

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1.  ELECTRONICALLY FILED COST REPORT
  2.  MANUALLY SUBMITTED COST REPORT
  3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
  4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: 02-27-2013 TIME: 13:24
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  6. DATE RECEIVED: \_\_\_\_\_
  7. CONTRACTOR NO: \_\_\_\_\_
  8.  INITIAL REPORT FOR THIS PROVIDER CCN
  9.  FINAL REPORT FOR THIS PROVIDER CCN
  10. NPR DATE: \_\_\_\_\_
  11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  12.  IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 4 - REOPENED
  - 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT FRANCIS MEDICAL CENTER (14-0067) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2011 AND ENDING 09/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		899,481	224,664	42,975	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		-111,693			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		787,788	224,664	42,975	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:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)		
											6	7	8
3	HOSPITAL	SAIN	14-0067	37900	1	07/01/1966	O	P	O	3			
4	SUBPROVIDER - IPF									4			
5	SUBPROVIDER - IRF	SAIN	14-T067	37900	5	10/01/1983	O	P	O	5			
6	SUBPROVIDER - (OTHER)									6			
7	SWING BEDS - SNF									7			
8	SWING BEDS - NF									8			
9	HOSPITAL-BASED SNF									9			
10	HOSPITAL-BASED NF									10			
11	HOSPITAL-BASED OLTC									11			
12	HOSPITAL-BASED HHA									12			
13	SEPARATELY CERTIFIED ASC									13			
14	HOSPITAL-BASED HOSPICE									14			
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15			
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16			
17	HOSPITAL-BASED (CMHC)									17			
18	RENAL DIALYSIS									18			
19	OTHER									19			
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2011				TO: 09/30/2012				20			
21	TYPE OF CONTROL					3				21			

INPATIENT PPS INFORMATION

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 22
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.	3 N 23

	IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID HMO PAID DAYS	OTHER MEDICAID DAYS	
							1
24	IF THIS PROVIDER IS AN IPHS 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.	37,610	8,703	16	147	2,771	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.	717	400			49	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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

'N' FOR NO.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56 IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57 IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58 IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59 ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60 ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61 DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64 ENTER IN COLUMN 1, 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)

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
PROGRAM NAME	PROGRAM CODE			
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	18.83	0.206490 65.02

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

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	1.54	93.37	0.016226	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.3/COL.4)	
67 INTERNAL MEDICINE	1400	3.85	30.85	0.110951	67
67.01 MEDICINE-PEDIATRICS	1450	6.71	31.31	0.176486	67.01
67.02 PEDIATRICS	2000	3.10	20.16	0.133276	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

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.	N			85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N			86

TITLE V AND XIX INPATIENT SERVICES

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y		90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N		96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N			105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N			108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N	N	N	109

PHY- OCCUP- RESPI-  
 SICAL ATIONAL SPEECH RATORY

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE: 9,526,327			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 149006	140
-----	--	--------	-------------	-----

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

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
PERIOD FROM 10/01/2011 TO 09/30/2012

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

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165			
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5
HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT						
167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	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.	0.75	169			

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	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	3
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/N 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				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15

PS&R REPORT DATA		PART A		PART B	
	Y/N	DATE	Y/N	DATE	
16	1	2	3	4	
16	Y	12/20/2012	Y	12/20/2012	16
17	N		N		17
18	N		N		18
19	N		N		19
20	N		N		20
21	N		N		21



HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

	Y/N	DATE	
	1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?		36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		37
38	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: MARY	LAST NAME: MONROE	TITLE: DIR, GOVERNMENT REIM	41
42	EMPLOYER: SAINT FRANCIS MEDICAL CENTER			42
43	PHONE NUMBER: 309-671-5334	E-MAIL ADDRESS: MARY.M.MONROE@OSFHEALTHCARE.OR		43





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

LINE	AMOUNT	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)			
WKST A	REPORTED	WKST A-6)	COL. 3)	IN COL. 4	COL. 5)			
1	2	3	4	5	6			
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	370,268,013	-321,736	369,946,277	11,659,507.00	31.73	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE		1,874,147		1,874,147	14,256.00	131.46	4
4.01	PHYSICIAN-PART A - TEACHING		7,835,390		7,835,390	51,479.00	152.21	4.01
5	PHYSICIAN-PART B		12,828,040		12,828,040	61,357.00	209.07	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	10,292,631	50,201	10,342,832	406,142.00	25.47	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		86,750,755	1,187,280	87,938,035	1,118,161.00	78.65	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,702,333		1,702,333	39,096.00	43.54	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		2,544,943		2,544,943	17,255.00	147.49	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		51,829,556		51,829,556	1,038,311.00	49.92	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		75,496,612		75,496,612			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		16,456,338		16,456,338			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		172,881		172,881			22
22.01	PHYSICIAN PART A - TEACHING		691,378		691,378			22.01
23	PHYSICIAN PART B		1,043,481		1,043,481			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		2,212,330		2,212,330			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		6,225,402	-1,788,547	4,436,855	128,912.00	34.42	26
27	ADMINISTRATIVE & GENERAL		19,096,416	-362,891	18,733,525	521,638.00	35.91	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		4,008,625		4,008,625	21,129.00	189.72	28
29	MAINTENANCE & REPAIRS		5,491,193	10,354	5,501,547	200,102.00	27.49	29
30	OPERATION OF PLANT		1,770,640	8,698	1,779,338	84,881.00	20.96	30
31	LAUNDRY & LINEN SERVICE		181,981	894	182,875	13,234.00	13.82	31
32	HOUSEKEEPING		6,348,503	-38,676	6,309,827	482,863.00	13.07	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		225,737		225,737	13,942.00	16.19	33
34	DIETARY		5,134,448	-524,470	4,609,978	328,163.00	14.05	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		160,189		160,189	10,008.00	16.01	35
36	CAFETERIA			472,913	472,913	33,292.00	14.21	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		12,876,629	623,790	13,500,419	504,311.00	26.77	38
39	CENTRAL SERVICES AND SUPPLY		3,673,786	13,249	3,687,035	230,083.00	16.02	39
40	PHARMACY		10,275,381	39,659	10,315,040	260,494.00	39.60	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		3,649,719	16,853	3,666,572	206,193.00	17.78	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE		29,008	-2,692	26,316	1,888.00	13.94	43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		343,706,503	-371,937	343,334,566	11,185,608.00	30.69	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		86,750,755	1,187,280	87,938,035	1,118,161.00	78.65	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		256,955,748	-1,559,217	255,396,531	10,067,447.00	25.37	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		56,076,832		56,076,832	1,094,662.00	51.23	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		75,669,493		75,669,493		29.63	5
6	TOTAL (SUM OF LINES 3 THRU 5)		388,702,073	-1,559,217	387,142,856	11,162,109.00	34.68	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		79,147,657	-1,530,866	77,616,791	3,041,133.00	25.52	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	23,100,447	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,330,000	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)	41,709,964	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	661,745	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	2,684,406	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	23,268,931	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	192,060	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	2,125,467	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	96,073,020	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
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PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	38,128,834		1
2	HOSPITAL	38,112,610		2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF	16,224		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)				0.198312	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				114,945,036	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				533,354,984	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				105,770,694	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.					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)					19
			UNINSURED PATIENTS 1	INSURED PATIENTS 2		TOTAL 3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY		142,997,530	18,048,371		161,045,901
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)		28,358,126	3,579,209		31,937,335
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE		910,849	114,962		1,025,811
23	COST OF CHARITY CARE		27,447,277	3,464,247		30,911,524
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)					43,261,693
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V					1,869,334
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)					41,392,359
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)					8,208,601
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)					39,120,125
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)					39,120,125

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		23,985,863	23,985,863	-5,174,903	1
2	00200		15,989,877	15,989,877	960,556	2
3	00300		565,851	565,851	-565,851	3
4	00400	6,225,402	84,872,886	91,098,288	7,561,910	4
5.01	00560	814,043	1,422,863	2,236,906	3,999	5.01
5.02	00570	10,187	172,241	182,428	50	5.02
5.03	00580	306,246	129,651	435,897	1,504	5.03
5.04	00581	1,001	346,666	347,667	9	5.04
5.05	00590	17,964,939	122,035,878	140,000,817	4,846,324	5.05
6	00600	5,491,193	14,861,861	20,353,054	-95,969	6
7	00700	1,770,640	6,882,039	8,652,679	707,813	7
8	00800	181,981	802,830	984,811	894	8
9	00900	6,348,503	3,386,168	9,734,671	-82,626	9
10	01000	5,134,448	1,732,628	6,867,076	-1,659,106	10
11	01100				1,506,295	11
12	01200					12
13	01300	12,876,629	1,827,389	14,704,018	716,882	13
14	01400	3,673,786	8,162,430	11,836,216	-6,157,372	14
15	01500	10,275,381	22,251,966	32,527,347	-22,852,400	15
16	01600	3,649,719	674,162	4,323,881	17,928	16
17	01700					17
18	01850	29,008	749,367	778,375	-2,692	18
19	01900					19
20	02000	4,158,650	474,486	4,633,136	-340,627	20
21	02100	10,292,631		10,292,631	50,201	21
22	02200	8,656,852	13,205,021	21,861,873	-478,121	22
23	02300				118,838	23
23.01	02301				214,246	23.01
23.02	02302				177,241	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	53,619,508	8,742,676	62,362,184	262,457	30
31	03100	16,664,828	4,574,179	21,239,007	81,548	31
35	02120	10,759,823	1,248,813	12,008,636	52,853	35
41	04100	2,712,078	479,500	3,191,578	13,322	41
ANCILLARY SERVICE COST CENTERS						
50	05000	14,056,646	45,402,890	59,459,536	-35,580,779	50
51	05100	2,153,646	92,882	2,246,528	10,579	51
52	05200	3,835,292	719,613	4,554,905	16,141	52
53	05300	490,095	1,632,103	2,122,198	-25,498	53
54	05400	16,028,873	14,799,510	30,828,383	-4,326,989	54
57	05700	2,121,180	2,687,956	4,809,136	-298,290	57
58	05800	1,561,705	3,679,048	5,240,753	-65,281	58
59	05900	2,053,049	12,148,745	14,201,794	-10,633,859	59
60	06000	10,912,065	15,140,878	26,052,943	-260,542	60
61	06100				122,688	61
62.30	06250					62.30
63	06300	655,686	5,973,377	6,629,063	3,221	63
65	06500	5,211,839	2,174,940	7,386,779	-1,046,888	65
66	06600	8,243,738	1,225,143	9,468,881	37,539	66
68	06800	633,312	200,690	834,002	2,661	68
69	06900	2,513,663	512,776	3,026,439	12,347	69
70	07000	735,178	131,611	866,789	3,611	70
71	07100				25,625,507	71
72	07200				36,750,728	72
73	07300				22,898,699	73
74	07400	149,032	1,804,812	1,953,844	732	74
76	03950	1,878,442	2,229,784	4,108,226	-1,017,055	76
76.01	03951	239,750	24,704	264,454	1,178	76.01
76.02	03952	554,422	235,741	790,163	2,723	76.02
76.03	03953	442,577	554,700	997,277	-1,553	76.03
76.04	03550	1,008,995	175,459	1,184,454	4,956	76.04
76.05	03954	1,117,938	69,023	1,186,961	5,491	76.05
76.06	03955	203,833	18,853	222,686	1,001	76.06
76.07	03640	64,976	25,965	90,941	319	76.07
76.08	03956	2,658,466	322,582	2,981,048	13,059	76.08
76.09	03957	850,402	629,214	1,479,616	1,857	76.09
76.10	03958	1,663,979	36,473	1,700,452	8,174	76.10
76.97	07697	548,548	38,991	587,539	2,695	76.97
76.98	07698					76.98
76.99	07699		234,000	234,000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	57,867	106,060	163,927	-422	90.01
90.02	09002		4,340	4,340		90.02
90.03	09003					90.03
90.04	09004	717,157	86,282	803,439	3,523	90.04
90.05	09005	1,868,099	252,575	2,120,674	9,176	90.05



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASSIFI-	
			(COL. 1 + COL. 2)		
	1	2	3	4	
90.06 09006 SPECIAL CLINICS	222,453	396,072	618,525	1,093	90.06
90.07 09007 PALLIATIVE CARE CLINIC	887,015	295,467	1,182,482	-137,557	90.07
91 09100 EMERGENCY	20,786,329	6,753,816	27,540,145	101,915	91
92 09200 OBSERVATION BEDS					92
92.01 09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	1,644,263	387,378	2,031,641	-42,353	92.01
95 09500 AMBULANCE SERVICES	1,424,530	7,066,356	8,490,886	6,997	95
99.10 09910 CORF					99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					99.40
105 10500 KIDNEY ACQUISITION	490,258	2,835,973	3,326,231	-342,697	105
109 10900 PANCREAS ACQUISITION	93,992	173,941	267,933	-58,672	109
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	292,396,766	470,858,014	763,254,780	11,695,378	118
190 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				2	190
194 07950 SISTERS CONVENT		265	265	251,386	194
194.01 07951 BRADLEY HEALTH SVC	432,055	31,235	463,290	2,122	194.01
194.02 07952 COMMUNITY CLINIC	206,391	171,793	378,184	1,014	194.02
194.03 07953 FUND RAISING	889,594	3,121,644	4,011,238	4,368	194.03
194.04 07954 OUTREACH PHYSICIAN	69,445,319	16,078,162	85,523,481	-8,325,596	194.04
194.05 07955 PHYSICIAN CONTRACT	74,341	2,224,826	2,299,167	365	194.05
194.06 07956 MEALS ON WHEELS					194.06
194.07 07957 OTHER NON-REIMB	2,019,624	889,142	2,908,766	597,184	194.07
194.08 07958 INDUSTRIAL REHAB	1,184,038	625,061	1,809,099	5,816	194.08
194.09 07959 CONTRACTED SERVICES					194.09
194.10 07960 IN-SCHOOL CLINIC					194.10
194.11 07961 REGIONAL ACTIVITIES	304,912	46,842	351,754	1,498	194.11
194.12 07962 CFH - MEDICAL OFFICE BLDG					194.12
194.13 07963 CFH - ASC LLC	3,314,973	10,528,193	13,843,166	-4,233,537	194.13
200 TOTAL (SUM OF LINES 118-199)	370,268,013	504,575,177	874,843,190		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	18,810,960	-538,921	18,272,039	1
2	00200	CAP REL COSTS-MVBLE EQUIP	16,950,433	-40,503	16,909,930	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	98,660,198	-825,312	97,834,886	4
5.01	00560	PURCH, RCVING, STORING	2,240,905	-296,315	1,944,590	5.01
5.02	00570	ADMITTING	182,478		182,478	5.02
5.03	00580	OUTPATIENT OFFICES	437,401		437,401	5.03
5.04	00581	BUSINESS OFFICE	347,676	-210	347,466	5.04
5.05	00590	OTHER ADMIN + GENERAL	144,847,141	-44,143,196	100,703,945	5.05
6	00600	MAINTENANCE & REPAIRS	20,257,085	-833,937	19,423,148	6
7	00700	OPERATION OF PLANT	9,360,492	-17,364	9,343,128	7
8	00800	LAUNDRY & LINEN SERVICE	985,705		985,705	8
9	00900	HOUSEKEEPING	9,652,045		9,652,045	9
10	01000	DIETARY	5,207,970	-618,260	4,589,710	10
11	01100	CAFETERIA	1,506,295		1,506,295	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	15,420,900	-426,565	14,994,335	13
14	01400	CENTRAL SERVICES & SUPPLY	5,678,844	-1,679	5,677,165	14
15	01500	PHARMACY	9,674,947	-6,681	9,668,266	15
16	01600	MEDICAL RECORDS & LIBRARY	4,341,809	-286,630	4,055,179	16
17	01700	SOCIAL SERVICE				17
18	01850	PARKING	775,683	-73,218	702,465	18
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL	4,292,509	-4,272,081	20,428	20
21	02100	I&R SRVCES-SALARY & FRINGES APRVD	10,342,832		10,342,832	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APRVD	21,383,752	-76,648	21,307,104	22
23	02300	PARAMED ED PRGM-(SPECIFY)	118,838	-30,257	88,581	23
23.01	02301	PARAMEDICAL EDUC X-RAY	214,246	-40,635	173,611	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	177,241	-5,580	171,661	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	62,624,641	-1,604,791	61,019,850	30
31	03100	INTENSIVE CARE UNIT	21,320,555	-424,887	20,895,668	31
35	02120	PREMATURE INTENSIVE CARE	12,061,489	-133,872	11,927,617	35
41	04100	SUBPROVIDER - IRF	3,204,900	-82,224	3,122,676	41
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	23,878,757	-306,363	23,572,394	50
51	05100	RECOVERY ROOM	2,257,107		2,257,107	51
52	05200	DELIVERY ROOM & LABOR ROOM	4,571,046	-1,271	4,569,775	52
53	05300	ANESTHESIOLOGY	2,096,700	-215,353	1,881,347	53
54	05400	RADIOLOGY-DIAGNOSTIC	26,501,394	-2,183,446	24,317,948	54
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,510,846		4,510,846	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,175,472	-196,210	4,979,262	58
59	05900	CARDIAC CATHETERIZATION	3,567,935	-58,489	3,509,446	59
60	06000	LABORATORY	25,792,401	-6,265	25,786,136	60
61	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	122,688		122,688	61
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	6,632,284		6,632,284	63
65	06500	RESPIRATORY THERAPY	6,339,891		6,339,891	65
66	06600	PHYSICAL THERAPY	9,506,420	-883,911	8,622,509	66
68	06800	SPEECH PATHOLOGY	836,663	-10,032	826,631	68
69	06900	ELECTROCARDIOLOGY	3,038,786	-316,851	2,721,935	69
70	07000	ELECTROENCEPHALOGRAPHY	870,400		870,400	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	25,625,507		25,625,507	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	36,750,728		36,750,728	72
73	07300	DRUGS CHARGED TO PATIENTS	22,898,699		22,898,699	73
74	07400	RENAL DIALYSIS	1,954,576	-9,172	1,945,404	74
76	03950	DIGESTIVE DISEASES	3,091,171	-42,531	3,048,640	76
76.01	03951	ENTEROSTOMAL	265,632		265,632	76.01
76.02	03952	DIABETIC SERVICE	792,886	-344,259	448,627	76.02
76.03	03953	WOUND CARE	995,724	-1,615	994,109	76.03
76.04	03550	PSYCHOLOGY	1,189,410	-310,402	879,008	76.04
76.05	03954	NEURO DIAGNOSTIC CENTER	1,192,452	-738,430	454,022	76.05
76.06	03955	EATING DISORDERS	223,687		223,687	76.06
76.07	03640	UROLOGICAL	91,260		91,260	76.07
76.08	03956	SLEEP DISORDERS	2,994,107	-952,176	2,041,931	76.08
76.09	03957	PAIN PROGRAM	1,481,473	-564,354	917,119	76.09
76.10	03958	COMP EPILEPSY	1,708,626	-1,277,593	431,033	76.10
76.97	07697	CARDIAC REHABILITATION	590,234	-115,300	474,934	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY	234,000		234,000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	VOICE CLINIC	163,505	-45,144	118,361	90.01
90.02	09002	LUNG CLINIC	4,340	-1,607	2,733	90.02
90.03	09003	ADULT SICKLE CELL CLINIC				90.03
90.04	09004	ST JUDE CLINIC	806,962	-581,567	225,395	90.04
90.05	09005	SISTERS CLINIC	2,129,850	-62,561	2,067,289	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	619,618	-405,466	214,152	90.06
90.07	09007 PALLIATIVE CARE CLINIC	1,044,925	-198,772	846,153	90.07
91	09100 EMERGENCY	27,642,060	-13,561,003	14,081,057	91
92	09200 OBSERVATION BEDS				92
92.01	09201 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	1,989,288	-7,844	1,981,444	92.01
95	09500 AMBULANCE SERVICES	8,497,883	-16,112	8,481,771	95
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS				99.40
105	10500 KIDNEY ACQUISITION	2,983,534	-35,649	2,947,885	105
109	10900 PANCREAS ACQUISITION	209,261	-3,879	205,382	109
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	774,950,158	-78,233,393	696,716,765	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2		2	190
194	07950 SISTERS CONVENT	251,651		251,651	194
194.01	07951 BRADLEY HEALTH SVC	465,412	-465,412		194.01
194.02	07952 COMMUNITY CLINIC	379,198	-133,570	245,628	194.02
194.03	07953 FUND RAISING	4,015,606	-43,524	3,972,082	194.03
194.04	07954 OUTREACH PHYSICIAN	77,197,885	-1,937,107	75,260,778	194.04
194.05	07955 PHYSICIAN CONTRACT	2,299,532		2,299,532	194.05
194.06	07956 MEALS ON WHEELS				194.06
194.07	07957 OTHER NON-REIMB	3,505,950	-309,765	3,196,185	194.07
194.08	07958 INDUSTRIAL REHAB	1,814,915	-405,754	1,409,161	194.08
194.09	07959 CONTRACTED SERVICES				194.09
194.10	07960 IN-SCHOOL CLINIC				194.10
194.11	07961 REGIONAL ACTIVITIES	353,252		353,252	194.11
194.12	07962 CFH - MEDICAL OFFICE BLDG				194.12
194.13	07963 CFH - ASC LLC	9,609,629	-278,684	9,330,945	194.13
200	TOTAL (SUM OF LINES 118-199)	874,843,190	-81,807,209	793,035,981	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	452,899		1
500 TOTAL RECLASSIFICATIONS				452,899		500
CODE LETTER - A						
1 CONVENT DISCRETE COSTING	B	SISTERS CONVENT	194	63,383	188,003	1
2 CONVENT DISCRETE COSTING	B					2
3 CONVENT DISCRETE COSTING	B					3
4 CONVENT DISCRETE COSTING	B					4
500 TOTAL RECLASSIFICATIONS				63,383	188,003	500
CODE LETTER - B						
1 PATHOLOGIST XVIII CLINICA	C	PBP CLINICAL LAB SERVICES-PRG	61		122,688	1
2 PATHOLOGIST TEACHING COST	C	I&R SRVCES-OTHER PRGM COSTS A	22		57,045	2
500 TOTAL RECLASSIFICATIONS					179,733	500
CODE LETTER - C						
1 PARAMED EDUC - LAB TECH	D	PARAMED ED PRGM-(SPECIFY)	23	67,725	54,320	1
500 TOTAL RECLASSIFICATIONS				67,725	54,320	500
CODE LETTER - D						
1 PARAMED EDUC - X-RAY TECH	E	PARAMEDICAL EDUC X-RAY	23.01	124,712	89,534	1
500 TOTAL RECLASSIFICATIONS				124,712	89,534	500
CODE LETTER - E						
1 PARAMED EDUC - DIETICIANS	F	PARAMEDICAL EDUC DIETARY	23.02	75,102	102,930	1
500 TOTAL RECLASSIFICATIONS				75,102	102,930	500
CODE LETTER - F						
1 COST OF MEDICAL SUPP SOLD	G	MEDICAL SUPPLIES CHRGED TO PA	71		25,625,507	1
2 COST OF MEDICAL SUPP SOLD	G					2
3 COST OF MEDICAL SUPP SOLD	G					3
4 COST OF MEDICAL SUPP SOLD	G					4
5 COST OF MEDICAL SUPP SOLD	G					5
6 COST OF MEDICAL SUPP SOLD	G					6
7 COST OF MEDICAL SUPP SOLD	G					7
8 COST OF MEDICAL SUPP SOLD	G					8
9 COST OF MEDICAL SUPP SOLD	G					9
10 COST OF MEDICAL SUPP SOLD	G					10
11 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
16 COST OF MEDICAL SUPP SOLD	G					16
500 TOTAL RECLASSIFICATIONS					25,625,507	500
CODE LETTER - G						
1 COST OF IMPLANT DEVICE SOLD	H	IMPL. DEV. CHARGED TO PATIENT	72		36,750,728	1
2 COST OF IMPLANT DEVICE SOLD	H					2
3 COST OF IMPLANT DEVICE SOLD	H					3
4 COST OF IMPLANT DEVICE SOLD	H					4
5 COST OF IMPLANT DEVICE SOLD	H					5
6 COST OF IMPLANT DEVICE SOLD	H					6
7 COST OF IMPLANT DEVICE SOLD	H					7
8 COST OF IMPLANT DEVICE SOLD	H					8
9 COST OF IMPLANT DEVICE SOLD	H					9
10 COST OF IMPLANT DEVICE SOLD	H					10
11 COST OF IMPLANT DEVICE SOLD	H					11
12 COST OF IMPLANT DEVICE SOLD	H					12
13 COST OF IMPLANT DEVICE SOLD	H					13
14 COST OF IMPLANT DEVICE SOLD	H					14
500 TOTAL RECLASSIFICATIONS					36,750,728	500
CODE LETTER - H						
1 COST OF DRUGS CHARGED PTS	I	DRUGS CHARGED TO PATIENTS	73		22,898,699	1
500 TOTAL RECLASSIFICATIONS					22,898,699	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 CON - REALLOCATE RENTAL	J	NURSING SCHOOL	20			1,710	1
500 TOTAL RECLASSIFICATIONS						1,710	500
CODE LETTER - J							
1 TEACHING SALARIES	K	OUTREACH PHYSICIAN	194.04		578,046		1
500 TOTAL RECLASSIFICATIONS					578,046		500
CODE LETTER - K							
1 CON - TRAVEL AND MEETINGS	L	OTHER ADMIN + GENERAL	5.05			30,916	1
2 PARA-MED TRAVEL AND MEETINGS	L						2
3 PARA-MED TRAVEL AND MEETINGS	L						3
500 TOTAL RECLASSIFICATIONS						30,916	500
CODE LETTER - L							
1 CAFETERIA & CATERING EXPENSE	M	CAFETERIA	11		472,913	1,033,382	1
500 TOTAL RECLASSIFICATIONS					472,913	1,033,382	500
CODE LETTER - M							
1 CENTER FOR HEALTH	N	CAP REL COSTS-BLDG & FIXT	1			1,641,506	1
2 CENTER FOR HEALTH	N	CAP REL COSTS-MVBLE EQUIP	2			761,258	2
3 CENTER FOR HEALTH	N						3
4 CENTER FOR HEALTH	N	OPERATION OF PLANT	7			699,115	4
5 CENTER FOR HEALTH	N	OTHER NON-REIMB	194.07			131,530	5
6 CENTER FOR HEALTH	N						6
500 TOTAL RECLASSIFICATIONS						3,233,409	500
CODE LETTER - N							
1 CAPITAL RELATED INSURANCE	O	CAP REL COSTS-BLDG & FIXT	1			366,553	1
2 CAPITAL RELATED INSURANCE -EQUIP	O	CAP REL COSTS-MVBLE EQUIP	2			199,298	2
500 TOTAL RECLASSIFICATIONS						565,851	500
CODE LETTER - O							
1 POST TRANSPLANT EXPENSE	P	NURSING ADMINISTRATION	13		290,629	28,865	1
2 POST TRANSPLANT EXPENSE	P						2
500 TOTAL RECLASSIFICATIONS					290,629	28,865	500
CODE LETTER - P							
1 HOME OFFICE DEPR EXPENSE	Q	OTHER ADMIN + GENERAL	5.05			7,252,004	1
500 TOTAL RECLASSIFICATIONS						7,252,004	500
CODE LETTER - Q							
1 CON EDUCATIONAL ACTIVITIES	R	NURSING ADMINISTRATION	13		299,918	34,219	1
500 TOTAL RECLASSIFICATIONS					299,918	34,219	500
CODE LETTER - R							
1 OSFMG FRINGE BENEFITS	S	EMPLOYEE BENEFITS	4			9,350,124	1
2 OSFMG FRINGE BENEFITS	S						2
500 TOTAL RECLASSIFICATIONS						9,350,124	500
CODE LETTER - S							
1 TRANSPLANT CENTER CAP REL COST RECL	T	CAP REL COSTS-BLDG & FIXT	1			83,676	1
500 TOTAL RECLASSIFICATIONS						83,676	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	EMPLOYEE BENEFITS	4	21,689	1
2 RECLASSIFY VACATION ACCRUAL	U	PURCH, RCING, STORING	5.01	3,999	2
3 RECLASSIFY VACATION ACCRUAL	U	ADMITTING	5.02	50	3
4 RECLASSIFY VACATION ACCRUAL	U	OUTPATIENT OFFICES	5.03	1,504	4
5 RECLASSIFY VACATION ACCRUAL	U	BUSINESS OFFICE	5.04	9	5
6 RECLASSIFY VACATION ACCRUAL	U	OTHER ADMIN + GENERAL	5.05	88,246	6
7 RECLASSIFY VACATION ACCRUAL	U	MAINTENANCE & REPAIRS	6	26,973	7
8 RECLASSIFY VACATION ACCRUAL	U	OPERATION OF PLANT	7	8,698	8
9 RECLASSIFY VACATION ACCRUAL	U	LAUNDRY & LINEN SERVICE	8	894	9
10 RECLASSIFY VACATION ACCRUAL	U	HOUSEKEEPING	9	31,184	10
11 RECLASSIFY VACATION ACCRUAL	U	DIETARY	10	25,221	11
12 RECLASSIFY VACATION ACCRUAL	U	NURSING ADMINISTRATION	13	63,251	12
13 RECLASSIFY VACATION ACCRUAL	U	CENTRAL SERVICES & SUPPLY	14	18,046	13
14 RECLASSIFY VACATION ACCRUAL	U	PHARMACY	15	50,474	14
15 RECLASSIFY VACATION ACCRUAL	U	MEDICAL RECORDS & LIBRARY	16	17,928	15
16 RECLASSIFY VACATION ACCRUAL	U	PARKING	18	142	16
17 RECLASSIFY VACATION ACCRUAL	U	NURSING SCHOOL	20	20,428	17
18 RECLASSIFY VACATION ACCRUAL	U	I&R SRVCES-SALARY & FRINGES A	21	50,201	18
19 RECLASSIFY VACATION ACCRUAL	U	I&R SRVCES-OTHER PRGM COSTS A	22	42,880	19
20 RECLASSIFY VACATION ACCRUAL	U	ADULTS & PEDIATRICS	30	263,384	20
21 RECLASSIFY VACATION ACCRUAL	U	INTENSIVE CARE UNIT	31	81,859	21
22 RECLASSIFY VACATION ACCRUAL	U	PREMATURE INTENSIVE CARE	35	52,853	22
23 RECLASSIFY VACATION ACCRUAL	U	SUBPROVIDER - IRF	41	13,322	23
24 RECLASSIFY VACATION ACCRUAL	U	OPERATING ROOM	50	69,048	24
25 RECLASSIFY VACATION ACCRUAL	U	RECOVERY ROOM	51	10,579	25
26 RECLASSIFY VACATION ACCRUAL	U	DELIVERY ROOM & LABOR ROOM	52	18,839	26
27 RECLASSIFY VACATION ACCRUAL	U	ANESTHESIOLOGY	53	2,407	27
28 RECLASSIFY VACATION ACCRUAL	U	RADIOLOGY-DIAGNOSTIC	54	78,735	28
29 RECLASSIFY VACATION ACCRUAL	U	COMPUTED TOMOGRAPHY (CT) SCAN	57	10,419	29
30 RECLASSIFY VACATION ACCRUAL	U	MAGNETIC RESONANCE IMAGING (M	58	7,671	30
31 RECLASSIFY VACATION ACCRUAL	U	CARDIAC CATHETERIZATION	59	10,085	31
32 RECLASSIFY VACATION ACCRUAL	U	LABORATORY	60	53,601	32
33 RECLASSIFY VACATION ACCRUAL	U	BLOOD STORING, PROCESSING & T	63	3,221	33
34 RECLASSIFY VACATION ACCRUAL	U	RESPIRATORY THERAPY	65	25,601	34
35 RECLASSIFY VACATION ACCRUAL	U	PHYSICAL THERAPY	66	40,494	35
36 RECLASSIFY VACATION ACCRUAL	U	SPEECH PATHOLOGY	68	3,111	36
37 RECLASSIFY VACATION ACCRUAL	U	ELECTROCARDIOLOGY	69	12,347	37
38 RECLASSIFY VACATION ACCRUAL	U	ELECTROENCEPHALOGRAPHY	70	3,611	38
39 RECLASSIFY VACATION ACCRUAL	U	RENAL DIALYSIS	74	732	39
40 RECLASSIFY VACATION ACCRUAL	U	DIGESTIVE DISEASES	76	9,227	40
41 RECLASSIFY VACATION ACCRUAL	U	ENTEROSTOMAL	76.01	1,178	41
42 RECLASSIFY VACATION ACCRUAL	U	DIABETIC SERVICE	76.02	2,723	42
43 RECLASSIFY VACATION ACCRUAL	U	WOUND CARE	76.03	2,174	43
44 RECLASSIFY VACATION ACCRUAL	U	PSYCHOLOGY	76.04	4,956	44
45 RECLASSIFY VACATION ACCRUAL	U	NEURO DIAGNOSTIC CENTER	76.05	5,491	45
46 RECLASSIFY VACATION ACCRUAL	U	EATING DISORDERS	76.06	1,001	46
47 RECLASSIFY VACATION ACCRUAL	U	UROLOGICAL	76.07	319	47
48 RECLASSIFY VACATION ACCRUAL	U	SLEEP DISORDERS	76.08	13,059	48
49 RECLASSIFY VACATION ACCRUAL	U	PAIN PROGRAM	76.09	4,177	49
50 RECLASSIFY VACATION ACCRUAL	U	COMP EPILEPSY	76.10	8,174	50
51 RECLASSIFY VACATION ACCRUAL	U	CARDIAC REHABILITATION	76.97	2,695	51
52 RECLASSIFY VACATION ACCRUAL	U	VOICE CLINIC	90.01	284	52
53 RECLASSIFY VACATION ACCRUAL	U	ST JUDE CLINIC	90.04	3,523	53
54 RECLASSIFY VACATION ACCRUAL	U	SISTERS CLINIC	90.05	9,176	54
55 RECLASSIFY VACATION ACCRUAL	U	SPECIAL CLINICS	90.06	1,093	55
56 RECLASSIFY VACATION ACCRUAL	U	PALLIATIVE CARE CLINIC	90.07	4,357	56
57 RECLASSIFY VACATION ACCRUAL	U	EMERGENCY	91	102,105	57
58 RECLASSIFY VACATION ACCRUAL	U	OBSERVATION BEDS-DISTINCT	92.01	8,077	58
59 RECLASSIFY VACATION ACCRUAL	U	AMBULANCE SERVICES	95	6,997	59
60 RECLASSIFY VACATION ACCRUAL	U	KIDNEY ACQUISITION	105	2,408	60
61 RECLASSIFY VACATION ACCRUAL	U	PANCREAS ACQUISITION	109	462	61
62 RECLASSIFY VACATION ACCRUAL	U	GIFT, FLOWER, COFFEE SHOP & C	190	2	62
63 RECLASSIFY VACATION ACCRUAL	U	BRADLEY HEALTH SVC	194.01	2,122	63
64 RECLASSIFY VACATION ACCRUAL	U	COMMUNITY CLINIC	194.02	1,014	64
65 RECLASSIFY VACATION ACCRUAL	U	FUND RAISING	194.03	4,368	65
66 RECLASSIFY VACATION ACCRUAL	U	OUTREACH PHYSICIAN	194.04	341,122	66
67 RECLASSIFY VACATION ACCRUAL	U	PHYSICIAN CONTRACT	194.05	365	67
68 RECLASSIFY VACATION ACCRUAL	U	OTHER NON-REIMB	194.07	9,921	68
69 RECLASSIFY VACATION ACCRUAL	U	INDUSTRIAL REHAB	194.08	5,816	69
70 RECLASSIFY VACATION ACCRUAL	U	REGIONAL ACTIVITIES	194.11	1,498	70
71 RECLASSIFY VACATION ACCRUAL	U	CFH - ASC LLC	194.13	16,283	71
500 TOTAL RECLASSIFICATIONS				1,809,903	500
CODE LETTER - U					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3	4	5	
1 RECLASSIFY SHORT-TERM DISABILITY	V	EMPLOYEE BENEFITS	4			333 1
2 RECLASSIFY SHORT-TERM DISABILITY	V	OTHER ADMIN + GENERAL	5.05			3,800 2
3 RECLASSIFY SHORT-TERM DISABILITY	V	MAINTENANCE & REPAIRS	6			5,611 3
4 RECLASSIFY SHORT-TERM DISABILITY	V	HOUSEKEEPING	9			17,486 4
5 RECLASSIFY SHORT-TERM DISABILITY	V	DIETARY	10			1,676 5
6 RECLASSIFY SHORT-TERM DISABILITY	V	NURSING ADMINISTRATION	13			30,008 6
7 RECLASSIFY SHORT-TERM DISABILITY	V	CENTRAL SERVICES & SUPPLY	14			4,797 7
8 RECLASSIFY SHORT-TERM DISABILITY	V	PHARMACY	15			6,640 8
9 RECLASSIFY SHORT-TERM DISABILITY	V	MEDICAL RECORDS & LIBRARY	16			1,075 9
10 RECLASSIFY SHORT-TERM DISABILITY	V	ADULTS & PEDIATRICS	30			84,673 10
11 RECLASSIFY SHORT-TERM DISABILITY	V	INTENSIVE CARE UNIT	31			15,317 11
12 RECLASSIFY SHORT-TERM DISABILITY	V	PREMATURE INTENSIVE CARE	35			17,240 12
13 RECLASSIFY SHORT-TERM DISABILITY	V	SUBPROVIDER - IRF	41			522 13
14 RECLASSIFY SHORT-TERM DISABILITY	V	OPERATING ROOM	50			18,355 14
15 RECLASSIFY SHORT-TERM DISABILITY	V	RECOVERY ROOM	51			631 15
16 RECLASSIFY SHORT-TERM DISABILITY	V	DELIVERY ROOM & LABOR ROOM	52			2,197 16
17 RECLASSIFY SHORT-TERM DISABILITY	V	RADIOLOGY-DIAGNOSTIC	54			17,855 17
18 RECLASSIFY SHORT-TERM DISABILITY	V	COMPUTED TOMOGRAPHY (CT) SCAN	57			1,058 18
19 RECLASSIFY SHORT-TERM DISABILITY	V	CARDIAC CATHETERIZATION	59			1,611 19
20 RECLASSIFY SHORT-TERM DISABILITY	V	LABORATORY	60			19,015 20
21 RECLASSIFY SHORT-TERM DISABILITY	V	RESPIRATORY THERAPY	65			8,083 21
22 RECLASSIFY SHORT-TERM DISABILITY	V	PHYSICAL THERAPY	66			12,753 22
23 RECLASSIFY SHORT-TERM DISABILITY	V	ELECTROCARDIOLOGY	69			8,303 23
24 RECLASSIFY SHORT-TERM DISABILITY	V	DIGESTIVE DISEASES	76			1,967 24
25 RECLASSIFY SHORT-TERM DISABILITY	V	WOUND CARE	76.03			132 25
26 RECLASSIFY SHORT-TERM DISABILITY	V	PSYCHOLOGY	76.04			1,824 26
27 RECLASSIFY SHORT-TERM DISABILITY	V	SLEEP DISORDERS	76.08			2,904 27
28 RECLASSIFY SHORT-TERM DISABILITY	V	COMP EPILEPSY	76.10			464 28
29 RECLASSIFY SHORT-TERM DISABILITY	V	SISTERS CLINIC	90.05			2,914 29
30 RECLASSIFY SHORT-TERM DISABILITY	V	EMERGENCY	91			9,302 30
31 RECLASSIFY SHORT-TERM DISABILITY	V	OBSERVATION BEDS-DISTINCT	92.01			6,536 31
32 RECLASSIFY SHORT-TERM DISABILITY	V	OUTREACH PHYSICIAN	194.04			16,338 32
33 RECLASSIFY SHORT-TERM DISABILITY	V	OTHER NON-REIMB	194.07			40 33
34 RECLASSIFY SHORT-TERM DISABILITY	V	INDUSTRIAL REHAB	194.08			277 34
500 TOTAL RECLASSIFICATIONS						321,737 500
CODE LETTER - V						
1 RECLASSIFY PARKING REV OFFSET/SALAR	W	OTHER NON-REIMB	194.07		2,834	1
500 TOTAL RECLASSIFICATIONS					2,834	500
CODE LETTER - W						
1 RECLASSIFY ORGAN ACQUISITION COSTS	X	KIDNEY ACQUISITION	105		4,175	1
500 TOTAL RECLASSIFICATIONS					4,175	500
CODE LETTER - X						
1 RECLASSIFY TRANSPLANT CTR A&G COSTS	Y	OTHER ADMIN + GENERAL	5.05			5,244 1
500 TOTAL RECLASSIFICATIONS						5,244 500
CODE LETTER - Y						
1 RECLASSIFY PANCREAS EXPENSE	Z	PANCREAS ACQUISITION	109			7,000 1
500 TOTAL RECLASSIFICATIONS						7,000 500
CODE LETTER - Z						
GRAND TOTAL (INCREASES)					4,242,239	107,837,591

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	452,899		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				452,899		500
1 CONVENT DISCRETE COSTING	B	HOUSEKEEPING	9	52,374	61,436	1
2 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	6	11,008	59,930	2
3 CONVENT DISCRETE COSTING	B	MAINTENANCE & REPAIRS	6		52,004	3
4 CONVENT DISCRETE COSTING	B	CAP REL COSTS-BLDG & FIXT	1		14,634	9 4
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				63,382	188,004	500
1 PATHOLOGIST XVIII CLINICA	C	LABORATORY	60		179,733	1
2 PATHOLOGIST TEACHING COST	C					2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					179,733	500
1 PARAMED EDUC - LAB TECH	D	LABORATORY	60	67,725	54,320	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				67,725	54,320	500
1 PARAMED EDUC - X-RAY TECH	E	RADIOLOGY-DIAGNOSTIC	54	124,712	89,534	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				124,712	89,534	500
1 PARAMED EDUC - DIETICIANS	F	DIETARY	10	75,102	102,930	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				75,102	102,930	500
1 COST OF MEDICAL SUPP SOLD	G	CENTRAL SERVICES & SUPPLY	14		6,106,058	1
2 COST OF MEDICAL SUPP SOLD	G	INTENSIVE CARE UNIT	31		23	2
3 COST OF MEDICAL SUPP SOLD	G	OPERATING ROOM	50		11,483,959	3
4 COST OF MEDICAL SUPP SOLD	G	ANESTHESIOLOGY	53		16,961	4
5 COST OF MEDICAL SUPP SOLD	G	RADIOLOGY-DIAGNOSTIC	54		2,767,158	5
6 COST OF MEDICAL SUPP SOLD	G	COMPUTED TOMOGRAPHY (CT) SCAN	57		308,709	6
7 COST OF MEDICAL SUPP SOLD	G	MAGNETIC RESONANCE IMAGING (M	58		72,952	7
8 COST OF MEDICAL SUPP SOLD	G	CARDIAC CATHETERIZATION	59		2,918,560	8
9 COST OF MEDICAL SUPP SOLD	G	LABORATORY	60		12,365	9
10 COST OF MEDICAL SUPP SOLD	G	RESPIRATORY THERAPY	65		1,072,489	10
11 COST OF MEDICAL SUPP SOLD	G	PHYSICAL THERAPY	66		2,955	11
12 COST OF MEDICAL SUPP SOLD	G	SPEECH PATHOLOGY	68		450	12
13 COST OF MEDICAL SUPP SOLD	G	DIGESTIVE DISEASES	76		808,587	13
14 COST OF MEDICAL SUPP SOLD	G	WOUND CARE	76.03		3,727	14
15 COST OF MEDICAL SUPP SOLD	G	EMERGENCY	91		124	15
16 COST OF MEDICAL SUPP SOLD	G	OBSERVATION BEDS-DISTINCT	92.01		50,430	16
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					25,625,507	500
1 COST OF IMPLANT DEVICE SOLD	H	CENTRAL SERVICES & SUPPLY	14		69,360	1
2 COST OF IMPLANT DEVICE SOLD	H	ADULTS & PEDIATRICS	30		927	2
3 COST OF IMPLANT DEVICE SOLD	H	INTENSIVE CARE UNIT	31		288	3
4 COST OF IMPLANT DEVICE SOLD	H	OPERATING ROOM	50		24,165,868	4
5 COST OF IMPLANT DEVICE SOLD	H	DELIVERY ROOM & LABOR ROOM	52		2,698	5
6 COST OF IMPLANT DEVICE SOLD	H	ANESTHESIOLOGY	53		10,944	6
7 COST OF IMPLANT DEVICE SOLD	H	RADIOLOGY-DIAGNOSTIC	54		1,424,320	7
8 COST OF IMPLANT DEVICE SOLD	H	CARDIAC CATHETERIZATION	59		7,725,384	8
9 COST OF IMPLANT DEVICE SOLD	H	DIGESTIVE DISEASES	76		217,695	9
10 COST OF IMPLANT DEVICE SOLD	H	PAIN PROGRAM	76.09		2,320	10
11 COST OF IMPLANT DEVICE SOLD	H	VOICE CLINIC	90.01		706	11
12 COST OF IMPLANT DEVICE SOLD	H	EMERGENCY	91		66	12
13 COST OF IMPLANT DEVICE SOLD	H	OUTREACH PHYSICIAN	194.04		27,081	13
14 COST OF IMPLANT DEVICE SOLD	H	CFH - ASC LLC	194.13		3,103,071	14
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					36,750,728	500
1 COST OF DRUGS CHARGED PTS	I	PHARMACY	15		22,898,699	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					22,898,699	500



RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 CON - REALLOCATE RENTAL	J	PARAMED ED PRGM-(SPECIFY)	23		1,710	1
500 TOTAL RECLASSIFICATIONS					1,710	500
CODE LETTER - J						
1 TEACHING SALARIES	K	I&R SRVCES-OTHER PRGM COSTS A	22	578,046		1
500 TOTAL RECLASSIFICATIONS				578,046		500
CODE LETTER - K						
1 CON - TRAVEL AND MEETINGS	L	NURSING SCHOOL	20		28,628	1
2 PARA-MED TRAVEL AND MEETINGS	L	PARAMED ED PRGM-(SPECIFY)	23		1,497	2
3 PARA-MED TRAVEL AND MEETINGS	L	PARAMEDICAL EDUC DIETARY	23.02		791	3
500 TOTAL RECLASSIFICATIONS					30,916	500
CODE LETTER - L						
1 CAFETERIA & CATERING EXPENSE	M	DIETARY	10	472,913	1,033,382	1
500 TOTAL RECLASSIFICATIONS				472,913	1,033,382	500
CODE LETTER - M						
1 CENTER FOR HEALTH	N	CFH - ASC LLC	194.13		447,634	9 1
2 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	5.05		1,945,657	9 2
3 CENTER FOR HEALTH	N	OUTREACH PHYSICIAN	194.04		9,473	9 3
4 CENTER FOR HEALTH	N	CFH - ASC LLC	194.13		699,115	4
5 CENTER FOR HEALTH	N	OTHER ADMIN + GENERAL	5.05		131,530	5
6 CENTER FOR HEALTH	N					6
500 TOTAL RECLASSIFICATIONS					3,233,409	500
CODE LETTER - N						
1 CAPITAL RELATED INSURANCE	O	OTHER CAPITAL RELATED COSTS	3		565,851	9 1
2 CAPITAL RELATED INSURANCE -EQUIP	O					9 2
500 TOTAL RECLASSIFICATIONS					565,851	500
CODE LETTER - O						
1 POST TRANSPLANT EXPENSE	P	KIDNEY ACQUISITION	105	224,839	28,521	1
2 POST TRANSPLANT EXPENSE	P	PANCREAS ACQUISITION	109	65,790	344	2
500 TOTAL RECLASSIFICATIONS				290,629	28,865	500
CODE LETTER - P						
1 HOME OFFICE DEPR EXPENSE	Q	CAP REL COSTS-BLDG & FIXT	1		7,252,004	9 1
500 TOTAL RECLASSIFICATIONS					7,252,004	500
CODE LETTER - Q						
1 CON EDUCATIONAL ACTIVITIES	R	NURSING SCHOOL	20	299,918	34,219	1
500 TOTAL RECLASSIFICATIONS				299,918	34,219	500
CODE LETTER - R						
1 OSFMG FRINGE BENEFITS	S	PALLIATIVE CARE CLINIC	90.07		141,914	1
2 OSFMG FRINGE BENEFITS	S	OUTREACH PHYSICIAN	194.04		9,208,210	2
500 TOTAL RECLASSIFICATIONS					9,350,124	500
CODE LETTER - S						
1 TRANSPLANT CENTER CAP REL COST RECL	T	KIDNEY ACQUISITION	105		83,676	9 1
500 TOTAL RECLASSIFICATIONS					83,676	500
CODE LETTER - T						

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	4	1,809,903		1
2 RECLASSIFY VACATION ACCRUAL	U					2
3 RECLASSIFY VACATION ACCRUAL	U					3
4 RECLASSIFY VACATION ACCRUAL	U					4
5 RECLASSIFY VACATION ACCRUAL	U					5
6 RECLASSIFY VACATION ACCRUAL	U					6
7 RECLASSIFY VACATION ACCRUAL	U					7
8 RECLASSIFY VACATION ACCRUAL	U					8
9 RECLASSIFY VACATION ACCRUAL	U					9
10 RECLASSIFY VACATION ACCRUAL	U					10
11 RECLASSIFY VACATION ACCRUAL	U					11
12 RECLASSIFY VACATION ACCRUAL	U					12
13 RECLASSIFY VACATION ACCRUAL	U					13
14 RECLASSIFY VACATION ACCRUAL	U					14
15 RECLASSIFY VACATION ACCRUAL	U					15
16 RECLASSIFY VACATION ACCRUAL	U					16
17 RECLASSIFY VACATION ACCRUAL	U					17
18 RECLASSIFY VACATION ACCRUAL	U					18
19 RECLASSIFY VACATION ACCRUAL	U					19
20 RECLASSIFY VACATION ACCRUAL	U					20
21 RECLASSIFY VACATION ACCRUAL	U					21
22 RECLASSIFY VACATION ACCRUAL	U					22
23 RECLASSIFY VACATION ACCRUAL	U					23
24 RECLASSIFY VACATION ACCRUAL	U					24
25 RECLASSIFY VACATION ACCRUAL	U					25
26 RECLASSIFY VACATION ACCRUAL	U					26
27 RECLASSIFY VACATION ACCRUAL	U					27
28 RECLASSIFY VACATION ACCRUAL	U					28
29 RECLASSIFY VACATION ACCRUAL	U					29
30 RECLASSIFY VACATION ACCRUAL	U					30
31 RECLASSIFY VACATION ACCRUAL	U					31
32 RECLASSIFY VACATION ACCRUAL	U					32
33 RECLASSIFY VACATION ACCRUAL	U					33
34 RECLASSIFY VACATION ACCRUAL	U					34
35 RECLASSIFY VACATION ACCRUAL	U					35
36 RECLASSIFY VACATION ACCRUAL	U					36
37 RECLASSIFY VACATION ACCRUAL	U					37
38 RECLASSIFY VACATION ACCRUAL	U					38
39 RECLASSIFY VACATION ACCRUAL	U					39
40 RECLASSIFY VACATION ACCRUAL	U					40
41 RECLASSIFY VACATION ACCRUAL	U					41
42 RECLASSIFY VACATION ACCRUAL	U					42
43 RECLASSIFY VACATION ACCRUAL	U					43
44 RECLASSIFY VACATION ACCRUAL	U					44
45 RECLASSIFY VACATION ACCRUAL	U					45
46 RECLASSIFY VACATION ACCRUAL	U					46
47 RECLASSIFY VACATION ACCRUAL	U					47
48 RECLASSIFY VACATION ACCRUAL	U					48
49 RECLASSIFY VACATION ACCRUAL	U					49
50 RECLASSIFY VACATION ACCRUAL	U					50
51 RECLASSIFY VACATION ACCRUAL	U					51
52 RECLASSIFY VACATION ACCRUAL	U					52
53 RECLASSIFY VACATION ACCRUAL	U					53
54 RECLASSIFY VACATION ACCRUAL	U					54
55 RECLASSIFY VACATION ACCRUAL	U					55
56 RECLASSIFY VACATION ACCRUAL	U					56
57 RECLASSIFY VACATION ACCRUAL	U					57
58 RECLASSIFY VACATION ACCRUAL	U					58
59 RECLASSIFY VACATION ACCRUAL	U					59
60 RECLASSIFY VACATION ACCRUAL	U					60
61 RECLASSIFY VACATION ACCRUAL	U					61
62 RECLASSIFY VACATION ACCRUAL	U					62
63 RECLASSIFY VACATION ACCRUAL	U					63
64 RECLASSIFY VACATION ACCRUAL	U					64
65 RECLASSIFY VACATION ACCRUAL	U					65
66 RECLASSIFY VACATION ACCRUAL	U					66
67 RECLASSIFY VACATION ACCRUAL	U					67
68 RECLASSIFY VACATION ACCRUAL	U					68
69 RECLASSIFY VACATION ACCRUAL	U					69
70 RECLASSIFY VACATION ACCRUAL	U					70
71 RECLASSIFY VACATION ACCRUAL	U					71
500 TOTAL RECLASSIFICATIONS				1,809,903		500
CODE LETTER - U						

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	
1 RECLASSIFY SHORT-TERM DISABILITY	V	EMPLOYEE BENEFITS	4	333		1
2 RECLASSIFY SHORT-TERM DISABILITY	V	OTHER ADMIN + GENERAL	5.05	3,800		2
3 RECLASSIFY SHORT-TERM DISABILITY	V	MAINTENANCE & REPAIRS	6	5,611		3
4 RECLASSIFY SHORT-TERM DISABILITY	V	HOUSEKEEPING	9	17,486		4
5 RECLASSIFY SHORT-TERM DISABILITY	V	DIETARY	10	1,676		5
6 RECLASSIFY SHORT-TERM DISABILITY	V	NURSING ADMINISTRATION	13	30,008		6
7 RECLASSIFY SHORT-TERM DISABILITY	V	CENTRAL SERVICES & SUPPLY	14	4,797		7
8 RECLASSIFY SHORT-TERM DISABILITY	V	PHARMACY	15	6,640		8
9 RECLASSIFY SHORT-TERM DISABILITY	V	MEDICAL RECORDS & LIBRARY	16	1,075		9
10 RECLASSIFY SHORT-TERM DISABILITY	V	ADULTS & PEDIATRICS	30	84,673		10
11 RECLASSIFY SHORT-TERM DISABILITY	V	INTENSIVE CARE UNIT	31	15,317		11
12 RECLASSIFY SHORT-TERM DISABILITY	V	PREMATURE INTENSIVE CARE	35	17,240		12
13 RECLASSIFY SHORT-TERM DISABILITY	V	SUBPROVIDER - IRF	41	522		13
14 RECLASSIFY SHORT-TERM DISABILITY	V	OPERATING ROOM	50	18,355		14
15 RECLASSIFY SHORT-TERM DISABILITY	V	RECOVERY ROOM	51	631		15
16 RECLASSIFY SHORT-TERM DISABILITY	V	DELIVERY ROOM & LABOR ROOM	52	2,197		16
17 RECLASSIFY SHORT-TERM DISABILITY	V	RADIOLOGY-DIAGNOSTIC	54	17,855		17
18 RECLASSIFY SHORT-TERM DISABILITY	V	COMPUTED TOMOGRAPHY (CT) SCAN	57	1,058		18
19 RECLASSIFY SHORT-TERM DISABILITY	V	CARDIAC CATHETERIZATION	59	1,611		19
20 RECLASSIFY SHORT-TERM DISABILITY	V	LABORATORY	60	19,015		20
21 RECLASSIFY SHORT-TERM DISABILITY	V	RESPIRATORY THERAPY	65	8,083		21
22 RECLASSIFY SHORT-TERM DISABILITY	V	PHYSICAL THERAPY	66	12,753		22
23 RECLASSIFY SHORT-TERM DISABILITY	V	ELECTROCARDIOLOGY	69	8,303		23
24 RECLASSIFY SHORT-TERM DISABILITY	V	DIGESTIVE DISEASES	76	1,967		24
25 RECLASSIFY SHORT-TERM DISABILITY	V	WOUND CARE	76.03	132		25
26 RECLASSIFY SHORT-TERM DISABILITY	V	PSYCHOLOGY	76.04	1,824		26
27 RECLASSIFY SHORT-TERM DISABILITY	V	SLEEP DISORDERS	76.08	2,904		27
28 RECLASSIFY SHORT-TERM DISABILITY	V	COMP EPILEPSY	76.10	464		28
29 RECLASSIFY SHORT-TERM DISABILITY	V	SISTERS CLINIC	90.05	2,914		29
30 RECLASSIFY SHORT-TERM DISABILITY	V	EMERGENCY	91	9,302		30
31 RECLASSIFY SHORT-TERM DISABILITY	V	OBSERVATION BEDS-DISTINCT	92.01	6,536		31
32 RECLASSIFY SHORT-TERM DISABILITY	V	OUTREACH PHYSICIAN	194.04	16,338		32
33 RECLASSIFY SHORT-TERM DISABILITY	V	OTHER NON-REIMB	194.07	40		33
34 RECLASSIFY SHORT-TERM DISABILITY	V	INDUSTRIAL REHAB	194.08	277		34
500 TOTAL RECLASSIFICATIONS				321,737		500
CODE LETTER - V						
1 RECLASSIFY PARKING REV OFFSET/SALAR	W	PARKING	18	2,834		1
500 TOTAL RECLASSIFICATIONS				2,834		500
CODE LETTER - W						
1 RECLASSIFY ORGAN ACQUISITION COSTS	X	PHARMACY	15	4,175		1
500 TOTAL RECLASSIFICATIONS				4,175		500
CODE LETTER - X						
1 RECLASSIFY TRANSPLANT CTR A&G COSTS	Y	KIDNEY ACQUISITION	105		5,244	1
500 TOTAL RECLASSIFICATIONS					5,244	500
CODE LETTER - Y						
1 RECLASSIFY PANCREAS EXPENSE	Z	KIDNEY ACQUISITION	105		7,000	1
500 TOTAL RECLASSIFICATIONS					7,000	500
CODE LETTER - Z						
GRAND TOTAL (DECREASES)				4,563,975	107,515,855	

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 RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	8,659,630					8,659,630	1
2 LAND IMPROVEMENTS	11,030,090	860,667		860,667		11,890,757	2
3 BUILDINGS AND FIXTURES	602,314,429	12,527,919		12,527,919		614,842,348	3
4 BUILDING IMPROVEMENTS	5,361,657					5,361,657	4
5 FIXED EQUIPMENT	12,692,960				9,398,278	3,294,682	5
6 MOVABLE EQUIPMENT	325,251,810	8,664,332		8,664,332		333,916,142	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	965,310,576	22,052,918		22,052,918	9,398,278	977,965,216	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	965,310,576	22,052,918		22,052,918	9,398,278	977,965,216	10

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

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	SUMMARY OF CAPITAL	
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.)	TOTAL(1) (SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	23,985,863						23,985,863
2 CAP REL COSTS-MVBLE EQUIP	15,989,877						15,989,877
3 TOTAL (SUM OF LINES 1-2)	39,975,740						39,975,740

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 (SEE INSTR.)	TOTAL (SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	640,754,392		640,754,392	0.655191				
2 CAP REL COSTS-MVBLE EQUIP	337,210,824		337,210,824	0.344809				
3 TOTAL (SUM OF LINES 1-2)	977,965,216		977,965,216	1.000000				

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE (SEE INSTR.)	TAXES (SEE INSTR.)	SUMMARY OF CAPITAL	
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.)	TOTAL(2) (SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	18,272,039						18,272,039
2 CAP REL COSTS-MVBLE EQUIP	16,909,930						16,909,930
3 TOTAL	35,181,969						35,181,969

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	-40,503	CAP REL COSTS-MVBLE EQUIP	2	9 8
9 PARKING LOT (CHAPTER 21)	A	-73,218	PARKING	18	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-22,065,352			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-21,203,415			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	-286,630	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-4,272,081	NURSING SCHOOL	20	19
20 VENDING MACHINES	B	-153,745	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-307,005	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 WORKMAN'S COMP CHARGES W/O	A	-417,817	EMPLOYEE BENEFITS	4	33
33.08 COMM CLINIC VENDOR COST	A	2,930	COMMUNITY CLINIC	194.02	33.08
34 COMM CLINIC UNITED WAY	B	-136,500	COMMUNITY CLINIC	194.02	34
34.03 VENDING MACHINE COMMISSIONS	B	-11,831	OTHER ADMIN + GENERAL	5.05	34.03
34.05 UNEMPLOYMENT COMPENSATION	A	192,060	OTHER ADMIN + GENERAL	5.05	34.05
34.06 UNEMPLOYMENT COMP INTEREST INCOME	B	-112,291	OTHER ADMIN + GENERAL	5.05	34.06
35 TUITION LAB TECH SCHOOL	B	-30,257	PARAMED ED PRGM-(SPECIFY)	23	35
35.01 TUITION X-RAY TECH SCHOOL	B	-40,635	PARAMEDICAL EDUC X-RAY	23.01	35.01
35.02 TUITION & FEE DIETICIAN SCHOOL	B	-5,580	PARAMEDICAL EDUC DIETARY	23.02	35.02
35.03 TUITION & FEES EDUC ACTIVITIES	B	-334,137	NURSING ADMINISTRATION	13	35.03
35.04 TUITION-CON TRAVEL	B	-28,628	OTHER ADMIN + GENERAL	5.05	35.04
36 PATIENT TV ELECTRICITY COST	A	-14,360	OPERATION OF PLANT	7	36
37 PATIENT TELEPHONE - OPERATORS	A	-18,240	OTHER ADMIN + GENERAL	5.05	37
37.01 PHOTO COMMISSIONS	B	-6,648	ADULTS & PEDIATRICS	30	37.01
38 PRIVATE-DUTY PERSONNEL (SITTERS)	A	-305,783	ADULTS & PEDIATRICS	30	38
38.01 PRIVATE DUTY PERSONNEL (SITTERS)	A	-3,402	INTENSIVE CARE UNIT	31	38.01
38.02 PRIVATE DUTY PERSONNEL (SITTERS)	A	-82,224	SUBPROVIDER - IRF	41	38.02
39 CATERING REVENUE	B	-334,572	DIETARY	10	39
39.01 CATERING REVENUE	B	-233,078	DIABETIC SERVICE	76.02	39.01
39.02 BRANDING REVENUE	B	-101,029	DIETARY	10	39.02
40 LOBBYING COSTS - ASSOC DUES	A	-52,246	OTHER ADMIN + GENERAL	5.05	40
40.01 MISC CREDITS	B	-5,859	EMPLOYEE BENEFITS	4	40.01
40.02 MISC CREDITS	B	-210	BUSINESS OFFICE	5.04	40.02
40.03 MISC CREDITS	B	-239,413	OTHER ADMIN + GENERAL	5.05	40.03
40.04 MISC CREDITS	B	-40,818	MAINTENANCE & REPAIRS	6	40.04
40.05 MISC CREDITS	B	-3,004	OPERATION OF PLANT	7	40.05
40.06 MISC CREDITS	B	-28,914	DIETARY	10	40.06
40.07 MISC CREDITS	B	-30,707	NURSING ADMINISTRATION	13	40.07
40.08 MISC CREDITS	B	-375	CENTRAL SERVICES & SUPPLY	14	40.08

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	
40.09 MISC CREDITS	B	-6,681	PHARMACY	15	40.09
40.10 MISC CREDITS	B	-76,648	I&R SRVCES-OTHER PRGM COSTS APP	22	40.10
40.11 MISC CREDITS	B	-29,632	ADULTS & PEDIATRICS	30	40.11
40.14 MISC CREDITS	B	-900	INTENSIVE CARE UNIT	31	40.14
40.15 MISC CREDITS	B	-1,058	PREMATURE INTENSIVE CARE	35	40.15
40.16 MISC CREDITS	B	-103,161	OPERATING ROOM	50	40.16
40.17 MISC CREDITS	B	-30,101	ANESTHESIOLOGY	53	40.17
40.20 MISC CREDITS	B	-573,717	RADIOLOGY-DIAGNOSTIC	54	40.20
40.21 MISC CREDITS	B	-2,364	CARDIAC CATHETERIZATION	59	40.21
40.23 MISC CREDITS	B	-2,258	LABORATORY	60	40.23
40.24 MISC CREDITS	B	-18,887	PHYSICAL THERAPY	66	40.24
40.27 MISC CREDITS	B	-2,598	SPEECH PATHOLOGY	68	40.27
40.29 MISC CREDITS	B	-111,181	DIABETIC SERVICE	76.02	40.29
40.30 MISC CREDITS	B	-1,615	WOUND CARE	76.03	40.30
40.31 MISC CREDITS	B	-6,005	PSYCHOLOGY	76.04	40.31
40.35 MISC CREDITS	B	-3,259	NEURO DIAGNOSTIC CENTER	76.05	40.35
40.36 MISC CREDITS	B	-720	PAIN PROGRAM	76.09	40.36
40.37 MISC CREDITS	B	-860	COMP EPILEPSY	76.10	40.37
40.38 MISC CREDITS	B	-581,567	ST JUDE CLINIC	90.04	40.38
40.39 MISC CREDITS	B	-61,986	SISTERS CLINIC	90.05	40.39
40.40 MISC CREDITS	B	-268,629	EMERGENCY	91	40.40
40.41 MISC CREDITS	B	-3,325	AMBULANCE SERVICES	95	40.41
40.42 MISC CREDITS	B	-3,222	FUND RAISING	194.03	40.42
40.44 MISC CREDITS	B	-465,412	BRADLEY HEALTH SVC	194.01	40.44
40.46 MISC CREDITS	B	-1,638,969	OUTREACH PHYSICIAN	194.04	40.46
40.47 MISC CREDITS	B	154,370	OTHER NON-REIMB	194.07	40.47
40.48 MISC CREDITS	B	-405,754	INDUSTRIAL REHAB	194.08	40.48
40.50 MISC CREDITS	B	-267,340	CFH - ASC LLC	194.13	40.50
41 A&G NON-ALLOWABLE MARKETING	A	-1,965,130	OTHER ADMIN + GENERAL	5.05	41
41.01 A&G OTHER NON-ALLOWABLE COST	A	-55,623	OTHER ADMIN + GENERAL	5.05	41.01
41.02 NON-ALLOWABLE MARKETING	A	-452,899	OTHER NON-REIMB	194.07	41.02
41.03 NON-ALLOWABLE MARKETING	A	-27,049	EMPLOYEE BENEFITS	4	41.03
41.04 NON-ALLOWABLE MARKETING	A	-24,813	NURSING ADMINISTRATION	13	41.04
41.05 NON-ALLOWABLE MARKETING	A	-1,304	CENTRAL SERVICES & SUPPLY	14	41.05
41.07 NON-ALLOWABLE MARKETING	A	-14,378	ADULTS & PEDIATRICS	30	41.07
41.08 NON-ALLOWABLE MARKETING	A	-1,336	OPERATING ROOM	50	41.08
41.09 NON-ALLOWABLE MARKETING	A	-1,271	DELIVERY ROOM & LABOR ROOM	52	41.09
41.10 NON-ALLOWABLE MARKETING	A	-1,615	RADIOLOGY-DIAGNOSTIC	54	41.10
41.11 NON-ALLOWABLE MARKETING	A	-4,007	LABORATORY	60	41.11
41.12 NON-ALLOWABLE MARKETING	A	-2,450	PHYSICAL THERAPY	66	41.12
41.13 NON-ALLOWABLE MARKETING	A	-3,775	PSYCHOLOGY	76.04	41.13
41.14 NON-ALLOWABLE MARKETING	A	-1,607	LUNG CLINIC	90.02	41.14
41.15 NON-ALLOWABLE MARKETING	A	-6,507	EMERGENCY	91	41.15
41.16 NON-ALLOWABLE MARKETING	A	-7,952	AMBULANCE SERVICES	95	41.16
41.17 NON-ALLOWABLE MARKETING	A	-40,302	FUND RAISING	194.03	41.17
41.18 NON-ALLOWABLE MARKETING	A	-85,782	OUTREACH PHYSICIAN	194.04	41.18
41.19 NON-ALLOWABLE MARKETING	A	-8,402	OTHER NON-REIMB	194.07	41.19
41.20 NON-ALLOWABLE MARKETING	A	-11,344	CFH - ASC LLC	194.13	41.20
41.21 NON-ALLOWABLE MARKETING	A	-222,361	OTHER ADMIN + GENERAL	5.05	41.21
42 CAT EKG STORAGE FEE	B	-316,851	ELECTROCARDIOLOGY	69	42
42.01 MOONLIGHTING ER RESIDENTS COST	A	-35,365	EMERGENCY	91	42.01
42.02 CLINIC PSYCH PART "B" OFFSET	A	-300,622	PSYCHOLOGY	76.04	42.02
42.03 MOONLIGHTING RESIDENTS	A	-90,927	MAGNETIC RESONANCE IMAGING (MRI	58	42.03
42.04 MOONLIGHTING RESIDENTS	A	-4,835	AMBULANCE SERVICES	95	42.04
42.05 MOONLIGHTING RESIDENTS	A	-900	SPECIAL CLINICS	90.06	42.05
42.06 TO CORRECT ERROR IN MRI SALARY	A	405,129	MAGNETIC RESONANCE IMAGING (MRI	58	42.06
43 SISTER'S MAINTENANCE H&W REFUND	B	-40,311	EMPLOYEE BENEFITS	4	43
43.03 EMPLOYEE EYE WEAR FEES	B	-43,618	SPECIAL CLINICS	90.06	43.03
43.04 INTEREST INCOME	B	-13,744	OTHER ADMIN + GENERAL	5.05	43.04
43.06 MEDICAID FEES	A	-21,256,512	OTHER ADMIN + GENERAL	5.05	43.06
44 PY AUDIT - CAPITALIZED INTEREST	A	-3,655	CAP REL COSTS-BLDG & FIXT	1	9 44
45 PARKING REV/CAP INTEREST	A	-228,261	CAP REL COSTS-BLDG & FIXT	1	9 45
45.01 PARKING REV/SAL OFFSET	A	-2,834	OTHER NON-REIMB	194.07	45.01
46 GAIN ON ASSET DISPOSAL	B	-40,000	OTHER ADMIN + GENERAL	5.05	46
47 DONATIONS	A	-1,555,000	OTHER ADMIN + GENERAL	5.05	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-81,807,209			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS	CORP OFCE EMPLOYEE BENEFITS	1,080,423	1,414,699	-334,276	1
2	5.01	PURCH, RCVING, STORING	CORP OFCE CENTRAL PURCHASING	957,724	1,254,039	-296,315	2
3	5.05	OTHER ADMIN + GENERAL	CORP/SF INC ADMIN ALLOCATION	60,336,095	79,100,332	-18,764,237	3
3.01	6	MAINTENANCE & REPAIRS	CORP OFC PURCH MAINT	4,000,337	4,793,456	-793,119	4.01
3.02	13	NURSING ADMINISTRATION	CORP OFC NURSING ADMIN/QA	119,289	156,197	-36,908	4.02
3.03	30	ADULTS & PEDIATRICS	CORP OFC EXPENSE	170,152	222,795	-52,643	4.03
3.04	31	INTENSIVE CARE UNIT	CORP EICU EXPENSE	475,891	623,128	-147,237	4.04
3.05	58	MAGNETIC RESONANCE IMAGING (MRI)	SF INC EQUIP RENTAL	1,027,201	1,537,400	-510,199	4.05
3.06	59	CARDIAC CATHETERIZATION	SF INC CARDIAC CATH MAINT	502,559	558,684	-56,125	4.06
3.07	194.04	OUTREACH PHYSICIAN	SF INC PHYSICIAN MGMT	29,892,830	30,105,186	-212,356	4.07
4							4
5		TOTALS (SUM OF LINES 1-4)		98,562,501	119,765,916	-21,203,415	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	1,219,027	1,173,797	45,230	171,400	283	23,320	1,166	1
2	31 INTENSIVE CARE UNIT	INTENSIVE CARE	514,709	165,321	349,388	171,400	2,929	241,361	12,068	2
3	35 PREMATURE INTENSIVE CARE	PREMATURE INTEN	132,814	132,814		171,400				3
4	50 OPERATING ROOM	OPERATING ROOM	631,457		631,457	204,100	4,378	429,591	21,480	4
5	53 ANESTHESIOLOGY	ANESTHESIOLOGY	185,252	185,252		200,300				5
6	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGY	1,808,104	1,608,104	200,000	231,100	1,800	199,990	10,000	6
7	58 MAGNETIC RESONANCE IMAGI	MRI	213	213		231,100				7
8	60 LABORATORY	LAB	122,688		122,688	219,500	1,163	122,730	6,137	8
9	66 PHYSICAL THERAPY	PHYSIATRIST	948,274	810,216	138,058	171,400	1,040	85,700	4,285	9
10	68 SPEECH PATHOLOGY	SPEECH	9,000	5,200	3,800	171,400	19	1,566	78	10
11	74 RENAL DIALYSIS	RENAL	15,600		15,600	171,400	78	6,428	321	11
12	76 DIGESTIVE DISEASES	DIGESTIVE DISEA	60,330		60,330	171,400	216	17,799	890	12
13	76.05 NEURO DIAGNOSTIC CENTER	NEURO DIAG	765,166	710,255	54,911	171,400	364	29,995	1,500	13
14	76.08 SLEEP DISORDERS	SLEEP DISORDERS	1,003,596	788,657	214,939	171,400	624	51,420	2,571	14
15	76.09 PAIN PROGRAM	PAIN PROGRAM	576,489	556,269	20,220	171,400	156	12,855	643	15
16	76.10 COMP EPILEPSY	COMP EPILEPSY	1,319,583	1,154,639	164,944	171,400	520	42,850	2,143	16
17	76.97 CARDIAC REHABILITATION	CARDIAC REHAB	115,300	115,300		171,400				17
18	90.01 VOICE CLINIC	VOICE CLINIC	45,144	45,144		171,400				18
19	90.05 SISTERS CLINIC	SISTERS CLINIC	50,759		50,759	171,400	609	50,184	2,509	19
20	90.06 SPECIAL CLINICS	SPECIAL CLINICS	360,948	360,948		171,400				20
21	90.07 PALLIATIVE CARE CLINIC	PALLAITIVE CARE	250,192	134,116	116,076	171,400	624	51,420	2,571	21
22	91 EMERGENCY	EMERGENCY	13,742,947	12,778,187	964,760	171,400	5,976	492,445	24,622	22
23	92.01 OBSERVATION BEDS-DISTINC	EXTENDED CARE	10,151	5,699	4,452	171,400	28	2,307	115	23
24	105 KIDNEY ACQUISITION	KIDNET ACQUI	72,348		72,348	204,100	374	36,699	1,835	24
25	109 PANCREAS ACQUISITION	PANCREAS ACQUI	8,000		8,000	204,100	42	4,121	206	25
200	TOTAL		23,968,091	20,730,131	3,237,960		21,223	1,902,781	95,140	200



PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	30 ADULTS & PEDIATRICS					23,320	21,910	1,195,707	1
2	31 INTENSIVE CARE UNIT					241,361	108,027	273,348	2
3	35 PREMATURE INTENSIVE CARE							132,814	3
4	50 OPERATING ROOM						201,866	201,866	4
5	53 ANESTHESIOLOGY							185,252	5
6	54 RADIOLOGY-DIAGNOSTIC					199,990	10	1,608,114	6
7	58 MAGNETIC RESONANCE IMAGI							213	7
8	60 LABORATORY					122,730			8
9	66 PHYSICAL THERAPY					85,700	52,358	862,574	9
10	68 SPEECH PATHOLOGY					1,566	2,234	7,434	10
11	74 RENAL DIALYSIS					6,428	9,172	9,172	11
12	76 DIGESTIVE DISEASES					17,799	42,531	42,531	12
13	76.05 NEURO DIAGNOSTIC CENTER					29,995	24,916	735,171	13
14	76.08 SLEEP DISORDERS					51,420	163,519	952,176	14
15	76.09 PAIN PROGRAM					12,855	7,365	563,634	15
16	76.10 COMP EPILEPSY					42,850	122,094	1,276,733	16
17	76.97 CARDIAC REHABILITATION							115,300	17
18	90.01 VOICE CLINIC							45,144	18
19	90.05 SISTERS CLINIC						575	575	19
20	90.06 SPECIAL CLINICS							360,948	20
21	90.07 PALLIATIVE CARE CLINIC					51,420	64,656	198,772	21
22	91 EMERGENCY					492,445	472,315	13,250,502	22
23	92.01 OBSERVATION BEDS-DISTINC					2,307	2,145	7,844	23
24	105 KIDNEY ACQUISITION					36,699	35,649	35,649	24
25	109 PANCREAS ACQUISITION					4,121	3,879	3,879	25
200	TOTAL					1,902,781	1,335,221	22,065,352	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	PURCH, RCV STORING 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	18,272,039	18,272,039				1
2 CAP REL COSTS-MVBLE EQUIP	16,909,930		16,909,930			2
4 EMPLOYEE BENEFITS	97,834,886	223,330	8,458	98,066,674		4
5.01 PURCH, RCVING, STORING	1,944,590	51,170	15,338	219,481	2,230,579	5.01
5.02 ADMITTING	182,478	64,767		2,747	290	5.02
5.03 OUTPATIENT OFFICES	437,401	58,304	41,304	82,570	3,963	5.03
5.04 BUSINESS OFFICE	347,466		2,642	271	47	5.04
5.05 OTHER ADMIN + GENERAL	100,703,945	1,425,443	7,943,110	4,721,155	135,009	5.05
6 MAINTENANCE & REPAIRS	19,423,148	3,478,848	606,947	1,476,071	540,487	6
7 OPERATION OF PLANT	9,343,128	321,012	257,265	477,398	48,430	7
8 LAUNDRY & LINEN SERVICE	985,705	41,066		49,066	385	8
9 HOUSEKEEPING	9,652,045	133,002	12,732	1,692,933	97,440	9
10 DIETARY	4,589,710	163,813	28,338	1,236,862	34,197	10
11 CAFETERIA	1,506,295			126,883		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	14,994,335	212,382	126,321	3,622,176	28,531	13
14 CENTRAL SERVICES & SUPPLY	5,677,165	450,857	465,182	989,235	188,822	14
15 PHARMACY	9,668,266	139,187	296,167	2,767,536	75,922	15
16 MEDICAL RECORDS & LIBRARY	4,055,179	146,586	37,004	983,745	24,548	16
17 SOCIAL SERVICE						17
18 PARKING	702,465	613	520,338	7,061	468	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	20,428	895,356	120,117	1,040,783	6,952	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	10,342,832			2,774,992		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	21,307,104	550,840		2,179,056	4,978	22
23 PARAMED ED PRGM-(SPECIFY)	88,581			18,171		23
23.01 PARAMEDICAL EDUC X-RAY	173,611			33,460		23.01
23.02 PARAMEDICAL EDUC DIETARY	171,661			20,150		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	61,019,850	2,642,158	319,985	14,434,116	318,196	30
31 INTENSIVE CARE UNIT	20,895,668	541,348	200,457	4,489,043	125,871	31
35 PREMATURE INTENSIVE CARE	11,927,617	257,806	338,494	2,896,426	47,981	35
41 SUBPROVIDER - IRF	3,122,676	76,987	9,517	731,087	16,085	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,572,394	1,133,589	882,127	3,785,013	114,613	50
51 RECOVERY ROOM	2,257,107	70,709	36,568	580,494	1,959	51
52 DELIVERY ROOM & LABOR ROOM	4,569,775	143,511	61,544	1,033,478	24,917	52
53 ANESTHESIOLOGY	1,881,347	3,572	147,266	132,139	15,692	53
54 RADIOLOGY-DIAGNOSTIC	24,317,948	797,894	1,328,976	4,283,436	43,083	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,510,846	44,211	63,226	571,626	4,037	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,979,262	74,178	457,794	421,065	3,666	58
59 CARDIAC CATHETERIZATION	3,509,446	86,872	526,766	553,109		59
60 LABORATORY	25,786,136	369,257	422,695	2,918,827	17,615	60
61 BPP CLINICAL LAB SERVICES-PRGM ONLY	122,688					61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,632,284	88,340		176,785	306	63
65 RESPIRATORY THERAPY	6,339,891	76,779	207,541	1,403,042	7,962	65
66 PHYSICAL THERAPY	8,622,509	331,510	48,177	2,219,246	13,309	66
68 SPEECH PATHOLOGY	826,631	19,446	32,732	170,753	3,762	68
69 ELECTROCARDIOLOGY	2,721,935	67,622	235,949	675,503	9,735	69
70 ELECTROENCEPHALOGRAPHY	870,400	2,833	107,085	198,218	1,482	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	25,625,507					71
72 IMPL. DEV. CHARGED TO PATIENT	36,750,728					72
73 DRUGS CHARGED TO PATIENTS	22,898,699					73
74 RENAL DIALYSIS	1,945,404	31,216		40,182	2,494	74
76 DIGESTIVE DISEASES	3,048,640	150,193	155,286	505,936	50,573	76
76.01 ENTEROSTOMAL	265,632			64,641	494	76.01
76.02 DIABETIC SERVICE	448,627	52,893		149,483	1,930	76.02
76.03 WOUND CARE	994,109	50,130	131	119,292	3,149	76.03
76.04 PSYCHOLOGY	879,008	56,396		271,555	6,326	76.04
76.05 NEURO DIAGNOSTIC CENTER	454,022	31,100		301,417	730	76.05
76.06 EATING DISORDERS	223,687	80,490		54,957	96	76.06
76.07 UROLOGICAL	91,260			17,519	125	76.07
76.08 SLEEP DISORDERS	2,041,931	58,315	23,978	715,994	7,955	76.08
76.09 PAIN PROGRAM	917,119	62,431	9,207	229,284	3,714	76.09
76.10 COMP EPILEPSY	431,033	45,725	678	448,516	1,013	76.10
76.97 CARDIAC REHABILITATION	474,934	1,283	4,857	147,899	637	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	234,000					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	118,361	5,723	44,620	15,602	1,054	90.01
90.02 LUNG CLINIC	2,733				28	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	225,395	89,878	4,231	193,359	2,825	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	PURCH, RCV STORING 5.01	
90.05 SISTERS CLINIC	2,067,289	245,412	26,682	502,893	5,043	90.05
90.06 SPECIAL CLINICS	214,152	26,395	18,891	59,978	3,564	90.06
90.07 PALLIATIVE CARE CLINIC	846,153	9,723		239,156	370	90.07
91 EMERGENCY	14,081,057	395,155	196,150	5,601,892	57,612	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,981,444	61,125	67,499	441,571	5,337	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	8,481,771		19,751	384,080	2,143	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	2,947,885			72,978	322	105
109 PANCREAS ACQUISITION	205,382			7,691		109
118 SUBTOTALS (SUM OF LINES 1-117)	696,716,765	16,638,781	16,480,123	76,781,083	2,118,274	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	37,725	14,642	1	3,791	190
194 SISTERS CONVENT	251,651			17,006	44	194
194.01 BRADLEY HEALTH SVC			114	116,490	255	194.01
194.02 COMMUNITY CLINIC	245,628			55,647		194.02
194.03 FUND RAISING	3,972,082	1,977	6,208	239,851	9,561	194.03
194.04 OUTREACH PHYSICIAN	75,260,778	949,555	346,507	18,874,606	83,061	194.04
194.05 PHYSICIAN CONTRACT	2,299,532			20,044	273	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	3,196,185	84,814	22,196	666,792	8,272	194.07
194.08 INDUSTRIAL REHAB	1,409,161	75,704	8,751	319,165	5,333	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			66			194.10
194.11 REGIONAL ACTIVITIES	353,252	11,006		82,210	1,715	194.11
194.12 CFH - MEDICAL OFFICE BLDG		251,494				194.12
194.13 CFH - ASC LLC	9,330,945	220,983	31,323	893,779		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	793,035,981	18,272,039	16,909,930	98,066,674	2,230,579	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	GENERAL	5.05
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING	250,282					5.02
5.03 OUTPATIENT OFFICES		623,542				5.03
5.04 BUSINESS OFFICE			350,426			5.04
5.05 OTHER ADMIN + GENERAL				114,928,662	114,928,662	5.05
6 MAINTENANCE & REPAIRS				25,525,501	4,332,801	6
7 OPERATION OF PLANT				10,447,233	1,773,355	7
8 LAUNDRY & LINEN SERVICE				1,076,222	182,682	8
9 HOUSEKEEPING				11,588,152	1,967,019	9
10 DIETARY				6,052,920	1,027,447	10
11 CAFETERIA				1,633,178	277,222	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				18,983,745	3,222,377	13
14 CENTRAL SERVICES & SUPPLY				7,771,261	1,319,125	14
15 PHARMACY				12,947,078	2,197,689	15
16 MEDICAL RECORDS & LIBRARY				5,247,062	890,657	16
17 SOCIAL SERVICE						17
18 PARKING				1,230,945	208,946	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				2,083,636	198,559	20
21 I&R SRVCES-SALARY & FRINGES APPRVD				13,117,824	2,226,672	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				24,041,978	4,080,982	22
23 PARAMED ED PRGM-(SPECIFY)				106,752	18,121	23
23.01 PARAMEDICAL EDUC X-RAY				207,071	35,149	23.01
23.02 PARAMEDICAL EDUC DIETARY				191,811	32,559	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,219		24,273	78,775,797	13,371,719	30
31 INTENSIVE CARE UNIT	6,580		9,275	26,268,242	4,458,876	31
35 PREMATURE INTENSIVE CARE	3,984		5,616	15,477,924	2,627,285	35
41 SUBPROVIDER - IRF	759		1,069	3,958,180	671,877	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,359		24,470	29,529,565	5,012,466	50
51 RECOVERY ROOM	2,678		3,775	2,953,290	501,303	51
52 DELIVERY ROOM & LABOR ROOM	1,128		1,591	5,835,944	990,616	52
53 ANESTHESIOLOGY	9,377		13,218	2,202,611	373,880	53
54 RADIOLOGY-DIAGNOSTIC	23,237	194,305	32,755	31,021,634	5,265,736	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	12,908	101,859	18,195	5,326,908	904,211	57
58 MAGNETIC RESONANCE IMAGING (MRI)	9,077	86,646	12,795	6,044,483	1,026,015	58
59 CARDIAC CATHETERIZATION	10,461		14,747	4,701,401	798,035	59
60 LABORATORY	33,943	204,930	45,467	29,798,870	5,058,179	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY				122,688		61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,380		1,945	6,901,040	1,171,410	63
65 RESPIRATORY THERAPY	8,293		11,690	8,055,198	1,367,322	65
66 PHYSICAL THERAPY	3,903		5,502	11,244,156	1,908,628	66
68 SPEECH PATHOLOGY	374		527	1,054,225	178,948	68
69 ELECTROCARDIOLOGY	4,616	35,802	6,507	3,757,669	637,842	69
70 ELECTROENCEPHALOGRAPHY	802		1,131	1,181,951	200,629	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	24,264		34,203	25,683,974	4,359,700	71
72 IMPL. DEV. CHARGED TO PATIENT	13,042		18,384	36,782,154	6,243,550	72
73 DRUGS CHARGED TO PATIENTS	25,461		35,891	22,960,051	3,897,331	73
74 RENAL DIALYSIS	608		857	2,020,761	343,012	74
76 DIGESTIVE DISEASES	5,162		7,276	3,923,066	665,917	76
76.01 ENTEROSTOMAL	72		102	330,941	56,175	76.01
76.02 DIABETIC SERVICE	14		20	652,967	110,837	76.02
76.03 WOUND CARE	466		658	1,167,935	198,250	76.03
76.04 PSYCHOLOGY	211		298	1,213,794	206,034	76.04
76.05 NEURO DIAGNOSTIC CENTER	20		28	787,317	133,642	76.05
76.06 EATING DISORDERS	24		34	359,288	60,987	76.06
76.07 UROLOGICAL	62		87	109,053	18,511	76.07
76.08 SLEEP DISORDERS	1,065		1,502	2,850,740	483,896	76.08
76.09 PAIN PROGRAM	448		632	1,222,835	207,569	76.09
76.10 COMP EPILEPSY	24		34	927,023	157,357	76.10
76.97 CARDIAC REHABILITATION	110		155	629,875	106,918	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	205		289	234,494	39,804	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	50		70	185,480	31,484	90.01
90.02 LUNG CLINIC	1		2	2,764	469	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	101		142	515,931	87,576	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	175		247	2,847,741	483,387	90.05
90.06 SPECIAL CLINICS	46		65	323,091	54,843	90.06
90.07 PALLIATIVE CARE CLINIC	68		96	1,095,566	185,966	90.07
91 EMERGENCY	7,499		10,571	20,349,936	3,454,280	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	338		476	2,557,790	434,170	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,371		3,342	8,893,458	1,509,611	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	271		381	3,021,837	512,939	105
109 PANCREAS ACQUISITION	26		36	213,135	36,178	109
118 SUBTOTALS (SUM OF LINES 1-117)	250,282	623,542	350,426	673,255,804	94,596,732	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				56,161	9,533	190
194 SISTERS CONVENT				268,701	45,610	194
194.01 BRADLEY HEALTH SVC				116,859	19,836	194.01
194.02 COMMUNITY CLINIC				301,275	51,140	194.02
194.03 FUND RAISING				4,229,679	717,963	194.03
194.04 OUTREACH PHYSICIAN				95,514,507	16,212,978	194.04
194.05 PHYSICIAN CONTRACT				2,319,849	393,780	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB				3,978,259	675,286	194.07
194.08 INDUSTRIAL REHAB				1,818,114	308,614	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC				66	11	194.10
194.11 REGIONAL ACTIVITIES				448,183	76,076	194.11
194.12 CFH - MEDICAL OFFICE BLDG				251,494	42,690	194.12
194.13 CFH - ASC LLC				10,477,030	1,778,413	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	250,282	623,542	350,426	793,035,981	114,928,662	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS	29,858,302					6
7 OPERATION OF PLANT	738,993	12,959,581				7
8 LAUNDRY & LINEN SERVICE	94,537	42,074	1,395,515			8
9 HOUSEKEEPING	306,179	136,266	25,651	14,023,267		9
10 DIETARY	377,109	167,833		194,147	7,819,456	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	488,918	217,594		251,710		13
14 CENTRAL SERVICES & SUPPLY	1,037,907	461,922	31,691	534,347		14
15 PHARMACY	320,419	142,603		164,961		15
16 MEDICAL RECORDS & LIBRARY	337,452	150,183		173,731		16
17 SOCIAL SERVICE						17
18 PARKING	1,411	628		726		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	2,061,176	917,329		1,061,157		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,268,074	564,358	1,273	652,844		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	6,082,440	2,706,999	604,263	3,131,432	6,266,716	30
31 INTENSIVE CARE UNIT	1,246,223	554,633	151,568	641,594	1,019,356	31
35 PREMATURE INTENSIVE CARE	593,489	264,133	28,780	305,546		35
41 SUBPROVIDER - IRF	177,230	78,876	41,623	91,243	442,741	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,609,605	1,161,408	119,883	1,343,506		50
51 RECOVERY ROOM	162,778	72,444		83,803		51
52 DELIVERY ROOM & LABOR ROOM	330,373	147,033	43,415	170,086	70,962	52
53 ANESTHESIOLOGY	8,224	3,660		4,234		53
54 RADIOLOGY-DIAGNOSTIC	1,836,811	817,475	85,449	945,647		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	101,776	45,295	31,517	52,397		57
58 MAGNETIC RESONANCE IMAGING (MRI)	170,762	75,998	9,212	87,914		58
59 CARDIAC CATHETERIZATION	199,985	89,004	44,540	102,959		59
60 LABORATORY	850,058	378,319	4,712	437,636		60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				104,699		63
65 RESPIRATORY THERAPY	176,751	78,663		90,997		65
66 PHYSICAL THERAPY	763,160	339,645	4,493	392,898		66
68 SPEECH PATHOLOGY	44,767	19,923	807	23,047		68
69 ELECTROCARDIOLOGY	155,671	69,282	10,038	80,144		69
70 ELECTROENCEPHALOGRAPHY	6,521	2,902	7,631	3,357		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	71,861	31,982	5,367	36,996		74
76 DIGESTIVE DISEASES	345,756	153,879	24,639	178,006		76
76.01 ENTEROSTOMAL						76.01
76.02 DIABETIC SERVICE	121,764	54,191		62,688		76.02
76.03 WOUND CARE	115,403	51,360				76.03
76.04 PSYCHOLOGY	129,828	57,780		66,840		76.04
76.05 NEURO DIAGNOSTIC CENTER	71,594	31,863		36,859		76.05
76.06 EATING DISORDERS	185,294	82,465		95,395		76.06
76.07 UROLOGICAL						76.07
76.08 SLEEP DISORDERS	134,246	59,746	3,180	69,114		76.08
76.09 PAIN PROGRAM	143,721	63,963				76.09
76.10 COMP EPILEPSY	105,263	46,847		54,192		76.10
76.97 CARDIAC REHABILITATION	2,954	1,315		1,521		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	13,174	5,863				90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	206,905	92,083	1,839	106,521		90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
90.05 SISTERS CLINIC	564,958	251,435		290,858		90.05
90.06 SPECIAL CLINICS	60,762	27,042		31,282		90.06
90.07 PALLIATIVE CARE CLINIC	22,383	9,962		11,524		90.07
91 EMERGENCY	909,676	404,852	109,226	468,329		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	140,714	62,625		72,444	19,681	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	26,098,421	11,286,243	1,390,797	12,709,331	7,819,456	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	86,845	38,650		44,710		190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING	4,551	2,026		2,343		194.03
194.04 OUTREACH PHYSICIAN	2,185,947	972,858	4,718	801,691		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	195,248	86,895		100,520		194.07
194.08 INDUSTRIAL REHAB	174,275	77,561		89,722		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	25,338	11,276		13,045		194.11
194.12 CFH - MEDICAL OFFICE BLDG	578,957	257,666				194.12
194.13 CFH - ASC LLC	508,720	226,406		261,905		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	29,858,302	12,959,581	1,395,515	14,023,267	7,819,456	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,910,400					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	108,244	23,272,588				13
14 CENTRAL SERVICES & SUPPLY	48,546		11,204,799			14
15 PHARMACY	56,093		475,231	16,304,074		15
16 MEDICAL RECORDS & LIBRARY	43,524		28		6,842,637	16
17 SOCIAL SERVICE						17
18 PARKING	441					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	23,689		5,541	4		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	97,996		61,812	132		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	461,879	12,548,114	427,126	17,930	461,802	30
31 INTENSIVE CARE UNIT	130,479	3,544,822	295,120	16,311	176,464	31
35 PREMATURE INTENSIVE CARE	73,276	1,990,731	163,178	4,708	106,851	35
41 SUBPROVIDER - IRF	24,853	675,187	19,187	447	20,346	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	114,244	3,103,754	3,988,955	4,835	465,551	50
51 RECOVERY ROOM	14,794	401,928	22,923	13	71,825	51
52 DELIVERY ROOM & LABOR ROOM	29,642	805,293	38,648	1,704	30,262	52
53 ANESTHESIOLOGY	3,454	93,839	311,977	183,387	251,489	53
54 RADIOLOGY-DIAGNOSTIC	114,046		1,514,010	676,854	651,084	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,821		246,705	84,367	346,172	57
58 MAGNETIC RESONANCE IMAGING (MRI)	12,970		162,681	485	243,435	58
59 CARDIAC CATHETERIZATION	15,997		1,252,322	1,552	280,562	59
60 LABORATORY	119,218		115,628	227	878,163	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,432		15,329		36,999	63
65 RESPIRATORY THERAPY	44,868		341,322	2,945	222,403	65
66 PHYSICAL THERAPY	57,820		24,869	129,920	115,295	66
68 SPEECH PATHOLOGY	4,190		59,936	20	10,033	68
69 ELECTROCARDIOLOGY	22,689		24,520	214	123,794	69
70 ELECTROENCEPHALOGRAPHY	6,758		2,531		21,517	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					650,743	71
72 IMPL. DEV. CHARGED TO PATIENT					349,770	72
73 DRUGS CHARGED TO PATIENTS				11,506,838	682,852	73
74 RENAL DIALYSIS	956		8,543	4,822	16,314	74
76 DIGESTIVE DISEASES	14,468		380,468	250	138,436	76
76.01 ENTEROSTOMAL	1,780		1,760		1,943	76.01
76.02 DIABETIC SERVICE	4,560		39		388	76.02
76.03 WOUND CARE			84,066	2,612	12,510	76.03
76.04 PSYCHOLOGY	7,459		6		8,111	76.04
76.05 NEURO DIAGNOSTIC CENTER	4,009	108,920	426		8,303	76.05
76.06 EATING DISORDERS	1,608				656	76.06
76.07 UROLOGICAL	441		619		1,655	76.07
76.08 SLEEP DISORDERS	14,411		14,841		41,969	76.08
76.09 PAIN PROGRAM			14,471	50,908	13,047	76.09
76.10 COMP EPILEPSY	3,820		11	5	17,189	76.10
76.97 CARDIAC REHABILITATION	4,304		6	342	2,955	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					5,501	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			702	6,920	1,334	90.01
90.02 LUNG CLINIC					34	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	5,908		15,969	273	2,704	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	17,530		8,144		10,281	90.05
90.06 SPECIAL CLINICS	1,789		16,535	837	5,110	90.06
90.07 PALLIATIVE CARE CLINIC	4,397				1,828	90.07
91 EMERGENCY	128,241		312,327	9,855	274,369	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	13,182		5,597	43	9,053	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			7,146	1,914	63,588	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	2,053		11		7,255	105
109 PANCREAS ACQUISITION	220				692	109
118 SUBTOTALS (SUM OF LINES 1-117)	1,885,099	23,272,588	10,441,266	12,711,674	6,842,637	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4					190
194 SISTERS CONVENT	1,009					194
194.01 BRADLEY HEALTH SVC			1,718			194.01
194.02 COMMUNITY CLINIC	1,388		1,767	80,442		194.02
194.03 FUND RAISING	6,075		23,903			194.03
194.04 OUTREACH PHYSICIAN			174,102	3,204,174		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	15,067		1,106	4		194.07
194.08 INDUSTRIAL REHAB			10,182	101,461		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	1,758					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC			550,755	206,319		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,910,400	23,272,588	11,204,799	16,304,074	6,842,637	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARKING 18	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	PARAMEDICA EDUCATION 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING	1,443,097					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	20,674	6,371,765				20
21 I&R SRVCES-SALARY & FRINGES APPRVD			15,344,496			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	85,524			30,854,973		22
23 PARAMED ED PRGM-(SPECIFY)					124,873	23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	403,092	4,387,908	6,328,259	12,724,970		30
31 INTENSIVE CARE UNIT	113,873	406,541	1,115,292	2,242,648		31
35 PREMATURE INTENSIVE CARE	63,949	8,929	167,516	336,843		35
41 SUBPROVIDER - IRF	21,689		409,170	822,766		41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	99,704	68,807	2,230,627	4,485,383		50
51 RECOVERY ROOM	12,911					51
52 DELIVERY ROOM & LABOR ROOM	25,869	604,559				52
53 ANESTHESIOLOGY	3,014	36,242	133,213	267,867		53
54 RADIOLOGY-DIAGNOSTIC	99,531	57,777	1,994,595	4,010,765		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,553					57
58 MAGNETIC RESONANCE IMAGING (MRI)	11,320					58
59 CARDIAC CATHETERIZATION	13,961					59
60 LABORATORY	104,045		7,598	15,279	124,873	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,614					63
65 RESPIRATORY THERAPY	39,157					65
66 PHYSICAL THERAPY	50,461					66
68 SPEECH PATHOLOGY	3,657	57,777				68
69 ELECTROCARDIOLOGY	19,802		3,821	7,684		69
70 ELECTROENCEPHALOGRAPHY	5,898		45,678	91,850		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	834					74
76 DIGESTIVE DISEASES	12,627	57,777				76
76.01 ENTEROSTOMAL	1,553					76.01
76.02 DIABETIC SERVICE	3,980	16,283				76.02
76.03 WOUND CARE		16,808				76.03
76.04 PSYCHOLOGY	6,510					76.04
76.05 NEURO DIAGNOSTIC CENTER	3,499					76.05
76.06 EATING DISORDERS	1,403	14,707				76.06
76.07 UROLOGICAL	384					76.07
76.08 SLEEP DISORDERS	12,577					76.08
76.09 PAIN PROGRAM						76.09
76.10 COMP EPILEPSY	3,334					76.10
76.97 CARDIAC REHABILITATION	3,757					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	5,156	32,565				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	15,299	38,343	552,485	1,110,946		90.05
90.06 SPECIAL CLINICS	1,561					90.06
90.07 PALLIATIVE CARE CLINIC	3,837					90.07
91 EMERGENCY	111,919	27,313	2,356,242	4,737,972		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	11,504	6,303				92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,792					105
109 PANCREAS ACQUISITION	192					109
118 SUBTOTALS (SUM OF LINES 1-117)	1,421,016	5,838,639	15,344,496	30,854,973	124,873	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4					190
194 SISTERS CONVENT	880					194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC	1,211					194.02
194.03 FUND RAISING	5,302					194.03
194.04 OUTREACH PHYSICIAN		20,485				194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	13,150	512,641				194.07
194.08 INDUSTRIAL REHAB						194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	1,534					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)	1,443,097	6,371,765	15,344,496	30,854,973	124,873	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						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
18 PARKING						18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL EDUC X-RAY	242,220					23.01
23.02 PARAMEDICAL EDUC DIETARY		224,370				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		224,370	148,924,816	-19,053,229	129,871,587	30
31 INTENSIVE CARE UNIT			42,382,042	-3,357,940	39,024,102	31
35 PREMATURE INTENSIVE CARE			22,213,138	-504,359	21,708,779	35
41 SUBPROVIDER - IRF			7,455,415	-1,231,936	6,223,479	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			54,338,293	-6,716,010	47,622,283	50
51 RECOVERY ROOM			4,298,012		4,298,012	51
52 DELIVERY ROOM & LABOR ROOM			9,124,406		9,124,406	52
53 ANESTHESIOLOGY			3,877,091	-401,080	3,476,011	53
54 RADIOLOGY-DIAGNOSTIC	242,220		49,333,634	-6,005,360	43,328,274	54
57 COMPUTED TOMOGRAPHY (CT) SCAN			7,172,722		7,172,722	57
58 MAGNETIC RESONANCE IMAGING (MRI)			7,845,275		7,845,275	58
59 CARDIAC CATHETERIZATION			7,500,318		7,500,318	59
60 LABORATORY			37,892,805	-22,877	37,869,928	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY			122,688		122,688	61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			8,535,397		8,535,397	63
65 RESPIRATORY THERAPY			10,419,626		10,419,626	65
66 PHYSICAL THERAPY			15,031,345		15,031,345	66
68 SPEECH PATHOLOGY			1,457,330		1,457,330	68
69 ELECTROCARDIOLOGY			4,913,170	-11,505	4,901,665	69
70 ELECTROENCEPHALOGRAPHY			1,577,223	-137,528	1,439,695	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			30,694,417		30,694,417	71
72 IMPL. DEV. CHARGED TO PATIENT			43,375,474		43,375,474	72
73 DRUGS CHARGED TO PATIENTS			39,047,072		39,047,072	73
74 RENAL DIALYSIS			2,541,448		2,541,448	74
76 DIGESTIVE DISEASES			5,895,289		5,895,289	76
76.01 ENTEROSTOMAL			394,152		394,152	76.01
76.02 DIABETIC SERVICE			1,027,697		1,027,697	76.02
76.03 WOUND CARE			1,648,944		1,648,944	76.03
76.04 PSYCHOLOGY			1,696,362		1,696,362	76.04
76.05 NEURO DIAGNOSTIC CENTER			1,186,432		1,186,432	76.05
76.06 EATING DISORDERS			801,803		801,803	76.06
76.07 UROLOGICAL			130,663		130,663	76.07
76.08 SLEEP DISORDERS			3,684,720		3,684,720	76.08
76.09 PAIN PROGRAM			1,716,514		1,716,514	76.09
76.10 COMP EPILEPSY			1,315,041		1,315,041	76.10
76.97 CARDIAC REHABILITATION			753,947		753,947	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY			279,799		279,799	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			244,957		244,957	90.01
90.02 LUNG CLINIC			3,267		3,267	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC			1,073,430		1,073,430	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMEDICA	PARAMEDICA	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	X-RAY	DIETARY				
	23.01	23.02	24	25	26	
90.05 SISTERS CLINIC			6,191,407	-1,663,431	4,527,976	90.05
90.06 SPECIAL CLINICS			522,852		522,852	90.06
90.07 PALLIATIVE CARE CLINIC			1,335,463		1,335,463	90.07
91 EMERGENCY			33,654,537	-7,094,214	26,560,323	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			3,333,106		3,333,106	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			10,475,717		10,475,717	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			3,545,887		3,545,887	105
109 PANCREAS ACQUISITION			250,417		250,417	109
118 SUBTOTALS (SUM OF LINES 1-117)	242,220	224,370	641,235,560	-46,199,469	595,036,091	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			235,907		235,907	190
194 SISTERS CONVENT			316,200		316,200	194
194.01 BRADLEY HEALTH SVC			138,413		138,413	194.01
194.02 COMMUNITY CLINIC			437,223		437,223	194.02
194.03 FUND RAISING			4,991,842		4,991,842	194.03
194.04 OUTREACH PHYSICIAN			119,091,460		119,091,460	194.04
194.05 PHYSICIAN CONTRACT			2,713,629		2,713,629	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB			5,578,176		5,578,176	194.07
194.08 INDUSTRIAL REHAB			2,579,929		2,579,929	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			77		77	194.10
194.11 REGIONAL ACTIVITIES			577,210		577,210	194.11
194.12 CFH - MEDICAL OFFICE BLDG			1,130,807		1,130,807	194.12
194.13 CFH - ASC LLC			14,009,548		14,009,548	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	242,220	224,370	793,035,981	-46,199,469	746,836,512	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	978	223,330	8,458	232,766	232,766	4
5.01 PURCH, RCVING, STORING	96,485	51,170	15,338	162,993	521	5.01
5.02 ADMITTING	114,966	64,767		179,733	7	5.02
5.03 OUTPATIENT OFFICES	37,749	58,304	41,304	137,357	196	5.03
5.04 BUSINESS OFFICE	212,823		2,642	215,465	1	5.04
5.05 OTHER ADMIN + GENERAL	16,618,574	1,425,443	7,943,110	25,987,127	11,209	5.05
6 MAINTENANCE & REPAIRS	28,303	3,478,848	606,947	4,114,098	3,504	6
7 OPERATION OF PLANT	139	321,012	257,265	578,416	1,133	7
8 LAUNDRY & LINEN SERVICE		41,066		41,066	116	8
9 HOUSEKEEPING		133,002	12,732	145,734	4,019	9
10 DIETARY	354	163,813	28,338	192,505	2,937	10
11 CAFETERIA					301	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,790	212,382	126,321	340,493	8,600	13
14 CENTRAL SERVICES & SUPPLY	1,301,756	450,857	465,182	2,217,795	2,349	14
15 PHARMACY		139,187	296,167	435,354	6,571	15
16 MEDICAL RECORDS & LIBRARY	32,275	146,586	37,004	215,865	2,336	16
17 SOCIAL SERVICE						17
18 PARKING	53,197	613	520,338	574,148	17	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		895,356	120,117	1,015,473	2,471	20
21 I&R SRVCES-SALARY & FRINGES APPRVD					6,588	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	38,906	550,840		589,746	5,174	22
23 PARAMED ED PRGM-(SPECIFY)					43	23
23.01 PARAMEDICAL EDUC X-RAY					79	23.01
23.02 PARAMEDICAL EDUC DIETARY					48	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,404	2,642,158	319,985	2,964,547	34,269	30
31 INTENSIVE CARE UNIT	5,744	541,348	200,457	747,549	10,658	31
35 PREMATURE INTENSIVE CARE	31,192	257,806	338,494	627,492	6,877	35
41 SUBPROVIDER - IRF		76,987	9,517	86,504	1,736	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	312,279	1,133,589	882,127	2,327,995	8,986	50
51 RECOVERY ROOM		70,709	36,568	107,277	1,378	51
52 DELIVERY ROOM & LABOR ROOM		143,511	61,544	205,055	2,454	52
53 ANESTHESIOLOGY		3,572	147,266	150,838	314	53
54 RADIOLOGY-DIAGNOSTIC	990,740	797,894	1,328,976	3,117,610	10,170	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	62,628	44,211	63,226	170,065	1,357	57
58 MAGNETIC RESONANCE IMAGING (MRI)	15,850	74,178	457,794	547,822	1,000	58
59 CARDIAC CATHETERIZATION	114,548	86,872	526,766	728,186	1,313	59
60 LABORATORY		369,257	422,695	791,952	6,930	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		88,340		88,340	420	63
65 RESPIRATORY THERAPY	85,331	76,779	207,541	369,651	3,331	65
66 PHYSICAL THERAPY	242,621	331,510	48,177	622,308	5,269	66
68 SPEECH PATHOLOGY		19,446	32,732	52,178	405	68
69 ELECTROCARDIOLOGY	68,508	67,622	235,949	372,079	1,604	69
70 ELECTROENCEPHALOGRAPHY		2,833	107,085	109,918	471	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		31,216		31,216	95	74
76 DIGESTIVE DISEASES	4,247	150,193	155,286	309,726	1,201	76
76.01 ENTEROSTOMAL					153	76.01
76.02 DIABETIC SERVICE	32,194	52,893		85,087	355	76.02
76.03 WOUND CARE	29,087	50,130	131	79,348	283	76.03
76.04 PSYCHOLOGY		56,396		56,396	645	76.04
76.05 NEURO DIAGNOSTIC CENTER		31,100		31,100	716	76.05
76.06 EATING DISORDERS		80,490		80,490	130	76.06
76.07 UROLOGICAL	20,261			20,261	42	76.07
76.08 SLEEP DISORDERS	135,758	58,315	23,978	218,051	1,700	76.08
76.09 PAIN PROGRAM		62,431	9,207	71,638	544	76.09
76.10 COMP EPILEPSY		45,725	678	46,403	1,065	76.10
76.97 CARDIAC REHABILITATION	12,353	1,283	4,857	18,493	351	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		5,723	44,620	50,343	37	90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC		89,878	4,231	94,109	459	90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE			
	COSTS	FIXTURES	EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
90.05 SISTERS CLINIC		245,412	26,682	272,094	1,194	90.05
90.06 SPECIAL CLINICS		26,395	18,891	45,286	142	90.06
90.07 PALLIATIVE CARE CLINIC	228	9,723		9,951	568	90.07
91 EMERGENCY	298,468	395,155	196,150	889,773	13,300	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		61,125	67,499	128,624	1,048	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	21,600		19,751	41,351	912	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	83,676			83,676	173	105
109 PANCREAS ACQUISITION					18	109
118 SUBTOTALS (SUM OF LINES 1-117)	21,108,012	16,638,781	16,480,123	54,226,916	182,293	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		37,725	14,642	52,367		190
194 SISTERS CONVENT					40	194
194.01 BRADLEY HEALTH SVC			114	114	277	194.01
194.02 COMMUNITY CLINIC					132	194.02
194.03 FUND RAISING	86,534	1,977	6,208	94,719	569	194.03
194.04 OUTREACH PHYSICIAN	2,658,224	949,555	346,507	3,954,286	44,749	194.04
194.05 PHYSICIAN CONTRACT					48	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	219,892	84,814	22,196	326,902	1,583	194.07
194.08 INDUSTRIAL REHAB	85,874	75,704	8,751	170,329	758	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			66	66		194.10
194.11 REGIONAL ACTIVITIES	230	11,006		11,236	195	194.11
194.12 CFH - MEDICAL OFFICE BLDG		251,494		251,494		194.12
194.13 CFH - ASC LLC	2,172	220,983	31,323	254,478	2,122	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	24,160,938	18,272,039	16,909,930	59,342,907	232,766	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O	OTHER ADMI	
	STORING				GENERAL	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING	163,514					5.01
5.02 ADMITTING	21	179,761				5.02
5.03 OUTPATIENT OFFICES	291		137,844			5.03
5.04 BUSINESS OFFICE	3			215,469		5.04
5.05 OTHER ADMIN + GENERAL	9,897				26,008,233	5.05
6 MAINTENANCE & REPAIRS	39,621				980,511	6
7 OPERATION OF PLANT	3,550				401,310	7
8 LAUNDRY & LINEN SERVICE	28				41,341	8
9 HOUSEKEEPING	7,143				445,136	9
10 DIETARY	2,507				232,511	10
11 CAFETERIA					62,735	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,091				729,223	13
14 CENTRAL SERVICES & SUPPLY	13,842				298,517	14
15 PHARMACY	5,566				497,336	15
16 MEDICAL RECORDS & LIBRARY	1,799				201,555	16
17 SOCIAL SERVICE						17
18 PARKING	34				47,284	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	510				44,934	20
21 I&R SRVCES-SALARY & FRINGES APPRVD					503,895	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	365				923,525	22
23 PARAMED ED PRGM-(SPECIFY)					4,101	23
23.01 PARAMEDICAL EDUC X-RAY					7,954	23.01
23.02 PARAMEDICAL EDUC DIETARY					7,368	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	23,326	12,447		14,937	3,026,015	30
31 INTENSIVE CARE UNIT	9,227	4,756		5,708	1,009,042	31
35 PREMATURE INTENSIVE CARE	3,517	2,880		3,456	594,553	35
41 SUBPROVIDER - IRF	1,179	548		658	152,046	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,402	12,549		15,058	1,134,319	50
51 RECOVERY ROOM	144	1,936		2,323	113,445	51
52 DELIVERY ROOM & LABOR ROOM	1,827	816		979	224,176	52
53 ANESTHESIOLOGY	1,150	6,779		8,134	84,609	53
54 RADIOLOGY-DIAGNOSTIC	3,158	16,798	42,994	20,157	1,191,634	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	296	9,331	22,539	11,197	204,623	57
58 MAGNETIC RESONANCE IMAGING (MRI)	269	6,562	19,172	7,874	232,187	58
59 CARDIAC CATHETERIZATION		7,562		9,075	180,595	59
60 LABORATORY	1,291	23,370	45,217	27,799	1,144,664	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	22	997		1,197	265,090	63
65 RESPIRATORY THERAPY	584	5,995		7,194	309,424	65
66 PHYSICAL THERAPY	976	2,822		3,386	431,922	66
68 SPEECH PATHOLOGY	276	270		325	40,496	68
69 ELECTROCARDIOLOGY	714	3,337	7,922	4,004	144,343	69
70 ELECTROENCEPHALOGRAPHY	109	580		696	45,402	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		17,540		21,048	986,598	71
72 IMPL. DEV. CHARGED TO PATIENT		9,428		11,313	1,412,913	72
73 DRUGS CHARGED TO PATIENTS		18,406		22,087	881,964	73
74 RENAL DIALYSIS	183	440		528	77,623	74
76 DIGESTIVE DISEASES	3,707	3,731		4,478	150,697	76
76.01 ENTEROSTOMAL	36	52		63	12,712	76.01
76.02 DIABETIC SERVICE	141	10		13	25,082	76.02
76.03 WOUND CARE	231	337		405	44,864	76.03
76.04 PSYCHOLOGY	464	153		183	46,625	76.04
76.05 NEURO DIAGNOSTIC CENTER	53	14		17	30,243	76.05
76.06 EATING DISORDERS	7	18		21	13,801	76.06
76.07 UROLOGICAL	9	45		54	4,189	76.07
76.08 SLEEP DISORDERS	583	770		924	109,505	76.08
76.09 PAIN PROGRAM	272	324		389	46,973	76.09
76.10 COMP EPILEPSY	74	17		21	35,610	76.10
76.97 CARDIAC REHABILITATION	47	80		96	24,195	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		148		178	9,008	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	77	36		43	7,125	90.01
90.02 LUNG CLINIC	2	1		1	106	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	207	73		87	19,818	90.04



ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PURCH, RCV	ADMITTING	OUTPATIENT	BUSINESS O	OTHER ADMI	
	STORING				GENERAL	
	5.01	5.02	5.03	5.04	5.05	
90.05 SISTERS CLINIC	370	127		152	109,390	90.05
90.06 SPECIAL CLINICS	261	33		40	12,411	90.06
90.07 PALLIATIVE CARE CLINIC	27	49		59	42,084	90.07
91 EMERGENCY	4,223	5,421		6,505	781,702	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	391	244		293	98,252	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	157	1,714		2,057	341,624	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	24	196		235	116,078	105
109 PANCREAS ACQUISITION		19		22	8,187	109
118 SUBTOTALS (SUM OF LINES 1-117)	155,281	179,761	137,844	215,469	21,407,200	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	278				2,157	190
194 SISTERS CONVENT	3				10,322	194
194.01 BRADLEY HEALTH SVC	19				4,489	194.01
194.02 COMMUNITY CLINIC					11,573	194.02
194.03 FUND RAISING	701				162,475	194.03
194.04 OUTREACH PHYSICIAN	6,089				3,668,915	194.04
194.05 PHYSICIAN CONTRACT	20				89,112	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	606				152,817	194.07
194.08 INDUSTRIAL REHAB	391				69,839	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC					3	194.10
194.11 REGIONAL ACTIVITIES	126				17,216	194.11
194.12 CFH - MEDICAL OFFICE BLDG					9,661	194.12
194.13 CFH - ASC LLC					402,454	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	163,514	179,761	137,844	215,469	26,008,233	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS	5,137,734					6
7 OPERATION OF PLANT	127,159	1,111,568				7
8 LAUNDRY & LINEN SERVICE	16,267	3,609	102,427			8
9 HOUSEKEEPING	52,684	11,688	1,883	668,287		9
10 DIETARY	64,889	14,395		9,252	518,996	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	84,128	18,663		11,995		13
14 CENTRAL SERVICES & SUPPLY	178,593	39,620	2,326	25,465		14
15 PHARMACY	55,135	12,231		7,861		15
16 MEDICAL RECORDS & LIBRARY	58,066	12,882		8,279		16
17 SOCIAL SERVICE						17
18 PARKING	243	54		35		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	354,668	78,681		50,570		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	218,198	48,406	93	31,112		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	1,046,612	232,188	44,352	149,229	415,937	30
31 INTENSIVE CARE UNIT	214,438	47,572	11,125	30,576	67,657	31
35 PREMATURE INTENSIVE CARE	102,122	22,655	2,112	14,561		35
41 SUBPROVIDER - IRF	30,496	6,765	3,055	4,348	29,386	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	449,036	99,616	8,799	64,026		50
51 RECOVERY ROOM	28,009	6,214		3,994		51
52 DELIVERY ROOM & LABOR ROOM	56,847	12,611	3,187	8,106	4,710	52
53 ANESTHESIOLOGY	1,415	314		202		53
54 RADIOLOGY-DIAGNOSTIC	316,061	70,116	6,272	45,065		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,513	3,885	2,313	2,497		57
58 MAGNETIC RESONANCE IMAGING (MRI)	29,383	6,518	676	4,190		58
59 CARDIAC CATHETERIZATION	34,412	7,634	3,269	4,907		59
60 LABORATORY	146,270	32,449	346	20,856		60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	34,993	7,763		4,989		63
65 RESPIRATORY THERAPY	30,414	6,747		4,336		65
66 PHYSICAL THERAPY	131,317	29,132	330	18,724		66
68 SPEECH PATHOLOGY	7,703	1,709	59	1,098		68
69 ELECTROCARDIOLOGY	26,786	5,942	737	3,819		69
70 ELECTROENCEPHALOGRAPHY	1,122	249	560	160		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	12,365	2,743	394	1,763		74
76 DIGESTIVE DISEASES	59,494	13,199	1,808	8,483		76
76.01 ENTEROSTOMAL						76.01
76.02 DIABETIC SERVICE	20,952	4,648		2,987		76.02
76.03 WOUND CARE	19,857	4,405				76.03
76.04 PSYCHOLOGY	22,340	4,956		3,185		76.04
76.05 NEURO DIAGNOSTIC CENTER	12,319	2,733		1,757		76.05
76.06 EATING DISORDERS	31,884	7,073		4,546		76.06
76.07 UROLOGICAL						76.07
76.08 SLEEP DISORDERS	23,100	5,125	233	3,294		76.08
76.09 PAIN PROGRAM	24,730	5,486				76.09
76.10 COMP EPILEPSY	18,113	4,018		2,583		76.10
76.97 CARDIAC REHABILITATION	508	113		72		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	2,267	503				90.01
90.02 LUNG CLINIC						90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	35,602	7,898	135	5,076		90.04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING		
	6	7	8	9	10	
90.05 SISTERS CLINIC	97,213	21,566		13,861		90.05
90.06 SPECIAL CLINICS	10,455	2,319		1,491		90.06
90.07 PALLIATIVE CARE CLINIC	3,851	854		549		90.07
91 EMERGENCY	156,528	34,725	8,017	22,319		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	24,213	5,371		3,452	1,306	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	4,490,770	968,043	102,081	605,670	518,996	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,943	3,315		2,131		190
194 SISTERS CONVENT						194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC						194.02
194.03 FUND RAISING	783	174		112		194.03
194.04 OUTREACH PHYSICIAN	376,137	83,444	346	38,205		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	33,596	7,453		4,790		194.07
194.08 INDUSTRIAL REHAB	29,988	6,653		4,276		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	4,360	967		622		194.11
194.12 CFH - MEDICAL OFFICE BLDG	99,621	22,100				194.12
194.13 CFH - ASC LLC	87,536	19,419		12,481		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,137,734	1,111,568	102,427	668,287	518,996	202

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	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMIN + GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	63,036					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,572	1,198,765				13
14 CENTRAL SERVICES & SUPPLY	1,602		2,780,109			14
15 PHARMACY	1,851		117,914	1,139,819		15
16 MEDICAL RECORDS & LIBRARY	1,436		7		502,225	16
17 SOCIAL SERVICE						17
18 PARKING	15					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	782		1,375			20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,234		15,337	9		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	15,240	646,350	105,978	1,254	33,816	30
31 INTENSIVE CARE UNIT	4,305	182,593	73,225	1,140	12,922	31
35 PREMATURE INTENSIVE CARE	2,418	102,542	40,488	329	7,824	35
41 SUBPROVIDER - IRF	820	34,779	4,761	31	1,490	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,770	159,874	989,724	338	34,090	50
51 RECOVERY ROOM	488	20,703	5,688	1	5,259	51
52 DELIVERY ROOM & LABOR ROOM	978	41,480	9,589	119	2,216	52
53 ANESTHESIOLOGY	114	4,834	77,407	12,821	18,415	53
54 RADIOLOGY-DIAGNOSTIC	3,763		375,654	47,319	47,676	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	588		61,212	5,898	25,349	57
58 MAGNETIC RESONANCE IMAGING (MRI)	428		40,364	34	17,826	58
59 CARDIAC CATHETERIZATION	528		310,724	109	20,544	59
60 LABORATORY	3,934		28,689	16	65,472	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	212		3,803		2,709	63
65 RESPIRATORY THERAPY	1,480		84,688	206	16,286	65
66 PHYSICAL THERAPY	1,908		6,171	9,083	8,443	66
68 SPEECH PATHOLOGY	138		14,871	1	735	68
69 ELECTROCARDIOLOGY	749		6,084	15	9,065	69
70 ELECTROENCEPHALOGRAPHY	223		628		1,576	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					47,651	71
72 IMPL. DEV. CHARGED TO PATIENT					25,612	72
73 DRUGS CHARGED TO PATIENTS				804,441	50,002	73
74 RENAL DIALYSIS	32		2,120	337	1,195	74
76 DIGESTIVE DISEASES	477		94,401	17	10,137	76
76.01 ENTEROSTOMAL	59		437		142	76.01
76.02 DIABETIC SERVICE	150		10		28	76.02
76.03 WOUND CARE			20,858	183	916	76.03
76.04 PSYCHOLOGY	246		2		594	76.04
76.05 NEURO DIAGNOSTIC CENTER	132	5,610	106		608	76.05
76.06 EATING DISORDERS	53				48	76.06
76.07 UROLOGICAL	15		153		121	76.07
76.08 SLEEP DISORDERS	476		3,682		3,073	76.08
76.09 PAIN PROGRAM			3,591	3,559	955	76.09
76.10 COMP EPILEPSY	126		3		1,259	76.10
76.97 CARDIAC REHABILITATION	142		1	24	216	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					403	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC			174	484	98	90.01
90.02 LUNG CLINIC					3	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	195		3,962	19	198	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	578		2,021		753	90.05
90.06 SPECIAL CLINICS	59		4,103	58	374	90.06
90.07 PALLIATIVE CARE CLINIC	145				134	90.07
91 EMERGENCY	4,231		77,494	689	20,091	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	435		1,389	3	663	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			1,773	134	4,656	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	68		3		531	105
109 PANCREAS ACQUISITION	7				51	109
118 SUBTOTALS (SUM OF LINES 1-117)	62,202	1,198,765	2,590,664	888,671	502,225	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 SISTERS CONVENT	33					194
194.01 BRADLEY HEALTH SVC			426			194.01
194.02 COMMUNITY CLINIC	46		438	5,624		194.02
194.03 FUND RAISING	200		5,931			194.03
194.04 OUTREACH PHYSICIAN			43,198	224,007		194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	497		274			194.07
194.08 INDUSTRIAL REHAB			2,526	7,093		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	58					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC			136,652	14,424		194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	63,036	1,198,765	2,780,109	1,139,819	502,225	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						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	621,830					18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	8,909	1,558,373				20
21 I&R SRVCES-SALARY & FRINGES APPRVD			510,483			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	36,852			1,872,051		22
23 PARAMED ED PRGM-(SPECIFY)					4,144	23
23.01 PARAMEDICAL EDUC X-RAY						23.01
23.02 PARAMEDICAL EDUC DIETARY						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	173,688					30
31 INTENSIVE CARE UNIT	49,068					31
35 PREMATURE INTENSIVE CARE	27,556					35
41 SUBPROVIDER - IRF	9,346					41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,962					50
51 RECOVERY ROOM	5,564					51
52 DELIVERY ROOM & LABOR ROOM	11,147					52
53 ANESTHESIOLOGY	1,299					53
54 RADIOLOGY-DIAGNOSTIC	42,888					54
57 COMPUTED TOMOGRAPHY (CT) SCAN	6,702					57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,878					58
59 CARDIAC CATHETERIZATION	6,016					59
60 LABORATORY	44,833					60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,419					63
65 RESPIRATORY THERAPY	16,873					65
66 PHYSICAL THERAPY	21,744					66
68 SPEECH PATHOLOGY	1,576					68
69 ELECTROCARDIOLOGY	8,532					69
70 ELECTROENCEPHALOGRAPHY	2,542					70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	360					74
76 DIGESTIVE DISEASES	5,441					76
76.01 ENTEROSTOMAL	669					76.01
76.02 DIABETIC SERVICE	1,715					76.02
76.03 WOUND CARE						76.03
76.04 PSYCHOLOGY	2,805					76.04
76.05 NEURO DIAGNOSTIC CENTER	1,508					76.05
76.06 EATING DISORDERS	605					76.06
76.07 UROLOGICAL	166					76.07
76.08 SLEEP DISORDERS	5,419					76.08
76.09 PAIN PROGRAM						76.09
76.10 COMP EPILEPSY	1,436					76.10
76.97 CARDIAC REHABILITATION	1,619					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	2,222					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	6,592					90.05
90.06 SPECIAL CLINICS	673					90.06
90.07 PALLIATIVE CARE CLINIC	1,653					90.07
91 EMERGENCY	48,226					91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	4,957					92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	772					105
109 PANCREAS ACQUISITION	83					109
118 SUBTOTALS (SUM OF LINES 1-117)	612,315					118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2					190
194 SISTERS CONVENT	379					194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC	522					194.02
194.03 FUND RAISING	2,285					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	5,666					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	661					194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC						194.13
200 CROSS FOOT ADJUSTMENTS		1,558,373	510,483	1,872,051	4,144	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	621,830	1,558,373	510,483	1,872,051	4,144	202

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	DOWN ADJS	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCH, RCVING, STORING					5.01
5.02 ADMITTING					5.02
5.03 OUTPATIENT OFFICES					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMIN + GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 PARKING					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL EDUC X-RAY	8,033				23.01
23.02 PARAMEDICAL EDUC DIETARY		7,416			23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS			8,940,185		8,940,185 30
31 INTENSIVE CARE UNIT			2,481,561		2,481,561 31
35 PREMATURE INTENSIVE CARE			1,561,382		1,561,382 35
41 SUBPROVIDER - IRF			367,948		367,948 41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			5,359,544		5,359,544 50
51 RECOVERY ROOM			302,423		302,423 51
52 DELIVERY ROOM & LABOR ROOM			586,297		586,297 52
53 ANESTHESIOLOGY			368,645		368,645 53
54 RADIOLOGY-DIAGNOSTIC			5,357,335		5,357,335 54
57 COMPUTED TOMOGRAPHY (CT) SCAN			545,365		545,365 57
58 MAGNETIC RESONANCE IMAGING (MRI)			919,183		919,183 58
59 CARDIAC CATHETERIZATION			1,314,874		1,314,874 59
60 LABORATORY			2,384,088		2,384,088 60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY					61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.			412,954		412,954 63
65 RESPIRATORY THERAPY			857,209		857,209 65
66 PHYSICAL THERAPY			1,293,535		1,293,535 66
68 SPEECH PATHOLOGY			121,840		121,840 68
69 ELECTROCARDIOLOGY			595,732		595,732 69
70 ELECTROENCEPHALOGRAPHY			164,236		164,236 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,072,837		1,072,837 71
72 IMPL. DEV. CHARGED TO PATIENT			1,459,266		1,459,266 72
73 DRUGS CHARGED TO PATIENTS			1,776,900		1,776,900 73
74 RENAL DIALYSIS			131,394		131,394 74
76 DIGESTIVE DISEASES			666,997		666,997 76
76.01 ENTEROSTOMAL			14,323		14,323 76.01
76.02 DIABETIC SERVICE			141,178		141,178 76.02
76.03 WOUND CARE			171,687		171,687 76.03
76.04 PSYCHOLOGY			138,594		138,594 76.04
76.05 NEURO DIAGNOSTIC CENTER			86,916		86,916 76.05
76.06 EATING DISORDERS			138,676		138,676 76.06
76.07 UROLOGICAL			25,055		25,055 76.07
76.08 SLEEP DISORDERS			375,935		375,935 76.08
76.09 PAIN PROGRAM			158,461		158,461 76.09
76.10 COMP EPILEPSY			110,728		110,728 76.10
76.97 CARDIAC REHABILITATION			45,957		45,957 76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY			9,737		9,737 76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC			61,187		61,187 90.01
90.02 LUNG CLINIC			113		113 90.02
90.03 ADULT SICKLE CELL CLINIC					90.03
90.04 ST JUDE CLINIC			170,060		170,060 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	DOWN ADJS	26	
				25		
90.05 SISTERS CLINIC			525,911		525,911	90.05
90.06 SPECIAL CLINICS			77,705		77,705	90.06
90.07 PALLIATIVE CARE CLINIC			59,924		59,924	90.07
91 EMERGENCY			2,073,244		2,073,244	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			270,641		270,641	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			394,378		394,378	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			201,756		201,756	105
109 PANCREAS ACQUISITION			8,387		8,387	109
118 SUBTOTALS (SUM OF LINES 1-117)			44,302,283		44,302,283	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			75,193		75,193	190
194 SISTERS CONVENT			10,777		10,777	194
194.01 BRADLEY HEALTH SVC			5,325		5,325	194.01
194.02 COMMUNITY CLINIC			18,335		18,335	194.02
194.03 FUND RAISING			267,949		267,949	194.03
194.04 OUTREACH PHYSICIAN			8,439,376		8,439,376	194.04
194.05 PHYSICIAN CONTRACT			89,180		89,180	194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB			534,184		534,184	194.07
194.08 INDUSTRIAL REHAB			291,853		291,853	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC			69		69	194.10
194.11 REGIONAL ACTIVITIES			35,441		35,441	194.11
194.12 CFH - MEDICAL OFFICE BLDG			382,876		382,876	194.12
194.13 CFH - ASC LLC			929,566		929,566	194.13
200 CROSS FOOT ADJUSTMENTS	8,033	7,416	3,960,500		3,960,500	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,033	7,416	59,342,907		59,342,907	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES (SQUARE FEET) 1	CAP MOVABLE EQUIPMENT (DOLLAR VALUE) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	PURCH, RCV STORING COSTED REQUISITIO 5.01	ADMITTING TOTAL GROS REVENUES 5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,580,444					1
2 CAP REL COSTS-MVBLE EQUIP		16,303,498				2
4 EMPLOYEE BENEFITS	19,317	8,155	365,509,422			4
5.01 PURCH, RCVING, STORING	4,426	14,788	818,042	11,498,041		5.01
5.02 ADMITTING	5,602		10,237	1,497	3,000,502,689	5.02
5.03 OUTPATIENT OFFICES	5,043	39,823	307,750	20,430		5.03
5.04 BUSINESS OFFICE		2,547	1,010	240		5.04
5.05 OTHER ADMIN + GENERAL	123,294	7,658,243	17,596,486	695,936		5.05
6 MAINTENANCE & REPAIRS	300,904	585,181	5,501,547	2,786,050		6
7 OPERATION OF PLANT	27,766	248,039	1,779,338	249,646		7
8 LAUNDRY & LINEN SERVICE	3,552		182,875	1,985		8
9 HOUSEKEEPING	11,504	12,275	6,309,827	502,279		9
10 DIETARY	14,169	27,322	4,609,978	176,279		10
11 CAFETERIA			472,913			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	18,370	121,791	13,500,419	147,068		13
14 CENTRAL SERVICES & SUPPLY	38,997	448,500	3,687,035	973,328		14
15 PHARMACY	12,039	285,546	10,315,040	391,358		15
16 MEDICAL RECORDS & LIBRARY	12,679	35,677	3,666,572	126,538		16
17 SOCIAL SERVICE						17
18 PARKING	53	501,678	26,316	2,410		18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	77,444	115,809	3,879,160	35,834		20
21 I&R SRVCES-SALARY & FRINGES APPRVD			10,342,832			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	47,645		8,121,686	25,659		22
23 PARAMED ED PRGM-(SPECIFY)			67,725			23
23.01 PARAMEDICAL EDUC X-RAY			124,712			23.01
23.02 PARAMEDICAL EDUC DIETARY			75,102			23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	228,534	308,510	53,798,219	1,640,218	207,458,123	30
31 INTENSIVE CARE UNIT	46,824	193,268	16,731,370	648,834	79,273,935	31
35 PREMATURE INTENSIVE CARE	22,299	326,355	10,795,436	247,332	48,001,309	35
41 SUBPROVIDER - IRF	6,659	9,176	2,724,878	82,914	9,140,052	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	98,050	850,492	14,107,339	590,801	209,142,395	50
51 RECOVERY ROOM	6,116	35,257	2,163,594	10,099	32,266,274	51
52 DELIVERY ROOM & LABOR ROOM	12,413	59,337	3,851,934	128,439	13,594,697	52
53 ANESTHESIOLOGY	309	141,985	492,502	80,890	112,977,934	53
54 RADIOLOGY-DIAGNOSTIC	69,014	1,281,316	15,965,041	222,083	279,958,458	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,824	60,959	2,130,541	20,808	155,512,917	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,416	441,377	1,569,376	18,899	109,359,649	58
59 CARDIAC CATHETERIZATION	7,514	507,875	2,061,523		126,038,805	59
60 LABORATORY	31,939	407,536	10,878,926	90,802	393,998,408	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY						61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,641		658,907	1,578	16,621,295	63
65 RESPIRATORY THERAPY	6,641	200,098	5,229,357	41,040	99,910,417	65
66 PHYSICAL THERAPY	28,674	46,449	8,271,479	68,603	47,027,394	66
68 SPEECH PATHOLOGY	1,682	31,558	636,423	19,394	4,507,255	68
69 ELECTROCARDIOLOGY	5,849	227,487	2,517,707	50,180	55,612,956	69
70 ELECTROENCEPHALOGRAPHY	245	103,245	738,789	7,639	9,665,809	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					292,337,368	71
72 IMPL. DEV. CHARGED TO PATIENT					157,129,303	72
73 DRUGS CHARGED TO PATIENTS					306,761,744	73
74 RENAL DIALYSIS	2,700		149,764	12,856	7,328,904	74
76 DIGESTIVE DISEASES	12,991	149,717	1,885,702	260,691	62,190,263	76
76.01 ENTEROSTOMAL			240,928	2,544	872,838	76.01
76.02 DIABETIC SERVICE	4,575		557,145	9,949	174,145	76.02
76.03 WOUND CARE	4,336	126	444,619	16,231	5,620,013	76.03
76.04 PSYCHOLOGY	4,878		1,012,127	32,610	2,547,974	76.04
76.05 NEURO DIAGNOSTIC CENTER	2,690		1,123,429	3,762	240,102	76.05
76.06 EATING DISORDERS	6,962		204,834	493	294,510	76.06
76.07 UROLOGICAL			65,295	645	743,561	76.07
76.08 SLEEP DISORDERS	5,044	23,118	2,668,621	41,007	12,834,718	76.08
76.09 PAIN PROGRAM	5,400	8,877	854,579	19,145	5,402,776	76.09
76.10 COMP EPILEPSY	3,955	654	1,671,689	5,223	289,781	76.10
76.97 CARDIAC REHABILITATION	111	4,683	551,243	3,286	1,327,332	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					2,471,192	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	495	43,020	58,151	5,432	599,483	90.01
90.02 LUNG CLINIC				143	15,468	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  GROSS SALARIES	STORING  COSTED REQUISITIO	TOTAL GROS REVENUES	
	1	2	4	5.01	5.02	
90.04 ST JUDE CLINIC	7,774	4,079	720,680	14,560	1,214,887	90.04
90.05 SISTERS CLINIC	21,227	25,725	1,874,361	25,994	2,110,215	90.05
90.06 SPECIAL CLINICS	2,283	18,214	223,546	18,370	554,725	90.06
90.07 PALLIATIVE CARE CLINIC	841		891,372	1,908	821,344	90.07
91 EMERGENCY	34,179	189,116	20,879,132	296,973	90,349,112	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	5,287	65,078	1,645,804	27,513	4,066,759	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		19,043	1,431,527	11,049	28,566,017	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			272,002	1,660	3,259,098	105
109 PANCREAS ACQUISITION			28,664		310,975	109
118 SUBTOTALS (SUM OF LINES 1-117)	1,439,175	15,889,104	286,175,157	10,919,134	3,000,502,689	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,263	14,117	2	19,542		190
194 SISTERS CONVENT			63,383	226		194
194.01 BRADLEY HEALTH SVC		110	434,177	1,317		194.01
194.02 COMMUNITY CLINIC			207,405			194.02
194.03 FUND RAISING	171	5,985	893,962	49,284		194.03
194.04 OUTREACH PHYSICIAN	82,132	334,081	70,348,149	428,160		194.04
194.05 PHYSICIAN CONTRACT			74,706	1,408		194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	7,336	21,400	2,485,238	42,638		194.07
194.08 INDUSTRIAL REHAB	6,548	8,437	1,189,577	27,490		194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC		64				194.10
194.11 REGIONAL ACTIVITIES	952		306,410	8,842		194.11
194.12 CFH - MEDICAL OFFICE BLDG	21,753					194.12
194.13 CFH - ASC LLC	19,114	30,200	3,331,256			194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	18,272,039	16,909,930	98,066,674	2,230,579	250,282	202
203 UNIT COST MULT-WS B PT I	11.561333	1.037196	0.268301	0.193996	0.000083	203
204 COST TO BE ALLOC PER B PT II			232,766	163,514	179,761	204
205 UNIT COST MULT-WS B PT II			0.000637	0.014221	0.000060	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						4
5.01 PURCH, RCVING, STORING						5.01
5.02 ADMITTING						5.02
5.03 OUTPATIENT OFFICES	591,973,537					5.03
5.04 BUSINESS OFFICE		3,000,502,689				5.04
5.05 OTHER ADMIN + GENERAL			-114,928,662	677,070,752		5.05
6 MAINTENANCE & REPAIRS				25,525,501	1,121,858	6
7 OPERATION OF PLANT				10,447,233	27,766	7
8 LAUNDRY & LINEN SERVICE				1,076,222	3,552	8
9 HOUSEKEEPING				11,588,152	11,504	9
10 DIETARY				6,052,920	14,169	10
11 CAFETERIA				1,633,178		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				18,983,745	18,370	13
14 CENTRAL SERVICES & SUPPLY				7,771,261	38,997	14
15 PHARMACY				12,947,078	12,039	15
16 MEDICAL RECORDS & LIBRARY				5,247,062	12,679	16
17 SOCIAL SERVICE						17
18 PARKING				1,230,945	53	18
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			-913,879	1,169,757	77,444	20
21 I&R SRVCES-SALARY & FRINGES APPRVD				13,117,824		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				24,041,978	47,645	22
23 PARAMED ED PRGM-(SPECIFY)				106,752		23
23.01 PARAMEDICAL EDUC X-RAY				207,071		23.01
23.02 PARAMEDICAL EDUC DIETARY				191,811		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		207,458,123		78,775,797	228,534	30
31 INTENSIVE CARE UNIT		79,273,935		26,268,242	46,824	31
35 PREMATURE INTENSIVE CARE		48,001,309		15,477,924	22,299	35
41 SUBPROVIDER - IRF		9,140,052		3,958,180	6,659	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		209,142,395		29,529,565	98,050	50
51 RECOVERY ROOM		32,266,274		2,953,290	6,116	51
52 DELIVERY ROOM & LABOR ROOM		13,594,697		5,835,944	12,413	52
53 ANESTHESIOLOGY		112,977,934		2,202,611	309	53
54 RADIOLOGY-DIAGNOSTIC	184,525,249	279,958,458		31,021,634	69,014	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	96,732,580	155,512,917		5,326,908	3,824	57
58 MAGNETIC RESONANCE IMAGING (MRI)	82,285,265	109,359,649		6,044,483	6,416	58
59 CARDIAC CATHETERIZATION		126,038,805		4,701,401	7,514	59
60 LABORATORY	194,430,144	393,998,408		29,798,870	31,939	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY			-122,688			61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		16,621,295		6,901,040	7,641	63
65 RESPIRATORY THERAPY		99,910,417		8,055,198	6,641	65
66 PHYSICAL THERAPY		47,027,394		11,244,156	28,674	66
68 SPEECH PATHOLOGY		4,507,255		1,054,225	1,682	68
69 ELECTROCARDIOLOGY	34,000,299	55,612,956		3,757,669	5,849	69
70 ELECTROENCEPHALOGRAPHY		9,665,809		1,181,951	245	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		292,337,368		25,683,974		71
72 IMPL. DEV. CHARGED TO PATIENT		157,129,303		36,782,154		72
73 DRUGS CHARGED TO PATIENTS		306,761,744		22,960,051		73
74 RENAL DIALYSIS		7,328,904		2,020,761	2,700	74
76 DIGESTIVE DISEASES		62,190,263		3,923,066	12,991	76
76.01 ENTEROSTOMAL		872,838		330,941		76.01
76.02 DIABETIC SERVICE		174,145		652,967	4,575	76.02
76.03 WOUND CARE		5,620,013		1,167,935	4,336	76.03
76.04 PSYCHOLOGY		2,547,974		1,213,794	4,878	76.04
76.05 NEURO DIAGNOSTIC CENTER		240,102		787,317	2,690	76.05
76.06 EATING DISORDERS		294,510		359,288	6,962	76.06
76.07 UROLOGICAL		743,561		109,053		76.07
76.08 SLEEP DISORDERS		12,834,718		2,850,740	5,044	76.08
76.09 PAIN PROGRAM		5,402,776		1,222,835	5,400	76.09
76.10 COMP EPILEPSY		289,781		927,023	3,955	76.10
76.97 CARDIAC REHABILITATION		1,327,332		629,875	111	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		2,471,192		234,494		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		599,483		185,480	495	90.01
90.02 LUNG CLINIC		15,468		2,764		90.02
90.03 ADULT SICKLE CELL CLINIC						90.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OUTPATIENT	BUSINESS O	RECON-	OTHER ADMI	MAIN-	
	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		1,214,887		515,931	7,774	90.04
90.05 SISTERS CLINIC		2,110,215		2,847,741	21,227	90.05
90.06 SPECIAL CLINICS		554,725		323,091	2,283	90.06
90.07 PALLIATIVE CARE CLINIC		821,344		1,095,566	841	90.07
91 EMERGENCY		90,349,112		20,349,936	34,179	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		4,066,759		2,557,790	5,287	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		28,566,017		8,893,458		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		3,259,098		3,021,837		105
109 PANCREAS ACQUISITION		310,975		213,135		109
118 SUBTOTALS (SUM OF LINES 1-117)	591,973,537	3,000,502,689	-115,965,229	557,290,575	980,589	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				56,161	3,263	190
194 SISTERS CONVENT				268,701		194
194.01 BRADLEY HEALTH SVC				116,859		194.01
194.02 COMMUNITY CLINIC				301,275		194.02
194.03 FUND RAISING				4,229,679	171	194.03
194.04 OUTREACH PHYSICIAN				95,514,507	82,132	194.04
194.05 PHYSICIAN CONTRACT				2,319,849		194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB				3,978,259	7,336	194.07
194.08 INDUSTRIAL REHAB				1,818,114	6,548	194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC				66		194.10
194.11 REGIONAL ACTIVITIES				448,183	952	194.11
194.12 CFH - MEDICAL OFFICE BLDG				251,494	21,753	194.12
194.13 CFH - ASC LLC				10,477,030	19,114	194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	623,542	350,426		114,928,662	29,858,302	202
203 UNIT COST MULT-WS B PT I	0.001053	0.000117		0.169744	26.615046	203
204 COST TO BE ALLOC PER B PT II	137,844	215,469		26,008,233	5,137,734	204
205 UNIT COST MULT-WS B PT II	0.000233	0.000072		0.038413	4.579665	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				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	1,094,092			7
8	LAUNDRY & LINEN SERVICE	3,552	4,816,503		8
9	HOUSEKEEPING	11,504	88,532	1,023,428	9
10	DIETARY	14,169		14,169	10
11	CAFETERIA			818,838	433,620
12	MAINTENANCE OF PERSONNEL				11
13	NURSING ADMINISTRATION	18,370		18,370	24,569
14	CENTRAL SERVICES & SUPPLY	38,997	109,378	38,997	11,019
15	PHARMACY	12,039		12,039	12,732
16	MEDICAL RECORDS & LIBRARY	12,679		12,679	9,879
17	SOCIAL SERVICE				17
18	PARKING	53		53	100
19	NONPHYSICIAN ANESTHETISTS				19
20	NURSING SCHOOL	77,444		77,444	5,377
21	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	47,645	4,392	47,645	22,243
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	228,534	2,085,567	228,534	656,238
31	INTENSIVE CARE UNIT	46,824	523,124	46,824	106,745
35	PREMATURE INTENSIVE CARE	22,299	99,331	22,299	16,632
41	SUBPROVIDER - IRF	6,659	143,660	6,659	46,363
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	98,050	413,765	98,050	25,931
51	RECOVERY ROOM	6,116		6,116	3,358
52	DELIVERY ROOM & LABOR ROOM	12,413	149,844	12,413	7,431
53	ANESTHESIOLOGY	309		309	784
54	RADIOLOGY-DIAGNOSTIC	69,014	294,920	69,014	25,886
57	COMPUTED TOMOGRAPHY (CT) SCAN	3,824	108,778	3,824	4,045
58	MAGNETIC RESONANCE IMAGING (MRI)	6,416	31,795	6,416	2,944
59	CARDIAC CATHETERIZATION	7,514	153,725	7,514	3,631
60	LABORATORY	31,939	16,263	31,939	27,060
61	PBP CLINICAL LAB SERVICES-PRGM ONLY				61
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,641		7,641	1,460
65	RESPIRATORY THERAPY	6,641		6,641	10,184
66	PHYSICAL THERAPY	28,674	15,507	28,674	13,124
68	SPEECH PATHOLOGY	1,682	2,785	1,682	951
69	ELECTROCARDIOLOGY	5,849	34,647	5,849	5,150
70	ELECTROENCEPHALOGRAPHY	245	26,337	245	1,534
71	MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72	IMPL. DEV. CHARGED TO PATIENT				72
73	DRUGS CHARGED TO PATIENTS				73
74	RENAL DIALYSIS	2,700	18,525	2,700	217
76	DIGESTIVE DISEASES	12,991	85,039	12,991	3,284
76.01	ENTEROSTOMAL				404
76.02	DIABETIC SERVICE	4,575		4,575	1,035
76.03	WOUND CARE	4,336			76.03
76.04	PSYCHOLOGY	4,878		4,878	1,693
76.05	NEURO DIAGNOSTIC CENTER	2,690		2,690	910
76.06	EATING DISORDERS	6,962		6,962	365
76.07	UROLOGICAL				100
76.08	SLEEP DISORDERS	5,044	10,974	5,044	3,271
76.09	PAIN PROGRAM	5,400			76.09
76.10	COMP EPILEPSY	3,955		3,955	867
76.97	CARDIAC REHABILITATION	111		111	977
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	VOICE CLINIC	495			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	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	(SQUARE FEET) 7	POUNDS OF LAUNDRY 8	(SQUARE FEET) 9	MEALS SERVED 10	FTE EMPLOY (READ AS 0 11	
90.04 ST JUDE CLINIC	7,774	6,348	7,774		1,341	90.04
90.05 SISTERS CLINIC	21,227		21,227		3,979	90.05
90.06 SPECIAL CLINICS	2,283		2,283		406	90.06
90.07 PALLIATIVE CARE CLINIC	841		841		998	90.07
91 EMERGENCY	34,179	376,983	34,179		29,108	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	5,287		5,287	2,061	2,992	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					466	105
109 PANCREAS ACQUISITION					50	109
118 SUBTOTALS (SUM OF LINES 1-117)	952,823	4,800,219	927,536	818,838	427,877	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,263		3,263		1	190
194 SISTERS CONVENT					229	194
194.01 BRADLEY HEALTH SVC						194.01
194.02 COMMUNITY CLINIC					315	194.02
194.03 FUND RAISING	171		171		1,379	194.03
194.04 OUTREACH PHYSICIAN	82,132	16,284	58,508			194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	7,336		7,336		3,420	194.07
194.08 INDUSTRIAL REHAB	6,548		6,548			194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES	952		952		399	194.11
194.12 CFH - MEDICAL OFFICE BLDG	21,753					194.12
194.13 CFH - ASC LLC	19,114		19,114			194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	12,959,581	1,395,515	14,023,267	7,819,456	1,910,400	202
203 UNIT COST MULT-WS B PT I	11.845056	0.289736	13.702251	9.549454	4.405701	203
204 COST TO BE ALLOC PER B PT II	1,111,568	102,427	668,287	518,996	63,036	204
205 UNIT COST MULT-WS B PT II	1.015973	0.021266	0.652989	0.633820	0.145372	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURSING FT (READ AS 0 13	CENTRAL SERVICES + SUPPLY COSTED REQUISITIO 14	PHARMACY COSTED REQUISITIO 15	MEDICAL RECORDS & LIBRARY TOTAL GROS REVENUES 16	PARKING FTE EMPLOY (READ AS 0 18
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCH, RCVING, STORING					5.01
5.02 ADMITTING					5.02
5.03 OUTPATIENT OFFICES					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMIN + GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	194,436				13
14 CENTRAL SERVICES & SUPPLY		28,328,641			14
15 PHARMACY		1,201,508	32,445,226		15
16 MEDICAL RECORDS & LIBRARY		70		3,073,456,033	16
17 SOCIAL SERVICE					17
18 PARKING					375,321 18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		14,009	7		5,377 20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		156,277	262		22,243 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	104,836	1,079,885	35,681	207,458,123	104,836 30
31 INTENSIVE CARE UNIT	29,616	746,140	32,458	79,273,935	29,616 31
35 PREMATURE INTENSIVE CARE	16,632	412,557	9,369	48,001,309	16,632 35
41 SUBPROVIDER - IRF	5,641	48,510	890	9,140,052	5,641 41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	25,931	10,085,112	9,622	209,142,395	25,931 50
51 RECOVERY ROOM	3,358	57,955	26	32,266,274	3,358 51
52 DELIVERY ROOM & LABOR ROOM	6,728	97,713	3,391	13,594,697	6,728 52
53 ANESTHESIOLOGY	784	788,759	364,942	112,977,934	784 53
54 RADIOLOGY-DIAGNOSTIC		3,827,810	1,346,943	292,490,716	25,886 54
57 COMPUTED TOMOGRAPHY (CT) SCAN		623,735	167,891	155,512,917	4,045 57
58 MAGNETIC RESONANCE IMAGING (MRI)		411,299	966	109,359,649	2,944 58
59 CARDIAC CATHETERIZATION		3,166,195	3,089	126,038,805	3,631 59
60 LABORATORY		292,338	451	393,998,408	27,060 60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY					61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		38,756		16,621,295	1,460 63
65 RESPIRATORY THERAPY		862,951	5,861	99,911,430	10,184 65
66 PHYSICAL THERAPY		62,876	258,541	51,794,768	13,124 66
68 SPEECH PATHOLOGY		151,534	39	4,507,255	951 68
69 ELECTROCARDIOLOGY		61,994	425	55,612,956	5,150 69
70 ELECTROENCEPHALOGRAPHY		6,398		9,666,027	1,534 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				292,337,368	71
72 IMPL. DEV. CHARGED TO PATIENT				157,129,303	72
73 DRUGS CHARGED TO PATIENTS			22,898,699	306,761,744	73
74 RENAL DIALYSIS		21,598	9,596	7,328,904	217 74
76 DIGESTIVE DISEASES		961,923	497	62,190,263	3,284 76
76.01 ENTEROSTOMAL		4,450		872,838	404 76.01
76.02 DIABETIC SERVICE		99		174,145	1,035 76.02
76.03 WOUND CARE		212,540	5,198	5,620,013	76.03
76.04 PSYCHOLOGY		16		3,643,970	1,693 76.04
76.05 NEURO DIAGNOSTIC CENTER	910	1,077		3,729,994	910 76.05
76.06 EATING DISORDERS				294,510	365 76.06
76.07 UROLOGICAL		1,564		743,561	100 76.07
76.08 SLEEP DISORDERS		37,521		18,854,038	3,271 76.08
76.09 PAIN PROGRAM		36,587	101,307	5,861,192	76.09
76.10 COMP EPILEPSY		28	9	7,722,048	867 76.10
76.97 CARDIAC REHABILITATION		14	680	1,327,332	977 76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY				2,471,192	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC		1,775	13,771	599,483	90.01
90.02 LUNG CLINIC				15,468	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		40,373	543	1,214,887	1,341	90.04
90.05 SISTERS CLINIC		20,589		4,618,576	3,979	90.05
90.06 SPECIAL CLINICS		41,806	1,665	2,295,521	406	90.06
90.07 PALLIATIVE CARE CLINIC				821,344	998	90.07
91 EMERGENCY		789,643	19,612	123,256,545	29,108	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		14,151	86	4,066,759	2,992	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		18,068	3,809	28,566,017		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		27		3,259,098	466	105
109 PANCREAS ACQUISITION				310,975	50	109
118 SUBTOTALS (SUM OF LINES 1-117)	194,436	26,398,230	25,296,326	3,073,456,033	369,578	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					1	190
194 SISTERS CONVENT					229	194
194.01 BRADLEY HEALTH SVC		4,344				194.01
194.02 COMMUNITY CLINIC		4,467	160,081		315	194.02
194.03 FUND RAISING		60,433			1,379	194.03
194.04 OUTREACH PHYSICIAN		440,176	6,376,326			194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB		2,795	8		3,420	194.07
194.08 INDUSTRIAL REHAB		25,744	201,909			194.08
194.09 CONTRACTED SERVICES						194.09
194.10 IN-SCHOOL CLINIC						194.10
194.11 REGIONAL ACTIVITIES					399	194.11
194.12 CFH - MEDICAL OFFICE BLDG						194.12
194.13 CFH - ASC LLC		1,392,452	410,576			194.13
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	23,272,588	11,204,799	16,304,074	6,842,637	1,443,097	202
203 UNIT COST MULT-WS B PT I	119.692794	0.395529	0.502511	0.002226	3.844967	203
204 COST TO BE ALLOC PER B PT II	1,198,765	2,780,109	1,139,819	502,225	621,830	204
205 UNIT COST MULT-WS B PT II	6.165345	0.098138	0.035131	0.000163	1.656795	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					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	97,048				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		349,364			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			349,364		22
23 PARAMED ED PRGM-(SPECIFY)				100	23
23.01 PARAMEDICAL EDUC X-RAY					100 23.01
23.02 PARAMEDICAL EDUC DIETARY					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	66,832	144,082	144,082		30
31 INTENSIVE CARE UNIT	6,192	25,393	25,393		31
35 PREMATURE INTENSIVE CARE	136	3,814	3,814		35
41 SUBPROVIDER - IRF		9,316	9,316		41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,048	50,787	50,787		50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM	9,208				52
53 ANESTHESIOLOGY	552	3,033	3,033		53
54 RADIOLOGY-DIAGNOSTIC	880	45,413	45,413		54
57 COMPUTED TOMOGRAPHY (CT) SCAN				100	57
58 MAGNETIC RESONANCE IMAGING (MRI)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY		173	173	100	60
61 PBP CLINICAL LAB SERVICES-PRGM ONLY					61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY	880				68
69 ELECTROCARDIOLOGY		87	87		69
70 ELECTROENCEPHALOGRAPHY		1,040	1,040		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 DIGESTIVE DISEASES	880				76
76.01 ENTEROSTOMAL					76.01
76.02 DIABETIC SERVICE	248				76.02
76.03 WOUND CARE	256				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	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	496					90.04
90.05 SISTERS CLINIC	584	12,579	12,579			90.05
90.06 SPECIAL CLINICS						90.06
90.07 PALLIATIVE CARE CLINIC						90.07
91 EMERGENCY	416	53,647	53,647			91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	96					92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION						105
109 PANCREAS ACQUISITION						109
118 SUBTOTALS (SUM OF LINES 1-117)	88,928	349,364	349,364	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	312					194.04
194.05 PHYSICIAN CONTRACT						194.05
194.06 MEALS ON WHEELS						194.06
194.07 OTHER NON-REIMB	7,808					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	6,371,765	15,344,496	30,854,973	124,873	242,220	202
203 UNIT COST MULT-WS B PT I	65.655809	43.921228	88.317551	1,248.730000	2,422.200000	203
204 COST TO BE ALLOC PER B PT II	1,558,373	510,483	1,872,051	4,144	8,033	204
205 UNIT COST MULT-WS B PT II	16.057755	1.461178	5.358454	41.440000	80.330000	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		4
5.01	PURCH, RCVING, STORING		5.01
5.02	ADMITTING		5.02
5.03	OUTPATIENT OFFICES		5.03
5.04	BUSINESS OFFICE		5.04
5.05	OTHER ADMIN + GENERAL		5.05
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
18	PARKING		18
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(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
35	PREMATURE INTENSIVE CARE		35
41	SUBPROVIDER - IRF		41
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM		50
51	RECOVERY ROOM		51
52	DELIVERY ROOM & LABOR ROOM		52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC		54
57	COMPUTED TOMOGRAPHY (CT) SCAN		57
58	MAGNETIC RESONANCE IMAGING (MRI)		58
59	CARDIAC CATHETERIZATION		59
60	LABORATORY		60
61	PBP CLINICAL LAB SERVICES-PRGM ONLY		61
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.		63
65	RESPIRATORY THERAPY		65
66	PHYSICAL THERAPY		66
68	SPEECH PATHOLOGY		68
69	ELECTROCARDIOLOGY		69
70	ELECTROENCEPHALOGRAPHY		70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		71
72	IMPL. DEV. CHARGED TO PATIENT		72
73	DRUGS CHARGED TO PATIENTS		73
74	RENAL DIALYSIS		74
76	DIGESTIVE DISEASES		76
76.01	ENTEROSTOMAL		76.01
76.02	DIABETIC SERVICE		76.02
76.03	WOUND CARE		76.03
76.04	PSYCHOLOGY		76.04
76.05	NEURO DIAGNOSTIC CENTER		76.05
76.06	EATING DISORDERS		76.06
76.07	UROLOGICAL		76.07
76.08	SLEEP DISORDERS		76.08
76.09	PAIN PROGRAM		76.09
76.10	COMP EPILEPSY		76.10
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	VOICE CLINIC		90.01
90.02	LUNG CLINIC		90.02
90.03	ADULT SICKLE CELL CLINIC		90.03

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			92
92.01 OBSERVATION BEDS-DISTINCT			92.01
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES			95
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION			105
109 PANCREAS ACQUISITION			109
118 SUBTOTALS (SUM OF LINES 1-117)	100		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
194 SISTERS CONVENT			194
194.01 BRADLEY HEALTH SVC			194.01
194.02 COMMUNITY CLINIC			194.02
194.03 FUND RAISING			194.03
194.04 OUTREACH PHYSICIAN			194.04
194.05 PHYSICIAN CONTRACT			194.05
194.06 MEALS ON WHEELS			194.06
194.07 OTHER NON-REIMB			194.07
194.08 INDUSTRIAL REHAB			194.08
194.09 CONTRACTED SERVICES			194.09
194.10 IN-SCHOOL CLINIC			194.10
194.11 REGIONAL ACTIVITIES			194.11
194.12 CFH - MEDICAL OFFICE BLDG			194.12
194.13 CFH - ASC LLC			194.13
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	224,370		202
203 UNIT COST MULT-WS B PT I	2,243.700000		203
204 COST TO BE ALLOC PER B PT II	7,416		204
205 UNIT COST MULT-WS B PT II	74.160000		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	129,871,587		129,871,587	21,910	129,893,497	30
31 INTENSIVE CARE UNIT	39,024,102		39,024,102	108,027	39,132,129	31
35 PREMATURE INTENSIVE CARE	21,708,779		21,708,779		21,708,779	35
41 SUBPROVIDER - IRF	6,223,479		6,223,479		6,223,479	41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	47,622,283		47,622,283	201,866	47,824,149	50
51 RECOVERY ROOM	4,298,012		4,298,012		4,298,012	51
52 DELIVERY ROOM & LABOR ROOM	9,124,406		9,124,406		9,124,406	52
53 ANESTHESIOLOGY	3,476,011		3,476,011		3,476,011	53
54 RADIOLOGY-DIAGNOSTIC	43,328,274		43,328,274	10	43,328,284	54
57 COMPUTED TOMOGRAPHY (CT) SC	7,172,722		7,172,722		7,172,722	57
58 MAGNETIC RESONANCE IMAGING	7,845,275		7,845,275		7,845,275	58
59 CARDIAC CATHETERIZATION	7,500,318		7,500,318		7,500,318	59
60 LABORATORY	37,869,928		37,869,928		37,869,928	60
61 PBP CLINICAL LAB SERVICES-P	122,688		122,688		122,688	61
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	8,535,397		8,535,397		8,535,397	63
65 RESPIRATORY THERAPY	10,419,626		10,419,626		10,419,626	65
66 PHYSICAL THERAPY	15,031,345		15,031,345	52,358	15,083,703	66
68 SPEECH PATHOLOGY	1,457,330		1,457,330	2,234	1,459,564	68
69 ELECTROCARDIOLOGY	4,901,665		4,901,665		4,901,665	69
70 ELECTROENCEPHALOGRAPHY	1,439,695		1,439,695		1,439,695	70
71 MEDICAL SUPPLIES CHRGD TO	30,694,417		30,694,417		30,694,417	71
72 IMPL. DEV. CHARGED TO PATIE	43,375,474		43,375,474		43,375,474	72
73 DRUGS CHARGED TO PATIENTS	39,047,072		39,047,072		39,047,072	73
74 RENAL DIALYSIS	2,541,448		2,541,448	9,172	2,550,620	74
76 DIGESTIVE DISEASES	5,895,289		5,895,289	42,531	5,937,820	76
76.01 ENTEROSTOMAL	394,152		394,152		394,152	76.01
76.02 DIABETIC SERVICE	1,027,697		1,027,697		1,027,697	76.02
76.03 WOUND CARE	1,648,944		1,648,944		1,648,944	76.03
76.04 PSYCHOLOGY	1,696,362		1,696,362		1,696,362	76.04
76.05 NEURO DIAGNOSTIC CENTER	1,186,432		1,186,432	24,916	1,211,348	76.05
76.06 EATING DISORDERS	801,803		801,803		801,803	76.06
76.07 UROLOGICAL	130,663		130,663		130,663	76.07
76.08 SLEEP DISORDERS	3,684,720		3,684,720	163,519	3,848,239	76.08
76.09 PAIN PROGRAM	1,716,514		1,716,514	7,365	1,723,879	76.09
76.10 COMP EPILEPSY	1,315,041		1,315,041	122,094	1,437,135	76.10
76.97 CARDIAC REHABILITATION	753,947		753,947		753,947	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	279,799		279,799		279,799	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC	244,957		244,957		244,957	90.01
90.02 LUNG CLINIC	3,267		3,267		3,267	90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	1,073,430		1,073,430		1,073,430	90.04
90.05 SISTERS CLINIC	4,527,976		4,527,976	575	4,528,551	90.05
90.06 SPECIAL CLINICS	522,852		522,852		522,852	90.06
90.07 PALLIATIVE CARE CLINIC	1,335,463		1,335,463	64,656	1,400,119	90.07
91 EMERGENCY	26,560,323		26,560,323	472,315	27,032,638	91
92 OBSERVATION BEDS	4,006,228		4,006,228		4,006,228	92
92.01 OBSERVATION BEDS-DISTINCT	3,333,106		3,333,106	2,145	3,335,251	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	10,475,717		10,475,717		10,475,717	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	3,545,887		3,545,887		3,545,887	105
109 PANCREAS ACQUISITION	250,417		250,417		250,417	109
200 SUBTOTAL (SEE INSTRUCTIONS)	599,042,319		599,042,319	1,295,693	600,338,012	200
201 LESS OBSERVATION BEDS	4,006,228		4,006,228		4,006,228	201
202 TOTAL (SEE INSTRUCTIONS)	595,036,091		595,036,091		596,331,784	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	207,458,123		207,458,123			30
31 INTENSIVE CARE UNIT	79,273,935		79,273,935			31
35 PREMATURE INTENSIVE CARE	48,001,309		48,001,309			35
41 SUBPROVIDER - IRF	9,140,052		9,140,052			41
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	138,504,322	70,638,073	209,142,395	0.227703	0.227703	0.228668 50
51 RECOVERY ROOM	16,226,942	16,039,332	32,266,274	0.133204	0.133204	0.133204 51
52 DELIVERY ROOM & LABOR ROOM	12,298,583	1,296,114	13,594,697	0.671174	0.671174	0.671174 52
53 ANESTHESIOLOGY	70,246,258	42,731,676	112,977,934	0.030767	0.030767	0.030767 53
54 RADIOLOGY-DIAGNOSTIC	95,433,209	184,525,249	279,958,458	0.154767	0.154767	0.154767 54
57 COMPUTED TOMOGRAPHY (CT) SC	58,780,337	96,732,580	155,512,917	0.046123	0.046123	0.046123 57
58 MAGNETIC RESONANCE IMAGING	27,074,384	82,285,265	109,359,649	0.071738	0.071738	0.071738 58
59 CARDIAC CATHETERIZATION	53,615,743	72,423,062	126,038,805	0.059508	0.059508	0.059508 59
60 LABORATORY	199,568,264	194,430,144	393,998,408	0.096117	0.096117	0.096117 60
61 PBP CLINICAL LAB SERVICES-P	78,058,798		78,058,798	0.001572	0.001572	0.001572 61
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	14,375,329	2,245,966	16,621,295	0.513522	0.513522	0.513522 63
65 RESPIRATORY THERAPY	97,896,751	2,013,666	99,910,417	0.104290	0.104290	0.104290 65
66 PHYSICAL THERAPY	28,576,267	18,451,127	47,027,394	0.319630	0.319630	0.320743 66
68 SPEECH PATHOLOGY	3,370,682	1,136,573	4,507,255	0.323330	0.323330	0.323825 68
69 ELECTROCARDIOLOGY	21,612,657	34,000,299	55,612,956	0.088139	0.088139	0.088139 69
70 ELECTROENCEPHALOGRAPHY	6,478,932	3,186,877	9,665,809	0.148947	0.148947	0.148947 70
71 MEDICAL SUPPLIES CHRGD TO	236,035,014	56,302,353	292,337,367	0.104997	0.104997	0.104997 71
72 IMPL. DEV. CHARGED TO PATIE	121,493,669	35,635,634	157,129,303	0.276050	0.276050	0.276050 72
73 DRUGS CHARGED TO PATIENTS	266,597,615	40,164,129	306,761,744	0.127288	0.127288	0.127288 73
74 RENAL DIALYSIS	6,964,343	364,561	7,328,904	0.346771	0.346771	0.348022 74
76 DIGESTIVE DISEASES	17,110,282	45,079,981	62,190,263	0.094794	0.094794	0.095478 76
76.01 ENTEROSTOMAL	860,681	12,157	872,838	0.451575	0.451575	0.451575 76.01
76.02 DIABETIC SERVICE	100,334	73,811	174,145	5.901387	5.901387	5.901387 76.02
76.03 WOUND CARE	39,250	5,580,763	5,620,013	0.293406	0.293406	0.293406 76.03
76.04 PSYCHOLOGY	748,025	1,799,949	2,547,974	0.665769	0.665769	0.665769 76.04
76.05 NEURO DIAGNOSTIC CENTER	371	239,731	240,102	4.941367	4.941367	5.045139 76.05
76.06 EATING DISORDERS		294,510	294,510	2.722498	2.722498	2.722498 76.06
76.07 UROLOGICAL	120,403	623,158	743,561	0.175726	0.175726	0.175726 76.07
76.08 SLEEP DISORDERS	36,530	12,798,188	12,834,718	0.287090	0.287090	0.299830 76.08
76.09 PAIN PROGRAM	2,216	5,400,560	5,402,776	0.317710	0.317710	0.319073 76.09
76.10 COMP EPILEPSY	9,023	280,758	289,781	4.538051	4.538051	4.959383 76.10
76.97 CARDIAC REHABILITATION	557,942	769,390	1,327,332	0.568017	0.568017	0.568017 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	275,084	2,196,108	2,471,192	0.113224	0.113224	0.113224 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 VOICE CLINIC		599,483	599,483	0.408614	0.408614	0.408614 90.01
90.02 LUNG CLINIC	344	15,124	15,468	0.211210	0.211210	0.211210 90.02
90.03 ADULT SICKLE CELL CLINIC						90.03
90.04 ST JUDE CLINIC	34,348	1,180,539	1,214,887	0.883564	0.883564	0.883564 90.04
90.05 SISTERS CLINIC	7,523	2,102,692	2,110,215	2.145742	2.145742	2.146014 90.05
90.06 SPECIAL CLINICS	18,534	536,191	554,725	0.942543	0.942543	0.942543 90.06
90.07 PALLIATIVE CARE CLINIC		821,344	821,344	1.625948	1.625948	1.704668 90.07
91 EMERGENCY	33,784,650	56,564,462	90,349,112	0.293974	0.293974	0.299202 91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	425,650	3,641,109	4,066,759	0.819598	0.819598	0.820125 92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	26,623,001	1,943,016	28,566,017	0.366720	0.366720	0.366720 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	3,259,098		3,259,098			105
109 PANCREAS ACQUISITION	310,975		310,975			109
200 SUBTOTAL (SEE INSTRUCTIONS)	1,903,346,984	1,097,155,704	3,000,502,688			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,903,346,984	1,097,155,704	3,000,502,688			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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	8,940,185		8,940,185	146,681	60.95		30
31 INTENSIVE CARE UNIT	2,481,561		2,481,561	20,836	119.10		31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 PREMATURE INTENSIVE CARE	1,561,382		1,561,382	6,202	251.75		35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	367,948		367,948	9,039	40.71		41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	13,351,076		13,351,076	182,758			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)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
		1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	5,359,544	209,142,395	0.025626				50
51	RECOVERY ROOM	302,423	32,266,274	0.009373				51
52	DELIVERY ROOM & LABOR ROOM	586,297	13,594,697	0.043127				52
53	ANESTHESIOLOGY	368,645	112,977,934	0.003263				53
54	RADIOLOGY-DIAGNOSTIC	5,357,335	279,958,458	0.019136				54
57	COMPUTED TOMOGRAPHY (CT) SCAN	545,365	155,512,917	0.003507				57
58	MAGNETIC RESONANCE IMAGING (M	919,183	109,359,649	0.008405				58
59	CARDIAC CATHETERIZATION	1,314,874	126,038,805	0.010432				59
60	LABORATORY	2,384,088	393,998,408	0.006051				60
61	PBP CLINICAL LAB SERVICES-PRGM							61
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	412,954	16,621,295	0.024845				63
65	RESPIRATORY THERAPY	857,209	99,910,417	0.008580				65
66	PHYSICAL THERAPY	1,293,535	47,027,394	0.027506				66
68	SPEECH PATHOLOGY	121,840	4,507,255	0.027032				68
69	ELECTROCARDIOLOGY	595,732	55,612,956	0.010712				69
70	ELECTROENCEPHALOGRAPHY	164,236	9,665,809	0.016991				70
71	MEDICAL SUPPLIES CHRGED TO PA	1,072,837	292,337,367	0.003670				71
72	IMPL. DEV. CHARGED TO PATIENT	1,459,266	157,129,303	0.009287				72
73	DRUGS CHARGED TO PATIENTS	1,776,900	306,761,744	0.005792				73
74	RENAL DIALYSIS	131,394	7,328,904	0.017928				74
76	DIGESTIVE DISEASES	666,997	62,190,263	0.010725				76
76.01	ENTEROSTOMAL	14,323	872,838	0.016410				76.01
76.02	DIABETIC SERVICE	141,178	174,145	0.810692				76.02
76.03	WOUND CARE	171,687	5,620,013	0.030549				76.03
76.04	PSYCHOLOGY	138,594	2,547,974	0.054394				76.04
76.05	NEURO DIAGNOSTIC CENTER	86,916	240,102	0.361996				76.05
76.06	EATING DISORDERS	138,676	294,510	0.470870				76.06
76.07	UROLOGICAL	25,055	743,561	0.033696				76.07
76.08	SLEEP DISORDERS	375,935	12,834,718	0.029290				76.08
76.09	PAIN PROGRAM	158,461	5,402,776	0.029330				76.09
76.10	COMP EPILEPSY	110,728	289,781	0.382109				76.10
76.97	CARDIAC REHABILITATION	45,957	1,327,332	0.034624				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	9,737	2,471,192	0.003940				76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	61,187	599,483	0.102066				90.01
90.02	LUNG CLINIC	113	15,468	0.007305				90.02
90.03	ADULT SICKLE CELL CLINIC							90.03
90.04	ST JUDE CLINIC	170,060	1,214,887	0.139980				90.04
90.05	SISTERS CLINIC	525,911	2,110,215	0.249222				90.05
90.06	SPECIAL CLINICS	77,705	554,725	0.140078				90.06
90.07	PALLIATIVE CARE CLINIC	59,924	821,344	0.072958				90.07
91	EMERGENCY	2,073,244	90,349,112	0.022947				91
92	OBSERVATION BEDS	275,737						92
92.01	OBSERVATION BEDS-DISTINCT	270,641	4,066,759	0.066550				92.01
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	30,622,423	2,624,493,179					200

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11  
 02/27/2013 13:24

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	4,387,908	224,370			4,612,278	30
31 INTENSIVE CARE UNIT	406,541				406,541	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 PREMATURE INTENSIVE CARE	8,929				8,929	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)	4,803,378	224,370			5,027,748	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	146,681	31.44			30
31	INTENSIVE CARE UNIT	20,836	19.51			31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	PREMATURE INTENSIVE CARE	6,202	1.44			35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	9,039				41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	182,758				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 COST 2	ALLIED HEALTH COST 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		68,807			68,807	68,807	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		604,559			604,559	604,559	52
53 ANESTHESIOLOGY		36,242			36,242	36,242	53
54 RADIOLOGY-DIAGNOSTIC		57,777	242,220		299,997	299,997	54
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			124,873		124,873	124,873	60
61 PBP CLINICAL LAB SERVICES-PRGM							61
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		57,777			57,777	57,777	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		57,777			57,777	57,777	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		16,283			16,283	16,283	76.02
76.03 WOUND CARE		16,808			16,808	16,808	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS		14,707			14,707	14,707	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		32,565			32,565	32,565	90.04
90.05 SISTERS CLINIC		38,343			38,343	38,343	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		27,313			27,313	27,313	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT		6,303			6,303	6,303	92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,035,261	367,093		1,402,354	1,402,354	200



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.227703						50	
51 RECOVERY ROOM	0.133204						51	
52 DELIVERY ROOM & LABOR ROOM	0.671174						52	
53 ANESTHESIOLOGY	0.030767						53	
54 RADIOLOGY-DIAGNOSTIC	0.154767						54	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123						57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738						58	
59 CARDIAC CATHETERIZATION	0.059508						59	
60 LABORATORY	0.096117						60	
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572						61	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.513522						63	
65 RESPIRATORY THERAPY	0.104290						65	
66 PHYSICAL THERAPY	0.319630						66	
68 SPEECH PATHOLOGY	0.323330						68	
69 ELECTROCARDIOLOGY	0.088139						69	
70 ELECTROENCEPHALOGRAPHY	0.148947						70	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.276050						72	
73 DRUGS CHARGED TO PATIENTS	0.127288						73	
74 RENAL DIALYSIS	0.346771						74	
76 DIGESTIVE DISEASES	0.094794						76	
76.01 ENTEROSTOMAL	0.451575						76.01	
76.02 DIABETIC SERVICE	5.901387						76.02	
76.03 WOUND CARE	0.293406						76.03	
76.04 PSYCHOLOGY	0.665769						76.04	
76.05 NEURO DIAGNOSTIC CENTER	4.941367						76.05	
76.06 EATING DISORDERS	2.722498						76.06	
76.07 UROLOGICAL	0.175726						76.07	
76.08 SLEEP DISORDERS	0.287090						76.08	
76.09 PAIN PROGRAM	0.317710						76.09	
76.10 COMP EPILEPSY	4.538051						76.10	
76.97 CARDIAC REHABILITATION	0.568017						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY	0.113224						76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01 VOICE CLINIC	0.408614						90.01	
90.02 LUNG CLINIC	0.211210						90.02	
90.03 ADULT SICKLE CELL CLINIC							90.03	
90.04 ST JUDE CLINIC	0.883564						90.04	
90.05 SISTERS CLINIC	2.145742						90.05	
90.06 SPECIAL CLINICS	0.942543						90.06	
90.07 PALLIATIVE CARE CLINIC	1.625948						90.07	
91 EMERGENCY	0.293974						91	
92 OBSERVATION BEDS							92	
92.01 OBSERVATION BEDS-DISTINCT	0.819598						92.01	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.366720						95	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[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)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	5,359,544	209,142,395	0.025626				50
51	RECOVERY ROOM	302,423	32,266,274	0.009373				51
52	DELIVERY ROOM & LABOR ROOM	586,297	13,594,697	0.043127				52
53	ANESTHESIOLOGY	368,645	112,977,934	0.003263				53
54	RADIOLOGY-DIAGNOSTIC	5,357,335	279,958,458	0.019136				54
57	COMPUTED TOMOGRAPHY (CT) SCAN	545,365	155,512,917	0.003507				57
58	MAGNETIC RESONANCE IMAGING (M	919,183	109,359,649	0.008405				58
59	CARDIAC CATHETERIZATION	1,314,874	126,038,805	0.010432				59
60	LABORATORY	2,384,088	393,998,408	0.006051				60
61	PBP CLINICAL LAB SERVICES-PRGM							61
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	412,954	16,621,295	0.024845				63
65	RESPIRATORY THERAPY	857,209	99,910,417	0.008580				65
66	PHYSICAL THERAPY	1,293,535	47,027,394	0.027506				66
68	SPEECH PATHOLOGY	121,840	4,507,255	0.027032				68
69	ELECTROCARDIOLOGY	595,732	55,612,956	0.010712				69
70	ELECTROENCEPHALOGRAPHY	164,236	9,665,809	0.016991				70
71	MEDICAL SUPPLIES CHRGED TO PA	1,072,837	292,337,367	0.003670				71
72	IMPL. DEV. CHARGED TO PATIENT	1,459,266	157,129,303	0.009287				72
73	DRUGS CHARGED TO PATIENTS	1,776,900	306,761,744	0.005792				73
74	RENAL DIALYSIS	131,394	7,328,904	0.017928				74
76	DIGESTIVE DISEASES	666,997	62,190,263	0.010725				76
76.01	ENTEROSTOMAL	14,323	872,838	0.016410				76.01
76.02	DIABETIC SERVICE	141,178	174,145	0.810692				76.02
76.03	WOUND CARE	171,687	5,620,013	0.030549				76.03
76.04	PSYCHOLOGY	138,594	2,547,974	0.054394				76.04
76.05	NEURO DIAGNOSTIC CENTER	86,916	240,102	0.361996				76.05
76.06	EATING DISORDERS	138,676	294,510	0.470870				76.06
76.07	UROLOGICAL	25,055	743,561	0.033696				76.07
76.08	SLEEP DISORDERS	375,935	12,834,718	0.029290				76.08
76.09	PAIN PROGRAM	158,461	5,402,776	0.029330				76.09
76.10	COMP EPILEPSY	110,728	289,781	0.382109				76.10
76.97	CARDIAC REHABILITATION	45,957	1,327,332	0.034624				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	9,737	2,471,192	0.003940				76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	61,187	599,483	0.102066				90.01
90.02	LUNG CLINIC	113	15,468	0.007305				90.02
90.03	ADULT SICKLE CELL CLINIC							90.03
90.04	ST JUDE CLINIC	170,060	1,214,887	0.139980				90.04
90.05	SISTERS CLINIC	525,911	2,110,215	0.249222				90.05
90.06	SPECIAL CLINICS	77,705	554,725	0.140078				90.06
90.07	PALLIATIVE CARE CLINIC	59,924	821,344	0.072958				90.07
91	EMERGENCY	2,073,244	90,349,112	0.022947				91
92	OBSERVATION BEDS	275,737						92
92.01	OBSERVATION BEDS-DISTINCT	270,641	4,066,759	0.066550				92.01
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	30,622,423	2,624,493,179					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		68,807			68,807	68,807	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		604,559			604,559	604,559	52
53 ANESTHESIOLOGY		36,242			36,242	36,242	53
54 RADIOLOGY-DIAGNOSTIC		57,777	242,220		299,997	299,997	54
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			124,873		124,873	124,873	60
61 PBP CLINICAL LAB SERVICES-PRGM							61
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		57,777			57,777	57,777	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		57,777			57,777	57,777	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		16,283			16,283	16,283	76.02
76.03 WOUND CARE		16,808			16,808	16,808	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS		14,707			14,707	14,707	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		32,565			32,565	32,565	90.04
90.05 SISTERS CLINIC		38,343			38,343	38,343	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		27,313			27,313	27,313	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT		6,303			6,303	6,303	92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,035,261	367,093		1,402,354	1,402,354	200





APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [XX] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T067) [ ] 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	0.227703						50	
51 RECOVERY ROOM	0.133204						51	
52 DELIVERY ROOM & LABOR ROOM	0.671174						52	
53 ANESTHESIOLOGY	0.030767						53	
54 RADIOLOGY-DIAGNOSTIC	0.154767						54	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123						57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738						58	
59 CARDIAC CATHETERIZATION	0.059508						59	
60 LABORATORY	0.096117						60	
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572						61	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.513522						63	
65 RESPIRATORY THERAPY	0.104290						65	
66 PHYSICAL THERAPY	0.319630						66	
68 SPEECH PATHOLOGY	0.323330						68	
69 ELECTROCARDIOLOGY	0.088139						69	
70 ELECTROENCEPHALOGRAPHY	0.148947						70	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.276050						72	
73 DRUGS CHARGED TO PATIENTS	0.127288						73	
74 RENAL DIALYSIS	0.346771						74	
76 DIGESTIVE DISEASES	0.094794						76	
76.01 ENTEROSTOMAL	0.451575						76.01	
76.02 DIABETIC SERVICE	5.901387						76.02	
76.03 WOUND CARE	0.293406						76.03	
76.04 PSYCHOLOGY	0.665769						76.04	
76.05 NEURO DIAGNOSTIC CENTER	4.941367						76.05	
76.06 EATING DISORDERS	2.722498						76.06	
76.07 UROLOGICAL	0.175726						76.07	
76.08 SLEEP DISORDERS	0.287090						76.08	
76.09 PAIN PROGRAM	0.317710						76.09	
76.10 COMP EPILEPSY	4.538051						76.10	
76.97 CARDIAC REHABILITATION	0.568017						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY	0.113224						76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01 VOICE CLINIC	0.408614						90.01	
90.02 LUNG CLINIC	0.211210						90.02	
90.03 ADULT SICKLE CELL CLINIC							90.03	
90.04 ST JUDE CLINIC	0.883564						90.04	
90.05 SISTERS CLINIC	2.145742						90.05	
90.06 SPECIAL CLINICS	0.942543						90.06	
90.07 PALLIATIVE CARE CLINIC	1.625948						90.07	
91 EMERGENCY	0.293974						91	
92 OBSERVATION BEDS							92	
92.01 OBSERVATION BEDS-DISTINCT	0.819598						92.01	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.366720						95	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

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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	8,940,185		8,940,185	146,681	60.95	47,584	2,900,245	30
31 INTENSIVE CARE UNIT	2,481,561		2,481,561	20,836	119.10	10,297	1,226,373	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 PREMATURE INTENSIVE CARE	1,561,382		1,561,382	6,202	251.75			35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	367,948		367,948	9,039	40.71	4,197	170,860	41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	13,351,076		13,351,076	182,758		62,078	4,297,478	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0067) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	5,359,544	209,142,395	0.025626	43,518,935	1,115,216	50
51	RECOVERY ROOM	302,423	32,266,274	0.009373	5,943,040	55,704	51
52	DELIVERY ROOM & LABOR ROOM	586,297	13,594,697	0.043127	74,814	3,227	52
53	ANESTHESIOLOGY	368,645	112,977,934	0.003263	22,045,273	71,934	53
54	RADIOLOGY-DIAGNOSTIC	5,357,335	279,958,458	0.019136	42,340,922	810,236	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	545,365	155,512,917	0.003507	19,324,035	67,769	57
58	MAGNETIC RESONANCE IMAGING (M	919,183	109,359,649	0.008405	9,828,335	82,607	58
59	CARDIAC CATHETERIZATION	1,314,874	126,038,805	0.010432	23,184,737	241,863	59
60	LABORATORY	2,384,088	393,998,408	0.006051	76,954,452	465,651	60
61	PBP CLINICAL LAB SERVICES-PRGM						61
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	412,954	16,621,295	0.024845	6,015,378	149,452	63
65	RESPIRATORY THERAPY	857,209	99,910,417	0.008580	32,939,601	282,622	65
66	PHYSICAL THERAPY	1,293,535	47,027,394	0.027506	9,163,586	252,054	66
68	SPEECH PATHOLOGY	121,840	4,507,255	0.027032	1,236,412	33,423	68
69	ELECTROCARDIOLOGY	595,732	55,612,956	0.010712	9,131,584	97,818	69
70	ELECTROENCEPHALOGRAPHY	164,236	9,665,809	0.016991	2,924,823	49,696	70
71	MEDICAL SUPPLIES CHRGED TO PA	1,072,837	292,337,367	0.003670	91,739,312	336,683	71
72	IMPL. DEV. CHARGED TO PATIENT	1,459,266	157,129,303	0.009287	48,753,299	452,772	72
73	DRUGS CHARGED TO PATIENTS	1,776,900	306,761,744	0.005792	97,267,528	563,374	73
74	RENAL DIALYSIS	131,394	7,328,904	0.017928	4,254,882	76,282	74
76	DIGESTIVE DISEASES	666,997	62,190,263	0.010725	6,537,061	70,110	76
76.01	ENTEROSTOMAL	14,323	872,838	0.016410			76.01
76.02	DIABETIC SERVICE	141,178	174,145	0.810692	96,272	78,047	76.02
76.03	WOUND CARE	171,687	5,620,013	0.030549	3,612	110	76.03
76.04	PSYCHOLOGY	138,594	2,547,974	0.054394			76.04
76.05	NEURO DIAGNOSTIC CENTER	86,916	240,102	0.361996			76.05
76.06	EATING DISORDERS	138,676	294,510	0.470870			76.06
76.07	UROLOGICAL	25,055	743,561	0.033696	20,704	698	76.07
76.08	SLEEP DISORDERS	375,935	12,834,718	0.029290			76.08
76.09	PAIN PROGRAM	158,461	5,402,776	0.029330	1,396	41	76.09
76.10	COMP EPILEPSY	110,728	289,781	0.382109			76.10
76.97	CARDIAC REHABILITATION	45,957	1,327,332	0.034624	306,005	10,595	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	9,737	2,471,192	0.003940	73,484	290	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	VOICE CLINIC	61,187	599,483	0.102066			90.01
90.02	LUNG CLINIC	113	15,468	0.007305			90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	170,060	1,214,887	0.139980			90.04
90.05	SISTERS CLINIC	525,911	2,110,215	0.249222	698	174	90.05
90.06	SPECIAL CLINICS	77,705	554,725	0.140078	2,485	348	90.06
90.07	PALLIATIVE CARE CLINIC	59,924	821,344	0.072958			90.07
91	EMERGENCY	2,073,244	90,349,112	0.022947	10,763,236	246,984	91
92	OBSERVATION BEDS	275,737					92
92.01	OBSERVATION BEDS-DISTINCT	270,641	4,066,759	0.066550			92.01
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	30,622,423	2,624,493,179		564,445,901	5,615,780	200

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

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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	4,387,908	224,370			4,612,278	30
31 INTENSIVE CARE UNIT	406,541				406,541	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 PREMATURE INTENSIVE CARE	8,929				8,929	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)	4,803,378	224,370			5,027,748	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	146,681	31.44	47,584	1,496,041	30
31	INTENSIVE CARE UNIT	20,836	19.51	10,297	200,894	31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	PREMATURE INTENSIVE CARE	6,202	1.44			35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	9,039		4,197		41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	182,758		62,078	1,696,935	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		68,807			68,807	68,807	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		604,559			604,559	604,559	52
53 ANESTHESIOLOGY		36,242			36,242	36,242	53
54 RADIOLOGY-DIAGNOSTIC		57,777	242,220		299,997	299,997	54
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			124,873		124,873	124,873	60
61 PBP CLINICAL LAB SERVICES-PRGM							61
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		57,777			57,777	57,777	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		57,777			57,777	57,777	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		16,283			16,283	16,283	76.02
76.03 WOUND CARE		16,808			16,808	16,808	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS		14,707			14,707	14,707	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		32,565			32,565	32,565	90.04
90.05 SISTERS CLINIC		38,343			38,343	38,343	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		27,313			27,313	27,313	91
92 OBSERVATION BEDS		135,334	6,919		142,253	142,253	92
92.01 OBSERVATION BEDS-DISTINCT		6,303			6,303	6,303	92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,170,595	374,012		1,544,607	1,544,607	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0067)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA				
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	209,142,395	0.000329	0.000329	43,518,935	14,318	11,071,209	3,642	50
51	RECOVERY ROOM	32,266,274			5,943,040		4,645,617		51
52	DELIVERY ROOM & LABOR ROOM	13,594,697	0.044470	0.044470	74,814	3,327	11,714	521	52
53	ANESTHESIOLOGY	112,977,934	0.000321	0.000321	22,045,273	7,077	7,400,023	2,375	53
54	RADIOLOGY-DIAGNOSTIC	279,958,458	0.001072	0.001072	42,340,922	45,389	71,031,950	76,146	54
57	COMPUTED TOMOGRAPHY (CT) SCA	155,512,917			19,324,035		23,976,872		57
58	MAGNETIC RESONANCE IMAGING (	109,359,649			9,828,335		19,435,660		58
59	CARDIAC CATHETERIZATION	126,038,805			23,184,737		28,756,627		59
60	LABORATORY	393,998,408	0.000317	0.000317	76,954,452	24,395	5,557,138	1,762	60
61	PBP CLINICAL LAB SERVICES-PRGM								61
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	16,621,295			6,015,378		966,521		63
65	RESPIRATORY THERAPY	99,910,417			32,939,601		2,010,306		65
66	PHYSICAL THERAPY	47,027,394			9,163,586		822,584		66
68	SPEECH PATHOLOGY	4,507,255	0.012819	0.012819	1,236,412	15,850	110,448	1,416	68
69	ELECTROCARDIOLOGY	55,612,956			9,131,584		7,901,310		69
70	ELECTROENCEPHALOGRAPHY	9,665,809			2,924,823		2,568,211		70
71	MEDICAL SUPPLIES CHRGED TO P	292,337,367			91,739,312		15,230,896		71
72	IMPL. DEV. CHARGED TO PATIEN	157,129,303			48,753,299		15,333,634		72
73	DRUGS CHARGED TO PATIENTS	306,761,744			97,267,528		8,667,167		73
74	RENAL DIALYSIS	7,328,904			4,254,882		225,808		74
76	DIGESTIVE DISEASES	62,190,263	0.000929	0.000929	6,537,061	6,073	8,622,623	8,010	76
76.01	ENTEROSTOMAL	872,838							76.01
76.02	DIABETIC SERVICE	174,145	0.093503	0.093503	96,272	9,002	7,437	695	76.02
76.03	WOUND CARE	5,620,013	0.002991	0.002991	3,612	11	1,287,932	3,852	76.03
76.04	PSYCHOLOGY	2,547,974							76.04
76.05	NEURO DIAGNOSTIC CENTER	240,102					122,560		76.05
76.06	EATING DISORDERS	294,510	0.049937	0.049937					76.06
76.07	UROLOGICAL	743,561			20,704		13,147		76.07
76.08	SLEEP DISORDERS	12,834,718					126,399		76.08
76.09	PAIN PROGRAM	5,402,776			1,396		1,865,538		76.09
76.10	COMP EPILEPSY	289,781					77,412		76.10
76.97	CARDIAC REHABILITATION	1,327,332			306,005		288,202		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY	2,471,192			73,484		535,328		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	VOICE CLINIC	599,483					194,604		90.01
90.02	LUNG CLINIC	15,468					7,052		90.02
90.03	ADULT SICKLE CELL CLINIC								90.03
90.04	ST JUDE CLINIC	1,214,887	0.026805	0.026805					90.04
90.05	SISTERS CLINIC	2,110,215	0.018170	0.018170	698	13	176,450	3,206	90.05
90.06	SPECIAL CLINICS	554,725			2,485		135,862		90.06
90.07	PALLIATIVE CARE CLINIC	821,344							90.07
91	EMERGENCY	90,349,112	0.000302	0.000302	10,763,236	3,250	6,687,019	2,019	91
92	OBSERVATION BEDS								92
92.01	OBSERVATION BEDS-DISTINCT	4,066,759	0.001550	0.001550			655,692	1,016	92.01
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	2,624,493,179			564,445,901	128,705	246,526,952	104,660	200



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	PROGRAM CHARGES		PROGRAM COSTS		5	6	7
			COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7			
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.227703	11,071,209				2,520,948			50
51 RECOVERY ROOM	0.133204	4,645,617				618,815			51
52 DELIVERY ROOM & LABOR ROOM	0.671174	11,714				7,862			52
53 ANESTHESIOLOGY	0.030767	7,400,023				227,677			53
54 RADIOLOGY-DIAGNOSTIC	0.154767	71,031,950		48		10,993,402	7		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123	23,976,872				1,105,885			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738	19,435,660				1,394,275			58
59 CARDIAC CATHETERIZATION	0.059508	28,756,627				1,711,249			59
60 LABORATORY	0.096117	5,557,138				534,135			60
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572								61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.513522	966,521				496,330			63
65 RESPIRATORY THERAPY	0.104290	2,010,306		3,360		209,655	350		65
66 PHYSICAL THERAPY	0.319630	822,584				262,923			66
68 SPEECH PATHOLOGY	0.323330	110,448				35,711			68
69 ELECTROCARDIOLOGY	0.088139	7,901,310				696,414			69
70 ELECTROENCEPHALOGRAPHY	0.148947	2,568,211				382,527			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.104997	15,230,896		1,828		1,599,198	192		71
72 IMPL. DEV. CHARGED TO PATIENT	0.276050	15,333,634				4,232,850			72
73 DRUGS CHARGED TO PATIENTS	0.127288	8,667,167			95,544	1,103,226		12,162	73
74 RENAL DIALYSIS	0.346771	225,808				78,304			74
76 DIGESTIVE DISEASES	0.094794	8,622,623				817,373			76
76.01 ENTEROSTOMAL	0.451575								76.01
76.02 DIABETIC SERVICE	5.901387	7,437				43,889			76.02
76.03 WOUND CARE	0.293406	1,287,932				377,887			76.03
76.04 PSYCHOLOGY	0.665769								76.04
76.05 NEURO DIAGNOSTIC CENTER	4.941367	122,560				605,614			76.05
76.06 EATING DISORDERS	2.722498								76.06
76.07 UROLOGICAL	0.175726	13,147				2,310			76.07
76.08 SLEEP DISORDERS	0.287090	126,399				36,288			76.08
76.09 PAIN PROGRAM	0.317710	1,865,538				592,700			76.09
76.10 COMP EPILEPSY	4.538051	77,412				351,300			76.10
76.97 CARDIAC REHABILITATION	0.568017	288,202				163,704			76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY	0.113224	535,328				60,612			76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 VOICE CLINIC	0.408614	194,604				79,518			90.01
90.02 LUNG CLINIC	0.211210	7,052				1,489			90.02
90.03 ADULT SICKLE CELL CLINIC									90.03
90.04 ST JUDE CLINIC	0.883564								90.04
90.05 SISTERS CLINIC	2.145742	176,450				378,616			90.05
90.06 SPECIAL CLINICS	0.942543	135,862				128,056			90.06
90.07 PALLIATIVE CARE CLINIC	1.625948								90.07
91 EMERGENCY	0.293974	6,687,019				1,965,810			91
92 OBSERVATION BEDS									92
92.01 OBSERVATION BEDS-DISTINCT	0.819598	655,692				537,404			92.01
OTHER REIMBURSABLE COST CENTERS									
95 AMBULANCE SERVICES	0.366720								95
200 SUBTOTAL (SEE INSTRUCTIONS)		246,526,952		5,236	95,544	34,353,956	549	12,162	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		246,526,952		5,236	95,544	34,353,956	549	12,162	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)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
					1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS									
50					5,359,544	209,142,395	0.025626	58,533	1,500	50
51					302,423	32,266,274	0.009373	29,992	281	51
52					586,297	13,594,697	0.043127			52
53					368,645	112,977,934	0.003263	49,583	162	53
54					5,357,335	279,958,458	0.019136	599,966	11,481	54
57					545,365	155,512,917	0.003507	96,324	338	57
58					919,183	109,359,649	0.008405	43,692	367	58
59					1,314,874	126,038,805	0.010432	15,307	160	59
60					2,384,088	393,998,408	0.006051	1,104,346	6,682	60
61										61
62.30										62.30
63					412,954	16,621,295	0.024845	31,837	791	63
65					857,209	99,910,417	0.008580	372,121	3,193	65
66					1,293,535	47,027,394	0.027506	4,829,001	132,827	66
68					121,840	4,507,255	0.027032	497,267	13,442	68
69					595,732	55,612,956	0.010712	22,227	238	69
70					164,236	9,665,809	0.016991	20,585	350	70
71					1,072,837	292,337,367	0.003670	1,564,204	5,741	71
72					1,459,266	157,129,303	0.009287	9,609	89	72
73					1,776,900	306,761,744	0.005792	1,900,864	11,010	73
74					131,394	7,328,904	0.017928	177,893	3,189	74
76					666,997	62,190,263	0.010725	72,317	776	76
76.01					14,323	872,838	0.016410			76.01
76.02					141,178	174,145	0.810692	4,062	3,293	76.02
76.03					171,687	5,620,013	0.030549	3,106	95	76.03
76.04					138,594	2,547,974	0.054394			76.04
76.05					86,916	240,102	0.361996			76.05
76.06					138,676	294,510	0.470870			76.06
76.07					25,055	743,561	0.033696	17,805	600	76.07
76.08					375,935	12,834,718	0.029290			76.08
76.09					158,461	5,402,776	0.029330			76.09
76.10					110,728	289,781	0.382109			76.10
76.97					45,957	1,327,332	0.034624	901	31	76.97
76.98										76.98
76.99					9,737	2,471,192	0.003940			76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01					61,187	599,483	0.102066			90.01
90.02					113	15,468	0.007305			90.02
90.03										90.03
90.04					170,060	1,214,887	0.139980			90.04
90.05					525,911	2,110,215	0.249222			90.05
90.06					77,705	554,725	0.140078	2,738	384	90.06
90.07					59,924	821,344	0.072958			90.07
91					2,073,244	90,349,112	0.022947	81,702	1,875	91
92					275,737					92
92.01					270,641	4,066,759	0.066550			92.01
	OTHER REIMBURSABLE COST CENTERS									
95										95
200					30,622,423	2,624,493,179		11,605,982	198,895	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		68,807			68,807	68,807	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		604,559			604,559	604,559	52
53 ANESTHESIOLOGY		36,242			36,242	36,242	53
54 RADIOLOGY-DIAGNOSTIC		57,777	242,220		299,997	299,997	54
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			124,873		124,873	124,873	60
61 PBP CLINICAL LAB SERVICES-PRGM							61
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		57,777			57,777	57,777	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		57,777			57,777	57,777	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		16,283			16,283	16,283	76.02
76.03 WOUND CARE		16,808			16,808	16,808	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS		14,707			14,707	14,707	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		32,565			32,565	32,565	90.04
90.05 SISTERS CLINIC		38,343			38,343	38,343	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		27,313			27,313	27,313	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT		6,303			6,303	6,303	92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,035,261	367,093		1,402,354	1,402,354	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	209,142,395	0.000329	0.000329	58,533	19	50
51	RECOVERY ROOM	32,266,274			29,992		51
52	DELIVERY ROOM & LABOR ROOM	13,594,697	0.044470	0.044470			52
53	ANESTHESIOLOGY	112,977,934	0.000321	0.000321	49,583	16	53
54	RADIOLOGY-DIAGNOSTIC	279,958,458	0.001072	0.001072	599,966	643	54
57	COMPUTED TOMOGRAPHY (CT) SCA	155,512,917			96,324		57
58	MAGNETIC RESONANCE IMAGING (	109,359,649			43,692		58
59	CARDIAC CATHETERIZATION	126,038,805			15,307		59
60	LABORATORY	393,998,408	0.000317	0.000317	1,104,346	350	60
61	PBP CLINICAL LAB SERVICES-PRGM						61
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	16,621,295			31,837		63
65	RESPIRATORY THERAPY	99,910,417			372,121		65
66	PHYSICAL THERAPY	47,027,394			4,829,001		66
68	SPEECH PATHOLOGY	4,507,255	0.012819	0.012819	497,267	6,374	68
69	ELECTROCARDIOLOGY	55,612,956			22,227		69
70	ELECTROENCEPHALOGRAPHY	9,665,809			20,585		70
71	MEDICAL SUPPLIES CHRGED TO P	292,337,367			1,564,204		71
72	IMPL. DEV. CHARGED TO PATIEN	157,129,303			9,609		72
73	DRUGS CHARGED TO PATIENTS	306,761,744			1,900,864		73
74	RENAL DIALYSIS	7,328,904			177,893		74
76	DIGESTIVE DISEASES	62,190,263	0.000929	0.000929	72,317	67	76
76.01	ENTEROSTOMAL	872,838					76.01
76.02	DIABETIC SERVICE	174,145	0.093503	0.093503	4,062	380	76.02
76.03	WOUND CARE	5,620,013	0.002991	0.002991	3,106	9	76.03
76.04	PSYCHOLOGY	2,547,974					76.04
76.05	NEURO DIAGNOSTIC CENTER	240,102					76.05
76.06	EATING DISORDERS	294,510	0.049937	0.049937			76.06
76.07	UROLOGICAL	743,561			17,805		76.07
76.08	SLEEP DISORDERS	12,834,718					76.08
76.09	PAIN PROGRAM	5,402,776					76.09
76.10	COMP EPILEPSY	289,781					76.10
76.97	CARDIAC REHABILITATION	1,327,332			901		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,471,192					76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	599,483					90.01
90.02	LUNG CLINIC	15,468					90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	1,214,887	0.026805	0.026805			90.04
90.05	SISTERS CLINIC	2,110,215	0.018170	0.018170			90.05
90.06	SPECIAL CLINICS	554,725			2,738		90.06
90.07	PALLIATIVE CARE CLINIC	821,344					90.07
91	EMERGENCY	90,349,112	0.000302	0.000302	81,702	25	91
92	OBSERVATION BEDS						92
92.01	OBSERVATION BEDS-DISTINCT	4,066,759	0.001550	0.001550			92.01
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	2,624,493,179			11,605,982	7,883	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T067) [ ] 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	0.227703						50	
51 RECOVERY ROOM	0.133204						51	
52 DELIVERY ROOM & LABOR ROOM	0.671174						52	
53 ANESTHESIOLOGY	0.030767						53	
54 RADIOLOGY-DIAGNOSTIC	0.154767						54	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123						57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738						58	
59 CARDIAC CATHETERIZATION	0.059508						59	
60 LABORATORY	0.096117						60	
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572						61	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.513522						63	
65 RESPIRATORY THERAPY	0.104290						65	
66 PHYSICAL THERAPY	0.319630						66	
68 SPEECH PATHOLOGY	0.323330						68	
69 ELECTROCARDIOLOGY	0.088139						69	
70 ELECTROENCEPHALOGRAPHY	0.148947						70	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.276050						72	
73 DRUGS CHARGED TO PATIENTS	0.127288						73	
74 RENAL DIALYSIS	0.346771						74	
76 DIGESTIVE DISEASES	0.094794						76	
76.01 ENTEROSTOMAL	0.451575						76.01	
76.02 DIABETIC SERVICE	5.901387						76.02	
76.03 WOUND CARE	0.293406						76.03	
76.04 PSYCHOLOGY	0.665769						76.04	
76.05 NEURO DIAGNOSTIC CENTER	4.941367						76.05	
76.06 EATING DISORDERS	2.722498						76.06	
76.07 UROLOGICAL	0.175726						76.07	
76.08 SLEEP DISORDERS	0.287090						76.08	
76.09 PAIN PROGRAM	0.317710						76.09	
76.10 COMP EPILEPSY	4.538051						76.10	
76.97 CARDIAC REHABILITATION	0.568017						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY	0.113224						76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01 VOICE CLINIC	0.408614						90.01	
90.02 LUNG CLINIC	0.211210						90.02	
90.03 ADULT SICKLE CELL CLINIC							90.03	
90.04 ST JUDE CLINIC	0.883564						90.04	
90.05 SISTERS CLINIC	2.145742						90.05	
90.06 SPECIAL CLINICS	0.942543						90.06	
90.07 PALLIATIVE CARE CLINIC	1.625948						90.07	
91 EMERGENCY	0.293974						91	
92 OBSERVATION BEDS							92	
92.01 OBSERVATION BEDS-DISTINCT	0.819598						92.01	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.366720						95	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	INPAT PGM
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS		DAYS	(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	8,940,185		8,940,185	146,681	60.95	37,342	2,275,995	30
31 INTENSIVE CARE UNIT	2,481,561		2,481,561	20,836	119.10	5,475	652,073	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 PREMATURE INTENSIVE CARE	1,561,382		1,561,382	6,202	251.75	3,193	803,838	35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	367,948		367,948	9,039	40.71	1,117	45,473	41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	13,351,076		13,351,076	182,758		47,127	3,777,379	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)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
		1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	5,359,544	209,142,395	0.025626				50
51	RECOVERY ROOM	302,423	32,266,274	0.009373				51
52	DELIVERY ROOM & LABOR ROOM	586,297	13,594,697	0.043127				52
53	ANESTHESIOLOGY	368,645	112,977,934	0.003263				53
54	RADIOLOGY-DIAGNOSTIC	5,357,335	279,958,458	0.019136				54
57	COMPUTED TOMOGRAPHY (CT) SCAN	545,365	155,512,917	0.003507				57
58	MAGNETIC RESONANCE IMAGING (M	919,183	109,359,649	0.008405				58
59	CARDIAC CATHETERIZATION	1,314,874	126,038,805	0.010432				59
60	LABORATORY	2,384,088	393,998,408	0.006051				60
61	PBP CLINICAL LAB SERVICES-PRGM							61
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	412,954	16,621,295	0.024845				63
65	RESPIRATORY THERAPY	857,209	99,910,417	0.008580				65
66	PHYSICAL THERAPY	1,293,535	47,027,394	0.027506				66
68	SPEECH PATHOLOGY	121,840	4,507,255	0.027032				68
69	ELECTROCARDIOLOGY	595,732	55,612,956	0.010712				69
70	ELECTROENCEPHALOGRAPHY	164,236	9,665,809	0.016991				70
71	MEDICAL SUPPLIES CHRGD TO PA	1,072,837	292,337,367	0.003670				71
72	IMPL. DEV. CHARGED TO PATIENT	1,459,266	157,129,303	0.009287				72
73	DRUGS CHARGED TO PATIENTS	1,776,900	306,761,744	0.005792				73
74	RENAL DIALYSIS	131,394	7,328,904	0.017928				74
76	DIGESTIVE DISEASES	666,997	62,190,263	0.010725				76
76.01	ENTEROSTOMAL	14,323	872,838	0.016410				76.01
76.02	DIABETIC SERVICE	141,178	174,145	0.810692				76.02
76.03	WOUND CARE	171,687	5,620,013	0.030549				76.03
76.04	PSYCHOLOGY	138,594	2,547,974	0.054394				76.04
76.05	NEURO DIAGNOSTIC CENTER	86,916	240,102	0.361996				76.05
76.06	EATING DISORDERS	138,676	294,510	0.470870				76.06
76.07	UROLOGICAL	25,055	743,561	0.033696				76.07
76.08	SLEEP DISORDERS	375,935	12,834,718	0.029290				76.08
76.09	PAIN PROGRAM	158,461	5,402,776	0.029330				76.09
76.10	COMP EPILEPSY	110,728	289,781	0.382109				76.10
76.97	CARDIAC REHABILITATION	45,957	1,327,332	0.034624				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	9,737	2,471,192	0.003940				76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	61,187	599,483	0.102066				90.01
90.02	LUNG CLINIC	113	15,468	0.007305				90.02
90.03	ADULT SICKLE CELL CLINIC							90.03
90.04	ST JUDE CLINIC	170,060	1,214,887	0.139980				90.04
90.05	SISTERS CLINIC	525,911	2,110,215	0.249222				90.05
90.06	SPECIAL CLINICS	77,705	554,725	0.140078				90.06
90.07	PALLIATIVE CARE CLINIC	59,924	821,344	0.072958				90.07
91	EMERGENCY	2,073,244	90,349,112	0.022947				91
92	OBSERVATION BEDS	275,737						92
92.01	OBSERVATION BEDS-DISTINCT	270,641	4,066,759	0.066550				92.01
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	30,622,423	2,624,493,179					200

PROVIDER CCN: 14-0067 SAINT FRANCIS MEDICAL CENTER  
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11  
 02/27/2013 13:24

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	4,387,908	224,370			4,612,278	30
31 INTENSIVE CARE UNIT	406,541				406,541	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 PREMATURE INTENSIVE CARE	8,929				8,929	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)	4,803,378	224,370			5,027,748	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	146,681	31.44	37,342	1,174,032	30
31 INTENSIVE CARE UNIT	20,836	19.51	5,475	106,817	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 PREMATURE INTENSIVE CARE	6,202	1.44	3,193	4,598	35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	9,039		1,117		41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	182,758		47,127	1,285,447	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		68,807			68,807	68,807	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		604,559			604,559	604,559	52
53 ANESTHESIOLOGY		36,242			36,242	36,242	53
54 RADIOLOGY-DIAGNOSTIC		57,777	242,220		299,997	299,997	54
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			124,873		124,873	124,873	60
61 PBP CLINICAL LAB SERVICES-PRGM							61
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		57,777			57,777	57,777	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		57,777			57,777	57,777	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		16,283			16,283	16,283	76.02
76.03 WOUND CARE		16,808			16,808	16,808	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS		14,707			14,707	14,707	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		32,565			32,565	32,565	90.04
90.05 SISTERS CLINIC		38,343			38,343	38,343	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		27,313			27,313	27,313	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT		6,303			6,303	6,303	92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,035,261	367,093		1,402,354	1,402,354	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)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	209,142,395	0.000329	0.000329			50
51	RECOVERY ROOM	32,266,274					51
52	DELIVERY ROOM & LABOR ROOM	13,594,697	0.044470	0.044470			52
53	ANESTHESIOLOGY	112,977,934	0.000321	0.000321			53
54	RADIOLOGY-DIAGNOSTIC	279,958,458	0.001072	0.001072			54
57	COMPUTED TOMOGRAPHY (CT) SCA	155,512,917					57
58	MAGNETIC RESONANCE IMAGING (	109,359,649					58
59	CARDIAC CATHETERIZATION	126,038,805					59
60	LABORATORY	393,998,408	0.000317	0.000317			60
61	PBP CLINICAL LAB SERVICES-PRGM						61
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	16,621,295					63
65	RESPIRATORY THERAPY	99,910,417					65
66	PHYSICAL THERAPY	47,027,394					66
68	SPEECH PATHOLOGY	4,507,255	0.012819	0.012819			68
69	ELECTROCARDIOLOGY	55,612,956					69
70	ELECTROENCEPHALOGRAPHY	9,665,809					70
71	MEDICAL SUPPLIES CHRGED TO P	292,337,367					71
72	IMPL. DEV. CHARGED TO PATIEN	157,129,303					72
73	DRUGS CHARGED TO PATIENTS	306,761,744					73
74	RENAL DIALYSIS	7,328,904					74
76	DIGESTIVE DISEASES	62,190,263	0.000929	0.000929			76
76.01	ENTEROSTOMAL	872,838					76.01
76.02	DIABETIC SERVICE	174,145	0.093503	0.093503			76.02
76.03	WOUND CARE	5,620,013	0.002991	0.002991			76.03
76.04	PSYCHOLOGY	2,547,974					76.04
76.05	NEURO DIAGNOSTIC CENTER	240,102					76.05
76.06	EATING DISORDERS	294,510	0.049937	0.049937			76.06
76.07	UROLOGICAL	743,561					76.07
76.08	SLEEP DISORDERS	12,834,718					76.08
76.09	PAIN PROGRAM	5,402,776					76.09
76.10	COMP EPILEPSY	289,781					76.10
76.97	CARDIAC REHABILITATION	1,327,332					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,471,192					76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	599,483					90.01
90.02	LUNG CLINIC	15,468					90.02
90.03	ADULT SICKLE CELL CLINIC						90.03
90.04	ST JUDE CLINIC	1,214,887	0.026805	0.026805			90.04
90.05	SISTERS CLINIC	2,110,215	0.018170	0.018170			90.05
90.06	SPECIAL CLINICS	554,725					90.06
90.07	PALLIATIVE CARE CLINIC	821,344					90.07
91	EMERGENCY	90,349,112	0.000302	0.000302			91
92	OBSERVATION BEDS						92
92.01	OBSERVATION BEDS-DISTINCT	4,066,759	0.001550	0.001550			92.01
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	28,566,017					95
200	TOTAL (SUM OF LINES 50-199)	2,624,493,179					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0067) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] 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	0.227703						50	
51 RECOVERY ROOM	0.133204						51	
52 DELIVERY ROOM & LABOR ROOM	0.671174						52	
53 ANESTHESIOLOGY	0.030767						53	
54 RADIOLOGY-DIAGNOSTIC	0.154767						54	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123						57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738						58	
59 CARDIAC CATHETERIZATION	0.059508						59	
60 LABORATORY	0.096117						60	
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572						61	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.513522						63	
65 RESPIRATORY THERAPY	0.104290						65	
66 PHYSICAL THERAPY	0.319630						66	
68 SPEECH PATHOLOGY	0.323330						68	
69 ELECTROCARDIOLOGY	0.088139						69	
70 ELECTROENCEPHALOGRAPHY	0.148947						70	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.276050						72	
73 DRUGS CHARGED TO PATIENTS	0.127288						73	
74 RENAL DIALYSIS	0.346771						74	
76 DIGESTIVE DISEASES	0.094794						76	
76.01 ENTEROSTOMAL	0.451575						76.01	
76.02 DIABETIC SERVICE	5.901387						76.02	
76.03 WOUND CARE	0.293406						76.03	
76.04 PSYCHOLOGY	0.665769						76.04	
76.05 NEURO DIAGNOSTIC CENTER	4.941367						76.05	
76.06 EATING DISORDERS	2.722498						76.06	
76.07 UROLOGICAL	0.175726						76.07	
76.08 SLEEP DISORDERS	0.287090						76.08	
76.09 PAIN PROGRAM	0.317710						76.09	
76.10 COMP EPILEPSY	4.538051						76.10	
76.97 CARDIAC REHABILITATION	0.568017						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY	0.113224						76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01 VOICE CLINIC	0.408614						90.01	
90.02 LUNG CLINIC	0.211210						90.02	
90.03 ADULT SICKLE CELL CLINIC							90.03	
90.04 ST JUDE CLINIC	0.883564						90.04	
90.05 SISTERS CLINIC	2.145742						90.05	
90.06 SPECIAL CLINICS	0.942543						90.06	
90.07 PALLIATIVE CARE CLINIC	1.625948						90.07	
91 EMERGENCY	0.293974						91	
92 OBSERVATION BEDS							92	
92.01 OBSERVATION BEDS-DISTINCT	0.819598						92.01	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.366720						95	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T067)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	5,359,544	209,142,395	0.025626				50
51	RECOVERY ROOM	302,423	32,266,274	0.009373				51
52	DELIVERY ROOM & LABOR ROOM	586,297	13,594,697	0.043127				52
53	ANESTHESIOLOGY	368,645	112,977,934	0.003263				53
54	RADIOLOGY-DIAGNOSTIC	5,357,335	279,958,458	0.019136				54
57	COMPUTED TOMOGRAPHY (CT) SCAN	545,365	155,512,917	0.003507				57
58	MAGNETIC RESONANCE IMAGING (M	919,183	109,359,649	0.008405				58
59	CARDIAC CATHETERIZATION	1,314,874	126,038,805	0.010432				59
60	LABORATORY	2,384,088	393,998,408	0.006051				60
61	PBP CLINICAL LAB SERVICES-PRGM							61
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	412,954	16,621,295	0.024845				63
65	RESPIRATORY THERAPY	857,209	99,910,417	0.008580				65
66	PHYSICAL THERAPY	1,293,535	47,027,394	0.027506				66
68	SPEECH PATHOLOGY	121,840	4,507,255	0.027032				68
69	ELECTROCARDIOLOGY	595,732	55,612,956	0.010712				69
70	ELECTROENCEPHALOGRAPHY	164,236	9,665,809	0.016991				70
71	MEDICAL SUPPLIES CHRGD TO PA	1,072,837	292,337,367	0.003670				71
72	IMPL. DEV. CHARGED TO PATIENT	1,459,266	157,129,303	0.009287				72
73	DRUGS CHARGED TO PATIENTS	1,776,900	306,761,744	0.005792				73
74	RENAL DIALYSIS	131,394	7,328,904	0.017928				74
76	DIGESTIVE DISEASES	666,997	62,190,263	0.010725				76
76.01	ENTEROSTOMAL	14,323	872,838	0.016410				76.01
76.02	DIABETIC SERVICE	141,178	174,145	0.810692				76.02
76.03	WOUND CARE	171,687	5,620,013	0.030549				76.03
76.04	PSYCHOLOGY	138,594	2,547,974	0.054394				76.04
76.05	NEURO DIAGNOSTIC CENTER	86,916	240,102	0.361996				76.05
76.06	EATING DISORDERS	138,676	294,510	0.470870				76.06
76.07	UROLOGICAL	25,055	743,561	0.033696				76.07
76.08	SLEEP DISORDERS	375,935	12,834,718	0.029290				76.08
76.09	PAIN PROGRAM	158,461	5,402,776	0.029330				76.09
76.10	COMP EPILEPSY	110,728	289,781	0.382109				76.10
76.97	CARDIAC REHABILITATION	45,957	1,327,332	0.034624				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	9,737	2,471,192	0.003940				76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	VOICE CLINIC	61,187	599,483	0.102066				90.01
90.02	LUNG CLINIC	113	15,468	0.007305				90.02
90.03	ADULT SICKLE CELL CLINIC							90.03
90.04	ST JUDE CLINIC	170,060	1,214,887	0.139980				90.04
90.05	SISTERS CLINIC	525,911	2,110,215	0.249222				90.05
90.06	SPECIAL CLINICS	77,705	554,725	0.140078				90.06
90.07	PALLIATIVE CARE CLINIC	59,924	821,344	0.072958				90.07
91	EMERGENCY	2,073,244	90,349,112	0.022947				91
92	OBSERVATION BEDS	275,737						92
92.01	OBSERVATION BEDS-DISTINCT	270,641	4,066,759	0.066550				92.01
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (SUM OF LINES 50-199)	30,622,423	2,624,493,179					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		68,807			68,807	68,807	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM		604,559			604,559	604,559	52
53 ANESTHESIOLOGY		36,242			36,242	36,242	53
54 RADIOLOGY-DIAGNOSTIC		57,777	242,220		299,997	299,997	54
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY			124,873		124,873	124,873	60
61 PBP CLINICAL LAB SERVICES-PRGM							61
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY		57,777			57,777	57,777	68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 DIGESTIVE DISEASES		57,777			57,777	57,777	76
76.01 ENTEROSTOMAL							76.01
76.02 DIABETIC SERVICE		16,283			16,283	16,283	76.02
76.03 WOUND CARE		16,808			16,808	16,808	76.03
76.04 PSYCHOLOGY							76.04
76.05 NEURO DIAGNOSTIC CENTER							76.05
76.06 EATING DISORDERS		14,707			14,707	14,707	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		32,565			32,565	32,565	90.04
90.05 SISTERS CLINIC		38,343			38,343	38,343	90.05
90.06 SPECIAL CLINICS							90.06
90.07 PALLIATIVE CARE CLINIC							90.07
91 EMERGENCY		27,313			27,313	27,313	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT		6,303			6,303	6,303	92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)		1,035,261	367,093		1,402,354	1,402,354	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)	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 PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	209,142,395	0.000329	0.000329		50
51	RECOVERY ROOM	32,266,274				51
52	DELIVERY ROOM & LABOR ROOM	13,594,697	0.044470	0.044470		52
53	ANESTHESIOLOGY	112,977,934	0.000321	0.000321		53
54	RADIOLOGY-DIAGNOSTIC	279,958,458	0.001072	0.001072		54
57	COMPUTED TOMOGRAPHY (CT) SCA	155,512,917				57
58	MAGNETIC RESONANCE IMAGING (	109,359,649				58
59	CARDIAC CATHETERIZATION	126,038,805				59
60	LABORATORY	393,998,408	0.000317	0.000317		60
61	PBP CLINICAL LAB SERVICES-PRGM					61
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
63	BLOOD STORING, PROCESSING &	16,621,295				63
65	RESPIRATORY THERAPY	99,910,417				65
66	PHYSICAL THERAPY	47,027,394				66
68	SPEECH PATHOLOGY	4,507,255	0.012819	0.012819		68
69	ELECTROCARDIOLOGY	55,612,956				69
70	ELECTROENCEPHALOGRAPHY	9,665,809				70
71	MEDICAL SUPPLIES CHRGED TO P	292,337,367				71
72	IMPL. DEV. CHARGED TO PATIEN	157,129,303				72
73	DRUGS CHARGED TO PATIENTS	306,761,744				73
74	RENAL DIALYSIS	7,328,904				74
76	DIGESTIVE DISEASES	62,190,263	0.000929	0.000929		76
76.01	ENTEROSTOMAL	872,838				76.01
76.02	DIABETIC SERVICE	174,145	0.093503	0.093503		76.02
76.03	WOUND CARE	5,620,013	0.002991	0.002991		76.03
76.04	PSYCHOLOGY	2,547,974				76.04
76.05	NEURO DIAGNOSTIC CENTER	240,102				76.05
76.06	EATING DISORDERS	294,510	0.049937	0.049937		76.06
76.07	UROLOGICAL	743,561				76.07
76.08	SLEEP DISORDERS	12,834,718				76.08
76.09	PAIN PROGRAM	5,402,776				76.09
76.10	COMP EPILEPSY	289,781				76.10
76.97	CARDIAC REHABILITATION	1,327,332				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY	2,471,192				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	VOICE CLINIC	599,483				90.01
90.02	LUNG CLINIC	15,468				90.02
90.03	ADULT SICKLE CELL CLINIC					90.03
90.04	ST JUDE CLINIC	1,214,887	0.026805	0.026805		90.04
90.05	SISTERS CLINIC	2,110,215	0.018170	0.018170		90.05
90.06	SPECIAL CLINICS	554,725				90.06
90.07	PALLIATIVE CARE CLINIC	821,344				90.07
91	EMERGENCY	90,349,112	0.000302	0.000302		91
92	OBSERVATION BEDS					92
92.01	OBSERVATION BEDS-DISTINCT	4,066,759	0.001550	0.001550		92.01
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	28,566,017				95
200	TOTAL (SUM OF LINES 50-199)	2,624,493,179				200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T067) [ ] 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	0.227703						50	
51 RECOVERY ROOM	0.133204						51	
52 DELIVERY ROOM & LABOR ROOM	0.671174						52	
53 ANESTHESIOLOGY	0.030767						53	
54 RADIOLOGY-DIAGNOSTIC	0.154767						54	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123						57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738						58	
59 CARDIAC CATHETERIZATION	0.059508						59	
60 LABORATORY	0.096117						60	
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572						61	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.513522						63	
65 RESPIRATORY THERAPY	0.104290						65	
66 PHYSICAL THERAPY	0.319630						66	
68 SPEECH PATHOLOGY	0.323330						68	
69 ELECTROCARDIOLOGY	0.088139						69	
70 ELECTROENCEPHALOGRAPHY	0.148947						70	
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.276050						72	
73 DRUGS CHARGED TO PATIENTS	0.127288						73	
74 RENAL DIALYSIS	0.346771						74	
76 DIGESTIVE DISEASES	0.094794						76	
76.01 ENTEROSTOMAL	0.451575						76.01	
76.02 DIABETIC SERVICE	5.901387						76.02	
76.03 WOUND CARE	0.293406						76.03	
76.04 PSYCHOLOGY	0.665769						76.04	
76.05 NEURO DIAGNOSTIC CENTER	4.941367						76.05	
76.06 EATING DISORDERS	2.722498						76.06	
76.07 UROLOGICAL	0.175726						76.07	
76.08 SLEEP DISORDERS	0.287090						76.08	
76.09 PAIN PROGRAM	0.317710						76.09	
76.10 COMP EPILEPSY	4.538051						76.10	
76.97 CARDIAC REHABILITATION	0.568017						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY	0.113224						76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01 VOICE CLINIC	0.408614						90.01	
90.02 LUNG CLINIC	0.211210						90.02	
90.03 ADULT SICKLE CELL CLINIC							90.03	
90.04 ST JUDE CLINIC	0.883564						90.04	
90.05 SISTERS CLINIC	2.145742						90.05	
90.06 SPECIAL CLINICS	0.942543						90.06	
90.07 PALLIATIVE CARE CLINIC	1.625948						90.07	
91 EMERGENCY	0.293974						91	
92 OBSERVATION BEDS							92	
92.01 OBSERVATION BEDS-DISTINCT	0.819598						92.01	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.366720						95	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	



WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input checked="" type="checkbox"/>	TITLE V-INPT	<input checked="" type="checkbox"/>	HOSPITAL (14-0067)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	146,681	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	146,681	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	142,157	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)	129,871,587	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	129,871,587	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)	129,871,587	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) 885.40 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 INTENSIVE CARE UNIT	39,024,102	20,836	1,872.92		43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 PREMATURE INTENSIVE CARE	21,708,779	6,202	3,500.29		47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,524 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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST 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					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input checked="" type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF				TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	IRF (14-T067)	<input type="checkbox"/>	NF				OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,039	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,039	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,039	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)	6,223,479	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	6,223,479	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,157,944	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,157,944	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.496768	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)	460.00	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)	6,223,479	37							

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input checked="" type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF				TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	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)	688.51	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

WORKSHEET D-1  
 PART I

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)	146,681	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	146,681	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	142,157	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)	47,584	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)	129,893,497	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	129,893,497	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 31)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31)		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 35 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	129,893,497	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) 885.55 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 42,138,011 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) 42,138,011 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	39,132,129	20,836	1,878.10	10,297	19,338,796	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 PREMATURE INTENSIVE CARE	21,708,779	6,202	3,500.29			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					81,178,707	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					142,655,514	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,823,553 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,744,485 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 11,568,038 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 131,087,476 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) 4,524 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 885.55 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,006,228 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	8,940,185	129,893,497	0.068827	4,006,228	275,737 90
91 NURSING SCHOOL COST	4,387,908	129,893,497	0.033781	4,006,228	135,334 91
92 ALLIED HEALTH COST	224,370	129,893,497	0.001727	4,006,228	6,919 92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,039	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,039	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,039	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)	4,197	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)	6,223,479	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	6,223,479	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,157,944	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,157,944	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.496768	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)	460.00	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)	6,223,479	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)	688,51 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,889,676 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,889,676 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,531,420 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,421,096 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	170,860 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	206,778 51
52	TOTAL PROGRAM EXCLUDABLE COST	377,638 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	5,043,458 53

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

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



WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0067) [ ] 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)	146,681	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	146,681	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	142,157	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)	37,342	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)	129,871,587	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	129,871,587	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)	129,871,587	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) 885.40 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 33,062,607 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) 33,062,607 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	39,024,102	20,836	1,872.92	5,475	10,254,237	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 PREMATURE INTENSIVE CARE	21,708,779	6,202	3,500.29	3,193	11,176,426	47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					54,493,270	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,017,353 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 5,017,353 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) 4,524 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,039	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,039	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,039	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)	1,117	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)	6,223,479	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	6,223,479	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,157,944	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,157,944	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.496768	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)	460.00	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)	6,223,479	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)	688.51	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	769,066	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)	769,066	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	769,066	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	45,473	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	45,473	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	<input checked="" type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0067)	<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 type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER
COST CENTER DESCRIPTION	RATIO OF COST		INPATIENT		INPATIENT					
	TO CHARGES	1	PROGRAM CHARGES	2	PROGRAM COSTS	(COL.1 x COL.2)				
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS				30				
31		INTENSIVE CARE UNIT				31				
35		PREMATURE INTENSIVE CARE				35				
41		SUBPROVIDER - IRF				41				
ANCILLARY SERVICE COST CENTERS										
50		OPERATING ROOM	0.227703			50				
51		RECOVERY ROOM	0.133204			51				
52		DELIVERY ROOM & LABOR ROOM	0.671174			52				
53		ANESTHESIOLOGY	0.030767			53				
54		RADIOLOGY-DIAGNOSTIC	0.154767			54				
57		COMPUTED TOMOGRAPHY (CT) SCAN	0.046123			57				
58		MAGNETIC RESONANCE IMAGING (MRI)	0.071738			58				
59		CARDIAC CATHETERIZATION	0.059508			59				
60		LABORATORY	0.096117			60				
61		PBP CLINICAL LAB SERVICES-PRGM	0.001572			61				
62.30		BLOOD CLOTTING FOR HEMOPHILIACS				62.30				
63		BLOOD STORING, PROCESSING & TRA	0.513522			63				
65		RESPIRATORY THERAPY	0.104290			65				
66		PHYSICAL THERAPY	0.319630			66				
68		SPEECH PATHOLOGY	0.323330			68				
69		ELECTROCARDIOLOGY	0.088139			69				
70		ELECTROENCEPHALOGRAPHY	0.148947			70				
71		MEDICAL SUPPLIES CHRGED TO PATI	0.104997			71				
72		IMPL. DEV. CHARGED TO PATIENT	0.276050			72				
73		DRUGS CHARGED TO PATIENTS	0.127288			73				
74		RENAL DIALYSIS	0.346771			74				
76		DIGESTIVE DISEASES	0.094794			76				
76.01		ENTEROSTOMAL	0.451575			76.01				
76.02		DIABETIC SERVICE	5.901387			76.02				
76.03		WOUND CARE	0.293406			76.03				
76.04		PSYCHOLOGY	0.665769			76.04				
76.05		NEURO DIAGNOSTIC CENTER	4.941367			76.05				
76.06		EATING DISORDERS	2.722498			76.06				
76.07		UROLOGICAL	0.175726			76.07				
76.08		SLEEP DISORDERS	0.287090			76.08				
76.09		PAIN PROGRAM	0.317710			76.09				
76.10		COMP EPILEPSY	4.538051			76.10				
76.97		CARDIAC REHABILITATION	0.568017			76.97				
76.98		HYPERBARIC OXYGEN THERAPY				76.98				
76.99		LITHOTRIPSY	0.113224			76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01		VOICE CLINIC	0.408614			90.01				
90.02		LUNG CLINIC	0.211210			90.02				
90.03		ADULT SICKLE CELL CLINIC				90.03				
90.04		ST JUDE CLINIC	0.883564			90.04				
90.05		SISTERS CLINIC	2.145742			90.05				
90.06		SPECIAL CLINICS	0.942543			90.06				
90.07		PALLIATIVE CARE CLINIC	1.625948			90.07				
91		EMERGENCY	0.293974			91				
92		OBSERVATION BEDS				92				
92.01		OBSERVATION BEDS-DISTINCT	0.819598			92.01				
OTHER REIMBURSABLE COST CENTERS										
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 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
35 PREMATURE INTENSIVE CARE				35
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.227703			50
51 RECOVERY ROOM	0.133204			51
52 DELIVERY ROOM & LABOR ROOM	0.671174			52
53 ANESTHESIOLOGY	0.030767			53
54 RADIOLOGY-DIAGNOSTIC	0.154767			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738			58
59 CARDIAC CATHETERIZATION	0.059508			59
60 LABORATORY	0.096117			60
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572			61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.513522			63
65 RESPIRATORY THERAPY	0.104290			65
66 PHYSICAL THERAPY	0.319630			66
68 SPEECH PATHOLOGY	0.323330			68
69 ELECTROCARDIOLOGY	0.088139			69
70 ELECTROENCEPHALOGRAPHY	0.148947			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997			71
72 IMPL. DEV. CHARGED TO PATIENT	0.276050			72
73 DRUGS CHARGED TO PATIENTS	0.127288			73
74 RENAL DIALYSIS	0.346771			74
76 DIGESTIVE DISEASES	0.094794			76
76.01 ENTEROSTOMAL	0.451575			76.01
76.02 DIABETIC SERVICE	5.901387			76.02
76.03 WOUND CARE	0.293406			76.03
76.04 PSYCHOLOGY	0.665769			76.04
76.05 NEURO DIAGNOSTIC CENTER	4.941367			76.05
76.06 EATING DISORDERS	2.722498			76.06
76.07 UROLOGICAL	0.175726			76.07
76.08 SLEEP DISORDERS	0.287090			76.08
76.09 PAIN PROGRAM	0.317710			76.09
76.10 COMP EPILEPSY	4.538051			76.10
76.97 CARDIAC REHABILITATION	0.568017			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.113224			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 VOICE CLINIC	0.408614			90.01
90.02 LUNG CLINIC	0.211210			90.02
90.03 ADULT SICKLE CELL CLINIC				90.03
90.04 ST JUDE CLINIC	0.883564			90.04
90.05 SISTERS CLINIC	2.145742			90.05
90.06 SPECIAL CLINICS	0.942543			90.06
90.07 PALLIATIVE CARE CLINIC	1.625948			90.07
91 EMERGENCY	0.293974			91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT	0.819598			92.01
OTHER REIMBURSABLE COST CENTERS				
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		INPATIENT		INPATIENT					
	TO CHARGES	1	PROGRAM CHARGES	2	PROGRAM COSTS	(COL.1 x COL.2)				
						3				
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS		72,515,766		30				
31		INTENSIVE CARE UNIT		38,243,492		31				
35		PREMATURE INTENSIVE CARE				35				
41		SUBPROVIDER - IRF				41				
ANCILLARY SERVICE COST CENTERS										
50		OPERATING ROOM	0.228668	43,518,935	9,951,388	50				
51		RECOVERY ROOM	0.133204	5,943,040	791,637	51				
52		DELIVERY ROOM & LABOR ROOM	0.671174	74,814	50,213	52				
53		ANESTHESIOLOGY	0.030767	22,045,273	678,267	53				
54		RADIOLOGY-DIAGNOSTIC	0.154767	42,340,922	6,552,977	54				
57		COMPUTED TOMOGRAPHY (CT) SCAN	0.046123	19,324,035	891,282	57				
58		MAGNETIC RESONANCE IMAGING (MRI)	0.071738	9,828,335	705,065	58				
59		CARDIAC CATHETERIZATION	0.059508	23,184,737	1,379,677	59				
60		LABORATORY	0.096117	76,954,452	7,396,631	60				
61		PBP CLINICAL LAB SERVICES-PRGM	0.001572	76,954,452	120,972	61				
62.30		BLOOD CLOTTING FOR HEMOPHILIACS				62.30				
63		BLOOD STORING, PROCESSING & TRA	0.513522	6,015,378	3,089,029	63				
65		RESPIRATORY THERAPY	0.104290	32,939,601	3,435,271	65				
66		PHYSICAL THERAPY	0.320743	9,163,586	2,939,156	66				
68		SPEECH PATHOLOGY	0.323825	1,236,412	400,381	68				
69		ELECTROCARDIOLOGY	0.088139	9,131,584	804,849	69				
70		ELECTROENCEPHALOGRAPHY	0.148947	2,924,823	435,644	70				
71		MEDICAL SUPPLIES CHRGD TO PATI	0.104997	91,739,312	9,632,353	71				
72		IMPL. DEV. CHARGED TO PATIENT	0.276050	48,753,299	13,458,348	72				
73		DRUGS CHARGED TO PATIENTS	0.127288	97,267,528	12,380,989	73				
74		RENAL DIALYSIS	0.348022	4,254,882	1,480,793	74				
76		DIGESTIVE DISEASES	0.095478	6,537,061	624,146	76				
76.01		ENTEROSTOMAL	0.451575			76.01				
76.02		DIABETIC SERVICE	5.901387	96,272	568,138	76.02				
76.03		WOUND CARE	0.293406	3,612	1,060	76.03				
76.04		PSYCHOLOGY	0.665769			76.04				
76.05		NEURO DIAGNOSTIC CENTER	5.045139			76.05				
76.06		EATING DISORDERS	2.722498			76.06				
76.07		UROLOGICAL	0.175726	20,704	3,638	76.07				
76.08		SLEEP DISORDERS	0.299830			76.08				
76.09		PAIN PROGRAM	0.319073	1,396	445	76.09				
76.10		COMP EPILEPSY	4.959383			76.10				
76.97		CARDIAC REHABILITATION	0.568017	306,005	173,816	76.97				
76.98		HYPERBARIC OXYGEN THERAPY				76.98				
76.99		LITHOTRIPSY	0.113224	73,484	8,320	76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01		VOICE CLINIC	0.408614			90.01				
90.02		LUNG CLINIC	0.211210			90.02				
90.03		ADULT SICKLE CELL CLINIC				90.03				
90.04		ST JUDE CLINIC	0.883564			90.04				
90.05		SISTERS CLINIC	2.146014	698	1,498	90.05				
90.06		SPECIAL CLINICS	0.942543	2,485	2,342	90.06				
90.07		PALLIATIVE CARE CLINIC	1.704668			90.07				
91		EMERGENCY	0.299202	10,763,236	3,220,382	91				
92		OBSERVATION BEDS				92				
92.01		OBSERVATION BEDS-DISTINCT	0.820125			92.01				
OTHER REIMBURSABLE COST CENTERS										
95		AMBULANCE SERVICES				95				
200		TOTAL (SUM OF LINES 50-94 AND 96-98)		641,400,353	81,178,707	200				
201		LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		76,954,452		201				
202		NET CHARGES (LINE 200 MINUS LINE 201)		564,445,901		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		INPATIENT		INPATIENT					
	TO CHARGES	1	PROGRAM CHARGES	2	PROGRAM COSTS	(COL.1 x COL.2)				
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS				30				
31		INTENSIVE CARE UNIT				31				
35		PREMATURE INTENSIVE CARE				35				
41		SUBPROVIDER - IRF		4,157,944		41				
ANCILLARY SERVICE COST CENTERS										
50	0.228668	OPERATING ROOM	58,533		13,385	50				
51	0.133204	RECOVERY ROOM	29,992		3,995	51				
52	0.671174	DELIVERY ROOM & LABOR ROOM				52				
53	0.030767	ANESTHESIOLOGY	49,583		1,526	53				
54	0.154767	RADIOLOGY-DIAGNOSTIC	599,966		92,855	54				
57	0.046123	COMPUTED TOMOGRAPHY (CT) SCAN	96,324		4,443	57				
58	0.071738	MAGNETIC RESONANCE IMAGING (MRI)	43,692		3,134	58				
59	0.059508	CARDIAC CATHETERIZATION	15,307		911	59				
60	0.096117	LABORATORY	1,104,346		106,146	60				
61	0.001572	PBP CLINICAL LAB SERVICES-PRGM	1,104,346		1,736	61				
62.30		BLOOD CLOTTING FOR HEMOPHILIACS				62.30				
63	0.513522	BLOOD STORING, PROCESSING & TRA	31,837		16,349	63				
65	0.104290	RESPIRATORY THERAPY	372,121		38,808	65				
66	0.320743	PHYSICAL THERAPY	4,829,001		1,548,868	66				
68	0.323825	SPEECH PATHOLOGY	497,267		161,027	68				
69	0.088139	ELECTROCARDIOLOGY	22,227		1,959	69				
70	0.148947	ELECTROENCEPHALOGRAPHY	20,585		3,066	70				
71	0.104997	MEDICAL SUPPLIES CHRGD TO PATI	1,564,204		164,237	71				
72	0.276050	IMPL. DEV. CHARGED TO PATIENT	9,609		2,653	72				
73	0.127288	DRUGS CHARGED TO PATIENTS	1,900,864		241,957	73				
74	0.348022	RENAL DIALYSIS	177,893		61,911	74				
76	0.095478	DIGESTIVE DISEASES	72,317		6,905	76				
76.01	0.451575	ENTEROSTOMAL				76.01				
76.02	5.901387	DIABETIC SERVICE	4,062		23,971	76.02				
76.03	0.293406	WOUND CARE	3,106		911	76.03				
76.04	0.665769	PSYCHOLOGY				76.04				
76.05	5.045139	NEURO DIAGNOSTIC CENTER				76.05				
76.06	2.722498	EATING DISORDERS				76.06				
76.07	0.175726	UROLOGICAL	17,805		3,129	76.07				
76.08	0.299830	SLEEP DISORDERS				76.08				
76.09	0.319073	PAIN PROGRAM				76.09				
76.10	4.959383	COMP EPILEPSY				76.10				
76.97	0.568017	CARDIAC REHABILITATION	901		512	76.97				
76.98		HYPERBARIC OXYGEN THERAPY				76.98				
76.99	0.113224	LITHOTRIPSY				76.99				
OUTPATIENT SERVICE COST CENTERS										
90.01	0.408614	VOICE CLINIC				90.01				
90.02	0.211210	LUNG CLINIC				90.02				
90.03		ADULT SICKLE CELL CLINIC				90.03				
90.04	0.883564	ST JUDE CLINIC				90.04				
90.05	2.146014	SISTERS CLINIC				90.05				
90.06	0.942543	SPECIAL CLINICS	2,738		2,581	90.06				
90.07	1.704668	PALLIATIVE CARE CLINIC				90.07				
91	0.299202	EMERGENCY	81,702		24,445	91				
92		OBSERVATION BEDS				92				
92.01	0.820125	OBSERVATION BEDS-DISTINCT				92.01				
OTHER REIMBURSABLE COST CENTERS										
95		AMBULANCE SERVICES				95				
200		TOTAL (SUM OF LINES 50-94 AND 96-98)	12,710,328		2,531,420	200				
201		LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES	1,104,346			201				
202		NET CHARGES (LINE 200 MINUS LINE 201)	11,605,982			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 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
35 PREMATURE INTENSIVE CARE				35
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.227703			50
51 RECOVERY ROOM	0.133204			51
52 DELIVERY ROOM & LABOR ROOM	0.671174			52
53 ANESTHESIOLOGY	0.030767			53
54 RADIOLOGY-DIAGNOSTIC	0.154767			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738			58
59 CARDIAC CATHETERIZATION	0.059508			59
60 LABORATORY	0.096117			60
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572			61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.513522			63
65 RESPIRATORY THERAPY	0.104290			65
66 PHYSICAL THERAPY	0.319630			66
68 SPEECH PATHOLOGY	0.323330			68
69 ELECTROCARDIOLOGY	0.088139			69
70 ELECTROENCEPHALOGRAPHY	0.148947			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997			71
72 IMPL. DEV. CHARGED TO PATIENT	0.276050			72
73 DRUGS CHARGED TO PATIENTS	0.127288			73
74 RENAL DIALYSIS	0.346771			74
76 DIGESTIVE DISEASES	0.094794			76
76.01 ENTEROSTOMAL	0.451575			76.01
76.02 DIABETIC SERVICE	5.901387			76.02
76.03 WOUND CARE	0.293406			76.03
76.04 PSYCHOLOGY	0.665769			76.04
76.05 NEURO DIAGNOSTIC CENTER	4.941367			76.05
76.06 EATING DISORDERS	2.722498			76.06
76.07 UROLOGICAL	0.175726			76.07
76.08 SLEEP DISORDERS	0.287090			76.08
76.09 PAIN PROGRAM	0.317710			76.09
76.10 COMP EPILEPSY	4.538051			76.10
76.97 CARDIAC REHABILITATION	0.568017			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.113224			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 VOICE CLINIC	0.408614			90.01
90.02 LUNG CLINIC	0.211210			90.02
90.03 ADULT SICKLE CELL CLINIC				90.03
90.04 ST JUDE CLINIC	0.883564			90.04
90.05 SISTERS CLINIC	2.145742			90.05
90.06 SPECIAL CLINICS	0.942543			90.06
90.07 PALLIATIVE CARE CLINIC	1.625948			90.07
91 EMERGENCY	0.293974			91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT	0.819598			92.01
OTHER REIMBURSABLE COST CENTERS				
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 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
35 PREMATURE INTENSIVE CARE				35
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.227703			50
51 RECOVERY ROOM	0.133204			51
52 DELIVERY ROOM & LABOR ROOM	0.671174			52
53 ANESTHESIOLOGY	0.030767			53
54 RADIOLOGY-DIAGNOSTIC	0.154767			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.046123			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071738			58
59 CARDIAC CATHETERIZATION	0.059508			59
60 LABORATORY	0.096117			60
61 PBP CLINICAL LAB SERVICES-PRGM	0.001572			61
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.513522			63
65 RESPIRATORY THERAPY	0.104290			65
66 PHYSICAL THERAPY	0.319630			66
68 SPEECH PATHOLOGY	0.323330			68
69 ELECTROCARDIOLOGY	0.088139			69
70 ELECTROENCEPHALOGRAPHY	0.148947			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.104997			71
72 IMPL. DEV. CHARGED TO PATIENT	0.276050			72
73 DRUGS CHARGED TO PATIENTS	0.127288			73
74 RENAL DIALYSIS	0.346771			74
76 DIGESTIVE DISEASES	0.094794			76
76.01 ENTEROSTOMAL	0.451575			76.01
76.02 DIABETIC SERVICE	5.901387			76.02
76.03 WOUND CARE	0.293406			76.03
76.04 PSYCHOLOGY	0.665769			76.04
76.05 NEURO DIAGNOSTIC CENTER	4.941367			76.05
76.06 EATING DISORDERS	2.722498			76.06
76.07 UROLOGICAL	0.175726			76.07
76.08 SLEEP DISORDERS	0.287090			76.08
76.09 PAIN PROGRAM	0.317710			76.09
76.10 COMP EPILEPSY	4.538051			76.10
76.97 CARDIAC REHABILITATION	0.568017			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.113224			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 VOICE CLINIC	0.408614			90.01
90.02 LUNG CLINIC	0.211210			90.02
90.03 ADULT SICKLE CELL CLINIC				90.03
90.04 ST JUDE CLINIC	0.883564			90.04
90.05 SISTERS CLINIC	2.145742			90.05
90.06 SPECIAL CLINICS	0.942543			90.06
90.07 PALLIATIVE CARE CLINIC	1.625948			90.07
91 EMERGENCY	0.293974			91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT	0.819598			92.01
OTHER REIMBURSABLE COST CENTERS				
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	46,305	38	885.55		49	43,392	1
2	INTENSIVE CARE UNIT		43	1,878.10				2
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	PREMATURE INTENSIVE CARE		47	3,500.29				6
7	TOTAL (SUM OF LINES 1-6)	46,305				49	43,392	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	0.227703	230,482		52,481		8
9	RECOVERY ROOM	51	0.133204	33,894		4,515		9
10	DELIVERY ROOM & LABOR ROOM	52	0.671174					10
11	ANESTHESIOLOGY	53	0.030767	115,337		3,549		11
12	RADIOLOGY-DIAGNOSTIC	54	0.154767	486,328		75,268		12
13	RADIOLOGY-THERAPEUTIC	55						13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.046123	198,181		9,141		15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.071738					16
17	CARDIAC CATHETERIZATION	59	0.059508					17
18	LABORATORY	60	0.096117	619,939		59,587		18
19	PBP CLINICAL LAB SERVICES-PRGM	61	0.001572					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	0.513522					21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.104290	1,876		196		23
24	PHYSICAL THERAPY	66	0.319630					24
25	OCCUPATIONAL THERAPY	67						25
26	SPEECH PATHOLOGY	68	0.323330					26
27	ELECTROCARDIOLOGY	69	0.088139	195,160		17,201		27
28	ELECTROENCEPHALOGRAPHY	70	0.148947					28
29	MEDICAL SUPPLIES CHRGED TO PATI	71	0.104997	290,000		30,449		29
30	IMPL. DEV. CHARGED TO PATIENT	72	0.276050	3,240		894		30
31	DRUGS CHARGED TO PATIENTS	73	0.127288	126,727		16,131		31
32	RENAL DIALYSIS	74	0.346771					32
33	ASC (NON-DISTINCT PART)	75						33
34	DIGESTIVE DISEASES	76	0.094794					34
34.01	ENTEROSTOMAL	76.01	0.451575					34.01
34.02	DIABETIC SERVICE	76.02	5.901387					34.02
34.03	WOUND CARE	76.03	0.293406					34.03
34.04	PSYCHOLOGY	76.04	0.665769					34.04
34.05	NEURO DIAGNOSTIC CENTER	76.05	4.941367					34.05
34.06	EATING DISORDERS	76.06	2.722498					34.06
34.07	UROLOGICAL	76.07	0.175726					34.07
34.08	SLEEP DISORDERS	76.08	0.287090					34.08
34.09	PAIN PROGRAM	76.09	0.317710					34.09
34.10	COMP EPILEPSY	76.10	4.538051					34.10
34.97	CARDIAC REHABILITATION	76.97	0.568017					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99	0.113224					34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90						37
37.01	VOICE CLINIC	90.01	0.408614					37.01
37.02	LUNG CLINIC	90.02	0.211210					37.02
37.03	ADULT SICKLE CELL CLINIC	90.03						37.03
37.04	ST JUDE CLINIC	90.04	0.883564					37.04
37.05	SISTERS CLINIC	90.05	2.145742					37.05
37.06	SPECIAL CLINICS	90.06	0.942543					37.06
37.07	PALLIATIVE CARE CLINIC	90.07	1.625948					37.07
38	EMERGENCY	91	0.293974					38
39	OBSERVATION BEDS	92						39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.819598					39.01
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			2,301,164		269,412		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			
42 ADULTS & PEDIATRICS	2		49		42
43 INTENSIVE CARE UNIT	3				43
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 PREMATURE INTENSIVE CARE	7				47
48 TOTAL (SUM OF LINES 42-47)			49		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)	
		D	2		
49 RURAL HEALTH CLINIC (RHC)	1	21			49
50 FEDERALLY QUALIFIED HLTH CTR (F		22			50
51 CLINIC		23			51
51.01 VOICE CLINIC		23.01			51.01
51.02 LUNG CLINIC		23.02			51.02
51.03 ADULT SICKLE CELL CLINIC		23.03			51.03
51.04 ST JUDE CLINIC		23.04			51.04
51.05 SISTERS CLINIC		23.05			51.05
51.06 SPECIAL CLINICS		23.06			51.06
51.07 PALLIATIVE CARE CLINIC		23.07			51.07
52 EMERGENCY		24			52
53 OBSERVATION BEDS		25			53
53.01 OBSERVATION BEDS-DISTINCT		25.01			53.01
54 OTHER OUTPATIENT SERV (SPECIFY)		26			54
55 TOTAL (SUM OF LINES 49-54)					55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [ ] LIVER [ ] 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	312,804		2,347,469		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	3,545,887		3,545,887		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	3,858,691		5,893,356		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		47			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		32			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.680851			64
65 MEDICARE COST/CHARGES	2,627,194		4,012,497		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,627,194		4,012,497		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,627,194		4,012,497		69

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1	17			
70 ORGANS EXCISED IN PROVIDER		17			70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					72
73 ORGANS PURCHASED FROM OPO'S			30		73
74 TOTAL (SUM OF LINES 70-73)		17	30		74
75 ORGANS TRANSPLANTED		17	30		75
76 ORGANS SOLD TO OTHER HOSPITALS					76
77 ORGANS SOLD TO OPO'S					77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS					78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS					79
80 ORGANS SOLD OUTSIDE THE U.S.					80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					81
82 ORGANS USED FOR RESEARCH					82
83 UNUSABLE/DISCARDED ORGANS					83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		17	30		84



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			
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3				43
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 PREMATURE INTENSIVE CARE	7				47
48 TOTAL (SUM OF LINES 42-47)					48

  

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [ ] LIVER [XX] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] 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					56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	250,417		250,417		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	250,417		250,417		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		5			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		2			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.400000			64
65 MEDICARE COST/CHARGES	100,167		100,167		65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	100,167		100,167		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	100,167		100,167		69

PART IV - STATISTICS

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	94,338,164	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	12,819,032	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	16,832,377	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	565.64	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	169.31	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	2.93	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	100.54	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	100.27	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	98.40	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	99.74	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	99.74	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.176331	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.175958	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.175958	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	10,182,332	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)	71.70	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)	0.044198	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.011662	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	1,296,471	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	11,478,803	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0437	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2894	31
32	SUM OF LINES 30 AND 31	0.3331	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1670	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	15,754,473	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)	10,426	40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	542	41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	5.20	42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	4,014	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)	134,390,472	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)	134,390,472	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	9,495,771	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	4,602,416	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	1,161,903	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	2,727,361	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	1,696,935	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	128,705	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	154,203,563	59
60	PRIMARY PAYER PAYMENTS	95,314	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	154,108,249	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8,158,400	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	663,461	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,456,068	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,019,248	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,335,443	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	146,305,636	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	146,305,636	71
72	INTERIM PAYMENTS	145,406,155	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	899,481	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,610,293	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)	12,711	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	34,249,296	2
3	PPS PAYMENTS	32,547,962	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	515,747	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	104,660	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	12,711	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	100,780	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)	100,780	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)	100,780	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	88,069	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)	12,711	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)	33,168,369	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,047	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	7,263,167	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	25,916,866	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	1,049,505	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	26,966,371	30
31	PRIMARY PAYER PAYMENTS	-25	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	26,966,396	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)	1,214,409	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	850,086	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,136,043	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	27,816,482	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (RECONCILIATION)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	27,816,482	40
41	INTERIM PAYMENTS	27,591,818	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	224,664	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 (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0067) [ ] 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		145,406,155		27,444,018	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	06/01/2012 09/14/2012	69,100 78,700	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)				147,800	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		145,406,155		27,591,818	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	899,481		224,664	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		146,305,636		27,816,482	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	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,994,698			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 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)		5,994,698			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		-111,693		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		5,883,005			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	35,177	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	57,881	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	10,695	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	169,195	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	3,000,502,688	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	161,045,901	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,046,244	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	2,003,269	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	42,975	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,948,306	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.013500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	313,624	3
4	OUTLIER PAYMENTS	402,005	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 OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	4.48	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2.62	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	24.696721	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.071790	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	355,239	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	6,019,174	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	6,019,174	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	6,019,174	19
20	DEDUCTIBLES	59,824	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,959,350	21
22	COINSURANCE	84,228	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	5,875,122	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)	5,875,122	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)	7,883	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,883,005	32
33	INTERIM PAYMENTS	5,994,698	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-111,693	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	144,653	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	OUTPATIENT	
	TITLE V OR	TITLE V OR	
	TITLE XIX	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	OUTPATIENT	
	TITLE V OR	TITLE V OR	
	TITLE XIX	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	54,493,270		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	54,493,270		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	54,493,270		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))	54,493,270		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	769,066		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	769,066		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	769,066		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))	769,066		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 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		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)	178,234		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 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	114.45			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	173.79			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			114.45	7
			PRIMARY CARE	OTHER	TOTAL
			1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	93.59	76.82		170.41
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	61.63	50.59		112.22
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.93		10
11	TOTAL WEIGHTED FTE COUNT	61.63	53.52		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	62.46	52.67		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	64.47	50.66		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	62.85	52.28		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	62.85	52.28		17
18	PER RESIDENT AMOUNT	104,298.00	98,877.55		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	6,555,129	5,169,318	11,724,447	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			25.00	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			59.34	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			24.51	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			92,425.40	23
24	MULTIPLY LINE 22 TIMES LINE 23			2,265,347	24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			13,989,794	25
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT	MANAGED	
			PART A	CARE	
26	INPATIENT DAYS		62,078	11,563	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)		178,234	178,234	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS		0.348295	0.064875	28
29	PROGRAM DIRECT GME AMOUNT		4,872,575	907,588	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			128,242	30
31	NET PROGRAM DIRECT GME AMOUNT			5,651,921	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			7,328,904	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)	148,076,610			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)	2,727,361			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			95,314	40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)	150,708,657			41
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)			34,366,667	42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			-25	43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			34,366,692	44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)	185,075,349			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.814310	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.185690	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)	5,651,921			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)	4,602,416			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,049,505	50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		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				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	47,127	2,820	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	178,234	178,234	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.264411	0.015822	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
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	13,234,054			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	908,262,484			4
5 OTHER RECEIVABLES	4,955,897			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-627,552,454			6
7 INVENTORY	10,382,747			7
8 PREPAID EXPENSES	4,264,445			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	313,547,173			11
<b>FIXED ASSETS</b>				
12 LAND	8,659,630			12
13 LAND IMPROVEMENTS	11,890,757			13
14 ACCUMULATED DEPRECIATION	-7,695,005			14
15 BUILDINGS	614,842,348			15
16 ACCUMULATED DEPRECIATION	-225,918,554			16
17 LEASEHOLD IMPROVEMENTS	5,361,657			17
18 ACCUMULATED AMORTIZATION	-5,073,393			18
19 FIXED EQUIPMENT	2,703,917			19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	333,916,143			23
24 ACCUMULATED DEPRECIATION	-260,356,462			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)	478,921,802			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS	26,776,700			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	328,370,921			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	355,147,621			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,147,616,596			36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	8,975,276			37
38 SALARIES, WAGES & FEES PAYABLE	52,605,683			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	145,298			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	37,626,537			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	99,352,794			45
<b>LONG-TERM LIABILITIES</b>				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	3,700,646			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	3,700,646			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	103,053,440			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	1,044,563,156			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)	1,044,563,156			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,147,616,596			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		923,304,745							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		143,449,923							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		1,066,754,668							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CAPITALIZED INT-MILESTONE									5
6 CONTRIBUTIONS-TEMP/PERM REST	6,434,360								6
7 INVESTMENT INCOME	449,349								7
8 INV INC MARKET ADJ	14,187								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		6,897,896							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		1,073,652,564							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CONTRIBUTIONS-TEMP RESTR REL	19,087,408								13
14 INV INC MARKET ADJ									14
15 EQUITY TRANSFER TO CORP	10,002,000								15
16 CONTRI PERM RESTR									16
17 LOSS ON INVESTMENTS									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		29,089,408							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		1,044,563,156							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	207,458,123		207,458,123	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF	9,140,052		9,140,052	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)	216,598,175		216,598,175	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	79,273,935		79,273,935	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 PREMATURE INTENSIVE CARE	48,001,309		48,001,309	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	127,275,244		127,275,244	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	343,873,419		343,873,419	17
18 ANCILLARY SERVICES	1,551,961,611	1,118,969,188	2,670,930,799	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 PHYSICIAN PRACTICES		114,174,912	114,174,912	27.01
27.02 CFH ASC		47,008,647	47,008,647	27.02
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,895,835,030	1,280,152,747	3,175,987,777	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		874,843,190	29
30 **ADD (SPECIFY)** BAD DEBTS	44,556,172		30
31 SHARED EXPENSE	46,818		31
32			32
33			33
34			34
35 ROUNDING			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		44,602,990	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)		919,446,180	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	3,175,987,777	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2,176,899,595	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	999,088,182	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	919,446,180	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	79,642,002	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	4,312,022	6
7	INCOME FROM INVESTMENTS	18,318,752	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING REVENUE)	22,807,311	24
24.01	OTHER (ASSETS RELEASED-CAPITAL)	18,369,836	24.01
24.02	OTHER (ROUNDING)		24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	63,807,921	25
26	TOTAL (LINE 5 PLUS LINE 25)	143,449,923	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)	143,449,923	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1 CAPITAL DRG OTHER THAN OUTLIER	7,558,819	1
2 CAPITAL DRG OUTLIER PAYMENTS	811,443	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	462.28	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	124.74	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0791	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	597,903	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0437	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2894	8
9 SUM OF LINES 7 AND 8	0.3331	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0698	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	527,606	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	9,495,771	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 PURCH, RCVING, STORING					5.01
5.02 ADMITTING					5.02
5.03 OUTPATIENT OFFICES					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMIN + GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
18 PARKING					18
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					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
35 PREMATURE INTENSIVE CARE					35
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
61 PBP CLINICAL LAB SERVICES-PRGM					61
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 CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 DIGESTIVE DISEASES					76
76.01 ENTEROSTOMAL					76.01
76.02 DIABETIC SERVICE					76.02
76.03 WOUND CARE					76.03
76.04 PSYCHOLOGY					76.04
76.05 NEURO DIAGNOSTIC CENTER					76.05
76.06 EATING DISORDERS					76.06
76.07 UROLOGICAL					76.07
76.08 SLEEP DISORDERS					76.08
76.09 PAIN PROGRAM					76.09
76.10 COMP EPILEPSY					76.10
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 VOICE CLINIC					90.01
90.02 LUNG CLINIC					90.02
90.03 ADULT SICKLE CELL CLINIC					90.03
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						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION						105
SPECIAL PURPOSE COST CENTERS						
109 PANCREAS ACQUISITION						109
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