95	AMBULANCE SERVICES	29,357,264			95
200	TOTAL (SUM OF LINES 50-199)	2,826,340,321			200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[XX] TITLE V [ ] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T067)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA				
		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	6,346,730	228,981,352	0.027717				50
51	RECOVERY ROOM	332,926	35,726,666	0.009319				51
52	DELIVERY ROOM & LABOR ROOM	647,746	15,505,614	0.041775				52
53	ANESTHESIOLOGY	402,850	124,594,421	0.003233				53
54	RADIOLOGY-DIAGNOSTIC	5,951,057	280,755,330	0.021197				54
57	CT SCAN	699,971	151,759,780	0.004612				57
58	MRI	1,057,384	106,754,957	0.009905				58
59	CARDIAC CATHETERIZATION	1,180,045	153,149,347	0.007705				59
60	LABORATORY	2,455,215	414,133,694	0.005929				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	459,790	17,284,928	0.026601				63
65	RESPIRATORY THERAPY	922,115	104,189,702	0.008850				65
66	PHYSICAL THERAPY	1,424,534	47,742,549	0.029838				66
68	SPEECH PATHOLOGY	136,404	4,905,126	0.027808				68
69	ELECTROCARDIOLOGY	655,708	59,379,067	0.011043				69
70	ELECTROENCEPHALOGRAPHY	138,795	10,732,353	0.012932				70
71	MEDICAL SUPPLIES CHARGED TO P	1,084,532	311,065,978	0.003487				71
72	IMPL. DEV. CHARGED TO PATIENT	1,606,259	172,738,690	0.009299				72
73	DRUGS CHARGED TO PATIENTS	1,408,322	332,755,437	0.004232				73
74	RENAL DIALYSIS	178,521	8,787,777	0.020315				74
76	DIGESTIVE DISEASES	801,650	65,062,288	0.012321				76
76.01	ENTEROSTOMAL	18,418	976,178	0.018867				76.01
76.02	DIABETIC SERVICE	134,328	204,594	0.656559				76.02
76.03	WOUND CARE	178,882	5,084,819	0.035180				76.03
76.04	PSYCHOLOGY	140,150	2,644,747	0.052992				76.04
76.05	NEURO DIAGNOSTIC CENTER	103,674	2,163,712	0.047915				76.05
76.06	EATING DISORDERS							76.06
76.07	UROLOGICAL	27,919	642,802	0.043433				76.07
76.08	SLEEP DISORDERS	316,733	16,142,042	0.019622				76.08
76.09	PAIN PROGRAM	182,445	6,381,625	0.028589				76.09
76.10	COMP EPILEPSY	163,150	4,508,476	0.036187				76.10
76.97	CARDIAC REHABILITATION	62,687	1,555,132	0.040310				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	7,011	2,436,040	0.002878				76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	79,053	563,177	0.140370				90.01
90.02	LUNG CLINIC	12,867	10,743	1.197710				90.02
90.03	ADULT SICKLE CELL CLINIC							90.03
90.04	ST JUDE CLINIC	168,750	1,165,730	0.144759				90.04
90.05	SISTERS CLINIC	560,764	2,655,450	0.211175				90.05
90.06	SPECIAL CLINICS	76,415	1,317,853	0.057984				90.06
90.07	PALLIATIVE CARE CLINIC	115,934	843,694	0.137412				90.07
91	EMERGENCY	2,221,143	119,589,644	0.018573				91
92	OBSERVATION BEDS (NON-DISTINC							92
92.01	OBSERVATION BEDS-DISTINCT	512,670	11,448,807	0.044779				92.01
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	32,973,547	2,826,340,321					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [XX] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T067) [ ] 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		105,624			105,624	105,624	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		310,510			310,510	310,510	52
53 ANESTHESIOLOGY		24,179			24,179	24,179	53
54 RADIOLOGY-DIAGNOSTIC		69,992	194,963		264,955	264,955	54
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			646,622		646,622	646,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		69,992			69,992	69,992	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		69,992			69,992	69,992	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		19,725			19,725	19,725	76.02
76.03 WOUND CARE		17,180			17,180	17,180	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS							76.06
76.07 UROLOGICAL							76.07
76.08 SLEEP DISORDERS							76.08
76.09 PAIN PROGRAM							76.09
76.10 COMP EPILEPSY							76.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 VOICE CLINIC							90.01
90.02 LUNG CLINIC							90.02
90.03 ADULT SICKLE CELL CLINIC							90.03
90.04 ST JUDE CLINIC		25,452			25,452	25,452	90.04
90.05 SISTERS CLINIC		13,362			13,362	13,362	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		105,624			105,624	105,624	91
92 OBSERVATION BEDS (NON-DISTINC							92
92.01 OBSERVATION BEDS-DISTINCT		71,901			71,901	71,901	92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		903,533	841,585		1,745,118	1,745,118	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[XX] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[XX] IRF (14-T067)	[ ] 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 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	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	228,981,352	0.000461	0.000461			50
51	RECOVERY ROOM	35,726,666					51
52	DELIVERY ROOM & LABOR ROOM	15,505,614	0.020026	0.020026			52
53	ANESTHESIOLOGY	124,594,421	0.000194	0.000194			53
54	RADIOLOGY-DIAGNOSTIC	280,755,330	0.000944	0.000944			54
57	CT SCAN	151,759,780					57
58	MRI	106,754,957					58
59	CARDIAC CATHETERIZATION	153,149,347					59
60	LABORATORY	414,133,694	0.001561	0.001561			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	17,284,928					63
65	RESPIRATORY THERAPY	104,189,702					65
66	PHYSICAL THERAPY	47,742,549					66
68	SPEECH PATHOLOGY	4,905,126	0.014269	0.014269			68
69	ELECTROCARDIOLOGY	59,379,067					69
70	ELECTROENCEPHALOGRAPHY	10,732,353					70
71	MEDICAL SUPPLIES CHARGED TO	311,065,978					71
72	IMPL. DEV. CHARGED TO PATIEN	172,738,690					72
73	DRUGS CHARGED TO PATIENTS	332,755,437					73
74	RENAL DIALYSIS	8,787,777					74
76	DIGESTIVE DISEASES	65,062,288	0.001076	0.001076			76
76.01	ENTEROSTOMAL	976,178					76.01
76.02	DIABETIC SERVICE	204,594	0.096410	0.096410			76.02
76.03	WOUND CARE	5,084,819	0.003379	0.003379			76.03
76.04	PSYCHOLOGY	2,644,747					76.04
76.05	NEURO DIAGNOSTIC CENTER	2,163,712					76.05
76.06	EATING DISORDERS						76.06
76.07	UROLOGICAL	642,802					76.07
76.08	SLEEP DISORDERS	16,142,042					76.08
76.09	PAIN PROGRAM	6,381,625					76.09
76.10	COMP EPILEPSY	4,508,476					76.10
76.97	CARDIAC REHABILITATION	1,555,132					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,436,040					76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	563,177					90.01
90.02	LUNG CLINIC	10,743					90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	1,165,730	0.021834	0.021834			90.04
90.05	SISTERS CLINIC	2,655,450	0.005032	0.005032			90.05
90.06	SPECIAL CLINICS	1,317,853					90.06
90.07	PALLIATIVE CARE CLINIC	843,694					90.07
91	EMERGENCY	119,589,644	0.000883	0.000883			91
92	OBSERVATION BEDS (NON-DISTIN						92
92.01	OBSERVATION BEDS-DISTINCT	11,448,807	0.006280	0.006280			92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	29,357,264					95
200	TOTAL (SUM OF LINES 50-199)	2,826,340,321					200



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	CAP COST (COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	10,677,966		10,677,966	146,017	73.13	48,346	3,535,543
31 INTENSIVE CARE UNIT	2,619,481		2,619,481	18,935	138.34	8,684	1,201,345
31.01 NEONATAL INTENSIVE CARE UNIT	1,351,942		1,351,942	8,840	152.93		
32 CORONARY CARE UNIT							
33 BURN INTENSIVE CARE UNIT							
34 SURGICAL INTENSIVE CARE UNIT							
35 PREMATURE INTENSIVE CARE	31,857		31,857				
40 SUBPROVIDER - IPF							
41 SUBPROVIDER - IRF	355,917		355,917	8,928	39.87	4,331	172,677
42 SUBPROVIDER I							
43 NURSERY							
44 SKILLED NURSING FACILITY							
45 NURSING FACILITY							
200 TOTAL (LINES 30-199)	15,037,163		15,037,163	182,720		61,361	4,909,565

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0067) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA						
					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					6,346,730	228,981,352	0.027717	47,987,947	1,330,082	50
51					332,926	35,726,666	0.009319	6,707,585	62,508	51
52					647,746	15,505,614	0.041775	75,818	3,167	52
53					402,850	124,594,421	0.003233	23,970,372	77,496	53
54					5,951,057	280,755,330	0.021197	47,793,847	1,013,086	54
57					699,971	151,759,780	0.004612	19,686,031	90,792	57
58					1,057,384	106,754,957	0.009905	9,972,801	98,781	58
59					1,180,045	153,149,347	0.007705	21,184,413	163,226	59
60					2,455,215	414,133,694	0.005929	79,048,498	468,679	60
62.30										62.30
63					459,790	17,284,928	0.026601	5,950,490	158,289	63
65					922,115	104,189,702	0.008850	30,390,601	268,957	65
66					1,424,534	47,742,549	0.029838	9,598,797	286,409	66
68					136,404	4,905,126	0.027808	1,195,646	33,249	68
69					655,708	59,379,067	0.011043	10,555,522	116,565	69
70					138,795	10,732,353	0.012932	2,417,361	31,261	70
71					1,084,532	311,065,978	0.003487	92,430,230	322,304	71
72					1,606,259	172,738,690	0.009299	56,952,776	529,604	72
73					1,408,322	332,755,437	0.004232	93,984,771	397,744	73
74					178,521	8,787,777	0.020315	5,213,277	105,908	74
76					801,650	65,062,288	0.012321	6,904,620	85,072	76
76.01					18,418	976,178	0.018867			76.01
76.02					134,328	204,594	0.656559	95,284	62,560	76.02
76.03					178,882	5,084,819	0.035180	2,146	75	76.03
76.04					140,150	2,644,747	0.052992			76.04
76.05					103,674	2,163,712	0.047915			76.05
76.06										76.06
76.07					27,919	642,802	0.043433	25,261	1,097	76.07
76.08					316,733	16,142,042	0.019622			76.08
76.09					182,445	6,381,625	0.028589	3,778	108	76.09
76.10					163,150	4,508,476	0.036187			76.10
76.97					62,687	1,555,132	0.040310	288,673	11,636	76.97
76.98										76.98
76.99					7,011	2,436,040	0.002878	27,642	80	76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01					79,053	563,177	0.140370			90.01
90.02					12,867	10,743	1.197710			90.02
90.03										90.03
90.04					168,750	1,165,730	0.144759			90.04
90.05					560,764	2,655,450	0.211175	1,046	221	90.05
90.06					76,415	1,317,853	0.057984	4,197	243	90.06
90.07					115,934	843,694	0.137412			90.07
91					2,221,143	119,589,644	0.018573	10,100,886	187,604	91
92					346,116					92
92.01					512,670	11,448,807	0.044779	292,883	13,115	92.01
	OTHER REIMBURSABLE COST CENTERS									
94										94
95										95
200					33,319,663	2,826,340,321		582,863,199	5,919,918	200

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 20:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	4,711,104	205,344			4,916,448	30
31 INTENSIVE CARE UNIT	453,040				453,040	31
31.01 NEONATAL INTENSIVE CARE UNIT	22,906				22,906	31.01
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 PREMATURE INTENSIVE CARE						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	5,187,050	205,344			5,392,394	200

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	146,017	33.67	48,346	1,627,810	30
31 INTENSIVE CARE UNIT	18,935	23.93	8,684	207,808	31
31.01 NEONATAL INTENSIVE CARE UNIT	8,840	2.59			31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 PREMATURE INTENSIVE CARE					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	8,928		4,331		41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	182,720		61,361	1,835,618	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	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		105,624			105,624	105,624	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		310,510			310,510	310,510	52
53 ANESTHESIOLOGY		24,179			24,179	24,179	53
54 RADIOLOGY-DIAGNOSTIC		69,992	194,963		264,955	264,955	54
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			646,622		646,622	646,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		69,992			69,992	69,992	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		69,992			69,992	69,992	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		19,725			19,725	19,725	76.02
76.03 WOUND CARE		17,180			17,180	17,180	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS							76.06
76.07 UROLOGICAL							76.07
76.08 SLEEP DISORDERS							76.08
76.09 PAIN PROGRAM							76.09
76.10 COMP EPILEPSY							76.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 VOICE CLINIC							90.01
90.02 LUNG CLINIC							90.02
90.03 ADULT SICKLE CELL CLINIC							90.03
90.04 ST JUDE CLINIC		25,452			25,452	25,452	90.04
90.05 SISTERS CLINIC		13,362			13,362	13,362	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		105,624			105,624	105,624	91
92 OBSERVATION BEDS (NON-DISTINC		152,707	6,657		159,364	159,364	92
92.01 OBSERVATION BEDS-DISTINCT		71,901			71,901	71,901	92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,056,240	848,242		1,904,482	1,904,482	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0067)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA			
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF					
	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES (COL. 10)	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 12)	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	228,981,352	0.000461	0.000461	47,987,947	22,122	12,614,863	5,815
51	RECOVERY ROOM	35,726,666			6,707,585		5,616,548	
52	DELIVERY ROOM & LABOR ROOM	15,505,614	0.020026	0.020026	75,818	1,518	19,326	387
53	ANESTHESIOLOGY	124,594,421	0.000194	0.000194	23,970,372	4,650	9,236,050	1,792
54	RADIOLOGY-DIAGNOSTIC	280,755,330	0.000944	0.000944	47,793,847	45,117	92,920,452	87,717
57	CT SCAN	151,759,780			19,686,031		22,559,027	
58	MRI	106,754,957			9,972,801		18,830,542	
59	CARDIAC CATHETERIZATION	153,149,347			21,184,413		14,990,455	
60	LABORATORY	414,133,694	0.001561	0.001561	79,048,498	123,395	6,300,934	9,836
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30
63	BLOOD STORING, PROCESSING &	17,284,928			5,950,490		1,399,663	
65	RESPIRATORY THERAPY	104,189,702			30,390,601		1,705,452	
66	PHYSICAL THERAPY	47,742,549			9,598,797		172,195	
68	SPEECH PATHOLOGY	4,905,126	0.014269	0.014269	1,195,646	17,061	110,172	1,572
69	ELECTROCARDIOLOGY	59,379,067			10,555,522		10,063,647	
70	ELECTROENCEPHALOGRAPHY	10,732,353			2,417,361		291,192	
71	MEDICAL SUPPLIES CHARGED TO	311,065,978			92,430,230		17,637,220	
72	IMPL. DEV. CHARGED TO PATIEN	172,738,690			56,952,776		17,816,442	
73	DRUGS CHARGED TO PATIENTS	332,755,437			93,984,771		18,722,284	
74	RENAL DIALYSIS	8,787,777			5,213,277		101,718	
76	DIGESTIVE DISEASES	65,062,288	0.001076	0.001076	6,904,620	7,429	10,179,920	10,954
76.01	ENTEROSTOMAL	976,178						76.01
76.02	DIABETIC SERVICE	204,594	0.096410	0.096410	95,284	9,186	82,657	7,969
76.03	WOUND CARE	5,084,819	0.003379	0.003379	2,146	7	576,742	1,949
76.04	PSYCHOLOGY	2,644,747						76.04
76.05	NEURO DIAGNOSTIC CENTER	2,163,712					121,978	76.05
76.06	EATING DISORDERS							76.06
76.07	UROLOGICAL	642,802			25,261		15,180	76.07
76.08	SLEEP DISORDERS	16,142,042					2,492,341	76.08
76.09	PAIN PROGRAM	6,381,625			3,778		2,166,506	76.09
76.10	COMP EPILEPSY	4,508,476					102,715	76.10
76.97	CARDIAC REHABILITATION	1,555,132			288,673		327,681	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	2,436,040			27,642		535,656	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	563,177					137,592	90.01
90.02	LUNG CLINIC	10,743					5,966	90.02
90.03	ADULT SICKLE CELL CLINIC							90.03
90.04	ST JUDE CLINIC	1,165,730	0.021834	0.021834				90.04
90.05	SISTERS CLINIC	2,655,450	0.005032	0.005032	1,046	5	230,947	1,162
90.06	SPECIAL CLINICS	1,317,853			4,197		136,742	90.06
90.07	PALLIATIVE CARE CLINIC	843,694						90.07
91	EMERGENCY	119,589,644	0.000883	0.000883	10,100,886	8,919	7,586,327	6,699
92	OBSERVATION BEDS (NON-DISTIN							92
92.01	OBSERVATION BEDS-DISTINCT	11,448,807	0.006280	0.006280	292,883	1,839	1,078,695	6,774
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	2,826,340,321			582,863,199	241,248	276,885,827	142,626

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.268307	12,614,863			3,384,656				50
51 RECOVERY ROOM	0.130468	5,616,548			732,780				51
52 DELIVERY ROOM & LABOR ROOM	0.577006	19,326			11,151				52
53 ANESTHESIOLOGY	0.026834	9,236,050			247,840				53
54 RADIOLOGY-DIAGNOSTIC	0.167266	92,920,452			15,542,432				54
57 CT SCAN	0.049165	22,559,027			1,109,115				57
58 MRI	0.073696	18,830,542			1,387,736				58
59 CARDIAC CATHETERIZATION	0.046228	14,990,455			692,979				59
60 LABORATORY	0.092287	6,300,934	58,525		581,494	5,401			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.497086	1,399,663			695,753				63
65 RESPIRATORY THERAPY	0.099829	1,705,452	2,938		170,254	293			65
66 PHYSICAL THERAPY	0.324744	172,195			55,919				66
68 SPEECH PATHOLOGY	0.306003	110,172			33,713				68
69 ELECTROCARDIOLOGY	0.086797	10,063,647			873,494				69
70 ELECTROENCEPHALOGRAPHY	0.143990	291,192			41,929				70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.084580	17,637,220			1,491,756				71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237501	17,816,442			4,231,423				72
73 DRUGS CHARGED TO PATIENTS	0.103774	18,722,284	130	89,781	1,942,886	13	9,317		73
74 RENAL DIALYSIS	0.372376	101,718			37,877				74
76 DIGESTIVE DISEASES	0.092232	10,179,920			938,914				76
76.01 ENTEROSTOMAL	0.471317								76.01
76.02 DIABETIC SERVICE	5.692660	82,657			470,538				76.02
76.03 WOUND CARE	0.332198	576,742			191,593				76.03
76.04 PSYCHOLOGY	0.581365								76.04
76.05 NEURO DIAGNOSTIC CENTER	0.699179	121,978			85,284				76.05
76.06 EATING DISORDERS									76.06
76.07 UROLOGICAL	0.300505	15,180			4,562				76.07
76.08 SLEEP DISORDERS	0.245592	2,492,341			612,099				76.08
76.09 PAIN PROGRAM	0.300405	2,166,506			650,829				76.09
76.10 COMP EPILEPSY	0.414306	102,715			42,555				76.10
76.97 CARDIAC REHABILITATION	0.552749	327,681			181,125				76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY	0.068656	535,656			36,776				76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 VOICE CLINIC	0.508616	137,592			69,981				90.01
90.02 LUNG CLINIC	6.278507	5,966			37,458				90.02
90.03 ADULT SICKLE CELL CLINIC									90.03
90.04 ST JUDE CLINIC	0.759977								90.04
90.05 SISTERS CLINIC	1.852814	230,947			427,902				90.05
90.06 SPECIAL CLINICS	0.500837	136,742			68,485				90.06
90.07 PALLIATIVE CARE CLINIC	2.789609								90.07
91 EMERGENCY	0.222621	7,586,327			1,688,876				91
92 OBSERVATION BEDS (NON-DISTINCT									92
92.01 OBSERVATION BEDS-DISTINCT	0.370556	1,078,695			399,717				92.01
OTHER REIMBURSABLE COST CENTERS									
94 HOME PROGRAM DIALYSIS									94
95 AMBULANCE SERVICES	0.420887								95
200 SUBTOTAL (SEE INSTRUCTIONS)		276,885,827	61,593	89,781	39,171,881	5,707	9,317		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		276,885,827	61,593	89,781	39,171,881	5,707	9,317		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T067)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA						
					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					6,346,730	228,981,352	0.027717	17,812	494	50
51					332,926	35,726,666	0.009319	7,010	65	51
52					647,746	15,505,614	0.041775			52
53					402,850	124,594,421	0.003233	8,028	26	53
54					5,951,057	280,755,330	0.021197	476,323	10,097	54
57					699,971	151,759,780	0.004612	91,520	422	57
58					1,057,384	106,754,957	0.009905	24,059	238	58
59					1,180,045	153,149,347	0.007705	29,077	224	59
60					2,455,215	414,133,694	0.005929	1,267,471	7,515	60
62.30										62.30
63					459,790	17,284,928	0.026601	36,713	977	63
65					922,115	104,189,702	0.008850	312,302	2,764	65
66					1,424,534	47,742,549	0.029838	5,269,901	157,243	66
68					136,404	4,905,126	0.027808	665,547	18,508	68
69					655,708	59,379,067	0.011043	53,641	592	69
70					138,795	10,732,353	0.012932	1,884	24	70
71					1,084,532	311,065,978	0.003487	1,497,984	5,223	71
72					1,606,259	172,738,690	0.009299	48,060	447	72
73					1,408,322	332,755,437	0.004232	1,953,238	8,266	73
74					178,521	8,787,777	0.020315	295,343	6,000	74
76					801,650	65,062,288	0.012321	24,110	297	76
76.01					18,418	976,178	0.018867			76.01
76.02					134,328	204,594	0.656559	3,819	2,507	76.02
76.03					178,882	5,084,819	0.035180	1,652	58	76.03
76.04					140,150	2,644,747	0.052992			76.04
76.05					103,674	2,163,712	0.047915			76.05
76.06										76.06
76.07					27,919	642,802	0.043433	19,449	845	76.07
76.08					316,733	16,142,042	0.019622			76.08
76.09					182,445	6,381,625	0.028589			76.09
76.10					163,150	4,508,476	0.036187			76.10
76.97					62,687	1,555,132	0.040310	1,026	41	76.97
76.98										76.98
76.99					7,011	2,436,040	0.002878			76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01					79,053	563,177	0.140370			90.01
90.02					12,867	10,743	1.197710			90.02
90.03										90.03
90.04					168,750	1,165,730	0.144759			90.04
90.05					560,764	2,655,450	0.211175	806	170	90.05
90.06					76,415	1,317,853	0.057984	3,231	187	90.06
90.07					115,934	843,694	0.137412			90.07
91					2,221,143	119,589,644	0.018573	251,445	4,670	91
92										92
92.01					512,670	11,448,807	0.044779	1,951	87	92.01
	OTHER REIMBURSABLE COST CENTERS									
94										94
95										95
200					32,973,547	2,826,340,321		12,363,402	227,987	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T067) [ ] 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		105,624			105,624	105,624	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		310,510			310,510	310,510	52
53 ANESTHESIOLOGY		24,179			24,179	24,179	53
54 RADIOLOGY-DIAGNOSTIC		69,992	194,963		264,955	264,955	54
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			646,622		646,622	646,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		69,992			69,992	69,992	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		69,992			69,992	69,992	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		19,725			19,725	19,725	76.02
76.03 WOUND CARE		17,180			17,180	17,180	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS							76.06
76.07 UROLOGICAL							76.07
76.08 SLEEP DISORDERS							76.08
76.09 PAIN PROGRAM							76.09
76.10 COMP EPILEPSY							76.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 VOICE CLINIC							90.01
90.02 LUNG CLINIC							90.02
90.03 ADULT SICKLE CELL CLINIC							90.03
90.04 ST JUDE CLINIC		25,452			25,452	25,452	90.04
90.05 SISTERS CLINIC		13,362			13,362	13,362	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		105,624			105,624	105,624	91
92 OBSERVATION BEDS (NON-DISTINC							92
92.01 OBSERVATION BEDS-DISTINCT		71,901			71,901	71,901	92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		903,533	841,585		1,745,118	1,745,118	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ]	[ ] TEFRA		
BOXES	[ ] TITLE XIX	[XX] IRF (14-T067)	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	228,981,352	0.000461	0.000461	17,812	8	50
51	RECOVERY ROOM	35,726,666			7,010		51
52	DELIVERY ROOM & LABOR ROOM	15,505,614	0.020026	0.020026			52
53	ANESTHESIOLOGY	124,594,421	0.000194	0.000194	8,028	2	53
54	RADIOLOGY-DIAGNOSTIC	280,755,330	0.000944	0.000944	476,323	450	54
57	CT SCAN	151,759,780			91,520		57
58	MRI	106,754,957			24,059		58
59	CARDIAC CATHETERIZATION	153,149,347			29,077		59
60	LABORATORY	414,133,694	0.001561	0.001561	1,267,471	1,979	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	17,284,928			36,713		63
65	RESPIRATORY THERAPY	104,189,702			312,302		65
66	PHYSICAL THERAPY	47,742,549			5,269,901		66
68	SPEECH PATHOLOGY	4,905,126	0.014269	0.014269	665,547	9,497	68
69	ELECTROCARDIOLOGY	59,379,067			53,641		69
70	ELECTROENCEPHALOGRAPHY	10,732,353			1,884		70
71	MEDICAL SUPPLIES CHARGED TO	311,065,978			1,497,984		71
72	IMPL. DEV. CHARGED TO PATIEN	172,738,690			48,060		72
73	DRUGS CHARGED TO PATIENTS	332,755,437			1,953,238		73
74	RENAL DIALYSIS	8,787,777			295,343		74
76	DIGESTIVE DISEASES	65,062,288	0.001076	0.001076	24,110	26	76
76.01	ENTEROSTOMAL	976,178					76.01
76.02	DIABETIC SERVICE	204,594	0.096410	0.096410	3,819	368	76.02
76.03	WOUND CARE	5,084,819	0.003379	0.003379	1,652	6	76.03
76.04	PSYCHOLOGY	2,644,747					76.04
76.05	NEURO DIAGNOSTIC CENTER	2,163,712					76.05
76.06	EATING DISORDERS						76.06
76.07	UROLOGICAL	642,802			19,449		76.07
76.08	SLEEP DISORDERS	16,142,042					76.08
76.09	PAIN PROGRAM	6,381,625					76.09
76.10	COMP EPILEPSY	4,508,476					76.10
76.97	CARDIAC REHABILITATION	1,555,132			1,026		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,436,040					76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	563,177					90.01
90.02	LUNG CLINIC	10,743					90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	1,165,730	0.021834	0.021834			90.04
90.05	SISTERS CLINIC	2,655,450	0.005032	0.005032	806	4	90.05
90.06	SPECIAL CLINICS	1,317,853			3,231		90.06
90.07	PALLIATIVE CARE CLINIC	843,694					90.07
91	EMERGENCY	119,589,644	0.000883	0.000883	251,445	222	91
92	OBSERVATION BEDS (NON-DISTIN						92
92.01	OBSERVATION BEDS-DISTINCT	11,448,807	0.006280	0.006280	1,951	12	92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	2,826,340,321			12,363,402	12,574	200



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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	10,677,966		10,677,966	146,017	73.13	26,040	1,904,305	30
31 INTENSIVE CARE UNIT	2,619,481		2,619,481	18,935	138.34	5,343	739,151	31
31.01 NEONATAL INTENSIVE CARE UNIT	1,351,942		1,351,942	8,840	152.93	8,840	1,351,901	31.01
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 PREMATURE INTENSIVE CARE	31,857		31,857					35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	355,917		355,917	8,928	39.87	1,268	50,555	41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	15,037,163		15,037,163	182,720		41,491	4,045,912	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 (14-0067) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER					
		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	6,346,730	228,981,352	0.027717					50
51	RECOVERY ROOM	332,926	35,726,666	0.009319					51
52	DELIVERY ROOM & LABOR ROOM	647,746	15,505,614	0.041775					52
53	ANESTHESIOLOGY	402,850	124,594,421	0.003233					53
54	RADIOLOGY-DIAGNOSTIC	5,951,057	280,755,330	0.021197					54
57	CT SCAN	699,971	151,759,780	0.004612					57
58	MRI	1,057,384	106,754,957	0.009905					58
59	CARDIAC CATHETERIZATION	1,180,045	153,149,347	0.007705					59
60	LABORATORY	2,455,215	414,133,694	0.005929					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
63	BLOOD STORING, PROCESSING & T	459,790	17,284,928	0.026601					63
65	RESPIRATORY THERAPY	922,115	104,189,702	0.008850					65
66	PHYSICAL THERAPY	1,424,534	47,742,549	0.029838					66
68	SPEECH PATHOLOGY	136,404	4,905,126	0.027808					68
69	ELECTROCARDIOLOGY	655,708	59,379,067	0.011043					69
70	ELECTROENCEPHALOGRAPHY	138,795	10,732,353	0.012932					70
71	MEDICAL SUPPLIES CHARGED TO P	1,084,532	311,065,978	0.003487					71
72	IMPL. DEV. CHARGED TO PATIENT	1,606,259	172,738,690	0.009299					72
73	DRUGS CHARGED TO PATIENTS	1,408,322	332,755,437	0.004232					73
74	RENAL DIALYSIS	178,521	8,787,777	0.020315					74
76	DIGESTIVE DISEASES	801,650	65,062,288	0.012321					76
76.01	ENTEROSTOMAL	18,418	976,178	0.018867					76.01
76.02	DIABETIC SERVICE	134,328	204,594	0.656559					76.02
76.03	WOUND CARE	178,882	5,084,819	0.035180					76.03
76.04	PSYCHOLOGY	140,150	2,644,747	0.052992					76.04
76.05	NEURO DIAGNOSTIC CENTER	103,674	2,163,712	0.047915					76.05
76.06	EATING DISORDERS								76.06
76.07	UROLOGICAL	27,919	642,802	0.043433					76.07
76.08	SLEEP DISORDERS	316,733	16,142,042	0.019622					76.08
76.09	PAIN PROGRAM	182,445	6,381,625	0.028589					76.09
76.10	COMP EPILEPSY	163,150	4,508,476	0.036187					76.10
76.97	CARDIAC REHABILITATION	62,687	1,555,132	0.040310					76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	7,011	2,436,040	0.002878					76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	VOICE CLINIC	79,053	563,177	0.140370					90.01
90.02	LUNG CLINIC	12,867	10,743	1.197710					90.02
90.03	ADULT SICKLE CELL CLINIC								90.03
90.04	ST JUDE CLINIC	168,750	1,165,730	0.144759					90.04
90.05	SISTERS CLINIC	560,764	2,655,450	0.211175					90.05
90.06	SPECIAL CLINICS	76,415	1,317,853	0.057984					90.06
90.07	PALLIATIVE CARE CLINIC	115,934	843,694	0.137412					90.07
91	EMERGENCY	2,221,143	119,589,644	0.018573					91
92	OBSERVATION BEDS (NON-DISTINC	346,116							92
92.01	OBSERVATION BEDS-DISTINCT	512,670	11,448,807	0.044779					92.01
	OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS								94
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	33,319,663	2,826,340,321						200

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 20:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	4,711,104	205,344			4,916,448	30
31 INTENSIVE CARE UNIT	453,040				453,040	31
31.01 NEONATAL INTENSIVE CARE UNIT	22,906				22,906	31.01
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 PREMATURE INTENSIVE CARE						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	5,187,050	205,344			5,392,394	200

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	146,017	33.67	26,040	876,767	30
31 INTENSIVE CARE UNIT	18,935	23.93	5,343	127,858	31
31.01 NEONATAL INTENSIVE CARE UNIT	8,840	2.59	8,840	22,896	31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 PREMATURE INTENSIVE CARE					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	8,928		1,268		41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	182,720		41,491	1,027,521	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		105,624			105,624	105,624	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		310,510			310,510	310,510	52
53 ANESTHESIOLOGY		24,179			24,179	24,179	53
54 RADIOLOGY-DIAGNOSTIC		69,992	194,963		264,955	264,955	54
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			646,622		646,622	646,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		69,992			69,992	69,992	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		69,992			69,992	69,992	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		19,725			19,725	19,725	76.02
76.03 WOUND CARE		17,180			17,180	17,180	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS							76.06
76.07 UROLOGICAL							76.07
76.08 SLEEP DISORDERS							76.08
76.09 PAIN PROGRAM							76.09
76.10 COMP EPILEPSY							76.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 VOICE CLINIC							90.01
90.02 LUNG CLINIC							90.02
90.03 ADULT SICKLE CELL CLINIC							90.03
90.04 ST JUDE CLINIC		25,452			25,452	25,452	90.04
90.05 SISTERS CLINIC		13,362			13,362	13,362	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		105,624			105,624	105,624	91
92 OBSERVATION BEDS (NON-DISTINC							92
92.01 OBSERVATION BEDS-DISTINCT		71,901			71,901	71,901	92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		903,533	841,585		1,745,118	1,745,118	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0067)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] 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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	228,981,352	0.000461	0.000461			50
51	RECOVERY ROOM	35,726,666					51
52	DELIVERY ROOM & LABOR ROOM	15,505,614	0.020026	0.020026			52
53	ANESTHESIOLOGY	124,594,421	0.000194	0.000194			53
54	RADIOLOGY-DIAGNOSTIC	280,755,330	0.000944	0.000944			54
57	CT SCAN	151,759,780					57
58	MRI	106,754,957					58
59	CARDIAC CATHETERIZATION	153,149,347					59
60	LABORATORY	414,133,694	0.001561	0.001561			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	17,284,928					63
65	RESPIRATORY THERAPY	104,189,702					65
66	PHYSICAL THERAPY	47,742,549					66
68	SPEECH PATHOLOGY	4,905,126	0.014269	0.014269			68
69	ELECTROCARDIOLOGY	59,379,067					69
70	ELECTROENCEPHALOGRAPHY	10,732,353					70
71	MEDICAL SUPPLIES CHARGED TO	311,065,978					71
72	IMPL. DEV. CHARGED TO PATIEN	172,738,690					72
73	DRUGS CHARGED TO PATIENTS	332,755,437					73
74	RENAL DIALYSIS	8,787,777					74
76	DIGESTIVE DISEASES	65,062,288	0.001076	0.001076			76
76.01	ENTEROSTOMAL	976,178					76.01
76.02	DIABETIC SERVICE	204,594	0.096410	0.096410			76.02
76.03	WOUND CARE	5,084,819	0.003379	0.003379			76.03
76.04	PSYCHOLOGY	2,644,747					76.04
76.05	NEURO DIAGNOSTIC CENTER	2,163,712					76.05
76.06	EATING DISORDERS						76.06
76.07	UROLOGICAL	642,802					76.07
76.08	SLEEP DISORDERS	16,142,042					76.08
76.09	PAIN PROGRAM	6,381,625					76.09
76.10	COMP EPILEPSY	4,508,476					76.10
76.97	CARDIAC REHABILITATION	1,555,132					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,436,040					76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	563,177					90.01
90.02	LUNG CLINIC	10,743					90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	1,165,730	0.021834	0.021834			90.04
90.05	SISTERS CLINIC	2,655,450	0.005032	0.005032			90.05
90.06	SPECIAL CLINICS	1,317,853					90.06
90.07	PALLIATIVE CARE CLINIC	843,694					90.07
91	EMERGENCY	119,589,644	0.000883	0.000883			91
92	OBSERVATION BEDS (NON-DISTIN						92
92.01	OBSERVATION BEDS-DISTINCT	11,448,807	0.006280	0.006280			92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	29,357,264					95
200	TOTAL (SUM OF LINES 50-199)	2,826,340,321					200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T067)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
	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	6,346,730	228,981,352	0.027717	50
51	RECOVERY ROOM	332,926	35,726,666	0.009319	51
52	DELIVERY ROOM & LABOR ROOM	647,746	15,505,614	0.041775	52
53	ANESTHESIOLOGY	402,850	124,594,421	0.003233	53
54	RADIOLOGY-DIAGNOSTIC	5,951,057	280,755,330	0.021197	54
57	CT SCAN	699,971	151,759,780	0.004612	57
58	MRI	1,057,384	106,754,957	0.009905	58
59	CARDIAC CATHETERIZATION	1,180,045	153,149,347	0.007705	59
60	LABORATORY	2,455,215	414,133,694	0.005929	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	459,790	17,284,928	0.026601	63
65	RESPIRATORY THERAPY	922,115	104,189,702	0.008850	65
66	PHYSICAL THERAPY	1,424,534	47,742,549	0.029838	66
68	SPEECH PATHOLOGY	136,404	4,905,126	0.027808	68
69	ELECTROCARDIOLOGY	655,708	59,379,067	0.011043	69
70	ELECTROENCEPHALOGRAPHY	138,795	10,732,353	0.012932	70
71	MEDICAL SUPPLIES CHARGED TO P	1,084,532	311,065,978	0.003487	71
72	IMPL. DEV. CHARGED TO PATIENT	1,606,259	172,738,690	0.009299	72
73	DRUGS CHARGED TO PATIENTS	1,408,322	332,755,437	0.004232	73
74	RENAL DIALYSIS	178,521	8,787,777	0.020315	74
76	DIGESTIVE DISEASES	801,650	65,062,288	0.012321	76
76.01	ENTEROSTOMAL	18,418	976,178	0.018867	76.01
76.02	DIABETIC SERVICE	134,328	204,594	0.656559	76.02
76.03	WOUND CARE	178,882	5,084,819	0.035180	76.03
76.04	PSYCHOLOGY	140,150	2,644,747	0.052992	76.04
76.05	NEURO DIAGNOSTIC CENTER	103,674	2,163,712	0.047915	76.05
76.06	EATING DISORDERS				76.06
76.07	UROLOGICAL	27,919	642,802	0.043433	76.07
76.08	SLEEP DISORDERS	316,733	16,142,042	0.019622	76.08
76.09	PAIN PROGRAM	182,445	6,381,625	0.028589	76.09
76.10	COMP EPILEPSY	163,150	4,508,476	0.036187	76.10
76.97	CARDIAC REHABILITATION	62,687	1,555,132	0.040310	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	7,011	2,436,040	0.002878	76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	VOICE CLINIC	79,053	563,177	0.140370	90.01
90.02	LUNG CLINIC	12,867	10,743	1.197710	90.02
90.03	ADULT SICKLE CELL CLINIC				90.03
90.04	ST JUDE CLINIC	168,750	1,165,730	0.144759	90.04
90.05	SISTERS CLINIC	560,764	2,655,450	0.211175	90.05
90.06	SPECIAL CLINICS	76,415	1,317,853	0.057984	90.06
90.07	PALLIATIVE CARE CLINIC	115,934	843,694	0.137412	90.07
91	EMERGENCY	2,221,143	119,589,644	0.018573	91
92	OBSERVATION BEDS (NON-DISTINC				92
92.01	OBSERVATION BEDS-DISTINCT	512,670	11,448,807	0.044779	92.01
	OTHER REIMBURSABLE COST CENTERS				
94	HOME PROGRAM DIALYSIS				94
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-199)	32,973,547	2,826,340,321		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM		105,624			105,624	105,624	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		310,510			310,510	310,510	52
53 ANESTHESIOLOGY		24,179			24,179	24,179	53
54 RADIOLOGY-DIAGNOSTIC		69,992	194,963		264,955	264,955	54
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			646,622		646,622	646,622	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		69,992			69,992	69,992	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		69,992			69,992	69,992	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		19,725			19,725	19,725	76.02
76.03 WOUND CARE		17,180			17,180	17,180	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS							76.06
76.07 UROLOGICAL							76.07
76.08 SLEEP DISORDERS							76.08
76.09 PAIN PROGRAM							76.09
76.10 COMP EPILEPSY							76.10
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 VOICE CLINIC							90.01
90.02 LUNG CLINIC							90.02
90.03 ADULT SICKLE CELL CLINIC							90.03
90.04 ST JUDE CLINIC		25,452			25,452	25,452	90.04
90.05 SISTERS CLINIC		13,362			13,362	13,362	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		105,624			105,624	105,624	91
92 OBSERVATION BEDS (NON-DISTINC							92
92.01 OBSERVATION BEDS-DISTINCT		71,901			71,901	71,901	92.01
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		903,533	841,585		1,745,118	1,745,118	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T067)	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	228,981,352	0.000461	0.000461			50
51	RECOVERY ROOM	35,726,666					51
52	DELIVERY ROOM & LABOR ROOM	15,505,614	0.020026	0.020026			52
53	ANESTHESIOLOGY	124,594,421	0.000194	0.000194			53
54	RADIOLOGY-DIAGNOSTIC	280,755,330	0.000944	0.000944			54
57	CT SCAN	151,759,780					57
58	MRI	106,754,957					58
59	CARDIAC CATHETERIZATION	153,149,347					59
60	LABORATORY	414,133,694	0.001561	0.001561			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	17,284,928					63
65	RESPIRATORY THERAPY	104,189,702					65
66	PHYSICAL THERAPY	47,742,549					66
68	SPEECH PATHOLOGY	4,905,126	0.014269	0.014269			68
69	ELECTROCARDIOLOGY	59,379,067					69
70	ELECTROENCEPHALOGRAPHY	10,732,353					70
71	MEDICAL SUPPLIES CHARGED TO	311,065,978					71
72	IMPL. DEV. CHARGED TO PATIEN	172,738,690					72
73	DRUGS CHARGED TO PATIENTS	332,755,437					73
74	RENAL DIALYSIS	8,787,777					74
76	DIGESTIVE DISEASES	65,062,288	0.001076	0.001076			76
76.01	ENTEROSTOMAL	976,178					76.01
76.02	DIABETIC SERVICE	204,594	0.096410	0.096410			76.02
76.03	WOUND CARE	5,084,819	0.003379	0.003379			76.03
76.04	PSYCHOLOGY	2,644,747					76.04
76.05	NEURO DIAGNOSTIC CENTER	2,163,712					76.05
76.06	EATING DISORDERS						76.06
76.07	UROLOGICAL	642,802					76.07
76.08	SLEEP DISORDERS	16,142,042					76.08
76.09	PAIN PROGRAM	6,381,625					76.09
76.10	COMP EPILEPSY	4,508,476					76.10
76.97	CARDIAC REHABILITATION	1,555,132					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,436,040					76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	563,177					90.01
90.02	LUNG CLINIC	10,743					90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	1,165,730	0.021834	0.021834			90.04
90.05	SISTERS CLINIC	2,655,450	0.005032	0.005032			90.05
90.06	SPECIAL CLINICS	1,317,853					90.06
90.07	PALLIATIVE CARE CLINIC	843,694					90.07
91	EMERGENCY	119,589,644	0.000883	0.000883			91
92	OBSERVATION BEDS (NON-DISTIN						92
92.01	OBSERVATION BEDS-DISTINCT	11,448,807	0.006280	0.006280			92.01
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	29,357,264					95
200	TOTAL (SUM OF LINES 50-199)	2,826,340,321					200



COMPUTATION OF INPATIENT OPERATING COST

CHECK	[XX]	TITLE V-INPT	[XX]	HOSPITAL (14-0067)	[ ]	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)	146,017	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	146,017	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	141,284	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)		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)	149,678,278	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	149,678,278	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	149,678,278	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[XX]	TITLE V-INPT	[XX]	HOSPITAL (14-0067)	[ ]	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)	1,025.07	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)				42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43					43
43	38,226,426	18,935	2,018.82		43
43.01	13,243,939	8,840	1,498.18		43.01
44					44
45					45
46					46
47					47
48					48
49					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)	4,733	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 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
90	CAPITAL-RELATED COST				
91	NURSING SCHOOL COST				
92	ALLIED HEALTH COST				
93	ALL OTHER MEDICAL EDUCATION				



WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	721.51 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
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

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	146,017	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	146,017	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	141,284	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)	48,346	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)	149,683,313	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	149,683,313	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	149,683,313	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,025.11 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 49,559,968 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) 49,559,968 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	38,346,870	18,935	2,025.18	8,684	17,586,663	43
43.01 NEONATAL INTENSIVE CARE UNIT	13,243,939	8,840	1,498.18			43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 PREMATURE INTENSIVE CARE						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					79,987,070	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					147,133,701	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 6,572,506 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 6,161,166 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 12,733,672 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 134,400,029 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) 4,733 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,025.11 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,851,846 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	10,677,966	149,683,313	0.071337	4,851,846	346,116	90
91 NURSING SCHOOL COST	4,711,104	149,683,313	0.031474	4,851,846	152,707	91
92 ALLIED HEALTH COST	205,344	149,683,313	0.001372	4,851,846	6,657	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,928	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,928	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,928	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,331	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)	6,441,683	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,441,683	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	6,441,683	37							

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	721.51 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,124,860 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)	3,124,860 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,726,721 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,851,581 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	172,677 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	240,561 51
52	TOTAL PROGRAM EXCLUDABLE COST	413,238 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	5,438,343 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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0067) [ ] 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)	146,017	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	146,017	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	141,284	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)	26,040	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)	149,678,278	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	149,678,278	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	149,678,278	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0067) [ ] 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) 1,025.07 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 26,692,823 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) 26,692,823 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	38,226,426	18,935	2,018.82	5,343	10,786,555	43
43.01 NEONATAL INTENSIVE CARE UNIT	13,243,939	8,840	1,498.18	8,840	13,243,911	43.01
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 PREMATURE INTENSIVE CARE						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					50,723,289	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,022,878 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 5,022,878 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) 4,733 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 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						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,928	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,928	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,928	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)	1,268	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)	6,441,683	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,441,683	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	6,441,683	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T067)			[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)	721.51 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	914,875 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)	914,875 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	914,875 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50,555 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	50,555 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 (14-0067)	[ ]	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 NEONATAL INTENSIVE CARE UNIT			31.01
35 PREMATURE INTENSIVE CARE			35
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.268307		50
51 RECOVERY ROOM	0.130468		51
52 DELIVERY ROOM & LABOR ROOM	0.577006		52
53 ANESTHESIOLOGY	0.026834		53
54 RADIOLOGY-DIAGNOSTIC	0.167266		54
57 CT SCAN	0.049165		57
58 MRI	0.073696		58
59 CARDIAC CATHETERIZATION	0.046228		59
60 LABORATORY	0.092287		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.497086		63
65 RESPIRATORY THERAPY	0.099829		65
66 PHYSICAL THERAPY	0.324744		66
68 SPEECH PATHOLOGY	0.306003		68
69 ELECTROCARDIOLOGY	0.086797		69
70 ELECTROENCEPHALOGRAPHY	0.143990		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.084580		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237501		72
73 DRUGS CHARGED TO PATIENTS	0.103774		73
74 RENAL DIALYSIS	0.372376		74
76 DIGESTIVE DISEASES	0.092232		76
76.01 ENTEROSTOMAL	0.471317		76.01
76.02 DIABETIC SERVICE	5.692660		76.02
76.03 WOUND CARE	0.332198		76.03
76.04 PSYCHOLOGY	0.581365		76.04
76.05 NEURO DIAGNOSTIC CENTER	0.699179		76.05
76.06 EATING DISORDERS			76.06
76.07 UROLOGICAL	0.300505		76.07
76.08 SLEEP DISORDERS	0.245592		76.08
76.09 PAIN PROGRAM	0.300405		76.09
76.10 COMP EPILEPSY	0.414306		76.10
76.97 CARDIAC REHABILITATION	0.552749		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY	0.068656		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 VOICE CLINIC	0.508616		90.01
90.02 LUNG CLINIC	6.278507		90.02
90.03 ADULT SICKLE CELL CLINIC			90.03
90.04 ST JUDE CLINIC	0.759977		90.04
90.05 SISTERS CLINIC	1.852814		90.05
90.06 SPECIAL CLINICS	0.500837		90.06
90.07 PALLIATIVE CARE CLINIC	2.789609		90.07
91 EMERGENCY	0.222621		91
92 OBSERVATION BEDS (NON-DISTINCT			92
92.01 OBSERVATION BEDS-DISTINCT	0.370556		92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
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	<input checked="" type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T067)	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	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 NEONATAL INTENSIVE CARE UNIT			31.01
35 PREMATURE INTENSIVE CARE			35
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.268307		50
51 RECOVERY ROOM	0.130468		51
52 DELIVERY ROOM & LABOR ROOM	0.577006		52
53 ANESTHESIOLOGY	0.026834		53
54 RADIOLOGY-DIAGNOSTIC	0.167266		54
57 CT SCAN	0.049165		57
58 MRI	0.073696		58
59 CARDIAC CATHETERIZATION	0.046228		59
60 LABORATORY	0.092287		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.497086		63
65 RESPIRATORY THERAPY	0.099829		65
66 PHYSICAL THERAPY	0.324744		66
68 SPEECH PATHOLOGY	0.306003		68
69 ELECTROCARDIOLOGY	0.086797		69
70 ELECTROENCEPHALOGRAPHY	0.143990		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.084580		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237501		72
73 DRUGS CHARGED TO PATIENTS	0.103774		73
74 RENAL DIALYSIS	0.372376		74
76 DIGESTIVE DISEASES	0.092232		76
76.01 ENTEROSTOMAL	0.471317		76.01
76.02 DIABETIC SERVICE	5.692660		76.02
76.03 WOUND CARE	0.332198		76.03
76.04 PSYCHOLOGY	0.581365		76.04
76.05 NEURO DIAGNOSTIC CENTER	0.699179		76.05
76.06 EATING DISORDERS			76.06
76.07 UROLOGICAL	0.300505		76.07
76.08 SLEEP DISORDERS	0.245592		76.08
76.09 PAIN PROGRAM	0.300405		76.09
76.10 COMP EPILEPSY	0.414306		76.10
76.97 CARDIAC REHABILITATION	0.552749		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY	0.068656		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 VOICE CLINIC	0.508616		90.01
90.02 LUNG CLINIC	6.278507		90.02
90.03 ADULT SICKLE CELL CLINIC			90.03
90.04 ST JUDE CLINIC	0.759977		90.04
90.05 SISTERS CLINIC	1.852814		90.05
90.06 SPECIAL CLINICS	0.500837		90.06
90.07 PALLIATIVE CARE CLINIC	2.789609		90.07
91 EMERGENCY	0.222621		91
92 OBSERVATION BEDS (NON-DISTINCT			92
92.01 OBSERVATION BEDS-DISTINCT	0.370556		92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
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 (14-0067) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		78,375,862			30
31 INTENSIVE CARE UNIT		34,622,256			31
31.01 NEONATAL INTENSIVE CARE UNIT					31.01
35 PREMATURE INTENSIVE CARE					35
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.269110	47,987,947	12,914,036		50
51 RECOVERY ROOM	0.130468	6,707,585	875,125		51
52 DELIVERY ROOM & LABOR ROOM	0.577006	75,818	43,747		52
53 ANESTHESIOLOGY	0.026834	23,970,372	643,221		53
54 RADIOLOGY-DIAGNOSTIC	0.167455	47,793,847	8,003,319		54
57 CT SCAN	0.049165	19,686,031	967,864		57
58 MRI	0.073696	9,972,801	734,956		58
59 CARDIAC CATHETERIZATION	0.046228	21,184,413	979,313		59
60 LABORATORY	0.092287	79,048,498	7,295,149		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.497086	5,950,490	2,957,905		63
65 RESPIRATORY THERAPY	0.099829	30,390,601	3,033,863		65
66 PHYSICAL THERAPY	0.325587	9,598,797	3,125,244		66
68 SPEECH PATHOLOGY	0.306003	1,195,646	365,871		68
69 ELECTROCARDIOLOGY	0.086797	10,555,522	916,188		69
70 ELECTROENCEPHALOGRAPHY	0.143990	2,417,361	348,076		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.084580	92,430,230	7,817,749		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237501	56,952,776	13,526,341		72
73 DRUGS CHARGED TO PATIENTS	0.103774	93,984,771	9,753,176		73
74 RENAL DIALYSIS	0.374785	5,213,277	1,953,858		74
76 DIGESTIVE DISEASES	0.092837	6,904,620	641,004		76
76.01 ENTEROSTOMAL	0.471317				76.01
76.02 DIABETIC SERVICE	5.692660	95,284	542,419		76.02
76.03 WOUND CARE	0.332198	2,146	713		76.03
76.04 PSYCHOLOGY	0.581365				76.04
76.05 NEURO DIAGNOSTIC CENTER	0.704285				76.05
76.06 EATING DISORDERS					76.06
76.07 UROLOGICAL	0.300505	25,261	7,591		76.07
76.08 SLEEP DISORDERS	0.254274				76.08
76.09 PAIN PROGRAM	0.302043	3,778	1,141		76.09
76.10 COMP EPILEPSY	0.440774				76.10
76.97 CARDIAC REHABILITATION	0.552749	288,673	159,564		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	0.068656	27,642	1,898		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC	0.508616				90.01
90.02 LUNG CLINIC	6.278507				90.02
90.03 ADULT SICKLE CELL CLINIC					90.03
90.04 ST JUDE CLINIC	0.759977				90.04
90.05 SISTERS CLINIC	1.853390	1,046	1,939		90.05
90.06 SPECIAL CLINICS	0.500837	4,197	2,102		90.06
90.07 PALLIATIVE CARE CLINIC	2.817345				90.07
91 EMERGENCY	0.224052	10,100,886	2,263,124		91
92 OBSERVATION BEDS (NON-DISTINCT					92
92.01 OBSERVATION BEDS-DISTINCT	0.377535	292,883	110,574		92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		582,863,199	79,987,070		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		582,863,199			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[XX]	IRF (14-T067)	[ ]	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 NEONATAL INTENSIVE CARE UNIT					31.01
35 PREMATURE INTENSIVE CARE					35
41 SUBPROVIDER - IRF		4,563,138			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.269110	17,812	4,793		50
51 RECOVERY ROOM	0.130468	7,010	915		51
52 DELIVERY ROOM & LABOR ROOM	0.577006				52
53 ANESTHESIOLOGY	0.026834	8,028	215		53
54 RADIOLOGY-DIAGNOSTIC	0.167455	476,323	79,763		54
57 CT SCAN	0.049165	91,520	4,500		57
58 MRI	0.073696	24,059	1,773		58
59 CARDIAC CATHETERIZATION	0.046228	29,077	1,344		59
60 LABORATORY	0.092287	1,267,471	116,971		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.497086	36,713	18,250		63
65 RESPIRATORY THERAPY	0.099829	312,302	31,177		65
66 PHYSICAL THERAPY	0.325587	5,269,901	1,715,811		66
68 SPEECH PATHOLOGY	0.306003	665,547	203,659		68
69 ELECTROCARDIOLOGY	0.086797	53,641	4,656		69
70 ELECTROENCEPHALOGRAPHY	0.143990	1,884	271		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.084580	1,497,984	126,699		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237501	48,060	11,414		72
73 DRUGS CHARGED TO PATIENTS	0.103774	1,953,238	202,695		73
74 RENAL DIALYSIS	0.374785	295,343	110,690		74
76 DIGESTIVE DISEASES	0.092837	24,110	2,238		76
76.01 ENTEROSTOMAL	0.471317				76.01
76.02 DIABETIC SERVICE	5.692660	3,819	21,740		76.02
76.03 WOUND CARE	0.332198	1,652	549		76.03
76.04 PSYCHOLOGY	0.581365				76.04
76.05 NEURO DIAGNOSTIC CENTER	0.704285				76.05
76.06 EATING DISORDERS					76.06
76.07 UROLOGICAL	0.300505	19,449	5,845		76.07
76.08 SLEEP DISORDERS	0.254274				76.08
76.09 PAIN PROGRAM	0.302043				76.09
76.10 COMP EPILEPSY	0.440774				76.10
76.97 CARDIAC REHABILITATION	0.552749	1,026	567		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	0.068656				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC	0.508616				90.01
90.02 LUNG CLINIC	6.278507				90.02
90.03 ADULT SICKLE CELL CLINIC					90.03
90.04 ST JUDE CLINIC	0.759977				90.04
90.05 SISTERS CLINIC	1.853390	806	1,494		90.05
90.06 SPECIAL CLINICS	0.500837	3,231	1,618		90.06
90.07 PALLIATIVE CARE CLINIC	2.817345				90.07
91 EMERGENCY	0.224052	251,445	56,337		91
92 OBSERVATION BEDS (NON-DISTINCT					92
92.01 OBSERVATION BEDS-DISTINCT	0.377535	1,951	737		92.01
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		12,363,402	2,726,721		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		12,363,402			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
31.01 NEONATAL INTENSIVE CARE UNIT			31.01
35 PREMATURE INTENSIVE CARE			35
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.268307		50
51 RECOVERY ROOM	0.130468		51
52 DELIVERY ROOM & LABOR ROOM	0.577006		52
53 ANESTHESIOLOGY	0.026834		53
54 RADIOLOGY-DIAGNOSTIC	0.167266		54
57 CT SCAN	0.049165		57
58 MRI	0.073696		58
59 CARDIAC CATHETERIZATION	0.046228		59
60 LABORATORY	0.092287		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.497086		63
65 RESPIRATORY THERAPY	0.099829		65
66 PHYSICAL THERAPY	0.324744		66
68 SPEECH PATHOLOGY	0.306003		68
69 ELECTROCARDIOLOGY	0.086797		69
70 ELECTROENCEPHALOGRAPHY	0.143990		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.084580		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237501		72
73 DRUGS CHARGED TO PATIENTS	0.103774		73
74 RENAL DIALYSIS	0.372376		74
76 DIGESTIVE DISEASES	0.092232		76
76.01 ENTEROSTOMAL	0.471317		76.01
76.02 DIABETIC SERVICE	5.692660		76.02
76.03 WOUND CARE	0.332198		76.03
76.04 PSYCHOLOGY	0.581365		76.04
76.05 NEURO DIAGNOSTIC CENTER	0.699179		76.05
76.06 EATING DISORDERS			76.06
76.07 UROLOGICAL	0.300505		76.07
76.08 SLEEP DISORDERS	0.245592		76.08
76.09 PAIN PROGRAM	0.300405		76.09
76.10 COMP EPILEPSY	0.414306		76.10
76.97 CARDIAC REHABILITATION	0.552749		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY	0.068656		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 VOICE CLINIC	0.508616		90.01
90.02 LUNG CLINIC	6.278507		90.02
90.03 ADULT SICKLE CELL CLINIC			90.03
90.04 ST JUDE CLINIC	0.759977		90.04
90.05 SISTERS CLINIC	1.852814		90.05
90.06 SPECIAL CLINICS	0.500837		90.06
90.07 PALLIATIVE CARE CLINIC	2.789609		90.07
91 EMERGENCY	0.222621		91
92 OBSERVATION BEDS (NON-DISTINCT			92
92.01 OBSERVATION BEDS-DISTINCT	0.370556		92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	IRF (14-T067)	[ ]	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 NEONATAL INTENSIVE CARE UNIT			31.01
35 PREMATURE INTENSIVE CARE			35
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.268307		50
51 RECOVERY ROOM	0.130468		51
52 DELIVERY ROOM & LABOR ROOM	0.577006		52
53 ANESTHESIOLOGY	0.026834		53
54 RADIOLOGY-DIAGNOSTIC	0.167266		54
57 CT SCAN	0.049165		57
58 MRI	0.073696		58
59 CARDIAC CATHETERIZATION	0.046228		59
60 LABORATORY	0.092287		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.497086		63
65 RESPIRATORY THERAPY	0.099829		65
66 PHYSICAL THERAPY	0.324744		66
68 SPEECH PATHOLOGY	0.306003		68
69 ELECTROCARDIOLOGY	0.086797		69
70 ELECTROENCEPHALOGRAPHY	0.143990		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.084580		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237501		72
73 DRUGS CHARGED TO PATIENTS	0.103774		73
74 RENAL DIALYSIS	0.372376		74
76 DIGESTIVE DISEASES	0.092232		76
76.01 ENTEROSTOMAL	0.471317		76.01
76.02 DIABETIC SERVICE	5.692660		76.02
76.03 WOUND CARE	0.332198		76.03
76.04 PSYCHOLOGY	0.581365		76.04
76.05 NEURO DIAGNOSTIC CENTER	0.699179		76.05
76.06 EATING DISORDERS			76.06
76.07 UROLOGICAL	0.300505		76.07
76.08 SLEEP DISORDERS	0.245592		76.08
76.09 PAIN PROGRAM	0.300405		76.09
76.10 COMP EPILEPSY	0.414306		76.10
76.97 CARDIAC REHABILITATION	0.552749		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY	0.068656		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 VOICE CLINIC	0.508616		90.01
90.02 LUNG CLINIC	6.278507		90.02
90.03 ADULT SICKLE CELL CLINIC			90.03
90.04 ST JUDE CLINIC	0.759977		90.04
90.05 SISTERS CLINIC	1.852814		90.05
90.06 SPECIAL CLINICS	0.500837		90.06
90.07 PALLIATIVE CARE CLINIC	2.789609		90.07
91 EMERGENCY	0.222621		91
92 OBSERVATION BEDS (NON-DISTINCT			92
92.01 OBSERVATION BEDS-DISTINCT	0.370556		92.01
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS	18,216	38	1,025.11		18	18,452	1
2	INTENSIVE CARE UNIT	44,838	43	2,025.18		20	40,504	2
2.01	NEONATAL INTENSIVE CARE UNIT		43.01	1,498.18				2.01
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	PREMATURE INTENSIVE CARE		47					6
7	TOTAL (SUM OF LINES 1-6)	63,054				38	58,956	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS		
	C	1		2		3		
8	OPERATING ROOM	50	0.268307	365,788		98,143		8
9	RECOVERY ROOM	51	0.130468	15,445		2,015		9
10	DELIVERY ROOM & LABOR ROOM	52	0.577006					10
11	ANESTHESIOLOGY	53	0.026834	96,574		2,591		11
12	RADIOLOGY-DIAGNOSTIC	54	0.167266	1,078,991		180,479		12
13	RADIOLOGY-THERAPEUTIC	55						13
14	RADIOISOTOPE	56						14
15	CT SCAN	57	0.049165	171,618		8,438		15
16	MRI	58	0.073696					16
17	CARDIAC CATHETERIZATION	59	0.046228	22,484		1,039		17
18	LABORATORY	60	0.092287	813,647		75,089		18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.497086	16,969		8,435		21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.099829	114,793		11,460		23
24	PHYSICAL THERAPY	66	0.324744					24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68	0.306003					26
27	ELECTROCARDIOLOGY	69	0.086797	368,006		31,942		27
28	ELECTROENCEPHALOGRAPHY	70	0.143990					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.084580	198,901		16,823		29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.237501	3,465		823		30
31	DRUGS CHARGED TO PATIENTS	73	0.103774	233,868		24,269		31
32	RENAL DIALYSIS	74	0.372376	3,779		1,407		32
33	ASC (NON-DISTINCT PART)	75						33
34	DIGESTIVE DISEASES	76	0.092232					34
34.01	ENTEROSTOMAL	76.01	0.471317					34.01
34.02	DIABETIC SERVICE	76.02	5.692660					34.02
34.03	WOUND CARE	76.03	0.332198					34.03
34.04	PSYCHOLOGY	76.04	0.581365					34.04
34.05	NEURO DIAGNOSTIC CENTER	76.05	0.699179					34.05
34.06	EATING DISORDERS	76.06						34.06
34.07	UROLOGICAL	76.07	0.300505					34.07
34.08	SLEEP DISORDERS	76.08	0.245592					34.08
34.09	PAIN PROGRAM	76.09	0.300405					34.09
34.10	COMP EPILEPSY	76.10	0.414306					34.10
34.97	CARDIAC REHABILITATION	76.97	0.552749					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99	0.068656					34.99
35	RURAL HEALTH CLINIC	88						35
36	FEDERALLY QUALIFIED HEALTH CENT	89						36
37	CLINIC	90						37
37.01	VOICE CLINIC	90.01	0.508616					37.01
37.02	LUNG CLINIC	90.02	6.278507					37.02
37.03	ADULT SICKLE CELL CLINIC	90.03						37.03
37.04	ST JUDE CLINIC	90.04	0.759977					37.04
37.05	SISTERS CLINIC	90.05	1.852814					37.05
37.06	SPECIAL CLINICS	90.06	0.500837					37.06
37.07	PALLIATIVE CARE CLINIC	90.07	2.789609					37.07
38	EMERGENCY	91	0.222621	2,883		642		38
39	OBSERVATION BEDS (NON-DISTINCT)	92						39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.370556					39.01
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
41	TOTAL (SUM OF LINES 8-40)			3,507,211		463,595		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D 1	2	3	
42	ADULTS & PEDIATRICS	2	18		42
43	INTENSIVE CARE UNIT	3	20		43
43.01	NEONATAL INTENSIVE CARE UNIT	3.01			43.01
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	PREMATURE INTENSIVE CARE	7			47
48	TOTAL (SUM OF LINES 42-47)		38		48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D 2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
51.01	VOICE CLINIC		23.01		51.01
51.02	LUNG CLINIC		23.02		51.02
51.03	ADULT SICKLE CELL CLINIC		23.03		51.03
51.04	ST JUDE CLINIC		23.04		51.04
51.05	SISTERS CLINIC		23.05		51.05
51.06	SPECIAL CLINICS		23.06		51.06
51.07	PALLIATIVE CARE CLINIC		23.07		51.07
52	EMERGENCY	2,883	24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	2,883			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	522,551		3,570,265		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	4,079,442		4,079,442		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	4,601,993		7,649,707		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		85			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		81			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.952941			64
65 MEDICARE COST/CHARGES	4,385,428		7,289,719		65
66 REVENUE FOR ORGANS SOLD		266,229		821,611	66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	4,119,199		6,468,108		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	4,119,199		6,468,108		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	8	43		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		39		73
74 TOTAL (SUM OF LINES 70-73)	8	82		74
75 ORGANS TRANSPLANTED	8	39	859,036	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		38	266,229	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS		5		83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	8	82		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART I

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

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS		38	1,025.11				1
2	INTENSIVE CARE UNIT	6,587	43	2,025.18		2	4,050	2
2.01	NEONATAL INTENSIVE CARE UNIT		43.01	1,498.18				2.01
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	PREMATURE INTENSIVE CARE		47					6
7	TOTAL (SUM OF LINES 1-6)	6,587				2	4,050	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES			ORGAN ACQUISITION ANCILLARY COSTS	
	C	1		2		3		
8	OPERATING ROOM	50	0.268307	48,758		13,082		8
9	RECOVERY ROOM	51	0.130468					9
10	DELIVERY ROOM & LABOR ROOM	52	0.577006					10
11	ANESTHESIOLOGY	53	0.026834	6,578		177		11
12	RADIOLOGY-DIAGNOSTIC	54	0.167266	11,089		1,855		12
13	RADIOLOGY-THERAPEUTIC	55						13
14	RADIOISOTOPE	56						14
15	CT SCAN	57	0.049165	1,850		91		15
16	MRI	58	0.073696					16
17	CARDIAC CATHETERIZATION	59	0.046228					17
18	LABORATORY	60	0.092287	47,979		4,428		18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62		1,214				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.497086					21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.099829	22,485		2,245		23
24	PHYSICAL THERAPY	66	0.324744					24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68	0.306003					26
27	ELECTROCARDIOLOGY	69	0.086797	3,196		277		27
28	ELECTROENCEPHALOGRAPHY	70	0.143990					28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	0.084580	20,640		1,746		29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.237501					30
31	DRUGS CHARGED TO PATIENTS	73	0.103774	12,712		1,319		31
32	RENAL DIALYSIS	74	0.372376					32
33	ASC (NON-DISTINCT PART)	75						33
34	DIGESTIVE DISEASES	76	0.092232					34
34.01	ENTEROSTOMAL	76.01	0.471317					34.01
34.02	DIABETIC SERVICE	76.02	5.692660					34.02
34.03	WOUND CARE	76.03	0.332198					34.03
34.04	PSYCHOLOGY	76.04	0.581365					34.04
34.05	NEURO DIAGNOSTIC CENTER	76.05	0.699179					34.05
34.06	EATING DISORDERS	76.06						34.06
34.07	UROLOGICAL	76.07	0.300505					34.07
34.08	SLEEP DISORDERS	76.08	0.245592					34.08
34.09	PAIN PROGRAM	76.09	0.300405					34.09
34.10	COMP EPILEPSY	76.10	0.414306					34.10
34.97	CARDIAC REHABILITATION	76.97	0.552749					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99	0.068656					34.99
35	RURAL HEALTH CLINIC	88						35
36	FEDERALLY QUALIFIED HEALTH CENT	89						36
37	CLINIC	90						37
37.01	VOICE CLINIC	90.01	0.508616					37.01
37.02	LUNG CLINIC	90.02	6.278507					37.02
37.03	ADULT SICKLE CELL CLINIC	90.03						37.03
37.04	ST JUDE CLINIC	90.04	0.759977					37.04
37.05	SISTERS CLINIC	90.05	1.852814					37.05
37.06	SPECIAL CLINICS	90.06	0.500837					37.06
37.07	PALLIATIVE CARE CLINIC	90.07	2.789609					37.07
38	EMERGENCY	91	0.222621	1,450		323		38
39	OBSERVATION BEDS (NON-DISTINCT)	92						39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.370556					39.01
40	OTHER OUTPATIENT SERVICE (SPECI	93						40
41	TOTAL (SUM OF LINES 8-40)			177,951		25,543		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

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

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		D 1	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3	2		43
43.01	NEONATAL INTENSIVE CARE UNIT	3.01			43.01
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	PREMATURE INTENSIVE CARE	7			47
48	TOTAL (SUM OF LINES 42-47)		2		48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D 2	3	
49	RURAL HEALTH CLINIC		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
51.01	VOICE CLINIC		23.01		51.01
51.02	LUNG CLINIC		23.02		51.02
51.03	ADULT SICKLE CELL CLINIC		23.03		51.03
51.04	ST JUDE CLINIC		23.04		51.04
51.05	SISTERS CLINIC		23.05		51.05
51.06	SPECIAL CLINICS		23.06		51.06
51.07	PALLIATIVE CARE CLINIC		23.07		51.07
52	EMERGENCY	1,450	24		52
53	OBSERVATION BEDS (NON-DISTINCT)		25		53
53.01	OBSERVATION BEDS-DISTINCT		25.01		53.01
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	1,450			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	29,593		184,538		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	143,857		143,857		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	173,450		328,395		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		8			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		8			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		1.000000			64
65 MEDICARE COST/CHARGES	173,450		328,395		65
66 REVENUE FOR ORGANS SOLD	21,799		37,070		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	151,651		291,325		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	151,651		291,325		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER		6		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		2		73
74 TOTAL (SUM OF LINES 70-73)		8		74
75 ORGANS TRANSPLANTED		2	32,406	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		6	21,799	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		8		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	98,895,326	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	7,137,521	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	19,153,250	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	609.03	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	97.61	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	97.61	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	183.93	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	3.78	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	101.39	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	100.54	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	100.27	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	100.73	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	100.73	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.165394	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.176331	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.165394	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	10,191,606	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	25.00	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	86.32	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	25.00	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.041049	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.010841	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	1,279,765	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	11,471,371	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0489	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2925	31
32	SUM OF LINES 30 AND 31	0.3414	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1738	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	17,188,008	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	10,808	40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	291	41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	2.69	42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	1,379	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)	134,692,226	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)	134,692,226	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	9,500,915	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	4,557,955	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	798,140	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	4,270,850	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	1,835,618	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	241,248	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	155,896,952	59
60	PRIMARY PAYER PAYMENTS	99,389	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	155,797,563	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8,663,408	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	620,372	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,814,248	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,179,261	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,689,757	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	147,693,044	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)	9,019	68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	69,220	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-118,680	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	147,634,565	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	1,476,346	71.01
72	INTERIM PAYMENTS	143,891,121	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	2,267,098	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	3,611,715	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 (14-0067)         IPF         IRF  
                                   SUB (OTHER)                                    SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	15,024	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	39,029,255	2
3	PPS PAYMENTS	35,496,960	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	311,741	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	142,626	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	15,024	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	151,374	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)	151,374	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)	151,374	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	136,350	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)	15,024	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)	35,951,327	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	588	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	7,653,314	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	28,312,449	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	1,136,513	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	29,448,962	30
31	PRIMARY PAYER PAYMENTS	204	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	29,448,758	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)	1,293,897	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	841,033	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,203,053	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	30,289,791	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (RECONCILIATION)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	30,289,791	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	302,898	40.01
41	INTERIM PAYMENTS	29,781,549	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	205,344	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:        [ ] HOSPITAL                                [ ] IPF                                [XX] IRF (14-T067)  
                                 [ ] SUB (OTHER)                                [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		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 (14-0067) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		143,385,521		29,665,649	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					3.01
.02	10/04/2013	505,600	05/09/2013	115,900	3.02
PROGRAM .03					3.03
TO .04					3.04
PROVIDER .05					3.05
.06					3.06
.07					3.07
.08					3.08
.09					3.09
.50		NONE		NONE	3.50
.51					3.51
PROVIDER .52					3.52
TO .53					3.53
PROGRAM .54					3.54
.55					3.55
.56					3.56
.57					3.57
.58					3.58
.59					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		505,600		115,900	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		143,891,121		29,781,549	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		NONE		NONE	5.01
TO .02					5.02
PROVIDER .03					5.03
.04					5.04
.05					5.05
.06					5.06
.07					5.07
.08					5.08
.09					5.09
PROVIDER .50		NONE		NONE	5.50
TO .51					5.51
PROGRAM .52					5.52
.53					5.53
.54					5.54
.55					5.55
.56					5.56
.57					5.57
.58					5.58
.59					5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
PROGRAM .01		3,743,444		508,242	6.01
TO .02					6.02
PROVIDER .03					6.03
TO .04					6.04
PROGRAM .05					6.05
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		147,634,565		30,289,791	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [XX] IRF (14-T067) [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,174,641		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)		6,174,641		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	20,612		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		6,195,253		7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ NPR DATE: \_\_\_\_\_ 8

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0067) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	35,046	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	57,030	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	11,084	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	169,059	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	3,226,258,983	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	283,390,867	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)	1,406,859	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	28,137	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,378,722	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,364,178	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	14,544	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	5,361,770	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.002500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	344,762	3
4	OUTLIER PAYMENTS	200,652	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.62	5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	4.70	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2.62	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	24.460274	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.072472	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	388,578	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	6,295,762	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	6,295,762	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	6,295,762	19
20	DEDUCTIBLES	70,396	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	6,225,366	21
22	COINSURANCE	61,798	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	6,163,568	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	6,163,568	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	12,574	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	19,111	31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,195,253	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	61,953	32.01
33	INTERIM PAYMENTS	6,174,641	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-41,341	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	163,777	36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK  TITLE V  HOSPITAL (14-0067)  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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VII

CHECK  TITLE V  HOSPITAL  SNF  PPS  
APPLICABLE  TITLE XIX  IPF  NF  TEFRA  
BOXES:  IRF (14-T067)  ICF/MR  OTHER  
 SUB (OTHER)

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK  TITLE V  HOSPITAL (14-0067)  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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	50,723,289		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	50,723,289		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	50,723,289		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	50,723,289		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK  TITLE V  HOSPITAL  SNF  PPS  
 APPLICABLE  TITLE XIX  IPF  NF  TEFRA  
 BOXES:  IRF (14-T067)  ICF/MR  OTHER  
 SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	914,875		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	914,875		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	914,875		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	914,875		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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

WORKSHEET E-4

CHECK [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 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 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 UNWEIGHTED 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				
26	INPATIENT DAYS			26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	177,987		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	114.45	1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)	114.45	5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	184.09	6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6	114.45	7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	101.09	79.04	180.13
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	62.85	49.14	111.99
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.78	10
11	TOTAL WEIGHTED FTE COUNT	62.85	52.92	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	61.63	53.52	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	62.46	52.67	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	62.31	53.04	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	62.31	53.04	17
18	PER RESIDENT AMOUNT	105,620.69	100,131.49	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	6,581,225	5,310,974	11,892,199
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			25.00
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			69.64
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			24.46
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			93,597.52
24	MULTIPLY LINE 22 TIMES LINE 23			2,289,395
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			14,181,594
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	61,361	11,771	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	177,987	177,987	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.344750	0.066134	28
29	PROGRAM DIRECT GME AMOUNT	4,889,105	937,886	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		132,523	30
31	NET PROGRAM DIRECT GME AMOUNT			5,694,468
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)			8,787,777
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			152,985,282
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			4,270,850
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			99,389
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			157,156,743
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			39,186,905
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			204
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			39,186,701
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			196,343,444
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.800418
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.199582
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			5,694,468
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			4,557,955
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,136,513

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		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 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 AND 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 UNWEIGHTED 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				
26	INPATIENT DAYS	INPATIENT PART A 41,491	MANAGED CARE 9,095	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	177,987	177,987	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.233113	0.051099	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	12,501,200			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	622,539,076			4
5	OTHER RECEIVABLES	11,728,507			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-433,199,470			6
7	INVENTORY	10,450,096			7
8	PREPAID EXPENSES	4,801,420			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	228,820,829			11
FIXED ASSETS					
12	LAND	8,894,598			12
13	LAND IMPROVEMENTS	11,890,757			13
14	ACCUMULATED DEPRECIATION	-8,248,469			14
15	BUILDINGS	619,156,782			15
16	ACCUMULATED DEPRECIATION	-243,443,578			16
17	LEASEHOLD IMPROVEMENTS	5,363,099			17
18	ACCUMULATED AMORTIZATION	-5,094,708			18
19	FIXED EQUIPMENT	17,667,886			19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	252,965,240			23
24	ACCUMULATED DEPRECIATION	-186,219,871			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	590,764			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	473,522,500			30
OTHER ASSETS					
31	INVESTMENTS	31,210,707			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	501,424,019			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	532,634,726			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,234,978,055			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	13,305,744			37
38	SALARIES, WAGES & FEES PAYABLE	53,107,066			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	122,401			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	40,088,967			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	106,624,178			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	3,432,379			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	3,432,379			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	110,056,557			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,124,921,498			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	1,124,921,498			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,234,978,055			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	1,044,563	156							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	93,132	186							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	1,137,695	342							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS TRNA PR	5,021	774							5
6 CONTRIBUTIONS-TEMP/PERM REST	1,775	244							6
7 INVESTMENT INCOME	676	929							7
8 INV INC MARKET ADJ	10	262							8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	7,484	209							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	1,145,179	551							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CONTRIBUTIONS-TEMP RESTR RELEASED	3,581	173							13
14 INV INC MARKET ADJ									14
15 EQUITY TRANSFER TO CORP	10,000	000							15
16 OTHER	4,186	340							16
17 CHANGE MINORITY INTEREST	2,490	540							17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	20,258	053							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	1,124,921	498							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	246,909,499		246,909,499	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF	9,616,346		9,616,346	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)	256,525,845		256,525,845	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	79,816,916		79,816,916	11
11.01 NEONATAL INTENSIVE CARE UNIT	30,386,944		30,386,944	11.01
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 PREMATURE INTENSIVE CARE				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	110,203,860		110,203,860	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	366,729,705		366,729,705	17
18 ANCILLARY SERVICES	1,577,029,905	1,063,659,428	2,640,689,333	18
19 OUTPATIENT SERVICES	55,550,679	90,396,817	145,947,496	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES	103,482	6,453,165	6,556,647	27
27.02 TRANSPLANT SERVICES	3,623,842	207,851	3,831,693	27.02
27.03 PROFESSIONAL FEES	17,487,281	197,901,899	215,389,180	27.03
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	2,020,524,894	1,358,619,160	3,379,144,054	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		918,906,483	29
30 **ADD (SPECIFY)** BAD DEBTS			30
31 SHARED EXPENSE			31
32			32
33			33
34			34
35 ROUNDING			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		918,906,483	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	3,379,144,054	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2,423,923,942	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	955,220,112	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	918,906,483	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	36,313,629	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5,268,055	6
7	INCOME FROM INVESTMENTS	3,173,905	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	363	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	253,430	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	770,738	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	295,246	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	6,334,915	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	184,318	21
22	RENTAL OF HOSPITAL SPACE	1,060,370	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (RESEARCH)	784,971	24
24.01	OTHER (ASSETS RELEASED-CAPITAL)	3,390,178	24.01
24.02	OTHER (OTHER REVENUE)	6,353,428	24.02
24.03	OTHER (OPERATING INTEREST INCOME)	27,608,517	24.03
24.04	OTHER (GAINS AND LOSS ON DISPOSAL)	842,444	24.04
24.05	OTHER (CONTRACT PHARMACY)	497,679	24.05
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	56,818,557	25
26	TOTAL (LINE 5 PLUS LINE 25)	93,132,186	26
27	OTHER EXPENSES (ROUNDING)		27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	93,132,186	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: -

WORKSHEET I-1

CHECK APPLICABLE BOX: [  ] RENAL DIALYSIS DEPARTMENT [  ] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES		HOURS OF SERVICE			1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS		HOURS OF SERVICE			4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)					9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)					17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY			20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY		REQUISITIONS			25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)					27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 DIGESTIVE DISEASES		CHARGES			30
30.01 ENTEROSTOMAL		CHARGES			30.01
30.02 DIABETIC SERVICE		CHARGES			30.02
30.03 WOUND CARE		CHARGES			30.03
30.04 PSYCHOLOGY		CHARGES			30.04
30.05 NEURO DIAGNOSTIC CENTER		CHARGES			30.05
30.06 EATING DISORDERS		CHARGES			30.06
30.07 UROLOGICAL		CHARGES			30.07
30.08 SLEEP DISORDERS		CHARGES			30.08
30.09 PAIN PROGRAM		CHARGES			30.09
30.10 COMP EPILEPSY		CHARGES			30.10
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)					31

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
02/27/2014 20:01

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2

CHECK APPLICABLE BOX: [  ] RENAL DIALYSIS DEPARTMENT [  ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE BENEFITS	DRUGS
	BUILDING	EQUIPMENT	RNs	OTHER	DEPARTMENT	
	1	2	3	4	5	6
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL TRAINING					3
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					12
13	METHOD II HOME PATIENT					13
14	EPO (INCL IN RENAL DEPT)					14
15	ARANESP (INCL IN RENAL DEPT)					15
16	OTHER					16
17	TOTAL (SUM OF LINES 2-16)					17
18	MEDICAL EDUC PGM COSTS					18
19	TOTAL RENAL COSTS (LINES 17+18)					19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1						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

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2				
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL TRAINING					3
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPT DIAL TRMNTS					
13	METHOD II HOME PATIENT					13
14	EPO					14
15	ARANESP					15
16	OTHER					16
17	TOTAL STATISTICAL BASIS					17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)					18

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 20:01

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3  
 (CONTINUED)

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1						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

(LINE 1 ÷ LINE 17)



PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11  
 02/27/2014 20:01

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4  
 (CONTINUED)

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
	6	6.01	6.02	7	7.01	7.02	
1 MAINTENANCE - HEMODIALYSIS							1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD							5
6 TRAINING - CCPD							6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD							9
10 HOME PROGRAM - CCPD							10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)							11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: -

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)			2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	7,783,585	1
2	CAPITAL DRG OUTLIER PAYMENTS	541,231	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	463.18	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	125.73	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0796	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	619,573	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0489	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2925	8
9	SUM OF LINES 7 AND 8	0.3414	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0715	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	556,526	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	9,500,915	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 DEPARTMENT					4
5.01 PURCH, RCVING, STORING					5.01
5.02 ADMITTING					5.02
5.03 OUTPATIENT OFFICES					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMIN + GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 PARKING					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL EDUC X-RAY					23.01
23.02 PARAMEDICAL EDUC DIETARY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL INTENSIVE CARE UNIT					31.01
35 PREMATURE INTENSIVE CARE					35
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 DIGESTIVE DISEASES					76
76.01 ENTEROSTOMAL					76.01
76.02 DIABETIC SERVICE					76.02
76.03 WOUND CARE					76.03
76.04 PSYCHOLOGY					76.04
76.05 NEURO DIAGNOSTIC CENTER					76.05
76.06 EATING DISORDERS					76.06
76.07 UROLOGICAL					76.07
76.08 SLEEP DISORDERS					76.08
76.09 PAIN PROGRAM					76.09
76.10 COMP EPILEPSY					76.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC					90.01
90.02 LUNG CLINIC					90.02
90.03 ADULT SICKLE CELL CLINIC					90.03
90.04 ST JUDE CLINIC					90.04

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	
90.05 SISTERS CLINIC						90.05
90.06 SPECIAL CLINICS						90.06
90.07 PALLIATIVE CARE CLINIC						90.07
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
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
105 KIDNEY ACQUISITION						105
SPECIAL PURPOSE COST CENTERS						
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING						194.03
194.04 OUTREACH PHYSICIAN						194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB						194.07
194.08 INDUSTRIAL REHAB						194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES						194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC						194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19