

Commonwealth of Massachusetts
Division of Health Care Finance and Policy
2 Boylston Street
Boston, MA 02116

FY 2013

DHCFP-403

Hospital Statement of Costs, Revenues and Statistics

INDEX

Schedule I	General Information
Schedule II	Summary Schedule
Schedule III	Patient Statistics
Schedule IIIA	Reconciliation of Patient Days
Schedule IIIB	Supplementary Information-Observation Days
Schedule IV	Supplementary Information
Schedule VA	Payer Information
Schedule VB	Medicaid Net Revenue
Schedule VI	Gross Patient Service Revenue
Schedule VIA	Reconciliation of Patient Service Revenue
Schedule VII	Other Income and Recovery of Expense
Schedule VIIA	Amortization of Gains and Losses
Schedule VIIB	Supplementary Schedule-Other Income and Recovery of Expenses
Schedule VIIC	Reconciliation of Other Income
Schedule VIIIC	Specific Free Care Income
Schedule IX	Direct Expense
Schedule IXA	Reconciliation of Expenses
Schedule X	Summary of Non-Patient Expense
Schedule XI	Preliminary Adjusting Entries
Schedule XIIA&B	Summary of Preliminary Adjusting Entries
Schedule XIII	Stepdown Statistics
Schedule XIV	Stepdown Expenses - Excluding Capital
Schedule XV	Stepdown Expenses - Including Capital
Schedule XVI	Patient Service Statistics
Schedule XVII	Patient Service Expense - Excluding Capital
Schedule XVIIA	Routine Inpat Expenses Net of Non-Distinct Observation Beds Exp - Excl Capital
Schedule XVIII	Patient Service Expense - Including Capital
Schedule XVIIIA	Routine Inpat Expenses Net of Non-Distinct Observation Beds Exp - Incl Capital
Schedule XXIIIA-E	Financial Statements *
Schedule XXV	Physician Compensation
Schedule XXVI	Certification Statement
Schedule XXVII	Hospital Supplemental Cost Reporting
Schedule XXVIII	340B Annual Pharmacy Reporting

* Required for Non-Acute Hospitals only

PROVIDER NO. 2006 Anna Jaques Hospital
PERIOD FROM 10/01/2012 TO 09/30/2013

State of Massachusetts - D403 KPMG COMPU-MAX SYSTEM
Page 2

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GENERAL INFORMATION

Type of Hospital: Acute

Fiscal Year Beginning: 10/01/2012
Fiscal Year Ending: 09/30/2013

Days in cost reporting period: 365

Parent Company:

CPA Name:

Tax ID: 04-2104338

Provider ID: 2006

Campuses:

SCHEDULE I - GENERAL INFORMATION

Hospital Name: Anna Jaques Hospital
Address: 25 Highland Avenue
Newburyport
01950
Main Telephone Number: 978-463-1000

Chair, Board of Trustees: David J. LaFlamme
Address: 25 Highland Avenue
Newburyport
01950
Telephone Number: 978-463-1000

Chief Executive Officer: Delia O'Connor
Title: President
Telephone Number: 978-463-1000
FAX Number: 978-463-1250
EMail Address: doconnor@ajh.org

Chief Financial Officer: Mark Goldstein
Title: Executive Vice President & CFO
Telephone Number: 978-463-1000
FAX Number: 978-463-1250
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Person to be contacted regarding questions about this report: Joe Soldano
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SCHEDULE II - SUMMARY SCHEDULE

Line No.	Cost Center Description	(2) Expense Before Reclassi- fication	(3) Direct Expense	(4) Expense After Stepdown (Excl Cap)	(5) Expense After Stepdown (Incl Cap)	(6) Patient Service Expense By Dept (Excl Cap) (Sch XVII, Line 37)	(7) Patient Service Expense By Dept (Incl Cap) (Sch XVIII, Line 37)	
1	Overhead							1
2	Buildings / Fixed Depreciation	1,863,062	1,863,062					2
3	Capital Leases / Amortization							3
4	Interest - Long Term	330,957						4
5	Bond Issue Amortization	5,448	5,448					5
6	Subtotal (Lines 1-4)	2,199,467	1,868,510					6
7	Fringe Benefits	11,796,694	15,515,129					7
8	Administration	9,955,784	7,388,576					8
9	Purchasing	1,065,225	1,033,975					9
10	General Accounting	2,032,305	1,972,388					10
11	Patient Accts / Inpatient Admit	920,858	878,467					11
12	Insurance - Prof Malpractice		309,515					12
13	Insurance - Hosp Malpractice		314,696					13
14	Interest - Short Term	624,211						14
15	Subtotal (Lines 7-14)	14,598,383	11,897,617					15
16	Plant Maintenance / Repairs	1,032,523	994,201					16
17	Plant Operations	1,690,734	1,679,944					17
18	Security	494,544	471,221					18
19	Parking							19
20	Licenses and Taxes							20
21	Subtotal (Lines 17-20)	2,185,278	2,151,165					21
22	Laundry and Linen	570,305	567,559					22
23	Housekeeping	1,455,197	1,338,478					23
24	Cafeteria		1,422,005					24
25	Dietary Services	2,269,569	136,977					25
26	Maintenance of Personnel							26
27	Nursing Administration	733,164	685,764					27
28	Inservice Education - Nursing	512,285	482,316					28
29	Subtotal (Lines 27-28)	1,245,449	1,168,080					29
30	Nursing Float							30
31	RN / LPN Education							31
32	Medical Staff - Teaching							32
33	Medical Staff - Administration							33
34	Subtotal (Lines 32-33)							34
35	Post Graduate Medical Education							35
36	Central Services & Supplies	516,471	6,810,740					36
37	Pharmacy	7,294,018	7,343,412					37
38	Medical Records	1,917,746	1,803,226					38
39	Medical Care Review	756,805	717,563					39
40	Social Services	1,519,013	1,447,104					40
41	Central Patient Transport	290,211						41

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(2) Expense Before Reclassi- fication (Sch IX, Column 8)	(3) Direct Expense (Sch IX, Column 12)	(4) Expense After Stepdown (Excl Cap) (Sch XIV, Column 25)	(5) Expense After Stepdown (Incl Cap) (Sch XV, Column 25)	(6) Patient Service Expense By Dept (Excl Cap) (Sch XVII, Line 37)	(7) Patient Service Expense By Dept (Incl Cap) (Sch XVIII, Line 37)	
42	Other Overhead (Specify)							42
43	Subtotal Overhead	49,647,129	55,181,766					43
44	Ancillary Care Services							
44	Surgery	6,830,944	2,680,366	4,346,730	4,466,327	4,346,730	4,466,327	44
45	Labor & Delivery	1,288,861	1,288,861	2,230,989	2,263,765	2,230,989	2,263,765	45
46	Recovery Room	2,633,707	2,300,541	4,199,920	4,267,776	4,199,920	4,267,776	46
47	Anesthesiology	753,091	557,551	782,392	783,382	782,392	783,382	47
48	Intravenous Therapy		370,121	370,121	370,121	370,121	370,121	48
49	Medical Supplies - Special			4,481,312	4,505,110	4,481,312	4,505,110	49
50	Drugs - Special			7,895,318	7,919,370	7,895,318	7,919,370	50
51	Laboratory	6,210,605	6,000,674	7,935,894	8,004,052	7,935,894	8,004,052	51
52	Blood							52
53	Blood Processing / Storage							53
54	Electrocardiology (EKG)	901,923	827,803	1,422,749	1,446,388	1,422,749	1,446,388	54
55	Cardiac Cath Laboratory	1,416,308	996,481	1,719,676	1,724,219	1,719,676	1,724,219	55
56	Diagnostic Radiology	4,116,897	3,873,049	6,247,465	6,404,231	6,247,465	6,404,231	56
57	Therapeutic Radiology							57
58	Computerized Tomography	893,913	838,919	1,127,387	1,133,449	1,127,387	1,133,449	58
59	Nuclear Medicine	583,022	556,373	775,731	791,836	775,731	791,836	59
60	Respiratory Therapy	1,077,625	923,731	1,689,578	1,731,767	1,689,578	1,731,767	60
61	Pulmonary Function Test	599,014	561,009	892,902	904,617	892,902	904,617	61
62	Electroencephalography	54,044	47,691	113,448	123,190	113,448	123,190	62
63	Electromyography							63
64	Physical Therapy	2,054,515	1,872,023	3,252,254	3,337,415	3,252,254	3,337,415	64
65	Occupational Therapy							65
66	Speech-Language Therapy							66
67	Recreational Therapy							67
68	Audiology							68
69	Psychology / Psychiatry							69
70	Renal Dialysis							70
71	Organ Acquisition							71
72	Ambulance							72
73	Other Ancillary (Specify)							73
74	Other Ancillary (Specify)							74
75	Other Ancillary (Specify)							75
76	Other Ancillary (Specify)							76
77	Other Ancillary (Specify)							77
78	Subtotal Ancillary	29,414,469	23,695,193	49,483,866	50,177,015	49,483,866	50,177,015	78
	Routine Inpatient Care Services							

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(2) Expense Before Reclassi- fication	(3) Direct Expense	(4) Expense After Stepdown (Excl Cap)	(5) Expense After Stepdown (Incl Cap)	(6) Patient Service Expense By Dept (Excl Cap) (Sch XVII, Line 37)	(7) Patient Service Expense By Dept (Incl Cap) (Sch XVIII, Line 37)	
79	Medical & Surgical Acute	10,004,748	9,214,038	19,041,842	19,401,322	17,625,075	17,954,882	79
80	Pediatric Acute	436,751	406,319	843,220	880,268	843,220	880,268	80
81	Obstetric Acute	1,595,219	1,169,343	2,991,856	3,069,178	2,823,765	2,897,566	81
82	Psychiatric Acute	2,848,837	2,649,089	5,166,873	5,279,389	4,662,600	4,764,554	82
83	Ventilator Unit							83
84	Skilled Nursing Facilities							84
85	Pediatric Psych	2,630,992	2,626,460	3,141,923	3,208,711	2,829,754	2,890,004	85
86	Other Acute (Specify)							86
87	Other Acute (Specify)							87
88	Subtotal Acute	17,516,547	16,065,249	31,185,714	31,838,868	28,784,414	29,387,274	88
89	Med/Surg Intensive Care	2,245,940	1,997,940	3,845,333	3,918,731	3,845,333	3,918,731	89
90	Coronary Intensive Care							90
91	Neonatal Intensive Care							91
92	Other ICU (Specify)							92
93	Other ICU (Specify)							93
94	Other ICU (Specify)							94
95	Other ICU (Specify)							95
96	Other ICU (Specify)							96
97	Subtotal Intensive Care	2,245,940	1,997,940	3,845,333	3,918,731	3,845,333	3,918,731	97
98	Newborn Nursery	557,437	509,634	1,052,595	1,077,837	1,052,595	1,077,837	98
98.01	Special Care Nursery	627,108	627,108	1,056,939	1,061,860	1,056,939	1,061,860	98.01
99	Chronic / Rehabilitation							99
100	Subtotal Routine Inpat Care	20,947,032	19,199,931	37,140,581	37,897,296	34,739,281	35,445,702	100
	Routine Ambulatory Care Services							
101	Emergency Services	4,817,208	4,203,385	8,983,766	9,129,947	8,983,766	9,129,947	101
102	Clinic / Ambulatory Services	2,699,570	2,384,229	4,840,271	4,961,065	4,840,271	4,961,065	102
102.01	Clinic / Ambulatory Svcs (Speci	2,699,570	2,384,229	4,840,271	4,961,065	4,840,271	4,961,065	102.01
103	Satellite Clinic Services							103
104	Ambulatory Surgical Services	1,882,824	1,419,675	3,114,311	3,173,528	3,114,311	3,173,528	104
105	Ambulatory Renal Dialysis							105
106	Home Dialysis Services							106
107	Psychiatry		22,833	34,037	34,121	34,037	34,121	107
108	Home Health Services							108
109	Observation Beds					2,401,300	2,451,594	109
110	Private Referrals							110
111	Hospital Licensed Health Center							111
112	Other Ambulatory (Specify)							112
113	Other Ambulatory (Specify)							113
114	Subtotal Routine Ambul Svcs	9,399,602	8,030,122	16,972,385	17,298,661	19,373,685	19,750,255	114

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(2) Expense Before Reclassi- fication (Sch IX, Column 8)	(3) Direct Expense (Sch IX, Column 12)	(4) Expense After Stepdown (Excl Cap) (Sch XIV, Column 25)	(5) Expense After Stepdown (Incl Cap) (Sch XV, Column 25)	(6) Patient Service Expense By Dept (Excl Cap) (Sch XVII, Line 37)	(7) Patient Service Expense By Dept (Incl Cap) (Sch XVIII, Line 37)	
115	Total Patient Care	59,761,103	50,925,246	103,596,832	105,372,972	103,596,832	105,372,972	115
116	Total Pat Care & Overhead	109,408,232	106,107,012	103,596,832	105,372,972	103,596,832	105,372,972	116
117	Non-Patient Care Services							117
118	Non-Patient Ancillary							118
119	Research							119
119	Other Non-Patient	594,869	539,570	1,181,240	1,273,610	1,181,240	1,273,610	119
120	Subtotal Non-Patient	594,869	539,570	1,181,240	1,273,610	1,181,240	1,273,610	120
121	Recovery of Expenses		3,356,519	3,356,519	3,356,519	3,356,519	3,356,519	121
122	Total Patient/Non-Patient	110,003,101	110,003,101	108,134,591	110,003,101	108,134,591	110,003,101	122
123	Provision for Bad Debt							123
123.01	GP UPC Assessment	658,950	658,950	658,950	658,950	658,950	658,950	123.01
124	Total Patient/Non-Pat/Bad Debt	110,662,051	110,662,051	108,793,541	110,662,051	108,793,541	110,662,051	124

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(8) Gross Revenue by Department (Sch VI, Line 37)	(9) Patient Expense by Service (Excl Cap) (Sch XVII, Column 2)	(10) Patient Expense by Service (Incl Cap) (Sch XVIII, Column 2)	(11) Gross Revenue by Service (Sch VI, Column 2)	(12) Non- Physician FTE	(13) Physician FTE	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Capital Leases / Amortization							2
3	Interest - Long Term							3
4	Bond Issue Amortization							4
5	Subtotal (Lines 1-4)							5
6	Fringe Benefits							6
7	Administration					57.95	1.23	7
8	Purchasing					9.31		8
9	General Accounting					10.84		9
10	Patient Accts / Inpatient Admit					13.39		10
11	Insurance - Prof Malpractice							11
12	Insurance - Hosp Malpractice							12
13	Insurance - Other							13
14	Interest - Short Term							14
15	Subtotal (Lines 7-14)							15
16	Plant Maintenance / Repairs					8.72		16
17	Plant Operations					2.00		17
18	Security					8.83		18
19	Parking							19
20	Licenses and Taxes							20
21	Subtotal (Lines 17-20)							21
22	Laundry and Linen					1.51		22
23	Housekeeping					34.08		23
24	Cafeteria							24
25	Dietary Services					28.59		25
26	Maintenance of Personnel							26
27	Nursing Administration					6.24		27
28	Inservice Education - Nursing					4.09		28
29	Subtotal (Lines 27-28)							29
30	Nursing Float					0.46		30
31	RN / LPN Education							31
32	Medical Staff - Teaching							32
33	Medical Staff - Administration							33
34	Subtotal (Lines 32-33)							34
35	Post Graduate Medical Education							35
36	Central Services & Supplies					6.44		36
37	Pharmacy					13.41		37
38	Medical Records					25.77		38
39	Medical Care Review					5.77		39
40	Social Services					11.24		40
41	Central Patient Transport					6.96		41

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(8) Gross Revenue by Department (Sch VI, Line 37)	(9) Patient Expense by Service (Excl Cap) (Sch XVII, Column 2)	(10) Patient Expense by Service (Incl Cap) (Sch XVIII, Column 2)	(11) Gross Revenue by Service (Sch VI, Column 2)	(12) Non- Physician FTE	(13) Physician FTE	
42	Other Overhead (Specify)							42
43	Subtotal Overhead					255.60	1.23	43
44	Ancillary Care Services							
45	Surgery	10,185,972				22.28		44
46	Labor & Delivery	1,751,902						45
47	Recovery Room	5,355,080				21.74		46
48	Anesthesiology	2,021,989					5.50	47
49	Intravenous Therapy	62,589						48
50	Medical Supplies - Special	14,660,766						49
51	Drugs - Special	21,108,297						50
52	Laboratory	33,479,774				45.76	0.80	51
53	Blood							52
54	Blood Processing / Storage							53
55	Electrocardiology (EKG)	3,053,354				9.69	0.04	54
56	Cardiac Cath Laboratory	2,577,136				3.12	0.12	55
57	Diagnostic Radiology	25,880,543				39.56		56
58	Therapeutic Radiology							57
59	Computerized Tomography	12,510,963				4.90		58
60	Nuclear Medicine	4,009,564				3.16		59
61	Respiratory Therapy	5,802,472				11.50	0.02	60
62	Pulmonary Function Test	1,568,261				6.31		61
63	Electroencephalography	271,191				0.71		62
64	Electromyography							63
65	Physical Therapy	5,215,347				25.21		64
66	Occupational Therapy							65
67	Speech-Language Therapy							66
68	Recreational Therapy							67
69	Audiology							68
70	Psychology / Psychiatry							69
71	Renal Dialysis							70
72	Organ Acquisition							71
73	Ambulance							72
74	Other Ancillary (Specify)							73
75	Other Ancillary (Specify)							74
76	Other Ancillary (Specify)							75
77	Other Ancillary (Specify)							76
78	Subtotal Ancillary	149,515,200				193.94	6.48	77
	Routine Inpatient Care Services							78

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(8) Gross Revenue by Department (Sch VI, Line 37)	(9) Patient Expense by Service (Excl Cap) (Sch XVII, Column 2)	(10) Patient Expense by Service (Incl Cap) (Sch XVIII, Column 2)	(11) Gross Revenue by Service (Sch VI, Column 2)	(12) Non- Physician FTE	(13) Physician FTE	
79	Medical & Surgical Acute	16,552,039	28,430,033	28,926,896	53,555,714	103.73	2.85	79
80	Pediatric Acute	140,000	906,773	944,741	375,072	3.57		80
81	Obstetric Acute	2,011,578	4,316,704	4,408,452	3,860,548	28.98		81
82	Psychiatric Acute	6,075,110	4,896,461	4,998,791	7,604,966	29.39	1.53	82
83	Ventilator Unit							83
84	Skilled Nursing Facilities							84
85	Pediatric Psych	3,727,000	2,792,693	2,851,563	4,062,172			85
86	Other Acute (Specify)							86
87	Other Acute (Specify)							87
88	Subtotal Acute	28,505,727	41,342,664	42,130,443	69,458,472	165.67	4.38	88
89	Med/Surg Intensive Care	3,402,912	4,688,784	4,773,355	6,269,420	19.59		89
90	Coronary Intensive Care							90
91	Neonatal Intensive Care							91
92	Other ICU (Specify)							92
93	Other ICU (Specify)							93
94	Other ICU (Specify)							94
95	Other ICU (Specify)							95
96	Other ICU (Specify)							96
97	Subtotal Intensive Care	3,402,912	4,688,784	4,773,355	6,269,420	19.59		97
98	Newborn Nursery	757,704	1,635,618	1,669,425	1,216,488	4.80		98
98.01	Special Care Nursery	429,000	1,151,599	1,157,189	680,223			98.01
99	Chronic / Rehabilitation							99
100	Subtotal Routine Inpat Care	33,095,343	48,818,665	49,730,412	77,624,603	190.06	4.38	100
	Routine Ambulatory Care Services							
101	Emergency Services	24,395,542	12,119,948	12,300,783	36,474,664	42.90	1.00	101
102	Clinic / Ambulatory Services	8,454,923	8,575,653	8,707,619	17,855,797	20.46	0.88	102
102.01	Clinic / Ambulatory Svcs (Speci	8,454,923	8,575,653	8,707,619	17,855,797	20.46	0.88	102.01
103	Satellite Clinic Services							103
104	Ambulatory Surgical Services	6,599,340	13,276,533	13,500,123	30,535,711	12.15		104
105	Ambulatory Renal Dialysis							105
106	Home Dialysis Services							106
107	Psychiatry	61,524	34,037	34,121	61,524			107
108	Home Health Services							108
109	Observation Beds	3,433,095	3,448,955	3,514,676	6,127,203			109
110	Private Referrals		17,323,041	17,585,238	56,875,465			110
111	Hospital Licensed Health Center							111
112	Other Ambulatory (Specify)							112
113	Other Ambulatory (Specify)							113
114	Subtotal Routine Ambul Svcs	42,944,424	54,778,167	55,642,560	147,930,364	75.51	1.88	114

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(8) Gross Revenue by Department (Sch VI, Line 37)	(9) Patient Expense by Service (Excl Cap) (Sch XVII, Column 2)	(10) Patient Expense by Service (Incl Cap) (Sch XVIII, Column 2)	(11) Gross Revenue by Service (Sch VI, Column 2)	(12) Non- Physician FTE	(13) Physician FTE	
115	Total Patient Care	225,554,967	103,596,832	105,372,972	225,554,967	459.51	12.74	115
116	Total Pat Care & Overhead	225,554,967	103,596,832	105,372,972	225,554,967	715.11	13.97	116
117	Non-Patient Care Services							117
118	Non-Patient Ancillary							118
119	Research							119
119	Other Non-Patient		1,181,240	1,273,610		6.47	0.10	119
120	Subtotal Non-Patient		1,181,240	1,273,610		6.47	0.10	120
121	Recovery of Expenses		3,356,519	3,356,519				121
122	Total Patient/Non-Patient	225,554,967	108,134,591	110,003,101	225,554,967	721.58	14.07	122
123	Provision for Bad Debt							123
123.01	GP UPC Assessment		658,950	658,950				123.01
124	Total Patient/Non-Pat/Bad Debt	225,554,967	108,793,541	110,662,051	225,554,967	721.58	14.07	124

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(14)	(15)
		Number of Units	Unit of measure
	(Sch XVI, Line 37)		
	Overhead		
1	Buildings / Fixed Depreciation		1
2	Capital Leases / Amortization		2
3	Interest - Long Term		3
4	Bond Issue Amortization		4
5	Subtotal (Lines 1-4)		5
6	Fringe Benefits		6
7	Administration		7
8	Purchasing		8
9	General Accounting		9
10	Patient Accts / Inpatient Admit		10
11	Insurance - Prof Malpractice		11
12	Insurance - Hosp Malpractice		12
13	Insurance - Other		13
14	Interest - Short Term		14
15	Subtotal (Lines 7-14)		15
16	Plant Maintenance / Repairs		16
17	Plant Operations		17
18	Security		18
19	Parking		19
20	Licenses and Taxes		20
21	Subtotal (Lines 17-20)		21
22	Laundry and Linen		22
23	Housekeeping		23
24	Cafeteria		24
25	Dietary Services		25
26	Maintenance of Personnel		26
27	Nursing Administration		27
28	Inservice Education - Nursing		28
29	Subtotal (Lines 27-28)		29
30	Nursing Float		30
31	RN / LPN Education		31
32	Medical Staff - Teaching		32
33	Medical Staff - Administration		33
34	Subtotal (Lines 32-33)		34
35	Post Graduate Medical Education		35
36	Central Services & Supplies		36
37	Pharmacy		37
38	Medical Records		38
39	Medical Care Review		39
40	Social Services		40
41	Central Patient Transport		41

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(14)	(15)	
		Number of Units	Unit of measure	
		(Sch XVI, Line 37)		
42	Other Overhead (Specify)			42
43	Subtotal Overhead			43
44	Ancillary Care Services			
44	Surgery	392,610	Surgery Minutes	44
45	Labor & Delivery	662	Procs & Wtd Circum	45
46	Recovery Room	7,745	Rec Room Minutes	46
47	Anesthesiology	8,311	AnesthesiaMinutes	47
48	Intravenous Therapy	4,560	IV BottlesUsed	48
49	Medical Supplies - Special	84,453	Costed Requisitns	49
50	Drugs - Special	6,198,044	Costed Requisitns	50
51	Laboratory	698,082	Cap Units	51
52	Blood		Cap Units	52
53	Blood Processing / Storage		Cap Units	53
54	Electrocardiology (EKG)	19,183	Cap Units	54
55	Cardiac Cath Laboratory	6,701	Procedures	55
56	Diagnostic Radiology	76,708	RVU	56
57	Therapeutic Radiology		RVU	57
58	Computerized Tomography	16,509	Patients Scanned	58
59	Nuclear Medicine	4,412	RVU	59
60	Respiratory Therapy	62,645	Treatments	60
61	Pulmonary Function Test	2,335	Cap Units	61
62	Electroencephalography	576	RVU	62
63	Electromyography		RVU	63
64	Physical Therapy	97,369	Treatments	64
65	Occupational Therapy		Treatments	65
66	Speech-Language Therapy		Sessions	66
67	Recreational Therapy		Treatments	67
68	Audiology		Procedures	68
69	Psychology / Psychiatry		Treatments	69
70	Renal Dialysis		Treatments	70
71	Organ Acquisition		Organs	71
72	Ambulance		Occasions of Service	72
73	Other Ancillary (Specify)		(Specify)	73
74	Other Ancillary (Specify)		(Specify)	74
75	Other Ancillary (Specify)		(Specify)	75
76	Other Ancillary (Specify)		(Specify)	76
77	Other Ancillary (Specify)		(Specify)	77
78	Subtotal Ancillary			78
	Routine Inpatient Care Services			

SCHEDULE II - SUMMARY SCHEDULE (Continued)

Line No.	Cost Center Description	(14)	(15)	
		Number of Units	Unit of measure	
		(Sch XVI, Line 37)		
79	Medical & Surgical Acute	16,460	Patient Days	79
80	Pediatric Acute	108	Patient Days	80
81	Obstetric Acute	1,952	Patient Days	81
82	Psychiatric Acute	5,977	Patient Days	82
83	Ventilator Unit			83
84	Skilled Nursing Facilities			84
85	Pediatric Psych	3,726	Patient Days	85
86	Other Acute (Specify)			86
87	Other Acute (Specify)			87
88	Subtotal Acute	28,223		88
89	Med/Surg Intensive Care	1,893	Patient Days	89
90	Coronary Intensive Care			90
91	Neonatal Intensive Care			91
92	Other ICU (Specify)			92
93	Other ICU (Specify)			93
94	Other ICU (Specify)			94
95	Other ICU (Specify)			95
96	Other ICU (Specify)			96
97	Subtotal Intensive Care	1,893		97
98	Newborn Nursery	1,572	Patient Days	98
98.01	Special Care Nursery	429	Patient Days	98.01
99	Chronic / Rehabilitation			99
100	Subtotal Routine Inpat Care	32,117		100
	Routine Ambulatory Care Services			
101	Emergency Services	31,627	Visits	101
102	Clinic / Ambulatory Services	14,734		102
102.01	Clinic / Ambulatory Svcs (Speci	14,734	Visits	102.01
103	Satellite Clinic Services			103
104	Ambulatory Surgical Services	6,467	Visits	104
105	Ambulatory Renal Dialysis			105
106	Home Dialysis Services			106
107	Psychiatry	137	Visits	107
108	Home Health Services			108
109	Observation Beds	2,351	Visits	109
110	Private Referrals			110
111	Hospital Licensed Health Center			111
112	Other Ambulatory (Specify)			112
113	Other Ambulatory (Specify)			113
114	Subtotal Routine Ambul Svcs			114

SCHEDULE II - SUMMARY SCHEDULE (Continued)

		(14)	(15)	
		Number	Unit	
		of	of	
		Units	measure	
Line	Cost Center Description	(Sch XVI,		
No.		Line 37)		
115	Total Patient Care			115
116	Total Pat Care & Overhead			116
	Non-Patient Care Services			
117	Non-Patient Ancillary			117
118	Research			118
119	Other Non-Patient			119
120	Subtotal Non-Patient			120
121	Recovery of Expenses			121
122	Total Patient/Non-Patient			122
123	Provision for Bad Debt			123
123.01	GP UPC Assessment			123.01
124	Total Patient/Non-Pat/Bad Debt			124

SCHEDULE III - PATIENT STATISTICS

Line No.	Cost Center Description	(2) Weighted Average Available Beds	(3) Weighted Average Staffed Beds	(4) Weighted Average Licensed Beds	(5) Maximum Licensed Bed Days Available	(6) Inpatient Days	(7) Percentage of Occupancy (See Instr.)	
1	Medical & Surgical Acute	68	68	63	22,995	16,460	66.32	1
2	Pediatric Acute	3	3	8	2,920	108	9.86	2
3	Obstetric Acute	12	12	12	4,380	1,952	44.57	3
4	Psychiatric Acute	20	20	20	7,300	5,977	81.88	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych	12	12	12	4,380	3,726	85.07	7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	115	115	115	41,975	28,223	67.24	10
11	Med/Surg Intensive Care	8	8	8	2,920	1,893	64.83	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	8	8	8	2,920	1,893	64.83	19
20	Newborn Nursery	11	11	11	4,015	1,572	39.15	20
20.01	Special Care Nursery	6	6	6	2,190	429	19.59	20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	140	140	140	51,100	32,117	62.85	22

SCHEDULE III - PATIENT STATISTICS (Continued)

Line No.	Cost Center Description	(8) Average Daily Census (C6 / 365)	(9) Admissions	(10) Transfers In	(11) Transfers Out	(12) Discharges (Include Deaths)	(13) Avg Length of Stay (C6 / C12) *	
1	Medical & Surgical Acute	45.10	5,496	5,130	5,982	4,660	3.53	1
2	Pediatric Acute	0.30	17	40	3	51	2.12	2
3	Obstetric Acute	5.35	670	159	136	690	2.83	3
4	Psychiatric Acute	16.38	396	517	4	906	6.60	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych	10.21	347	44		388	9.60	7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	77.32	6,926	5,890	6,125	6,695	4.22	10
11	Med/Surg Intensive Care	5.19	31	701	468	259	2.60	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	5.19	31	701	468	259	2.60	19
20	Newborn Nursery	4.31	650	26	56	618	2.54	20
20.01	Special Care Nursery	1.18	36	56	24	66	6.50	20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	87.99	7,643	6,673	6,673	7,638	4.20	22

* In computing average length of stay, only ICU cost centers include transfers out.

SCHEDULE III - PATIENT STATISTICS (Continued)

23	Number of Medical Admissions	6,853
24	Number of Surgical Admissions	790
25	Number of Deliveries	662
26	Number of Newborn Boarder Days	2,001

List the number of inpatient days for the twelve months corresponding to your fiscal year ended: 09/30/2013

January	3,049	May	2,698	September	2,561
February	2,506	June	2,516	October	2,739
March	2,832	July	2,802	November	2,463
April	2,655	August	2,742	December	2,554

License Data:

License No.: 2006
Classification: General with Maternity

Capacity not to exceed: 123 beds and 17 bassinets

Date Issued: 11/23/2012
Date Amended: 08/29/2013

SCHEDULE IIIA - RECONCILIATION OF PATIENT DAYS ON SCHEDULE III AND SCHEDULE V OR VA

Line No.	Cost Center Description	(2) Schedule III, Column 6	(3) Schedule V/VA Column 2	(4) Difference	(5) Explanation
1	Medical & Surgical Acute	16,460	16,460		
2	Pediatric Acute	108	108		
3	Obstetric Acute	1,952	1,952		
4	Psychiatric Acute	5,977	5,977		
5	Ventilator Unit				
6	Skilled Nursing Facilities				
7	Pediatric Psych	3,726	3,726		
8	Other Acute (Specify)				
9	Other Acute (Specify)				
10	Subtotal (Lines 1-9)	28,223	28,223		
11	Med/Surg Intensive Care	1,893	1,893		
12	Coronary Intensive Care				
13	Neonatal Intensive Care				
14	Other ICU (Specify)				
15	Other ICU (Specify)				
16	Other ICU (Specify)				
17	Other ICU (Specify)				
18	Other ICU (Specify)				
19	Subtotal (Lines 11-18)	1,893	1,893		
20	Newborn Nursery	1,572	1,572		
20.01	Special Care Nursery	429	429		
21	Chronic / Rehabilitation				
22	Subtotal (Lines 10+19+20+21)	32,117	32,117		

SCHEDULE IIIB - SUPPLEMENTARY INFORMATION - OBSERVATION BEDS

Does the Hospital have a distinct part unit for observation beds?

- [] Distinct Only (Complete Section A and see instructions)
[XX] Non Distinct Only (Complete Section B and see instructions)
[] Both Distinct and Non-Distinct (Complete both Sections A and B and see instructions)
[] No Observation Beds

(2)

(3)

Section A

1	Total Observation Bed Hours	56,405
---	-----------------------------	--------

Section B

1	Total Observation Bed Hours	56,405	
2	Divided by 24 Hours	24	
3	Equivalent Observation Bed Days	2,350	
4	Schedule III, Column 6, Line 10	28,223	
5	Less: Schedule III, Column 6, Line 6		
6	Acute Inpatient Days, Excluding SNF Days	28,223	
7	Equivalent Observation Bed Days from Line 3	2,350	0.077
8	Acute Inpatient Days excluding SNF Days from Line 6	28,223	0.923
9	Total (Line 7 + Line 8)	30,573	1.000

SCHEDULE IV - SUPPLEMENTARY INFORMATION

A1. Teaching Status:

Are you a member of the Council of Teaching Hospitals? NO

A2. Medical School Affiliations:

Do you have an affiliation with a medical school? NO

Details:

A3. Residency Programs:

Do you offer accredited residency training programs? NO

Details:

A4. Nursing Programs:

Do you operate a school of nursing? NO

Details:

A5. Other Programs:

Do you offer other health professional education programs? NO

Details:

SCHEDULE IV - SUPPLEMENTARY INFORMATION (Continued)

A6. Does the hospital place interns and residents services in other hospitals? NO

If yes, please list the hospitals and amount of reimbursement received:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

A7. Does the hospital utilize interns and residents from a teaching hospital? NO

If yes, please list the hospitals and amount of reimbursement paid:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

SCHEDULE IV - SUPPLEMENTARY INFORMATION (Continued)

B1. Bed Changes:

Were any beds added, deleted, or converted to a new use? NO

B2a. Mergers and Acquisitions:

Details:
NONE

B2b. Arrangements with Other Providers

Do you have arrangements with other providers?

Details:
NONE

B2c. Contracts with Employers

Does the hospital have any formal financial contracts with employers? NO

Details:

B3. Transferred Costs

Were any costs associated with physicians changing from hospital-based employment or fee-forservices arrangements transferred on or off? NO

B4. Approved DON's

Details:
NONE

B5. Operationalized DON's

Details:
NONE

SCHEDULE IV - SUPPLEMENTARY INFORMATION (Continued)

C. Personnel FTE's

Employee Classification	Number of FTE's
1. .01 Management & Supervision	98.83
2. .02 Technicians & Specialist	122.15
3. .03 Registered Nurses	217.88
4. .04 Licensed Practical Nurses	3.38
5. .05 Aides, Orderlies & Attendants	78.75
6. .06 Physicians	14.07
7. .07 Interns, Residents & Fellows	
8. .08 Non-Physician Medical Practitioners	
9. .11 Environment, Hotel & Food Service Employees	79.69
10. .12 Clerical & Other Administrative Employees	120.90
11. Total	735.65

D. Salary and Benefit Data

Employee Classification	Salaries and Wages (excl. Overtime and Shift Differentials	Shift Differential Wages	Overtime Differential Wages	Total Salaries and Wages	Fringe Benefits	Total Hours
1. Registered Nurse - Medical/Surgical	19,560,391	941,261	444,137	20,945,789	6,116,076	415,484
2. Registered Nurse - Specialist	733,460	48	1,133	734,641	214,512	13,995
3. Licensed Practical Nurse	215,382	2,371	4,710	222,463	64,958	7,061
4. Certified Nurse Assistants						
5. Total	20,509,233	943,680	449,980	21,902,893	6,395,546	436,540

E. MassHealth Providers

		MassHealth No.(VPN)	Name of Organization	Medicare Prov No.	Address (if different from hospital)
1 Provider	1	1000357	Anna Jaques Hosp Medicaid	220029	
4 Provider	2	100357	Anna Jaques Hosp Medicaid	22S029	
7 Provider	3				
10 Provider	4				
13 Provider	5				
16 Provider	6				
19 Provider	7				
22 Provider	8				

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS)

		(2)	(3)	(4)	(5)	(6)	(7)	
		Total	----- Medicare -----	Non-	----- Medicaid -----	Non-	Workers	
		(Sum of	Managed	Managed	Managed	Managed	Compensation	
		Cols 3-13)						
Inpatient Statistics								
Patient Days								
1	Medical & Surgical Acute	16,460	1,697	10,304	352	485	39	1
2	Pediatric Acute	108			11	13		2
3	Obstetric Acute	1,952		21	296	229		3
4	Psychiatric Acute	5,977	66	1,956	1,732	83		4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych	3,726			1,321	27		7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	28,223	1,763	12,281	3,712	837	39	10
11	Med/Surg Intensive Care	1,893	179	1,241	39	64	1	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	1,893	179	1,241	39	64	1	19
20	Newborn Nursery	1,572			226	205		20
20.01	Special Care Nursery	429			68	128		20.01
21	Chronic / Rehabilitation							21
22	Total Patient Days (L10+L19)	32,117	1,942	13,522	4,045	1,234	40	22
23	Admin necessary Days	5			5			23
24	Admissions	7,643	442	3,160	632	344	11	24
25	Discharges	7,638	441	3,168	633	346	11	25
Outpatient Statistics								
26	Emergency Services	31,627	1,188	8,421	2,342	2,484	724	26
27	Clinic / Ambulatory Services	14,734	658	4,467	314	453	819	27
27.01	Clinic / Ambulatory Svcs (Speci	14,734	658	4,467	314	453	819	27.01
28	Satellite Clinic Services							28
29	Ambulatory Surgical Services	6,467	330	2,363	271	166	6	29
30	Ambulatory Renal Dialysis							30
31	Home Dialysis Services							31
32	Psychiatry	137			23			32
33	Home Health Services							33
34	Observation Beds	2,351	198	1,063	73	111	9	34
35	Private Referrals							35
36	Hospital Licensed Health Center							36
37	Other Ambulatory (Specify)							37
38	Other Ambulatory (Specify)							38
39	Total Outpatient (Lines 26-38)	55,316	2,374	16,314	3,023	3,214	1,558	39

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS) (Continued)

	(2)	(3)	(4)	(5)	(6)	(7)	
	Total	Medicare	Non-	Medicaid	Non-	Workers	
	(Sum of	Managed	Managed	Managed	Managed	Compensation	
	Cols 3-13)						
Inpatient Statistics							
Patient Days							
Gross Patient Service Revenue							
40 Inpatient Routine	33,095,343	2,076,114	14,777,252	3,987,330	1,187,044	27,098	40
41 Inpatient Ancillary	44,529,260	3,664,756	23,476,171	1,952,379	1,655,189	178,884	41
42 Outpatient Routine	42,944,424	2,394,348	15,122,356	2,292,791	2,437,620	610,143	42
43 Outpatient Ancillary	104,985,940	4,888,140	32,461,406	4,558,614	4,359,096	1,244,407	43
44 Total Gross Patient Svc Reven	225,554,967	13,023,358	85,837,185	12,791,114	9,638,949	2,060,532	44
Deductions							
45 Contr Adj & Provision for Bad D	117,340,214	7,259,012	46,400,678	6,754,815	5,988,410	1,283,348	45
46 GL Pat	1,834,203						46
47 Employee							47
48 Courtesy	297,544						48
49 Other Free Care	25,944						49
50 Total Free Care	2,157,691						50
51 Total Deductions	119,497,905	7,259,012	46,400,678	6,754,815	5,988,410	1,283,348	51
52 Gross Receipts From HSN	1,009,906						52
52.01 Total Net Patient Svc Revenue	107,066,968	5,764,346	39,436,507	6,036,299	3,650,539	777,184	52.01
52.02 Total Premium Revenue							52.02
53 Provision for Bad Debts	5,951,830	343,654	2,265,028	337,525	254,348	54,372	53
54 Bad Debt Write-Off	6,164,854		835,377				54
Inpatient Gross Service Patient Revenue							
55 Inpatient Routine	33,095,343	2,076,114	14,777,252	3,987,330	1,187,044	27,098	55
56 Inpatient Ancillary	44,529,260	3,664,756	23,476,171	1,952,379	1,655,189	178,884	56
57 Total Inpatient Svc Revenue	77,624,603	5,740,870	38,253,423	5,939,709	2,842,233	205,982	57
Deductions							
58 Contr Adj & Provision for Bad D	30,006,350	2,732,675	17,075,445	2,055,589	721,002		58
59 General Ledger Patient	1,035,774						59
60 Employee							60
61 Courtesy	22,144						61
62 Other Free Care	25,944						62
63 Total Free Care	1,083,862						63
64 Total Deductions	31,090,212	2,732,675	17,075,445	2,055,589	721,002		64
65 Gross Receipts From HSN	570,293						65
65.01 Net Inpatient Svc Revenue	47,104,684	3,008,195	21,177,978	3,884,120	2,121,231		65.01
65.02 Inpatient Premium Revenue							65.02
66 Provision for Bad Debts	2,048,319	151,487	1,009,412	156,734	74,999		66
67 Bad Debt Write-Off	1,136,545		519,237				67

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS) (Continued)

	(2)	(3)	(4)	(5)	(6)	(7)	
	Total	Medicare	Non-	Medicaid	Non-	Workers	
Inpatient Statistics	(Sum of	Managed	Managed	Managed	Managed	Compensation	
	Cols 3-13)						
Patient Days							
Outpatient Gross Service Patient Revenue							
68 Outpatient Routine	42,944,424	2,394,348	15,122,356	2,292,791	2,437,620	610,143	68
69 Outpatient Ancillary	104,985,940	4,888,140	32,461,406	4,558,614	4,359,096	1,244,407	69
70 Total Outpatient Svc Revenue	147,930,364	7,282,488	47,583,762	6,851,405	6,796,716	1,854,550	70
Deductions							
71 Contr Adj & Provision for Bad D	87,333,864	4,526,337	29,325,233	4,699,226	5,267,408		71
72 GL Pat	798,429						72
73 Employee							73
74 Courtesy	275,400						74
75 Other Free Care							75
76 Total Free Care	1,073,829						76
77 Total Deductions	88,407,693	4,526,337	29,325,233	4,699,226	5,267,408		77
78 Gross Receipts From HSN	439,613						78
78.01 Net Outpatient Svc Revenue	59,962,284	2,756,151	18,258,529	2,152,179	1,529,308		78.01
78.02 Outpatient Premium Revenue							78.02
79 Provision for Bad Debts	3,903,511	192,167	1,255,616	180,791	179,349		79
80 Bad Debt Write-Off	5,028,309		316,140				80

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS)

	(8)	(9)	(10)	(11)	(12)	(13)	
	Self Pay	Other Government	Managed Care	Non-Managed Care	Other	Common-Wealth Care	
Inpatient Statistics							
Patient Days							
1 Medical & Surgical Acute	219	79	2,249	602		303	1
2 Pediatric Acute	3	2	70	9			2
3 Obstetric Acute	4	87	1,040	223		50	3
4 Psychiatric Acute	254	161	907	312		136	4
5 Ventilator Unit							5
6 Skilled Nursing Facilities							6
7 Pediatric Psych		164	1,726	481			7
8 Other Acute (Specify)							8
9 Other Acute (Specify)							9
10 Subtotal (Lines 1-9)	480	493	5,992	1,627		489	10
11 Med/Surg Intensive Care	20	11	211	66		37	11
12 Coronary Intensive Care							12
13 Neonatal Intensive Care							13
14 Other ICU (Specify)							14
15 Other ICU (Specify)							15
16 Other ICU (Specify)							16
17 Other ICU (Specify)							17
18 Other ICU (Specify)							18
19 Subtotal (Lines 11-18)	20	11	211	66		37	19
20 Newborn Nursery	6	77	840	183		35	20
20.01 Special Care Nursery		49	140	37		7	20.01
21 Chronic / Rehabilitation							21
22 Total Patient Days (L10+L19)	506	630	7,183	1,913		568	22
23 Admin necessary Days							23
24 Admissions	144	120	2,075	480		119	24
25 Discharges	142	119	2,067	476		118	25
Outpatient Statistics							
26 Emergency Services	1,914	539	9,830	2,724		973	26
27 Clinic / Ambulatory Services	4,127	36	2,895	631		313	27
27.01 Clinic / Ambulatory Svcs (Speci	4,127	36	2,895	631		313	27.01
28 Satellite Clinic Services							28
29 Ambulatory Surgical Services	15	21	2,641	463		167	29
30 Ambulatory Renal Dialysis							30
31 Home Dialysis Services							31
32 Psychiatry	7		65	28		14	32
33 Home Health Services							33
34 Observation Beds	30	12	670	119		50	34
35 Private Referrals							35
36 Hospital Licensed Health Center							36
37 Other Ambulatory (Specify)							37
38 Other Ambulatory (Specify)							38
39 Total Outpatient (Lines 26-38)	6,093	608	16,101	3,965		1,517	39

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS) (Continued)

	(8)	(9)	(10)	(11)	(12)	(13)	
	Self Pay	Other Government	Managed Care	Non-Managed Care	Other	Common-Wealth Care	
Inpatient Statistics							
Patient Days							
Gross Patient Service Revenue							
40 Inpatient Routine	500,852	612,615	6,927,856	1,885,812		567,930	40
41 Inpatient Ancillary	617,593	405,042	9,055,594	2,248,603		895,641	41
42 Outpatient Routine	1,551,031	417,679	12,758,526	3,571,648		1,328,239	42
43 Outpatient Ancillary	1,252,184	756,063	42,810,631	9,006,293		3,265,039	43
44 Total Gross Patient Svc Reven	3,921,660	2,191,399	71,552,607	16,712,356		6,056,849	44
Deductions							
45 Contr Adj & Provision for Bad D	457,961	1,306,089	36,783,513	6,779,409		4,251,665	45
46 GL Pat							46
47 Employee							47
48 Courtesy	297,544						48
49 Other Free Care	25,944						49
50 Total Free Care	323,488						50
51 Total Deductions	781,449	1,306,089	36,783,513	6,779,409		4,251,665	51
52 Gross Receipts From HSN							52
52.01 Total Net Patient Svc Revenue	3,140,211	885,310	34,769,094	9,932,947		1,805,184	52.01
52.02 Total Premium Revenue							52.02
53 Provision for Bad Debts	150,161	57,826	1,888,094	440,997		159,825	53
54 Bad Debt Write-Off	5,329,477						54
Inpatient Gross Service Patient Revenue							
55 Inpatient Routine	500,852	612,615	6,927,856	1,885,812		567,930	55
56 Inpatient Ancillary	617,593	405,042	9,055,594	2,248,603		895,641	56
57 Total Inpatient Svc Revenue	1,118,445	1,017,657	15,983,450	4,134,415		1,463,571	57
Deductions							
58 Contr Adj & Provision for Bad D							58
59 General Ledger Patient							59
60 Employee							60
61 Courtesy							61
62 Other Free Care							62
63 Total Free Care							63
64 Total Deductions							64
65 Gross Receipts From HSN							65
65.01 Net Inpatient Svc Revenue							65.01
65.02 Inpatient Premium Revenue							65.02
66 Provision for Bad Debts							66
67 Bad Debt Write-Off	617,308						67

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS) (Continued)

	(8)	(9)	(10)	(11)	(12)	(13)	
	Self Pay	Other Government	Managed Care	Non-Managed Care	Other	Common-Wealth Care	
Inpatient Statistics							
Patient Days							
Outpatient Gross Service Patient Revenue							
68 Outpatient Routine	1,551,031	417,679	12,758,526	3,571,648		1,328,239	68
69 Outpatient Ancillary	1,252,184	756,063	42,810,631	9,006,293		3,265,039	69
70 Total Outpatient Svc Revenue	2,803,215	1,173,742	55,569,157	12,577,941		4,593,278	70
Deductions							
71 Contr Adj & Provision for Bad D							71
72 GL Pat							72
73 Employee							73
74 Courtesy							74
75 Other Free Care							75
76 Total Free Care							76
77 Total Deductions							77
78 Gross Receipts From HSN							78
78.01 Net Outpatient Svc Revenue							78.01
78.02 Outpatient Premium Revenue							78.02
79 Provision for Bad Debts							79
80 Bad Debt Write-Off	4,712,169						80

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS)

	(14) Health Safety Net (HSN)	(15) Non-Patient	
Inpatient Statistics			
Patient Days			
1 Medical & Surgical Acute	131		1
2 Pediatric Acute			2
3 Obstetric Acute	2		3
4 Psychiatric Acute	370		4
5 Ventilator Unit			5
6 Skilled Nursing Facilities			6
7 Pediatric Psych	7		7
8 Other Acute (Specify)			8
9 Other Acute (Specify)			9
10 Subtotal (Lines 1-9)	510		10
11 Med/Surg Intensive Care	24		11
12 Coronary Intensive Care			12
13 Neonatal Intensive Care			13
14 Other ICU (Specify)			14
15 Other ICU (Specify)			15
16 Other ICU (Specify)			16
17 Other ICU (Specify)			17
18 Other ICU (Specify)			18
19 Subtotal (Lines 11-18)	24		19
20 Newborn Nursery			20
20.01 Special Care Nursery			20.01
21 Chronic / Rehabilitation			21
22 Total Patient Days (L10+L19)	534		22
23 Admin necessary Days			23
24 Admissions	116		24
25 Discharges	117		25
Outpatient Statistics			
26 Emergency Services	488		26
27 Clinic / Ambulatory Services	21		27
27.01 Clinic / Ambulatory Svcs (Speci	21		27.01
28 Satellite Clinic Services			28
29 Ambulatory Surgical Services	24		29
30 Ambulatory Renal Dialysis			30
31 Home Dialysis Services			31
32 Psychiatry			32
33 Home Health Services			33
34 Observation Beds	16		34
35 Private Referrals			35
36 Hospital Licensed Health Center			36
37 Other Ambulatory (Specify)			37
38 Other Ambulatory (Specify)			38
39 Total Outpatient (Lines 26-38)	549		39

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS) (Continued)

	(14)	(15)	
	Health		
	Safety Net	Non-Patient	
	(HSN)		
Inpatient Statistics			
Patient Days			
Gross Patient Service Revenue			
40 Inpatient Routine	545,440		40
41 Inpatient Ancillary	379,408		41
42 Outpatient Routine	460,043		42
43 Outpatient Ancillary	384,067		43
44 Total Gross Patient Svc Reven	1,768,958		44
Deductions			
45 Contr Adj & Provision for Bad D	75,314		45
46 GL Pat	1,834,203		46
47 Employee			47
48 Courtesy			48
49 Other Free Care			49
50 Total Free Care	1,834,203		50
51 Total Deductions	1,909,517		51
52 Gross Receipts From HSN	1,009,906		52
52.01 Total Net Patient Svc Revenue	869,347		52.01
52.02 Total Premium Revenue			52.02
53 Provision for Bad Debts			53
54 Bad Debt Write-Off			54
Inpatient Gross Service Patient Revenue			
55 Inpatient Routine	545,440		55
56 Inpatient Ancillary	379,408		56
57 Total Inpatient Svc Revenue	924,848		57
Deductions			
58 Contr Adj & Provision for Bad D	69,163		58
59 General Ledger Patient	1,035,774		59
60 Employee			60
61 Courtesy			61
62 Other Free Care			62
63 Total Free Care	1,035,774		63
64 Total Deductions	1,104,937		64
65 Gross Receipts From HSN	570,293		65
65.01 Net Inpatient Svc Revenue	390,204		65.01
65.02 Inpatient Premium Revenue			65.02
66 Provision for Bad Debts			66
67 Bad Debt Write-Off			67

SCHEDULE VA - PAYER INFORMATION (ACUTE HOSPITALS) (Continued)

(14) (15)

Health
 Safety Net Non-Patient
 (HSN)

Inpatient Statistics

Patient Days

Outpatient Gross Service Patient Revenue

68	Outpatient Routine	460,043	68
69	Outpatient Ancillary	384,067	69
70	Total Outpatient Svc Revenue	844,110	70
Deductions			
71	Contr Adj & Provision for Bad D	6,151	71
72	GL Pat	798,429	72
73	Employee		73
74	Courtesy		74
75	Other Free Care		75
76	Total Free Care	798,429	76
77	Total Deductions	804,580	77
78	Gross Receipts From HSN	439,613	78
78.01	Net Outpatient Svc Revenue	479,143	78.01
78.02	Outpatient Premium Revenue		78.02
79	Provision for Bad Debts		79
80	Bad Debt Write-Off		80

SCHEDULE VB - SPECIFIC MEDICAID REVENUE

(1) Source		(2) Total (Sum of Cols 3-8)	(3) Medicaid Managed Inpatient	(4) Medicaid Managed Outpatient	(5) Medicaid Non-Managed Inpatient	(6) Medicaid Non-Managed Outpatient	
1	Gross Patient Services Revenue (From Sch V-A)	24,199,021	5,939,709	6,851,405	2,842,233	6,796,716	1
2	Base Rate Revenue	10,402,114	3,884,120	2,152,179	2,121,231	1,529,308	2
3	High Public Payer Disproportionate Share						3
4	Federally Mandated Disproportionate Share						4
	- Rate Supplement						
5	Safety Net Revenue						5
	- DSH Payment						
6	Suppl Revenue, Public Service/Municipal Hospitals						6
7	Suppl Revenue, Commonwlth-Owned Med Sch Affil Hosps						7
8	Suppl Revenue, Essential MassHealth Hospitals						8
9	Other (Specify) Write Off's Net of Income	1,834,204					9
10	Other (Specify) HSN Receipts	-1,009,905					10
11	Other (Specify) PY Settements	154,069					11
12	SUBTOTAL - REVENUE	11,380,482	3,884,120	2,152,179	2,121,231	1,529,308	12
13	Contractual Adjustment (line 1 - line 12)	12,818,539	2,055,589	4,699,226	721,002	5,267,408	13

(1) Source		(7) HSN Inpatient	(8) HSN Outpatient	
1	Gross Patient Services Revenue (From Sch V-A)	924,848	844,110	1
2	Base Rate Revenue	236,134	479,142	2
3	High Public Payer Disproportionate Share			3
4	Federally Mandated Disproportionate Share			4
	- Rate Supplement			
5	Safety Net Revenue			5
	- DSH Payment			
6	Suppl Revenue, Public Service/Municipal Hospitals			6
7	Suppl Revenue, Commonwlth-Owned Med Sch Affil Hosps			7
8	Suppl Revenue, Essential MassHealth Hospitals			8
9	Other (Specify) Write Off's Net of Income	1,035,775	798,429	9
10	Other (Specify) HSN Receipts	-570,293	-439,612	10
11	Other (Specify) PY Settements	154,069		11
12	SUBTOTAL - REVENUE	855,685	837,959	12
13	Contractual Adjustment (line 1 - line 12)	69,163	6,151	13

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE

Line No.	Cost Center Description	2 Total Revenue (Col.3+4)	3 Routine GPSR	4 Ancillary GPSR (Col.5-38)	5 Surgery	6 Labor & Delivery	7 Recovery Room	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute	53,555,714	16,552,039	37,003,675	2,522,495	65,657	711,969	1
2	Pediatric Acute	375,072	140,000	235,072	35,510		6,829	2
3	Obstetric Acute	3,860,548	2,011,578	1,848,970	37,056	858,293	11,936	3
4	Psychiatric Acute	7,604,966	6,075,110	1,529,856	1,600		1,507	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych	4,062,172	3,727,000	335,172				7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	69,458,472	28,505,727	40,952,745	2,596,661	923,950	732,241	10
11	Med/Surg Intensive Care	6,269,420	3,402,912	2,866,508	271,353	1,541	50,714	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	6,269,420	3,402,912	2,866,508	271,353	1,541	50,714	19
20	Newborn Nursery	1,216,488	757,704	458,784		458,784		20
20.01	Special Care Nursery	680,223	429,000	251,223				20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	77,624,603	33,095,343	44,529,260	2,868,014	1,384,275	782,955	22
	Routine Ambulatory Care Services							
23	Emergency Services	36,474,664	24,395,542	12,079,122	7,747		5,511	23
24	Clinic / Ambulatory Services	17,855,797	8,454,923	9,400,874				24
24.01	Clinic / Ambulatory Svcs (Speci	17,855,797	8,454,923	9,400,874				24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services	30,535,711	6,599,340	23,936,371	6,996,043	200	4,323,339	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry	61,524	61,524					29
30	Home Health Services							30
31	Observation Beds	6,127,203	3,433,095	2,694,108	93,387	164,862	30,292	31
32	Private Referrals	56,875,465		56,875,465	220,781	202,565	212,983	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs	147,930,364	42,944,424	104,985,940	7,317,958	367,627	4,572,125	36
37	Total Patient Care	225,554,967	76,039,767	149,515,200	10,185,972	1,751,902	5,355,080	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	2 Total Revenue (Col.3+4)	3 Routine GPSR	4 Ancillary GPSR (Col.5-38)	5 Surgery	6 Labor & Delivery	7 Recovery Room	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient	225,554,967	76,039,767	149,515,200	10,185,972	1,751,902	5,355,080	42

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	8 Anesthes- iology	9 IV Therapy	10 Medical Supplies Special	11 Drugs Special	12 Laboratory	13 Blood
	Routine Inpatient Care Services						
1	Medical & Surgical Acute	405,186	4,944	5,292,786	4,190,350	6,194,553	1
2	Pediatric Acute	4,991		74,594	25,778	20,442	2
3	Obstetric Acute	5,205	22,101	329,733	291,153	228,444	3
4	Psychiatric Acute	12,324		13,513	494,134	792,259	4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych			731	129,057	196,672	7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)	427,706	27,045	5,711,357	5,130,472	7,432,370	10
11	Med/Surg Intensive Care	27,201		458,648	527,236	636,433	11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)	27,201		458,648	527,236	636,433	19
20	Newborn Nursery						20
20.01	Special Care Nursery		108	31,092	43,248	163,407	20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)	454,907	27,153	6,201,097	5,700,956	8,232,210	22
	Routine Ambulatory Care Services						
23	Emergency Services	1,309	42	528,801	1,256,241	2,959,892	23
24	Clinic / Ambulatory Services		12,299	38,415	9,230,684	111,030	24
24.01	Clinic / Ambulatory Svcs (Speci		12,299	38,415	9,230,684	111,030	24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services	1,530,453	14,490	7,081,619	638,168	1,527,856	26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds	19,957	1,368	245,245	181,036	470,477	31
32	Private Referrals	15,363	7,237	565,589	4,101,212	20,178,309	32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs	1,567,082	35,436	8,459,669	15,407,341	25,247,564	36
37	Total Patient Care	2,021,989	62,589	14,660,766	21,108,297	33,479,774	37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	8 Anesthes- iology	9 IV Therapy	10 Medical Supplies Special	11 Drugs Special	12 Laboratory	13 Blood
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient	2,021,989	62,589	14,660,766	21,108,297	33,479,774	42

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	14 Blood Processing & Storage	15 EKG	16 Cardiac Cath Laboratory	17 Diagnostic Radiology	18 Therapeutc Radiology	19 CT Scanner	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute		1,298,767	498,653	5,323,449		3,659,048	1
2	Pediatric Acute		337		16,281		21,001	2
3	Obstetric Acute		801		23,336		2,359	3
4	Psychiatric Acute		35,989		85,318		58,571	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych		6,277		1,822			7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)		1,342,171	498,653	5,450,206		3,740,979	10
11	Med/Surg Intensive Care		227,121	15,116	214,632		194,157	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)		227,121	15,116	214,632		194,157	19
20	Newborn Nursery							20
20.01	Special Care Nursery		456		5,645			20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)		1,569,748	513,769	5,670,483		3,935,136	22
	Routine Ambulatory Care Services							
23	Emergency Services		456,679		2,577,936		3,944,336	23
24	Clinic / Ambulatory Services				4,110		4,139	24
24.01	Clinic / Ambulatory Svcs (Speci				4,110		4,139	24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services		29,425	268,491	1,304,886		123,764	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds		262,942	17,557	348,060		142,491	31
32	Private Referrals		734,560	1,777,319	15,975,068		4,361,097	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs		1,483,606	2,063,367	20,210,060		8,575,827	36
37	Total Patient Care		3,053,354	2,577,136	25,880,543		12,510,963	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	14 Blood Processing & Storage	15 EKG	16 Cardiac Cath Laboratory	17 Diagnostic Radiology	18 Therapeutc Radiology	19 CT Scanner	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient		3,053,354	2,577,136	25,880,543		12,510,963	42

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine	21 Respir Therapy	22 Pulmonary Function	23 EEG	24 Electro- myography	25 Physical Therapy	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute	1,558,775	4,295,440	19,592	112,968		849,043	1
2	Pediatric Acute	676	27,866				767	2
3	Obstetric Acute		38,006				547	3
4	Psychiatric Acute	2,795	21,258		8,075		2,513	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych		162		451			7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	1,562,246	4,382,732	19,592	121,494		852,870	10
11	Med/Surg Intensive Care	40,416	158,797		10,795		32,348	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	40,416	158,797		10,795		32,348	19
20	Newborn Nursery							20
20.01	Special Care Nursery		6,550				717	20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	1,602,662	4,548,079	19,592	132,289		885,935	22
	Routine Ambulatory Care Services							
23	Emergency Services	21,197	306,215				13,216	23
24	Clinic / Ambulatory Services		126				71	24
24.01	Clinic / Ambulatory Svcs (Speci		126				71	24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services	37,247	29,342				31,048	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds	545,601	71,112	2,235	18,564		78,922	31
32	Private Referrals	1,802,857	847,598	1,546,434	120,338		4,206,155	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs	2,406,902	1,254,393	1,548,669	138,902		4,329,412	36
37	Total Patient Care	4,009,564	5,802,472	1,568,261	271,191		5,215,347	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine	21 Respir Therapy	22 Pulmonary Function	23 EEG	24 Electro- myography	25 Physical Therapy	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient	4,009,564	5,802,472	1,568,261	271,191		5,215,347	42

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	26 Occupatnl Therapy	27 Speech Therapy	28 Recreatnl Therapy	29 Audiology	30 Psychology Psychiatry	31 Renal Dialysis
	Routine Inpatient Care Services						
1	Medical & Surgical Acute						1
2	Pediatric Acute						2
3	Obstetric Acute						3
4	Psychiatric Acute						4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych						7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)						10
11	Med/Surg Intensive Care						11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)						19
20	Newborn Nursery						20
20.01	Special Care Nursery						20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)						22
	Routine Ambulatory Care Services						
23	Emergency Services						23
24	Clinic / Ambulatory Services						24
24.01	Clinic / Ambulatory Svcs (Speci						24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services						26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals						32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs						36
37	Total Patient Care						37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	26 Occupatnl Therapy	27 Speech Therapy	28 Recreatnl Therapy	29 Audiology	30 Psychology Psychiatry	31 Renal Dialysis
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient						42

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary
	Routine Inpatient Care Services						
1	Medical & Surgical Acute						1
2	Pediatric Acute						2
3	Obstetric Acute						3
4	Psychiatric Acute						4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych						7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)						10
11	Med/Surg Intensive Care						11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)						19
20	Newborn Nursery						20
20.01	Special Care Nursery						20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)						22
	Routine Ambulatory Care Services						
23	Emergency Services						23
24	Clinic / Ambulatory Services						24
24.01	Clinic / Ambulatory Svcs (Speci						24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services						26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals						32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs						36
37	Total Patient Care						37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient							42

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	38 Other Ancillary	
	Routine Inpatient Care Services		
1	Medical & Surgical Acute		1
2	Pediatric Acute		2
3	Obstetric Acute		3
4	Psychiatric Acute		4
5	Ventilator Unit		5
6	Skilled Nursing Facilities		6
7	Pediatric Psych		7
8	Other Acute (Specify)		8
9	Other Acute (Specify)		9
10	Subtotal (Lines 1-9)		10
11	Med/Surg Intensive Care		11
12	Coronary Intensive Care		12
13	Neonatal Intensive Care		13
14	Other ICU (Specify)		14
15	Other ICU (Specify)		15
16	Other ICU (Specify)		16
17	Other ICU (Specify)		17
18	Other ICU (Specify)		18
19	Subtotal (Lines 11-18)		19
20	Newborn Nursery		20
20.01	Special Care Nursery		20.01
21	Chronic / Rehabilitation		21
22	Subtotal (Lines 10+19+20+21)		22
	Routine Ambulatory Care Services		
23	Emergency Services		23
24	Clinic / Ambulatory Services		24
24.01	Clinic / Ambulatory Svcs (Speci		24.01
25	Satellite Clinic Services		25
26	Ambulatory Surgical Services		26
27	Ambulatory Renal Dialysis		27
28	Home Dialysis Services		28
29	Psychiatry		29
30	Home Health Services		30
31	Observation Beds		31
32	Private Referrals		32
33	Hospital Licensed Health Center		33
34	Other Ambulatory (Specify)		34
35	Other Ambulatory (Specify)		35
36	Subtotal Routine Ambul Svcs		36
37	Total Patient Care		37
	Non-Patient Care Services		
38	Non-Patient Ancillary		38

PROVIDER NO. 2006 Anna Jaques Hospital
PERIOD FROM 10/01/2012 TO 09/30/2013

State of Massachusetts - D403 KPMG COMPU-MAX SYSTEM
Page 49

VERSION: 2013.11
03/04/2014 13:50:56

SCHEDULE VI - GROSS PATIENT SERVICE REVENUE (Continued)

Line No.	Cost Center Description	38 Other Ancillary	
39	Research		39
40	Other Non-Patient		40
41	Subtotal Non-Patient		41
42	Total Patient / Non-Patient		42

SCHEDULE VIA - RECONCILIATION OF PATIENT SERVICE REVENUE

		(1) Amount	(2) Variance	(3) Explanation
1	Schedule VI, Column 2, Line 37	225,554,967		
2	Audited Financial Statement	225,554,967		
3				
4				
5	Schedule VI, Column 2, Line 37	225,554,967		
6	Schedule V-A, Column 2, Line 44	225,554,967		
7				
8				
9				
10				
11	Schedule V-A, Column 2, Line 52.01	107,066,968		
12	Net Patient Service Revenue, Audited Finan	106,408,017	658,951	HSN Assessment of \$658,950
13				
14				

SCHEDULE VII - OTHER INCOME AND RECOVERY OF EXPENSES

		(2)	(3)	(4)	(5)
		Amount	Amount	Key	
		Received	Recovered	(Sch IX, Col 11 Line #)	Explanation
1	Transfers from Restr Funds for Research Exp				
2	Transfers from Restr Funds for RN/LPN Educ				
3	Transfers from Restr Funds for Postgrad Med Ed				
4	Transfers from Restr Funds for Other Educ				
5	RN/LPN Education				
6	Postgraduate Medical Education				
7	Other Education				
8	Cafeteria Sales	639,549	639,549	25.00	
9	Laundry and Linen Service				
10	Employee and Student Housing				
11	Purchasing Services				
12	Parking				
13	Housekeeping Services				
14	Data Processing Services				
15	Telephone and Telegraph				
16	Sale of Abstracts / Medical Records	26,169	26,169	38.00	
17	Donated Commodities				
18	Cash Discounts on Purchases	108,304	108,304	7.00	
19	Sale of Scrap and Waste				
20	Rebates and Refunds				
21	Gift Shop and Coffee Shop				
22	Bad Debt Recoveries	23,316			
23	Vending Machine Commissions, Incl Telephones				
24	Other Commissions				
25	Television / Radio Rentals				
26	Management Services				
27	Sale of Radiology Film				
28	Insured Loss				
29	Transfers from Restr Funds for Other Oper Exp				
30	Gain / Loss on Sale of Hospital Prop & Equip	261,727	261,727	7.00	
31	Donated Services				
32	Gross Physician Private Office Income				
33	Gross Other Rental Income				
34	Unrestricted Contributions				
35	Income,Gains & Losses from Unrestr Investments				
36	Unrestricted Income from Endowment Funds				
37	Unrestricted Income from Other Funds				
38	Term Endowment Funds Becoming Unrestricted				
39	Fund Raising				
40	Federal Grants				
41	State Grants				
42	Local Grants				
43	Other Grants				
44	Income Restricted to Patient Care Operations				

SCHEDULE VII - OTHER INCOME AND RECOVERY OF EXPENSES (Continued)

	(2)	(3)	(4)	(5)
	Amount	Amount	Key	
	Received	Recovered	(Sch IX, Col 11 Line #)	Explanation
45 Board Restricted Income				
46 Other Restricted Income				
47 Other	4,593,214	2,320,770		
48 Subtotal (Sum Lines 1 through 47)	5,652,279	3,356,519		
49 Gain / Loss on Advance Refunding				
50 TOTAL	5,652,279	3,356,519		

SCHEDULE VIIA - AMORTIZATION OF GAINS AND LOSSES

Line No.	Description	(2) Year Started	(3) Year Completed	(4) Amount to be Amortized	(5) Years to be Amortized	(6) 2012	(7) 2013	
1	Sale of Amesbury Health Center	2,012	2,021	2,572,272	10		257,227	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16	Total			2,572,272	10		257,227	16

SCHEDULE VIIA - AMORTIZATION OF GAINS AND LOSSES (Continued)

Line		(14)	(15)	(16)	(17)	(18)	(19)	
No.	Description	2020	2021	2022	2023	2024	2025	
1	Sale of Amesbury Health Center	257,227	257,227	257,227				1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16	Total	257,227	257,227	257,227				16

SCHEDULE VIIB - OTHER INCOME AND RECOVERY OF EXPENSES (BACKUP WORKSHEET)

	(2)	(3)	(4)	(5)
	Amount	Amount	Key	
	Received	Recovered	(Sch IX, Col 11 Line #)	Explanation
1 Housekeeping/Maintenance	38,250	38,250	23.00	
2 Rental Income	275,224	275,224	7.00	
3 PET Rental Income	38,547	38,547	7.00	
4 PT Athletic Training	47,837	47,837	64.00	
5 Prenatal Classes	2,590			Non-Patient Education Class Revenue
6 Occ Health Dept Revenue NP	565,362			Non-Patient Department Service Revenue
7 Joint Venture MRI/Radiation Company	384,026	251,662	3.00	Equity Share of Joint Venture, offset of expense
8 Investment Income Trust	79,295	79,295	3.00	Restricted Funds
9 Lobbying Fees	25,319	25,319	7.00	Lobbying Fees
10 Pharmacy Revenue	1,310	1,310	37.00	
11 Meals on Wheels	1,134	1,134	25.00	Dietary
12 Misc Functions	5,396	5,396	7.00	
13 Misc Income	15,606	15,606	7.00	Exercise & VNUS
14 Net Assets Used in Operations	1,457,897	1,457,897	7.00	Admin
15 Medical Staff Income	83,293	83,293	7.00	
16 Meaningful Use	1,572,128		7.00	Meaningful use not offset
17				
18				
19				
20				

SCHEDULE VIIC - RECONCILIATION OF OTHER INCOME

Line No.	Description	(2) Amount	(3) Subtotal	(4) Variance	(5) Explanation
1	Schedule VII, Column 2, Line 48	5,652,279			
2	Less: Schedule VII, Column 2, Line 22	23,316	5,628,963		
3	Audited Financial Statements: Other Revenue	5,346,416			
4	Audited Financial Statements: Add: Net		5,346,416	282,547	Lobbying Fees & Amortization for sale of
AHC					
	Nonoperating Gain/Loss				
5					
6					
7					
8					

SCHEDULE VIII - SPECIFIC FREE CARE INCOME

(2) Principal Balance at Year End	(3) Total Earned Income for Year	(4) Principal Amounts Used for Free Care During Year
--	---	--

1 Aggregate Funds

SCHEDULE IX - DIRECT EXPENSES

Line No.	Cost Center Description	(2) Salaries and Wages	(3) Physician Compensation (Sch XXV, Column 2)	(4) Purchased Services	(5) Supplies and Expenses	(6) Subtotal (Sum of Cols 2-5)	(7) Major Moveable Equipment Depreciation
1	Overhead						
2	Buildings / Fixed Depreciation				1,863,062	1,863,062	1
3	Capital Leases / Amortization						2
4	Interest - Long Term				330,957	330,957	3
5	Bond Issue Amortization				5,448	5,448	4
6	Subtotal (Lines 1-4)				2,199,467	2,199,467	5
7	Fringe Benefits	-1,495			11,775,789	11,774,294	22,400
8	Administration	5,157,774	299,618	1,432,542	2,436,526	9,326,460	629,324
9	Purchasing	457,841		307,422	293,912	1,059,175	6,050
10	General Accounting	839,957		280,050	909,060	2,029,067	3,238
11	Patient Accts / Inpatient Admit	592,254		167,096	160,143	919,493	1,365
12	Insurance - Prof Malpractice						
13	Insurance - Hosp Malpractice						
14	Insurance - Other				624,211	624,211	
15	Interest - Short Term						
16	Subtotal (Lines 7-14)	7,047,826	299,618	2,187,110	4,423,852	13,958,406	639,977
17	Plant Maintenance / Repairs	526,258		148,372	356,566	1,031,196	1,327
18	Plant Operations	157,719		31,719	1,468,938	1,658,376	32,358
19	Security	334,037		111,136	38,216	483,389	11,155
20	Parking						
21	Licenses and Taxes						
22	Subtotal (Lines 17-20)	491,756		142,855	1,507,154	2,141,765	43,513
23	Laundry and Linen	44,105		509,208	15,978	569,291	1,014
24	Housekeeping	1,067,655		8,547	374,489	1,450,691	4,506
25	Cafeteria						
26	Dietary Services	972,797		321,597	957,714	2,252,108	17,461
27	Maintenance of Personnel						
28	Nursing Administration	640,782			60,707	701,489	31,675
29	Inservice Education - Nursing	422,314		39,245	50,645	512,204	81
30	Subtotal (Lines 27-28)	1,063,096		39,245	111,352	1,213,693	31,756
31	Nursing Float						
32	RN / LPN Education						
33	Medical Staff - Teaching						
34	Medical Staff - Administration						
35	Subtotal (Lines 32-33)						
36	Post Graduate Medical Education						
37	Central Services & Supplies	291,410		24,908	152,430	468,748	47,723
38	Pharmacy	1,050,811		8,319	6,233,205	7,292,335	1,683
39	Medical Records	1,230,383		518,417	166,792	1,915,592	2,154
40	Medical Care Review	553,586		142,087	45,332	741,005	15,800
41	Social Services	982,915		454,316	81,544	1,518,775	238
42	Central Patient Transport	211,469			77,166	288,635	1,576
43	Other Overhead (Specify)						
	Subtotal Overhead	15,532,572	299,618	4,504,981	28,478,830	48,816,001	831,128
	Ancillary Care Services						

SCHEDULE IX - DIRECT EXPENSES (Continued)

Line No.	Cost Center Description	(2) Salaries and Wages	(3) Physician Compensation (Sch XXV, Column 2)	(4) Purchased Services	(5) Supplies and Expenses	(6) Subtotal (Sum of Cols 2-5)	(7) Major Moveable Equipment Depreciation	
44	Surgery	1,804,173		214,139	4,486,134	6,504,446	326,498	44
45	Labor & Delivery	1,048,488		4,733	208,739	1,261,960	26,901	45
46	Recovery Room	2,247,042			379,851	2,626,893	6,814	46
47	Anesthesiology		495,000	1,884	224,704	721,588	31,503	47
48	Intravenous Therapy							48
49	Medical Supplies - Special							49
50	Drugs - Special							50
51	Laboratory	2,597,349	110,000	156,425	3,240,903	6,104,677	105,928	51
52	Blood							52
53	Blood Processing / Storage							53
54	Electrocardiology (EKG)	736,913	9,334	26,121	114,895	887,263	14,660	54
55	Cardiac Cath Laboratory	298,819	24,000	108,519	944,043	1,375,381	40,927	55
56	Diagnostic Radiology	2,781,077		613,268	482,832	3,877,177	239,720	56
57	Therapeutic Radiology							57
58	Computerized Tomography	383,457		152,797	231,806	768,060	125,853	58
59	Nuclear Medicine	258,093		8,678	315,923	582,694	328	59
60	Respiratory Therapy	806,961	5,400	9,736	246,213	1,068,310	9,315	60
61	Pulmonary Function Test	455,681		16,555	90,782	563,018	35,996	61
62	Electroencephalography	43,460			8,362	51,822	2,222	62
63	Electromyography							63
64	Physical Therapy	1,661,622		17,221	370,686	2,049,529	4,986	64
65	Occupational Therapy							65
66	Speech-Language Therapy							66
67	Recreational Therapy							67
68	Audiology							68
69	Psychology / Psychiatry							69
70	Renal Dialysis							70
71	Organ Acquisition							71
72	Ambulance							72
73	Other Ancillary (Specify)							73
74	Other Ancillary (Specify)							74
75	Other Ancillary (Specify)							75
76	Other Ancillary (Specify)							76
77	Other Ancillary (Specify)							77
78	Subtotal Ancillary	15,123,135	643,734	1,330,076	11,345,873	28,442,818	971,651	78
79	Routine Inpatient Care Services							79
80	Medical & Surgical Acute	7,929,838	593,522	254,374	1,203,837	9,981,571	23,177	80
81	Pediatric Acute	382,457		700	33,647	416,804	19,947	81
82	Obstetric Acute	1,297,710		5,858	258,356	1,561,924	33,295	82
83	Psychiatric Acute	2,310,816	238,461	75,678	220,242	2,845,197	3,640	83
84	Ventilator Unit							84
85	Skilled Nursing Facilities							85
86	Pediatric Psych	279		2,608,044	20,738	2,629,061	1,931	86
	Other Acute (Specify)							

SCHEDULE IX - DIRECT EXPENSES (Continued)

Line No.	Cost Center Description	(2) Salaries and Wages	(3) Physician Compensation (Sch XXV, Column 2)	(4) Purchased Services	(5) Supplies and Expenses	(6) Subtotal (Sum of Cols 2-5)	(7) Major Moveable Equipment Depreciation	
87	Other Acute (Specify)							87
88	Subtotal Acute	11,921,100	831,983	2,944,654	1,736,820	17,434,557	81,990	88
89	Med/Surg Intensive Care	1,909,685		54,293	278,042	2,242,020	3,920	89
90	Coronary Intensive Care							90
91	Neonatal Intensive Care							91
92	Other ICU (Specify)							92
93	Other ICU (Specify)							93
94	Other ICU (Specify)							94
95	Other ICU (Specify)							95
96	Other ICU (Specify)							96
97	Subtotal Intensive Care	1,909,685		54,293	278,042	2,242,020	3,920	97
98	Newborn Nursery	453,475		2,047	90,280	545,802	11,635	98
98.01	Special Care Nursery	553,399		7,236	63,246	623,881	3,227	98.01
99	Chronic / Rehabilitation							99
100	Subtotal Routine Inpat Care	14,837,659	831,983	3,008,230	2,168,388	20,846,260	100,772	100
	Routine Ambulatory Care Services							
101	Emergency Services	3,728,924	220,739	111,967	697,969	4,759,599	57,609	101
102	Clinic / Ambulatory Services	1,746,552	150,000	225,240	571,742	2,693,534	6,036	102
102.01	Clinic / Ambulatory Svcs (Speci	1,746,552	150,000	225,240	571,742	2,693,534	6,036	102.01
103	Satellite Clinic Services							103
104	Ambulatory Surgical Services	1,196,605		59,711	587,179	1,843,495	39,329	104
105	Ambulatory Renal Dialysis							105
106	Home Dialysis Services							106
107	Psychiatry							107
108	Home Health Services							108
109	Observation Beds							109
110	Private Referrals							110
111	Hospital Licensed Health Center							111
112	Other Ambulatory (Specify)							112
113	Other Ambulatory (Specify)							113
114	Subtotal Routine Ambul Svcs	6,672,081	370,739	396,918	1,856,890	9,296,628	102,974	114
115	Total Patient Care	36,632,875	1,846,456	4,735,224	15,371,151	58,585,706	1,175,397	115
116	Total Pat Care & Overhead	52,165,447	2,146,074	9,240,205	43,849,981	107,401,707	2,006,525	116
	Non-Patient Care Services							
117	Non-Patient Ancillary							117
118	Research							118
119	Other Non-Patient	465,442	21,845	14,230	88,318	589,835	5,034	119
120	Subtotal Non-Patient	465,442	21,845	14,230	88,318	589,835	5,034	120
121	Recovery of Expenses							121
122	Total Patient/Non-Patient	52,630,889	2,167,919	9,254,435	43,938,299	107,991,542	2,011,559	122
123	Provision for Bad Debt							123

SCHEDULE IX - DIRECT EXPENSES (Continued)

Line No.	Cost Center Description	(2) Salaries and Wages	(3) Physician Compensation (Sch XXV, Column 2)	(4) Purchased Services	(5) Supplies and Expenses	(6) Subtotal (Sum of Cols 2-5)	(7) Major Moveable Equipment Depreciation	
123.01	GP UPC Assessment				658,950	658,950		123.01
124	Total Patient/Non-Pat/Bad Debt	52,630,889	2,167,919	9,254,435	44,597,249	108,650,492	2,011,559	124
125	General Fund							125
126	Grand Total							126

SCHEDULE IX - DIRECT EXPENSES (Continued)

Line No.	Cost Center Description	(8) Subtotal (Sum of Cols 6-7)	(9) Reclassi- fications (DR)	(10) Reclassi- fications (CR)	(11) Recoveries (CR)	(12) Total Direct Expenses (Sum of Cols 8-11)	(13) Expenses to be Stepped Down	
1	Overhead							1
2	Buildings / Fixed Depreciation	1,863,062				1,863,062		2
3	Capital Leases / Amortization							3
4	Interest - Long Term	330,957			-330,957			4
5	Bond Issue Amortization	5,448				5,448		5
6	Subtotal (Lines 1-4)	2,199,467			-330,957	1,868,510	1,868,510	6
7	Fringe Benefits	11,796,694	3,718,925	-490		15,515,129	15,515,129	7
8	Administration	9,955,784		-295,895	-2,271,313	7,388,576		8
9	Purchasing	1,065,225		-31,250		1,033,975		9
10	General Accounting	2,032,305		-59,917		1,972,388		10
11	Patient Accts / Inpatient Admit	920,858		-42,391		878,467		11
12	Insurance - Prof Malpractice		309,515			309,515		12
13	Insurance - Hosp Malpractice			-309,515		314,696		13
14	Insurance - Other	624,211						14
15	Interest - Short Term							15
16	Subtotal (Lines 7-14)	14,598,383	309,515	-738,968	-2,271,313	11,897,617	11,897,617	16
17	Plant Maintenance / Repairs	1,032,523		-38,322		994,201	994,201	17
18	Plant Operations	1,690,734		-10,790		1,679,944		18
19	Security	494,544		-23,323		471,221		19
20	Parking							20
21	Licenses and Taxes							21
22	Subtotal (Lines 17-20)	2,185,278		-34,113		2,151,165	2,151,165	22
23	Laundry and Linen	570,305		-2,746		567,559	567,559	23
24	Housekeeping	1,455,197		-78,469	-38,250	1,338,478	1,338,478	24
25	Cafeteria		1,422,005			1,422,005	1,422,005	25
26	Dietary Services	2,269,569		-1,491,909	-640,683	136,977	136,977	26
27	Maintenance of Personnel							27
28	Nursing Administration	733,164		-47,400		685,764		28
29	Inservice Education - Nursing	512,285		-29,969		482,316		29
30	Subtotal (Lines 27-28)	1,245,449		-77,369		1,168,080	1,168,080	30
31	Nursing Float							31
32	RN / LPN Education							32
33	Medical Staff - Teaching							33
34	Medical Staff - Administration							34
35	Subtotal (Lines 32-33)							35
36	Post Graduate Medical Education							36
37	Central Services & Supplies	516,471	6,327,230	-32,961		6,810,740	6,810,740	37
38	Pharmacy	7,294,018	158,086	-107,382	-1,310	7,343,412	7,343,412	38
39	Medical Records	1,917,746		-88,351	-26,169	1,803,226	1,803,226	39
40	Medical Care Review	756,805		-39,242		717,563	717,563	40
41	Social Services	1,519,013		-71,909		1,447,104	1,447,104	41
42	Central Patient Transport	290,211		-290,211				42
43	Other Overhead (Specify)							43
	Subtotal Overhead	49,647,129	11,935,761	-3,092,442	-3,308,682	55,181,766	55,181,766	
	Ancillary Care Services							

SCHEDULE IX - DIRECT EXPENSES (Continued)

Line No.	Cost Center Description	(8) Subtotal (Sum of Cols 6-7)	(9) Reclassi- fications (DR)	(10) Reclassi- fications (CR)	(11) Recoveries (CR)	(12) Total Direct Expenses (Sum of Cols 8-11)	(13) Expenses to be Stepped Down
44	Surgery	6,830,944		-4,150,578		2,680,366	44
45	Labor & Delivery	1,288,861				1,288,861	45
46	Recovery Room	2,633,707		-333,166		2,300,541	46
47	Anesthesiology	753,091		-195,540		557,551	47
48	Intravenous Therapy		370,121			370,121	48
49	Medical Supplies - Special						49
50	Drugs - Special						50
51	Laboratory	6,210,605		-209,931		6,000,674	51
52	Blood						52
53	Blood Processing / Storage						53
54	Electrocardiology (EKG)	901,923		-74,120		827,803	54
55	Cardiac Cath Laboratory	1,416,308		-419,827		996,481	55
56	Diagnostic Radiology	4,116,897		-243,848		3,873,049	56
57	Therapeutic Radiology						57
58	Computerized Tomography	893,913		-54,994		838,919	58
59	Nuclear Medicine	583,022		-26,649		556,373	59
60	Respiratory Therapy	1,077,625		-153,894		923,731	60
61	Pulmonary Function Test	599,014		-38,005		561,009	61
62	Electroencephalography	54,044		-6,353		47,691	62
63	Electromyography						63
64	Physical Therapy	2,054,515		-134,655	-47,837	1,872,023	64
65	Occupational Therapy						65
66	Speech-Language Therapy						66
67	Recreational Therapy						67
68	Audiology						68
69	Psychology / Psychiatry						69
70	Renal Dialysis						70
71	Organ Acquisition						71
72	Ambulance						72
73	Other Ancillary (Specify)						73
74	Other Ancillary (Specify)						74
75	Other Ancillary (Specify)						75
76	Other Ancillary (Specify)						76
77	Other Ancillary (Specify)						77
78	Subtotal Ancillary	29,414,469	370,121	-6,041,560	-47,837	23,695,193	78
79	Routine Inpatient Care Services						
80	Medical & Surgical Acute	10,004,748	254,376	-1,045,086		9,214,038	79
81	Pediatric Acute	436,751		-30,432		406,319	80
82	Obstetric Acute	1,595,219		-425,876		1,169,343	81
83	Psychiatric Acute	2,848,837		-199,748		2,649,089	82
84	Ventilator Unit						83
85	Skilled Nursing Facilities						84
85	Pediatric Psych	2,630,992		-4,532		2,626,460	85

SCHEDULE IX - DIRECT EXPENSES (Continued)

Line No.	Cost Center Description	(8) Subtotal (Sum of Cols 6-7)	(9) Reclassi- fications (DR)	(10) Reclassi- fications (CR)	(11) Recoveries (CR)	(12) Total Direct Expenses (Sum of Cols 8-11)	(13) Expenses to be Stepped Down
86	Other Acute (Specify)						86
87	Other Acute (Specify)						87
88	Subtotal Acute	17,516,547	254,376	-1,705,674		16,065,249	88
89	Med/Surg Intensive Care	2,245,940		-248,000		1,997,940	89
90	Coronary Intensive Care						90
91	Neonatal Intensive Care						91
92	Other ICU (Specify)						92
93	Other ICU (Specify)						93
94	Other ICU (Specify)						94
95	Other ICU (Specify)						95
96	Other ICU (Specify)						96
97	Subtotal Intensive Care	2,245,940		-248,000		1,997,940	97
98	Newborn Nursery	557,437		-47,803		509,634	98
98.01	Special Care Nursery	627,108				627,108	98.01
99	Chronic / Rehabilitation						99
100	Subtotal Routine Inpat Care	20,947,032	254,376	-2,001,477		19,199,931	100
	Routine Ambulatory Care Services						
101	Emergency Services	4,817,208		-613,823		4,203,385	101
102	Clinic / Ambulatory Services	2,699,570		-315,341		2,384,229	102
102.01	Clinic / Ambulatory Svcs (Speci	2,699,570		-315,341		2,384,229	102.01
103	Satellite Clinic Services						103
104	Ambulatory Surgical Services	1,882,824		-463,149		1,419,675	104
105	Ambulatory Renal Dialysis						105
106	Home Dialysis Services						106
107	Psychiatry		22,833			22,833	107
108	Home Health Services						108
109	Observation Beds						109
110	Private Referrals						110
111	Hospital Licensed Health Center						111
112	Other Ambulatory (Specify)						112
113	Other Ambulatory (Specify)						113
114	Subtotal Routine Ambul Svcs	9,399,602	22,833	-1,392,313		8,030,122	114
115	Total Patient Care	59,761,103	647,330	-9,435,350	-47,837	50,925,246	115
116	Total Pat Care & Overhead	109,408,232	12,583,091	-12,527,792	-3,356,519	106,107,012	116
	Non-Patient Care Services						
117	Non-Patient Ancillary						117
118	Research						118
119	Other Non-Patient	594,869		-55,299		539,570	119
120	Subtotal Non-Patient	594,869		-55,299		539,570	120
121	Recovery of Expenses				3,356,519	3,356,519	121

SCHEDULE IX - DIRECT EXPENSES (Continued)

Line No.	Cost Center Description	(8) Subtotal (Sum of Cols 6-7)	(9) Reclassi- fications (DR)	(10) Reclassi- fications (CR)	(11) Recoveries (CR)	(12) Total Direct Expenses (Sum of Cols 8-11)	(13) Expenses to be Stepped Down
122	Total Patient/Non-Patient	110,003,101	12,583,091	-12,583,091		110,003,101	122
123	Provision for Bad Debt						123
123.01	GP UPC Assessment	658,950				658,950	123.01
124	Total Patient/Non-Pat/Bad Debt	110,662,051	12,583,091	-12,583,091		110,662,051	124
125	General Fund						125
126	Grand Total		12,583,091	-12,583,091			126

SCHEDULE IXA - RECONCILIATION OF EXPENSES

Line No.	Description	(1) Schedule IX	(2) Audited Financial Statement	(3) Difference	(4) Explanation
1	Total Expenses	110,662,051	110,003,104	658,947	HSN Assessment \$658,950
2	Total Depreciation Expense	3,880,069	3,880,067	2	Rounding
3	Total Interest Expense		330,957	-330,957	Investment Income Offset

SCHEDULE X - SUMMARY OF NONPATIENT EXPENSES

	(2) Salaries and Wages	(3) Other	(4) Total
1 Research - On-Site			
2 Research - Off-Site			
3 Fund Raising Expense			
4 Television Expense			
5 Gift Shop			
6 Coffee Shop			
7 Expense Incurred in Producing Non-Operating I			
8 Medical Education Expense			
9 Private Duty Nurses and Other Agency Expense			
10 Real Estate Taxes & Other Exp on Non-Pat Prop			
11 Medical Office Building			
12 Penalties and Fines			
13 Non-Qualifying Physician Fees & Salaries			
14 Occupational Health	465,442	128,547	593,989
15 Women's Wellness			
16 SAGP		880	880
17 Other (Specify)			
18 Other (Specify)			
19 Other (Specify)			
20 Total	465,442	129,427	594,869

SCHEDULE XI - PRELIMINARY ADJUSTING ENTRIES

Explanation	(1) Sch IX Line Ref	(2) DR	(3) CR	(4) Preliminary Entry No.
1 DRUGS TO PHARMACY RECLASS	37	158,086		1
2	23		12	1
3	36		100	1
4	44		3,745	1
5	46		1,433	1
6	47		69,012	1
7	51		4,295	1
8	54		10	1
9	55		141	1
10	56		604	1
11	58		1	1
12	59		301	1
13	60		12,316	1
14	79		14,742	1
15	80		174	1
16	81		4,188	1
17	82		1,353	1
18	85		303	1
19	89		2,961	1
20	101		12,678	1
21	102.01		9,142	1
22	104		2,124	1
23	119		18,451	1
24 FICA RECLASS	6	3,718,925		2
25	6		490	2
26	7		295,163	2
27	8		31,156	2
28	9		59,917	2
29	10		42,391	2
30	16		37,976	2
31	17		10,790	2
32	18		23,323	2
33	22		2,421	2
34	23		75,168	2
35	25		69,819	2
36	27		47,344	2
37	28		29,706	2
38	36		21,366	2
39	37		75,354	2
40	38		88,305	2
41	39		39,235	2
42	40		71,909	2
43	41		15,037	2
44	44		128,837	2
45	46		162,726	2
46	51		186,396	2

SCHEDULE XI - PRELIMINARY ADJUSTING ENTRIES (Continued)

Explanation	(1) Sch IX Line Ref	(2) DR	(3) CR	(4) Preliminary Entry No.
47	54		55,374	2
48	55		21,249	2
49	56		199,755	2
50	58		28,061	2
51	59		19,099	2
52	60		58,241	2
53	61		33,921	2
54	62		3,182	2
55	64		122,562	2
56	79		574,546	2
57	80		27,493	2
58	81		201,233	2
59	82		168,396	2
60	85		21	2
61	89		137,470	2
62	98		40,103	2
63	101		269,437	2
64	102.01		123,713	2
65	104		86,438	2
66	119		33,802	2
67 PATIENT TRANSPORT RECLASS TO MED/SURG	79	254,376		3
68	41		254,376	3
69 MS SUPPLY RECLASS	36	6,327,230		4
70	7		732	4
71	8		59	4
72	16		346	4
73	22		325	4
74	23		3,289	4
75	25		85	4
76	27		56	4
77	28		260	4
78	36		11,493	4
79	37		12,603	4
80	38		46	4
81	39		7	4
82	41		20,798	4
83	44		3,989,264	4
84	46		106,595	4
85	47		119,862	4
86	51		19,203	4
87	54		16,687	4
88	55		398,403	4
89	56		39,213	4
90	58		23,693	4
91	59		1,959	4
92	60		83,332	4

SCHEDULE XI - PRELIMINARY ADJUSTING ENTRIES (Continued)

Explanation	(1) Sch IX Line Ref	(2) DR	(3) CR	(4) Preliminary Entry No.
93	61		4,024	4
94	62		3,171	4
95	64		12,089	4
96	79		369,109	4
97	80		2,286	4
98	81		208,381	4
99	82		7,094	4
100	85		4,198	4
101	89		85,588	4
102	98		7,565	4
103	101		257,837	4
104	102.01		171,095	4
105	104		343,441	4
106	119		3,042	4
107 PHARMACY TO IV RECLASS	48	370,121		5
108	8		35	5
109	28		3	5
110	36		2	5
111	37		19,425	5
112	44		28,732	5
113	46		62,412	5
114	47		6,666	5
115	51		37	5
116	54		2,049	5
117	55		34	5
118	56		4,276	5
119	58		3,239	5
120	59		5,290	5
121	60		5	5
122	61		60	5
123	64		4	5
124	79		86,689	5
125	80		479	5
126	81		12,074	5
127	82		72	5
128	85		10	5
129	89		21,981	5
130	98		135	5
131	101		73,871	5
132	102.01		11,391	5
133	104		31,146	5
134	119		4	5
135 CAFETERIA RECLASS	24	1,422,005		6
136	25		1,422,005	6
137 PARTIAL HOSPITALIZATION	107	22,833		7
138	82		22,833	7

SCHEDULE XI - PRELIMINARY ADJUSTING ENTRIES (Continued)

Explanation	(1) Sch IX Line Ref	(2) DR	(3) CR	(4) Preliminary Entry No.
139 INSURANCE RECLASS	12	309,515		8
140	13		309,515	8
999 Total		12,583,091	12,583,091	

SCHEDULE XI - PRELIMINARY ADJUSTING ENTRIES (Continued)

Explanation	(1) Sch IX Line Ref	(2) DR	(3) CR	(4) Preliminary Entry No.
Income Recovery Reclasses from VIIB:				
1 Housekeeping/Maintenance	23	0	38,250	0
2 Rental Income	7	0	275,224	0
3 PET Rental Income	7	0	38,547	0
4 PT Athletic Training	64	0	47,837	0
7 Joint Venture MRI/Radiation Company	3	0	251,662	0
8 Investment Income Trust	3	0	79,295	0
9 Lobbying Fees	7	0	25,319	0
10 Pharmacy Revenue	37	0	1,310	0
11 Meals on Wheels	25	0	1,134	0
12 Misc Functions	7	0	5,396	0
13 Misc Income	7	0	15,606	0
14 Net Assets Used in Operations	7	0	1,457,897	0
15 Medical Staff Income	7	0	83,293	0
Income Recovery Reclasses from VII:				
8 Cafeteria Sales	25	0	639,549	0
16 Sale of Abstracts / Medical Records	38	0	26,169	0
18 Cash Discounts on Purchases	7	0	108,304	0
30 Gain / Loss on Sale of Hospital Prop & Equi	7	0	261,727	0
998 Total Recoveries VII/VIIB	121	3,356,519	0	
999 Total		3,356,519	3,356,519	

SCHEDULE XIIA - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART A)

(1) Ref Sch IX Line #	(2) Department Name	(3) Total Debits	(4) Reclassifications <Credits>	(5) PE No. 1 DR <CR>	(6) PE No. 2 DR <CR>	(7) PE No. 3 DR <CR>	(8) PE No. 4 DR <CR>	(9) PE No. 5 DR <CR>
6	Fringe Benefits	3,718,925	-490		3,718,435			
7	Administration		-295,895		-295,163		-732	
8	Purchasing		-31,250		-31,156		-59	-35
9	General Accounting		-59,917		-59,917			
10	Patient Accts / Inpatient Admi		-42,391		-42,391			
12	Insurance - Hosp Malpractice	309,515						
13	Insurance - Other		-309,515					
16	Plant Maintenance / Repairs		-38,322		-37,976		-346	
17	Plant Operations		-10,790		-10,790			
18	Security		-23,323		-23,323			
22	Laundry and Linen		-2,746		-2,421		-325	
23	Housekeeping		-78,469	-12	-75,168		-3,289	
24	Cafeteria	1,422,005						
25	Dietary Services		-1,491,909		-69,819		-85	
27	Nursing Administration		-47,400		-47,344		-56	
28	Inservice Education - Nursing		-29,969		-29,706		-260	-3
36	Central Services & Supplies	6,327,230	-32,961	-100	-21,366		6,315,737	-2
37	Pharmacy	158,086	-107,382	158,086	-75,354		-12,603	-19,425
38	Medical Records		-88,351		-88,305		-46	
39	Medical Care Review		-39,242		-39,235		-7	
40	Social Services		-71,909		-71,909			
41	Central Patient Transport		-290,211		-15,037	-254,376	-20,798	
44	Surgery		-4,150,578	-3,745	-128,837		-3,989,264	-28,732
46	Recovery Room		-333,166	-1,433	-162,726		-106,595	-62,412
47	Anesthesiology		-195,540	-69,012			-119,862	-6,666
48	Intravenous Therapy	370,121						370,121
51	Laboratory		-209,931	-4,295	-186,396		-19,203	-37
54	Electrocardiology (EKG)		-74,120	-10	-55,374		-16,687	-2,049
55	Cardiac Cath Laboratory		-419,827	-141	-21,249		-398,403	-34
56	Diagnostic Radiology		-243,848	-604	-199,755		-39,213	-4,276
58	Computerized Tomography		-54,994	-1	-28,061		-23,693	-3,239
59	Nuclear Medicine		-26,649	-301	-19,099		-1,959	-5,290
60	Respiratory Therapy		-153,894	-12,316	-58,241		-83,332	-5
61	Pulmonary Function Test		-38,005		-33,921		-4,024	-60
62	Electroencephalography		-6,353		-3,182		-3,171	
64	Physical Therapy		-134,655		-122,562		-12,089	-4
79	Medical & Surgical Acute	254,376	-1,045,086	-14,742	-574,546	254,376	-369,109	-86,689
80	Pediatric Acute		-30,432	-174	-27,493		-2,286	-479
81	Obstetric Acute		-425,876	-4,188	-201,233		-208,381	-12,074
82	Psychiatric Acute		-199,748	-1,353	-168,396		-7,094	-72
85	Pediatric Psych		-4,532	-303	-21		-4,198	-10
89	Med/Surg Intensive Care		-248,000	-2,961	-137,470		-85,588	-21,981
98	Newborn Nursery		-47,803		-40,103		-7,565	-135
101	Emergency Services		-613,823	-12,678	-269,437		-257,837	-73,871
102.01	Clinic / Ambulatory Svcs (Spec		-315,341	-9,142	-123,713		-171,095	-11,391

SCHEDULE XIIA - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART A) (Continued)

(1) Ref Sch IX Line #	(2) Department Name	(3) Total Reclassifications Debits	(4) <Credits>	(5) PE No. 1 DR <CR>	(6) PE No. 2 DR <CR>	(7) PE No. 3 DR <CR>	(8) PE No. 4 DR <CR>	(9) PE No. 5 DR <CR>
104	Ambulatory Surgical Services		-463,149	-2,124	-86,438		-343,441	-31,146
107	Psychiatry	22,833						
119	Other Non-Patient		-55,299	-18,451	-33,802		-3,042	-4
126	Grand Total	12,583,091	-12,583,091					

SCHEDULE XIIA - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART A) (Continued)

(1) Ref Sch IX Line #	(2) Department Name	(3) PE No. 6 DR <CR>	(4) PE No. 7 DR <CR>	(5) PE No. 8 DR <CR>	(6) PE No. DR <CR>	(7) PE No. DR <CR>	(8) PE No. DR <CR>	(9) PE No. DR <CR>
6	Fringe Benefits							
7	Administration							
8	Purchasing							
9	General Accounting							
10	Patient Accts / Inpatient Admi							
12	Insurance - Hosp Malpractice			309,515				
13	Insurance - Other			-309,515				
16	Plant Maintenance / Repairs							
17	Plant Operations							
18	Security							
22	Laundry and Linen							
23	Housekeeping							
24	Cafeteria	1,422,005						
25	Dietary Services	-1,422,005						
27	Nursing Administration							
28	Inservice Education - Nursing							
36	Central Services & Supplies							
37	Pharmacy							
38	Medical Records							
39	Medical Care Review							
40	Social Services							
41	Central Patient Transport							
44	Surgery							
46	Recovery Room							
47	Anesthesiology							
48	Intravenous Therapy							
51	Laboratory							
54	Electrocardiology (EKG)							
55	Cardiac Cath Laboratory							
56	Diagnostic Radiology							
58	Computerized Tomography							
59	Nuclear Medicine							
60	Respiratory Therapy							
61	Pulmonary Function Test							
62	Electroencephalography							
64	Physical Therapy							
79	Medical & Surgical Acute							
80	Pediatric Acute							
81	Obstetric Acute							
82	Psychiatric Acute		-22,833					
85	Pediatric Psych							
89	Med/Surg Intensive Care							
98	Newborn Nursery							
101	Emergency Services							
102.01	Clinic / Ambulatory Svcs (Spec							

SCHEDULE XIIA - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART A) (Continued)

(1) Ref Sch IX Line #	(2) Department Name	(3) PE No. 6 DR <CR>	(4) PE No. 7 DR <CR>	(5) PE No. 8 DR <CR>	(6) PE No. DR <CR>	(7) PE No. DR <CR>	(8) PE No. DR <CR>	(9) PE No. DR <CR>
104	Ambulatory Surgical Services							
107	Psychiatry		22,833					
119	Other Non-Patient							

SCHEDULE XIIA - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART A) (Continued)

(1) Ref Sch IX Line #	(2) Department Name	(3) PE No. DR <CR>	(4) PE No. DR <CR>	(5) PE No. DR <CR>	(6) PE No. DR <CR>	(7) PE No. DR <CR>	(8) PE No. DR <CR>	(9) PE No. DR <CR>
6	Fringe Benefits							
7	Administration							
8	Purchasing							
9	General Accounting							
10	Patient Accts / Inpatient Admi							
12	Insurance - Hosp Malpractice							
13	Insurance - Other							
16	Plant Maintenance / Repairs							
17	Plant Operations							
18	Security							
22	Laundry and Linen							
23	Housekeeping							
24	Cafeteria							
25	Dietary Services							
27	Nursing Administration							
28	Inservice Education - Nursing							
36	Central Services & Supplies							
37	Pharmacy							
38	Medical Records							
39	Medical Care Review							
40	Social Services							
41	Central Patient Transport							
44	Surgery							
46	Recovery Room							
47	Anesthesiology							
48	Intravenous Therapy							
51	Laboratory							
54	Electrocardiology (EKG)							
55	Cardiac Cath Laboratory							
56	Diagnostic Radiology							
58	Computerized Tomography							
59	Nuclear Medicine							
60	Respiratory Therapy							
61	Pulmonary Function Test							
62	Electroencephalography							
64	Physical Therapy							
79	Medical & Surgical Acute							
80	Pediatric Acute							
81	Obstetric Acute							
82	Psychiatric Acute							
85	Pediatric Psych							
89	Med/Surg Intensive Care							
98	Newborn Nursery							
101	Emergency Services							
102.01	Clinic / Ambulatory Svcs (Spec							

SCHEDULE XIIA - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART A) (Continued)

(1) Ref Sch IX Line #	(2) Department Name	(3) PE No. DR <CR>	(4) PE No. DR <CR>	(5) PE No. DR <CR>	(6) PE No. DR <CR>	(7) PE No. DR <CR>	(8) PE No. DR <CR>	(9) PE No. DR <CR>
104	Ambulatory Surgical Services							
107	Psychiatry							
119	Other Non-Patient							

SCHEDULE XIIB - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART B)

(1) Ref Sch IX Line #	(2) Department Name	(3) Total Recoveries Debits	(4) <Credits>	(5) VII Line 8 DR <CR>	(6) VII Line 16 DR <CR>	(7) VII Line 18 DR <CR>	(8) VII Line 30 DR <CR>	(9) VII Line 50 DR <CR>
3	Interest - Long Term		-330,957					
7	Administration		-2,271,313			-108,304	-261,727	
23	Housekeeping		-38,250					
25	Dietary Services		-640,683	-639,549				
37	Pharmacy		-1,310					
38	Medical Records		-26,169		-26,169			
64	Physical Therapy		-47,837					
121	Recovery of Expenses	3,356,519						3,356,519
126	Grand Total	3,356,519	-3,356,519	-639,549	-26,169	-108,304	-261,727	3,356,519

SCHEDULE XIIB - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART B) (Continued)

(1) Ref Sch IX Line #	(2) Department Name	(3) VIIB Line 1 DR <CR>	(4) VIIB Line 2 DR <CR>	(5) VIIB Line 3 DR <CR>	(6) VIIB Line 4 DR <CR>	(7) VIIB Line 7 DR <CR>	(8) VIIB Line 8 DR <CR>	(9) VIIB Line 9 DR <CR>
3	Interest - Long Term					-251,662	-79,295	
7	Administration		-275,224	-38,547				-25,319
23	Housekeeping	-38,250						
25	Dietary Services							
37	Pharmacy							
38	Medical Records							
64	Physical Therapy				-47,837			
121	Recovery of Expenses							
126	Grand Total	-38,250	-275,224	-38,547	-47,837	-251,662	-79,295	-25,319

SCHEDULE XIIB - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART B) (Continued)

(1) Ref Sch IX Line #	(2) Department Name	(3) VIIB Line 10 DR <CR>	(4) VIIB Line 11 DR <CR>	(5) VIIB Line 12 DR <CR>	(6) VIIB Line 13 DR <CR>	(7) VIIB Line 14 DR <CR>	(8) VIIB Line 15 DR <CR>	(9) VIIB Line 16 DR <CR>
3	Interest - Long Term							
7	Administration			-5,396	-15,606	-1,457,897	-83,293	
23	Housekeeping							
25	Dietary Services		-1,134					
37	Pharmacy	-1,310						
38	Medical Records							
64	Physical Therapy							
121	Recovery of Expenses							
126	Grand Total	-1,310	-1,134	-5,396	-15,606	-1,457,897	-83,293	

SCHEDULE XIIB - SUMMARY OF PRELIMINARY ADJUSTING ENTRIES (PART B) (Continued)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Ref		VIIB Line	VIIB Line	VIIB Line	VIIB Line	VIIB Line	VIIB Line	VIIB Line
Sch IX		DR	DR	DR	DR	DR	DR	DR
Line #	Department Name	<CR>	<CR>	<CR>	<CR>	<CR>	<CR>	<CR>
3	Interest - Long Term							
7	Administration							
23	Housekeeping							
25	Dietary Services							
37	Pharmacy							
38	Medical Records							
64	Physical Therapy							
121	Recovery of Expenses							
126	Grand Total							

SCHEDULE XIII - STEPDOWN STATISTICS

Line No.	Cost Center Description	2	3	4	5 Bldg and Fixed Deprec Square Feet	6 Fringe Benefits Payroll Dollars	7 Adminis- tration Payroll Dollars	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration				29,211	7,257,802		3
4	Plant Maintenance / Repairs				10,226	526,258	526,258	4
5	Plant Operations				33,675	491,755	491,755	5
6	Laundry and Linen				1,243	44,105	44,105	6
7	Housekeeping				1,928	1,067,655	1,067,655	7
8	Cafeteria				3,742	633,969	633,969	8
9	Dietary Services				3,944	338,828	338,828	9
10	Maintenance of Personnel							10
11	Nursing Administration				2,546	986,638	986,638	11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies				4,129	291,410	291,410	15
16	Pharmacy				2,173	1,050,811	1,050,811	16
17	Medical Records				6,377	1,230,383	1,230,383	17
18	Medical Care Review				633	553,586	553,586	18
19	Social Services				645	982,915	982,915	19
20	Other Overhead (Specify)							20
21	Subtotal Overhead				100,472	15,456,115	8,198,313	21
	Ancillary Care Services							
22	Surgery				12,341	1,804,173	1,804,173	22
23	Labor & Delivery				2,905	1,048,488	1,048,488	23
24	Recovery Room				6,072	2,247,042	2,247,042	24
25	Anesthesiology							25
26	Intravenous Therapy							26
27	Medical Supplies - Special							27
28	Drugs - Special							28
29	Laboratory				6,094	2,597,349	2,597,349	29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)				2,182	736,913	736,913	32
33	Cardiac Cath Laboratory					298,819	298,819	33
34	Diagnostic Radiology				16,083	2,781,077	2,781,077	34
35	Therapeutic Radiology							35
36	Computerized Tomography				442	383,457	383,457	36
37	Nuclear Medicine				1,682	258,093	258,093	37
38	Respiratory Therapy				4,250	806,961	806,961	38
39	Pulmonary Function Test				1,056	455,681	455,681	39
40	Electroencephalography				1,080	43,460	43,460	40
41	Electromyography							41

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	2	3	4	5	6	7	
					Bldg and Fixed Deprec Square Feet	Fringe Benefits Payroll Dollars	Adminis- tration Payroll Dollars	
42	Physical Therapy				8,638	1,661,622	1,661,622	42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary				62,825	15,123,135	15,123,135	56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute				30,441	8,006,297	8,006,297	57
58	Pediatric Acute				3,879	382,457	382,457	58
59	Obstetric Acute				7,016	1,297,710	1,297,710	59
60	Psychiatric Acute				9,753	2,292,272	2,292,272	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych				6,746	279	279	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute				57,835	11,979,015	11,979,015	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care				6,468	1,909,685	1,909,685	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care				6,468	1,909,685	1,909,685	75
76	Newborn Nursery				2,430	453,475	453,475	76
76.01	Special Care Nursery				150	553,399	553,399	76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care				66,883	14,895,574	14,895,574	78
	Routine Ambulatory Care Services							

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

		2	3	4	5	6	7	
					Bldg and Fixed Deprec Square Feet	Fringe Benefits Payroll Dollars	Adminis- tration Payroll Dollars	
Line No.	Cost Center Description							
79	Emergency Services				9,987	3,728,924	3,728,924	79
80	Clinic / Ambulatory Services				10,663	1,746,552	1,746,552	80
80.01	Clinic / Ambulatory Svcs (Speci				10,663	1,746,552	1,746,552	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services				4,887	1,196,605	1,196,605	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry					18,544	18,544	85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs				25,537	6,690,625	6,690,625	92
93	Total Patient Care				155,245	36,709,334	36,709,334	93
94	Total Pat Care & Overhead				255,717	52,165,449	44,907,647	94
	Non-Patient Care Services							
95	Non-Patient Ancillary							95
96	Research							96
97	Other Non-Patient				10,242	465,442	465,442	97
98	Subtotal Non-Patient				10,242	465,442	465,442	98
99	Recovery of Expenses							99
100	Total Patient/Non-Patient				265,959	52,630,891	45,373,089	100
101	Total Statistic				265,959	52,630,891	45,373,089	101
101.01	Gross Health Safety Net Assessm							101.01
102	Unit Cost Mult (Excl Capital)					.29479130	.30937180	102
103	Unit Cost Mult (Incl Capital)					.29479130	.31389483	103
					7.02555657			

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	8 Plant Maint.& Repairs Square Feet	9 Plant Operations Square Feet	10 Laundry & Linen No.Dry Lbs Processed	11 House- keeping Square Feet	12 Cafeteria Full-Time Equival.	13 Dietary Meals Served
	Overhead						
1	Buildings / Fixed Depreciation						1
2	Fringe Benefits						2
3	Administration					98	3
4	Plant Maintenance / Repairs					9	4
5	Plant Operations	33,675				11	5
6	Laundry and Linen	1,243	1,243			2	6
7	Housekeeping	1,928	1,928			34	7
8	Cafeteria	3,742	3,742		3,742		8
9	Dietary Services	3,944	3,944		3,944	29	9
10	Maintenance of Personnel						10
11	Nursing Administration	2,546	2,546		2,546	10	11
12	RN / LPN Education						12
13	Medical Staff - Teaching						13
14	Post Graduate Medical Education						14
15	Central Services & Supplies	4,129	4,129		4,129	6	15
16	Pharmacy	2,173	2,173		2,173	13	16
17	Medical Records	6,377	6,377		6,377	26	17
18	Medical Care Review	633	633		633	6	18
19	Social Services	645	645		645	11	19
20	Other Overhead (Specify)						20
21	Subtotal Overhead	61,035	27,360		24,189	255	21
	Ancillary Care Services						
22	Surgery	12,341	12,341	33,086	12,341	22	22
23	Labor & Delivery	2,905	2,905	17,554	2,905	11	23
24	Recovery Room	6,072	6,072	35,843	6,072	22	24
25	Anesthesiology						25
26	Intravenous Therapy						26
27	Medical Supplies - Special						27
28	Drugs - Special						28
29	Laboratory	6,094	6,094		6,094	46	29
30	Blood						30
31	Blood Processing / Storage						31
32	Electrocardiology (EKG)	2,182	2,182		2,182	10	32
33	Cardiac Cath Laboratory					3	33
34	Diagnostic Radiology	16,083	16,083	37,681	16,083	40	34
35	Therapeutic Radiology						35
36	Computerized Tomography	442	442		442	5	36
37	Nuclear Medicine	1,682	1,682		1,682	3	37
38	Respiratory Therapy	4,250	4,250		4,250	12	38
39	Pulmonary Function Test	1,056	1,056		1,056	6	39
40	Electroencephalography	1,080	1,080		1,080	1	40
41	Electromyography						41

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs Square Feet	9 Plant Operations Square Feet	10 Laundry & Linen No.Dry Lbs Processed	11 House- keeping Square Feet	12 Cafeteria Full-Time Equival.	13 Dietary Meals Served	
42	Physical Therapy	8,638	8,638	22,977	8,638	25		42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary	62,825	62,825	147,141	62,825	206		56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute	30,441	30,441	275,931	30,441	105	45,876	57
58	Pediatric Acute	3,879	3,879	18,381	3,879	4	405	58
59	Obstetric Acute	7,016	7,016	21,726	7,016	13	7,323	59
60	Psychiatric Acute	9,753	9,753	79,037	9,753	29	22,424	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych	6,746	6,746	56,981	6,746		13,979	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute	57,835	57,835	452,056	57,835	151	90,007	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care	6,468	6,468	54,224	6,468	20	7,102	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care	6,468	6,468	54,224	6,468	20	7,102	75
76	Newborn Nursery	2,430	2,430	7,592	2,430	5		76
76.01	Special Care Nursery	150	150		150	5		76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care	66,883	66,883	513,872	66,883	181	97,109	78
	Routine Ambulatory Care Services							

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs Square Feet	9 Plant Operations Square Feet	10 Laundry & Linen No.Dry Lbs Processed	11 House- keeping Square Feet	12 Cafeteria Full-Time Equival.	13 Dietary Meals Served	
79	Emergency Services	9,987	9,987	84,552	9,987	43		79
80	Clinic / Ambulatory Services	10,663	10,663	21,138	10,663	20		80
80.01	Clinic / Ambulatory Svcs (Speci	10,663	10,663	21,138	10,663	20		80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services	4,887	4,887	22,057	4,887	12		82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry							85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs	25,537	25,537	127,747	25,537	75		92
93	Total Patient Care	155,245	155,245	788,760	155,245	462	97,109	93
94	Total Pat Care & Overhead	216,280	182,605	788,760	179,434	717	97,109	94
95	Non-Patient Care Services							95
96	Non-Patient Ancillary							96
97	Research							97
97	Other Non-Patient	10,242	10,242		10,242	6		97
98	Subtotal Non-Patient	10,242	10,242		10,242	6		98
99	Recovery of Expenses							99
100	Total Patient/Non-Patient	226,522	192,847	788,760	189,676	723	97,109	100
101	Total Statistic	226,522	192,847	788,760	189,676	569	97,109	101
101.01	Gross Health Safety Net Assessm							101.01
102	Unit Cost Mult (Excl Capital)	5.79257644	13.70688681	.78407120	10.65559164	3370.59050967	5.74986870	102
103	Unit Cost Mult (Incl Capital)	6.12024439	15.00243198	.79795248	10.76896392	3433.25483304	6.14022387	103

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel Avg No Living In	15 Nursing Adminis- tration Nursing Hours	16 RN and LPN Education Assigned Hours	17 Medical Staff - Teaching Hours of Studnt Svc	18 Post Grad Medical Education Hours of Studnt Svc	19 Central Service & Supplies Costed Requisitns	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration		444				21,588	3
4	Plant Maintenance / Repairs						346	4
5	Plant Operations							5
6	Laundry and Linen						325	6
7	Housekeeping						3,289	7
8	Cafeteria							8
9	Dietary Services						85	9
10	Maintenance of Personnel							10
11	Nursing Administration		117				316	11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies						11,493	15
16	Pharmacy						12,604	16
17	Medical Records						46	17
18	Medical Care Review						6	18
19	Social Services		7,115					19
20	Other Overhead (Specify)							20
21	Subtotal Overhead		7,676				50,098	21
	Ancillary Care Services							
22	Surgery		22,493					22
23	Labor & Delivery		18,253				78,039	23
24	Recovery Room		30,566				106,595	24
25	Anesthesiology						119,862	25
26	Intravenous Therapy							26
27	Medical Supplies - Special						3,989,265	27
28	Drugs - Special							28
29	Laboratory						19,203	29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)		7,134				16,687	32
33	Cardiac Cath Laboratory		4,279				457,108	33
34	Diagnostic Radiology						39,213	34
35	Therapeutic Radiology							35
36	Computerized Tomography						23,693	36
37	Nuclear Medicine						1,959	37
38	Respiratory Therapy						83,332	38
39	Pulmonary Function Test						4,024	39
40	Electroencephalography						3,171	40
41	Electromyography							41

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel Avg No Living In	15 Nursing Adminis- tration Nursing Hours	16 RN and LPN Education Assigned Hours	17 Medical Staff - Teaching Hours of Studnt Svc	18 Post Grad Medical Education Hours of Studnt Svc	19 Central Service & Supplies Costed Requisitns
42	Physical Therapy						12,089
43	Occupational Therapy						
44	Speech-Language Therapy						
45	Recreational Therapy						
46	Audiology						
47	Psychology / Psychiatry						
48	Renal Dialysis						
49	Organ Acquisition						
50	Ambulance						
51	Other Ancillary (Specify)						
52	Other Ancillary (Specify)						
53	Other Ancillary (Specify)						
54	Other Ancillary (Specify)						
55	Other Ancillary (Specify)						
56	Subtotal Ancillary		82,725				4,954,240
	Routine Inpatient Care Services						
57	Medical & Surgical Acute		141,125				369,109
58	Pediatric Acute		7,246				2,286
59	Obstetric Acute		22,592				96,589
60	Psychiatric Acute		26,321				7,094
61	Ventilator Unit						
62	Skilled Nursing Facilities						
63	Pediatric Psych						4,198
64	Other Acute (Specify)						
65	Other Acute (Specify)						
66	Subtotal Acute		197,284				479,276
	Med-Surg Intensive Care						
67	Med/Surg Intensive Care		28,683				85,588
68	Coronary Intensive Care						
69	Neonatal Intensive Care						
70	Other ICU (Specify)						
71	Other ICU (Specify)						
72	Other ICU (Specify)						
73	Other ICU (Specify)						
74	Other ICU (Specify)						
75	Subtotal Intensive Care		28,683				85,588
76	Newborn Nursery		7,895				33,752
76.01	Special Care Nursery		7,868				7,565
77	Chronic / Rehabilitation						
78	Subtotal Routine Inpat Care		241,730				606,181
	Routine Ambulatory Care Services						

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel Avg No Living In	15 Nursing Adminis- tration Nursing Hours	16 RN and LPN Education Assigned Hours	17 Medical Staff - Teaching Hours of Studnt Svc	18 Post Grad Medical Education Hours of Studnt Svc	19 Central Service & Supplies Costed Requisitns	
79	Emergency Services		52,546				257,837	79
80	Clinic / Ambulatory Services		23,355				171,095	80
80.01	Clinic / Ambulatory Svcs (Speci		23,355				171,095	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services		16,650				343,441	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry							85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs		92,551				772,373	92
93	Total Patient Care		417,006				6,332,794	93
94	Total Pat Care & Overhead		424,682				6,382,892	94
95	Non-Patient Care Services							95
96	Non-Patient Ancillary							96
97	Research							97
98	Other Non-Patient		876				3,042	98
99	Subtotal Non-Patient		876				3,042	99
100	Recovery of Expenses							100
101	Total Patient/Non-Patient		425,558				6,385,934	101
102	Total Statistic		424,997				6,348,492	102
101.01	Gross Health Safety Net Assessm							101.01
102	Unit Cost Mult (Excl Capital)		4.41097467				1.12334299	102
103	Unit Cost Mult (Incl Capital)		4.47544100				1.12930850	103

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	20 Pharmacy Costed Requisitns	21 Medical Records % of Time Spent	22 Medical Care Review Number of Patients	23 Social Services Number of Cases	24 Other Overhead (Specify)	25
	Overhead						
1	Buildings / Fixed Depreciation						1
2	Fringe Benefits						2
3	Administration						3
4	Plant Maintenance / Repairs						4
5	Plant Operations						5
6	Laundry and Linen						6
7	Housekeeping	12					7
8	Cafeteria						8
9	Dietary Services						9
10	Maintenance of Personnel						10
11	Nursing Administration						11
12	RN / LPN Education						12
13	Medical Staff - Teaching						13
14	Post Graduate Medical Education						14
15	Central Services & Supplies	100					15
16	Pharmacy	-1,182					16
17	Medical Records						17
18	Medical Care Review						18
19	Social Services						19
20	Other Overhead (Specify)						20
21	Subtotal Overhead	-1,070					21
	Ancillary Care Services						
22	Surgery	3,745					22
23	Labor & Delivery	1,569					23
24	Recovery Room	1,433					24
25	Anesthesiology	69,013					25
26	Intravenous Therapy						26
27	Medical Supplies - Special						27
28	Drugs - Special	6,041,139					28
29	Laboratory	4,295					29
30	Blood						30
31	Blood Processing / Storage						31
32	Electrocardiology (EKG)	10					32
33	Cardiac Cath Laboratory	141					33
34	Diagnostic Radiology	604					34
35	Therapeutic Radiology						35
36	Computerized Tomography	1					36
37	Nuclear Medicine	301					37
38	Respiratory Therapy	12,316					38
39	Pulmonary Function Test						39
40	Electroencephalography						40
41	Electromyography						41

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	20 Pharmacy Costed Requisitns	21 Medical Records % of Time Spent	22 Medical Care Review Number of Patients	23 Social Services Number of Cases	24 Other Overhead (Specify)	25
42	Physical Therapy						42
43	Occupational Therapy						43
44	Speech-Language Therapy						44
45	Recreational Therapy						45
46	Audiology						46
47	Psychology / Psychiatry						47
48	Renal Dialysis						48
49	Organ Acquisition						49
50	Ambulance						50
51	Other Ancillary (Specify)						51
52	Other Ancillary (Specify)						52
53	Other Ancillary (Specify)						53
54	Other Ancillary (Specify)						54
55	Other Ancillary (Specify)						55
56	Subtotal Ancillary	6,134,567					56
	Routine Inpatient Care Services						
57	Medical & Surgical Acute	14,742	4,660	4,660	4,660		57
58	Pediatric Acute	174	51	51	51		58
59	Obstetric Acute	1,941	1,096	1,096	1,096		59
60	Psychiatric Acute	1,353	906	906	906		60
61	Ventilator Unit						61
62	Skilled Nursing Facilities						62
63	Pediatric Psych	303	388	388	388		63
64	Other Acute (Specify)						64
65	Other Acute (Specify)						65
66	Subtotal Acute	18,513	7,101	7,101	7,101		66
	Med-Surg Intensive Care						
67	Med/Surg Intensive Care	2,961	259	259	259		67
68	Coronary Intensive Care						68
69	Neonatal Intensive Care						69
70	Other ICU (Specify)						70
71	Other ICU (Specify)						71
72	Other ICU (Specify)						72
73	Other ICU (Specify)						73
74	Other ICU (Specify)						74
75	Subtotal Intensive Care	2,961	259	259	259		75
76	Newborn Nursery	678	212	212	212		76
76.01	Special Care Nursery		66	66	66		76.01
77	Chronic / Rehabilitation						77
78	Subtotal Routine Inpat Care	22,152	7,638	7,638	7,638		78
	Routine Ambulatory Care Services						

SCHEDULE XIII - STEPDOWN STATISTICS (Continued)

Line No.	Cost Center Description	20 Pharmacy Costed Requisitns	21 Medical Records % of Time Spent	22 Medical Care Review Number of Patients	23 Social Services Number of Cases	24 Other Overhead (Specify)	25
79	Emergency Services	12,678	31,627				79
80	Clinic / Ambulatory Services	9,142	14,734				80
80.01	Clinic / Ambulatory Svcs (Speci	9,142	14,734				80.01
81	Satellite Clinic Services						81
82	Ambulatory Surgical Services	2,124	6,521				82
83	Ambulatory Renal Dialysis						83
84	Home Dialysis Services						84
85	Psychiatry						85
86	Home Health Services						86
87	Observation Beds						87
88	Private Referrals						88
89	Hospital Licensed Health Center						89
90	Other Ambulatory (Specify)						90
91	Other Ambulatory (Specify)						91
92	Subtotal Routine Ambul Svcs	23,944	52,882				92
93	Total Patient Care	6,180,663	60,520	7,638	7,638		93
94	Total Pat Care & Overhead	6,179,593	60,520	7,638	7,638		94
95	Non-Patient Care Services						95
96	Non-Patient Ancillary Research						96
97	Other Non-Patient	18,450					97
98	Subtotal Non-Patient	18,450					98
99	Recovery of Expenses						99
100	Total Patient/Non-Patient	6,198,043	60,520	7,638	7,638		100
101	Total Statistic	6,199,113	60,520	7,638	7,638		101
101.01	Gross Health Safety Net Assessm						101.01
102	Unit Cost Mult (Excl Capital)	1.30692520	46.70462657	142.88269180	278.71890547		102
103	Unit Cost Mult (Incl Capital)	1.31090674	47.74679445	143.98599110	280.19141136		103

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL)

Line No.	Cost Center Description	2 Direct Exp (Sch.IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits	15,515,129		15,515,129				2
3	Administration	11,897,617	2,139,537	14,037,154		2,139,537		3
4	Plant Maintenance / Repairs	994,201	317,945	1,312,146		155,136	162,809	4
5	Plant Operations	2,151,165	492,167	2,643,332		144,965	152,135	5
6	Laundry and Linen	567,559	50,885	618,444		13,002	13,645	6
7	Housekeeping	1,338,478	682,632	2,021,110		314,735	330,302	7
8	Cafeteria	1,422,005	495,861	1,917,866		186,889	196,132	8
9	Dietary Services	136,977	421,387	558,364		99,884	104,824	9
10	Maintenance of Personnel							10
11	Nursing Administration	1,168,080	706,571	1,874,651		290,852	305,238	11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies	6,810,740	320,794	7,131,534		85,905	90,154	15
16	Pharmacy	7,343,412	758,365	8,101,777		309,770	325,091	16
17	Medical Records	1,803,226	1,023,338	2,826,564		362,706	380,646	17
18	Medical Care Review	717,563	373,775	1,091,338		163,192	171,264	18
19	Social Services	1,447,104	681,751	2,128,855		289,755	304,086	19
20	Other Overhead (Specify)							20
21	Subtotal Overhead	53,313,256	8,465,008	61,778,264		4,556,328	2,536,326	21
	Ancillary Care Services							
22	Surgery	2,680,366				531,855	558,160	22
23	Labor & Delivery	1,288,861				309,085	324,373	23
24	Recovery Room	2,300,541				662,408	695,171	24
25	Anesthesiology	557,551						25
26	Intravenous Therapy	370,121						26
27	Medical Supplies - Special							27
28	Drugs - Special							28
29	Laboratory	6,000,674				765,676	803,547	29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)	827,803				217,236	227,980	32
33	Cardiac Cath Laboratory	996,481				88,089	92,446	33
34	Diagnostic Radiology	3,873,049				819,837	860,387	34
35	Therapeutic Radiology							35
36	Computerized Tomography	838,919				113,040	118,631	36
37	Nuclear Medicine	556,373				76,084	79,847	37
38	Respiratory Therapy	923,731				237,885	249,651	38
39	Pulmonary Function Test	561,009				134,331	140,975	39
40	Electroencephalography	47,691				12,812	13,445	40
41	Electromyography							41

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	2 Direct Exp (Sch.IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration	
42	Physical Therapy	1,872,023				489,832	514,059	42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary	23,695,193				4,458,170	4,678,672	56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute	9,214,038				2,360,186	2,476,923	57
58	Pediatric Acute	406,319				112,745	118,321	58
59	Obstetric Acute	1,169,343				382,554	401,475	59
60	Psychiatric Acute	2,649,089				675,742	709,164	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych	2,626,460				82	86	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute	16,065,249				3,531,309	3,705,969	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care	1,997,940				562,959	590,803	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care	1,997,940				562,959	590,803	75
76	Newborn Nursery	509,634				133,680	140,292	76
76.01	Special Care Nursery	627,108				163,137	171,206	76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care	19,199,931				4,391,085	4,608,270	78
	Routine Ambulatory Care Services							

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	2 Direct Exp (Sch.IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration	
79	Emergency Services	4,203,385				1,099,254	1,153,624	79
80	Clinic / Ambulatory Services	2,384,229				514,868	540,334	80
80.01	Clinic / Ambulatory Svcs (Speci	2,384,229				514,868	540,334	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services	1,419,675				352,749	370,196	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry	22,833				5,467	5,737	85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs	8,030,122				1,972,338	2,069,891	92
93	Total Patient Care	50,925,246				10,821,593	11,356,833	93
94	Total Pat Care & Overhead	104,238,502				15,377,921	13,893,159	94
	Non-Patient Care Services							
95	Non-Patient Ancillary							95
96	Research							96
97	Other Non-Patient	539,570				137,208	143,995	97
98	Subtotal Non-Patient	539,570				137,208	143,995	98
99	Recovery of Expenses	3,356,519						99
100	Total Patient/Non-Patient	108,134,591				15,515,129	14,037,154	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm	658,950						101.01
102	Total Patient/Non-Patient/Bad D	108,793,541				15,515,129	14,037,154	102

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs	9 Plant Operations	10 Laundry & Linen	11 House- keeping	12 Cafeteria	13 Dietary	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration							3
4	Plant Maintenance / Repairs							4
5	Plant Operations	195,067						5
6	Laundry and Linen	7,200	17,038					6
7	Housekeeping	11,168	26,427					7
8	Cafeteria	21,676	51,291		39,873			8
9	Dietary Services	22,846	54,060		42,026	97,747		9
10	Maintenance of Personnel							10
11	Nursing Administration	14,748	34,898		27,129	33,706		11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies	23,918	56,596		43,997	20,224		15
16	Pharmacy	12,587	29,785		23,155	43,818		16
17	Medical Records	36,939	87,409		67,951	87,635		17
18	Medical Care Review	3,667	8,676		6,745	20,224		18
19	Social Services	3,736	8,841		6,873	37,076		19
20	Other Overhead (Specify)							20
21	Subtotal Overhead	353,552	375,021		257,749	340,430		21
	Ancillary Care Services							
22	Surgery	71,486	169,157	25,942	131,501	74,153		22
23	Labor & Delivery	16,827	39,819	13,764	30,954	37,076		23
24	Recovery Room	35,173	83,228	28,103	64,701	74,153		24
25	Anesthesiology							25
26	Intravenous Therapy							26
27	Medical Supplies - Special							27
28	Drugs - Special							28
29	Laboratory	35,300	83,530		64,935	155,047		29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)	12,639	29,908		23,251	33,706		32
33	Cardiac Cath Laboratory					10,112		33
34	Diagnostic Radiology	93,162	220,448	29,545	171,374	134,824		34
35	Therapeutic Radiology							35
36	Computerized Tomography	2,560	6,058		4,710	16,853		36
37	Nuclear Medicine	9,743	23,055		17,923	10,112		37
38	Respiratory Therapy	24,618	58,254		45,286	40,447		38
39	Pulmonary Function Test	6,117	14,474		11,252	20,224		39
40	Electroencephalography	6,256	14,803		11,508	3,371		40
41	Electromyography							41

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs	9 Plant Operations	10 Laundry & Linen	11 House- keeping	12 Cafeteria	13 Dietary	
42	Physical Therapy	50,036	118,400	18,016	92,043	84,265		42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary	363,917	861,134	115,370	669,438	694,343		56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute	176,332	417,250	216,348	324,365	353,910	263,781	57
58	Pediatric Acute	22,469	53,169	14,412	41,333	13,482	2,329	58
59	Obstetric Acute	40,641	96,168	17,035	74,760	43,818	42,106	59
60	Psychiatric Acute	56,495	133,683	61,971	103,924	97,747	128,935	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych	39,077	92,467	44,677	71,883		80,377	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute	335,014	792,737	354,443	616,265	508,957	517,528	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care	37,466	88,656	42,515	68,920	67,412	40,836	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care	37,466	88,656	42,515	68,920	67,412	40,836	75
76	Newborn Nursery	14,076	33,308	5,953	25,893	16,853		76
76.01	Special Care Nursery	869	2,056		1,598	16,853		76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care	387,425	916,757	402,911	712,676	610,075	558,364	78
	Routine Ambulatory Care Services							

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs	9 Plant Operations	10 Laundry & Linen	11 House- keeping	12 Cafeteria	13 Dietary	
79	Emergency Services	57,850	136,891	66,295	106,417	144,935		79
80	Clinic / Ambulatory Services	61,766	146,157	16,574	113,621	67,412		80
80.01	Clinic / Ambulatory Svcs (Speci	61,766	146,157	16,574	113,621	67,412		80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services	28,308	66,986	17,294	52,074	40,447		82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry							85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs	147,924	350,034	100,163	272,112	252,794		92
93	Total Patient Care	899,266	2,127,925	618,444	1,654,226	1,557,212	558,364	93
94	Total Pat Care & Overhead	1,252,818	2,502,946	618,444	1,911,975	1,897,642	558,364	94
95	Non-Patient Care Services							95
96	Non-Patient Ancillary							96
97	Research							97
97	Other Non-Patient	59,328	140,386		109,135	20,224		97
98	Subtotal Non-Patient	59,328	140,386		109,135	20,224		98
99	Recovery of Expenses							99
100	Total Patient/Non-Patient	1,312,146	2,643,332	618,444	2,021,110	1,917,866	558,364	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm							101.01
102	Total Patient/Non-Patient/Bad D	1,312,146	2,643,332	618,444	2,021,110	1,917,866	558,364	102

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration							3
4	Plant Maintenance / Repairs							4
5	Plant Operations							5
6	Laundry and Linen							6
7	Housekeeping							7
8	Cafeteria							8
9	Dietary Services							9
10	Maintenance of Personnel							10
11	Nursing Administration							11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies							15
16	Pharmacy						14,159	16
17	Medical Records						52	17
18	Medical Care Review						7	18
19	Social Services		31,384					19
20	Other Overhead (Specify)							20
21	Subtotal Overhead		31,384				14,218	21
	Ancillary Care Services							
22	Surgery		99,216					22
23	Labor & Delivery		80,514				87,665	23
24	Recovery Room		134,826				119,743	24
25	Anesthesiology						134,646	25
26	Intravenous Therapy							26
27	Medical Supplies - Special						4,481,312	27
28	Drugs - Special							28
29	Laboratory						21,572	29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)		31,468				18,745	32
33	Cardiac Cath Laboratory		18,875				513,489	33
34	Diagnostic Radiology						44,050	34
35	Therapeutic Radiology							35
36	Computerized Tomography						26,615	36
37	Nuclear Medicine						2,201	37
38	Respiratory Therapy						93,610	38
39	Pulmonary Function Test						4,520	39
40	Electroencephalography						3,562	40
41	Electromyography							41

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies	
42	Physical Therapy						13,580	42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary		364,899				5,565,310	56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute		622,497				414,636	57
58	Pediatric Acute		31,962				2,568	58
59	Obstetric Acute		99,653				108,503	59
60	Psychiatric Acute		116,101				7,969	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych						4,716	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute		870,213				538,392	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care		126,520				96,145	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care		126,520				96,145	75
76	Newborn Nursery		34,825				37,915	76
76.01	Special Care Nursery		34,706				8,498	76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care		1,066,264				680,950	78
	Routine Ambulatory Care Services							

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies	
79	Emergency Services		231,779				289,639	79
80	Clinic / Ambulatory Services		103,018				192,198	80
80.01	Clinic / Ambulatory Svcs (Speci		103,018				192,198	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services		73,443				385,802	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry							85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs		408,240				867,639	92
93	Total Patient Care		1,839,403				7,113,899	93
94	Total Pat Care & Overhead		1,870,787				7,128,117	94
	Non-Patient Care Services							
95	Non-Patient Ancillary							95
96	Research							96
97	Other Non-Patient		3,864				3,417	97
98	Subtotal Non-Patient		3,864				3,417	98
99	Recovery of Expenses							99
100	Total Patient/Non-Patient		1,874,651				7,131,534	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm							101.01
102	Total Patient/Non-Patient/Bad D		1,874,651				7,131,534	102

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration							3
4	Plant Maintenance / Repairs							4
5	Plant Operations							5
6	Laundry and Linen							6
7	Housekeeping							7
8	Cafeteria							8
9	Dietary Services							9
10	Maintenance of Personnel							10
11	Nursing Administration							11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies							15
16	Pharmacy							16
17	Medical Records							17
18	Medical Care Review							18
19	Social Services							19
20	Other Overhead (Specify)							20
21	Subtotal Overhead							21
	Ancillary Care Services							
22	Surgery	4,894				4,346,730		22
23	Labor & Delivery	2,051				2,230,989		23
24	Recovery Room	1,873				4,199,920		24
25	Anesthesiology	90,195				782,392		25
26	Intravenous Therapy					370,121		26
27	Medical Supplies - Special					4,481,312		27
28	Drugs - Special	7,895,318				7,895,318		28
29	Laboratory	5,613				7,935,894		29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)	13				1,422,749		32
33	Cardiac Cath Laboratory	184				1,719,676		33
34	Diagnostic Radiology	789				6,247,465		34
35	Therapeutic Radiology							35
36	Computerized Tomography	1				1,127,387		36
37	Nuclear Medicine	393				775,731		37
38	Respiratory Therapy	16,096				1,689,578		38
39	Pulmonary Function Test					892,902		39
40	Electroencephalography					113,448		40
41	Electromyography							41

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown	
42	Physical Therapy						3,252,254	42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary	8,017,420					49,483,866	56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute	19,267	217,644	665,834	1,298,831		19,041,842	57
58	Pediatric Acute	227	2,382	7,287	14,215		843,220	58
59	Obstetric Acute	2,537	51,188	156,599	305,476		2,991,856	59
60	Psychiatric Acute	1,768	42,314	129,452	252,519		5,166,873	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych	396	18,121	55,438	108,143		3,141,923	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute	24,195	331,649	1,014,610	1,979,184		31,185,714	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care	3,870	12,096	37,007	72,188		3,845,333	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care	3,870	12,096	37,007	72,188		3,845,333	75
76	Newborn Nursery	886	9,901	30,291	59,088		1,052,595	76
76.01	Special Care Nursery		3,083	9,430	18,395		1,056,939	76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care	28,951	356,729	1,091,338	2,128,855		37,140,581	78
	Routine Ambulatory Care Services							

SCHEDULE XIV - STEPDOWN EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown	
79	Emergency Services	16,569	1,477,128				8,983,766	79
80	Clinic / Ambulatory Services	11,948	688,146				4,840,271	80
80.01	Clinic / Ambulatory Svcs (Speci	11,948	688,146				4,840,271	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services	2,776	304,561				3,114,311	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry						34,037	85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs	31,293	2,469,835				16,972,385	92
93	Total Patient Care	8,077,664	2,826,564	1,091,338	2,128,855		103,596,832	93
94	Total Pat Care & Overhead	8,077,664	2,826,564	1,091,338	2,128,855		103,596,832	94
95	Non-Patient Care Services							95
96	Non-Patient Ancillary							96
97	Research							97
97	Other Non-Patient	24,113					1,181,240	97
98	Subtotal Non-Patient	24,113					1,181,240	98
99	Recovery of Expenses						3,356,519	99
100	Total Patient/Non-Patient	8,101,777	2,826,564	1,091,338	2,128,855		108,134,591	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm						658,950	101.01
102	Total Patient/Non-Patient/Bad D	8,101,777	2,826,564	1,091,338	2,128,855		108,793,541	102

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL)

Line No.	Cost Center Description	2 Direct Exp (Sch IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration	
	Overhead							
1	Buildings / Fixed Depreciation	1,868,510		1,868,510				1
2	Fringe Benefits	15,515,129		15,515,129				2
3	Administration	11,897,617	2,344,761	14,242,378	205,224	2,139,537		3
4	Plant Maintenance / Repairs	994,201	392,169	1,386,370	71,843	155,136	165,190	4
5	Plant Operations	2,151,165	742,009	2,893,174	236,585	144,965	154,359	5
6	Laundry and Linen	567,559	61,834	629,393	8,733	13,002	13,844	6
7	Housekeeping	1,338,478	704,136	2,042,614	13,545	314,735	335,131	7
8	Cafeteria	1,422,005	531,517	1,953,522	26,290	186,889	199,000	8
9	Dietary Services	136,977	459,294	596,271	27,709	99,884	106,356	9
10	Maintenance of Personnel							10
11	Nursing Administration	1,168,080	733,969	1,902,049	17,887	290,852	309,701	11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies	6,810,740	358,666	7,169,406	29,009	85,905	91,472	15
16	Pharmacy	7,343,412	783,047	8,126,459	15,267	309,770	329,844	16
17	Medical Records	1,803,226	1,086,410	2,889,636	44,802	362,706	386,211	17
18	Medical Care Review	717,563	382,202	1,099,765	4,447	163,192	173,768	18
19	Social Services	1,447,104	692,998	2,140,102	4,531	289,755	308,532	19
20	Other Overhead (Specify)							20
21	Subtotal Overhead	55,181,766	9,273,012	64,454,778	705,872	4,556,328	2,573,408	21
	Ancillary Care Services							
22	Surgery	2,680,366			86,702	531,855	566,321	22
23	Labor & Delivery	1,288,861			20,409	309,085	329,115	23
24	Recovery Room	2,300,541			42,659	662,408	705,335	24
25	Anesthesiology	557,551						25
26	Intravenous Therapy	370,121						26
27	Medical Supplies - Special							27
28	Drugs - Special							28
29	Laboratory	6,000,674			42,814	765,676	815,294	29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)	827,803			15,330	217,236	231,313	32
33	Cardiac Cath Laboratory	996,481				88,089	93,798	33
34	Diagnostic Radiology	3,873,049			112,992	819,837	872,966	34
35	Therapeutic Radiology							35
36	Computerized Tomography	838,919			3,105	113,040	120,365	36
37	Nuclear Medicine	556,373			11,817	76,084	81,014	37
38	Respiratory Therapy	923,731			29,859	237,885	253,301	38
39	Pulmonary Function Test	561,009			7,419	134,331	143,036	39
40	Electroencephalography	47,691			7,588	12,812	13,642	40
41	Electromyography							41

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	2 Direct Exp (Sch IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration	
42	Physical Therapy	1,872,023			60,687	489,832	521,575	42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary	23,695,193			441,381	4,458,170	4,747,075	56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute	9,214,038			213,865	2,360,186	2,513,135	57
58	Pediatric Acute	406,319			27,252	112,745	120,051	58
59	Obstetric Acute	1,169,343			49,291	382,554	407,344	59
60	Psychiatric Acute	2,649,089			68,520	675,742	719,532	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych	2,626,460			47,394	82	88	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute	16,065,249			406,322	3,531,309	3,760,150	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care	1,997,940			45,441	562,959	599,440	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care	1,997,940			45,441	562,959	599,440	75
76	Newborn Nursery	509,634			17,072	133,680	142,343	76
76.01	Special Care Nursery	627,108			1,054	163,137	173,709	76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care	19,199,931			469,889	4,391,085	4,675,642	78
	Routine Ambulatory Care Services							

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	2 Direct Exp (Sch IX, Col.13)	3 Allocated Expense	4 Total Exp for Stepdown	5 Bldg and Fixed Deprec	6 Fringe Benefits	7 Adminis- tration	
79	Emergency Services	4,203,385			70,164	1,099,254	1,170,490	79
80	Clinic / Ambulatory Services	2,384,229			74,914	514,868	548,234	80
80.01	Clinic / Ambulatory Svcs (Speci	2,384,229			74,914	514,868	548,234	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services	1,419,675			34,334	352,749	375,608	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry	22,833				5,467	5,821	85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs	8,030,122			179,412	1,972,338	2,100,153	92
93	Total Patient Care	50,925,246			1,090,682	10,821,593	11,522,870	93
94	Total Pat Care & Overhead	106,107,012			1,796,554	15,377,921	14,096,278	94
	Non-Patient Care Services							
95	Non-Patient Ancillary							95
96	Research							96
97	Other Non-Patient	539,570			71,956	137,208	146,100	97
98	Subtotal Non-Patient	539,570			71,956	137,208	146,100	98
99	Recovery of Expenses	3,356,519						99
100	Total Patient/Non-Patient	110,003,101			1,868,510	15,515,129	14,242,378	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm	658,950						101.01
102	Total Patient/Non-Patient/Bad D	110,662,051			1,868,510	15,515,129	14,242,378	102

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs	9 Plant Operations	10 Laundry & Linen	11 House- keeping	12 Cafeteria	13 Dietary	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration							3
4	Plant Maintenance / Repairs							4
5	Plant Operations	206,100						5
6	Laundry and Linen	7,607	18,648					6
7	Housekeeping	11,800	28,925					7
8	Cafeteria	22,902	56,139		40,297			8
9	Dietary Services	24,138	59,170		42,473	99,564		9
10	Maintenance of Personnel							10
11	Nursing Administration	15,582	38,196		27,418	34,333		11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies	25,270	61,945		44,465	20,600		15
16	Pharmacy	13,299	32,600		23,401	44,632		16
17	Medical Records	39,029	95,671		68,674	89,265		17
18	Medical Care Review	3,874	9,497		6,817	20,600		18
19	Social Services	3,948	9,677		6,946	37,766		19
20	Other Overhead (Specify)							20
21	Subtotal Overhead	373,549	410,468		260,491	346,760		21
	Ancillary Care Services							
22	Surgery	75,530	185,145	26,401	132,900	75,532		22
23	Labor & Delivery	17,779	43,582	14,007	31,284	37,766		23
24	Recovery Room	37,162	91,095	28,601	65,389	75,532		24
25	Anesthesiology							25
26	Intravenous Therapy							26
27	Medical Supplies - Special							27
28	Drugs - Special							28
29	Laboratory	37,297	91,425		65,626	157,930		29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)	13,354	32,735		23,498	34,333		32
33	Cardiac Cath Laboratory					10,300		33
34	Diagnostic Radiology	98,432	241,284	30,068	173,197	137,330		34
35	Therapeutic Radiology							35
36	Computerized Tomography	2,705	6,631		4,760	17,166		36
37	Nuclear Medicine	10,294	25,234		18,113	10,300		37
38	Respiratory Therapy	26,011	63,760		45,768	41,199		38
39	Pulmonary Function Test	6,463	15,843		11,372	20,600		39
40	Electroencephalography	6,610	16,203		11,630	3,433		40
41	Electromyography							41

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs	9 Plant Operations	10 Laundry & Linen	11 House- keeping	12 Cafeteria	13 Dietary	
42	Physical Therapy	52,867	129,591	18,335	93,022	85,831		42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary	384,504	942,528	117,412	676,559	707,252		56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute	186,306	456,688	220,181	327,818	360,490	281,689	57
58	Pediatric Acute	23,740	58,194	14,667	41,773	13,733	2,487	58
59	Obstetric Acute	42,940	105,257	17,336	75,555	44,632	44,965	59
60	Psychiatric Acute	59,691	146,319	63,068	105,030	99,564	137,688	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych	41,287	101,206	45,468	72,647		85,834	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute	353,964	867,664	360,720	622,823	518,419	552,663	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care	39,586	97,036	43,268	69,654	68,665	43,608	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care	39,586	97,036	43,268	69,654	68,665	43,608	75
76	Newborn Nursery	14,872	36,456	6,058	26,169	17,166		76
76.01	Special Care Nursery	918	2,250		1,615	17,166		76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care	409,340	1,003,406	410,046	720,261	621,416	596,271	78
	Routine Ambulatory Care Services							

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Plant Maint. & Repairs	9 Plant Operations	10 Laundry & Linen	11 House- keeping	12 Cafeteria	13 Dietary	
79	Emergency Services	61,123	149,829	67,468	107,550	147,630		79
80	Clinic / Ambulatory Services	65,260	159,971	16,867	114,829	68,665		80
80.01	Clinic / Ambulatory Svcs (Speci	65,260	159,971	16,867	114,829	68,665		80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services	29,910	73,317	17,600	52,628	41,199		82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry							85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs	156,293	383,117	101,935	275,007	257,494		92
93	Total Patient Care	950,137	2,329,051	629,393	1,671,827	1,586,162	596,271	93
94	Total Pat Care & Overhead	1,323,686	2,739,519	629,393	1,932,318	1,932,922	596,271	94
95	Non-Patient Care Services							95
96	Non-Patient Ancillary							96
97	Research							97
97	Other Non-Patient	62,684	153,655		110,296	20,600		97
98	Subtotal Non-Patient	62,684	153,655		110,296	20,600		98
99	Recovery of Expenses							99
100	Total Patient/Non-Patient	1,386,370	2,893,174	629,393	2,042,614	1,953,522	596,271	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm							101.01
102	Total Patient/Non-Patient/Bad D	1,386,370	2,893,174	629,393	2,042,614	1,953,522	596,271	102

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration							3
4	Plant Maintenance / Repairs							4
5	Plant Operations							5
6	Laundry and Linen							6
7	Housekeeping							7
8	Cafeteria							8
9	Dietary Services							9
10	Maintenance of Personnel							10
11	Nursing Administration							11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies							15
16	Pharmacy						14,234	16
17	Medical Records						52	17
18	Medical Care Review						7	18
19	Social Services		31,843					19
20	Other Overhead (Specify)							20
21	Subtotal Overhead		31,843				14,293	21
	Ancillary Care Services							
22	Surgery		100,666					22
23	Labor & Delivery		81,690				88,130	23
24	Recovery Room		136,796				120,379	24
25	Anesthesiology						135,361	25
26	Intravenous Therapy							26
27	Medical Supplies - Special						4,505,110	27
28	Drugs - Special							28
29	Laboratory						21,686	29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)		31,928				18,845	32
33	Cardiac Cath Laboratory		19,150				516,216	33
34	Diagnostic Radiology						44,284	34
35	Therapeutic Radiology							35
36	Computerized Tomography						26,757	36
37	Nuclear Medicine						2,212	37
38	Respiratory Therapy						94,108	38
39	Pulmonary Function Test						4,544	39
40	Electroencephalography						3,581	40
41	Electromyography							41

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies	
42	Physical Therapy						13,652	42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary		370,230				5,594,865	56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute		631,597				416,838	57
58	Pediatric Acute		32,429				2,582	58
59	Obstetric Acute		101,109				109,079	59
60	Psychiatric Acute		117,798				8,011	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych						4,741	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute		882,933				541,251	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care		128,369				96,655	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care		128,369				96,655	75
76	Newborn Nursery		35,334				38,116	76
76.01	Special Care Nursery		35,213				8,543	76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care		1,081,849				684,565	78
	Routine Ambulatory Care Services							

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Main- tenance of Personnel	15 Nursing Adminis- tration	16 RN and LPN Education	17 Medical Staff - Teaching	18 Post Grad Medical Education	19 Central Service & Supplies	
79	Emergency Services		235,167				291,178	79
80	Clinic / Ambulatory Services		104,524				193,219	80
80.01	Clinic / Ambulatory Svcs (Speci		104,524				193,219	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services		74,516				387,851	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry							85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs		414,207				872,248	92
93	Total Patient Care		1,866,286				7,151,678	93
94	Total Pat Care & Overhead		1,898,129				7,165,971	94
	Non-Patient Care Services							
95	Non-Patient Ancillary							95
96	Research							96
97	Other Non-Patient		3,920				3,435	97
98	Subtotal Non-Patient		3,920				3,435	98
99	Recovery of Expenses							99
100	Total Patient/Non-Patient		1,902,049				7,169,406	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm							101.01
102	Total Patient/Non-Patient/Bad D		1,902,049				7,169,406	102

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown	
	Overhead							
1	Buildings / Fixed Depreciation							1
2	Fringe Benefits							2
3	Administration							3
4	Plant Maintenance / Repairs							4
5	Plant Operations							5
6	Laundry and Linen							6
7	Housekeeping							7
8	Cafeteria							8
9	Dietary Services							9
10	Maintenance of Personnel							10
11	Nursing Administration							11
12	RN / LPN Education							12
13	Medical Staff - Teaching							13
14	Post Graduate Medical Education							14
15	Central Services & Supplies							15
16	Pharmacy							16
17	Medical Records							17
18	Medical Care Review							18
19	Social Services							19
20	Other Overhead (Specify)							20
21	Subtotal Overhead							21
	Ancillary Care Services							
22	Surgery	4,909					4,466,327	22
23	Labor & Delivery	2,057					2,263,765	23
24	Recovery Room	1,879					4,267,776	24
25	Anesthesiology	90,470					783,382	25
26	Intravenous Therapy						370,121	26
27	Medical Supplies - Special						4,505,110	27
28	Drugs - Special	7,919,370					7,919,370	28
29	Laboratory	5,630					8,004,052	29
30	Blood							30
31	Blood Processing / Storage							31
32	Electrocardiology (EKG)	13					1,446,388	32
33	Cardiac Cath Laboratory	185					1,724,219	33
34	Diagnostic Radiology	792					6,404,231	34
35	Therapeutic Radiology							35
36	Computerized Tomography	1					1,133,449	36
37	Nuclear Medicine	395					791,836	37
38	Respiratory Therapy	16,145					1,731,767	38
39	Pulmonary Function Test						904,617	39
40	Electroencephalography						123,190	40
41	Electromyography							41

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown	
42	Physical Therapy						3,337,415	42
43	Occupational Therapy							43
44	Speech-Language Therapy							44
45	Recreational Therapy							45
46	Audiology							46
47	Psychology / Psychiatry							47
48	Renal Dialysis							48
49	Organ Acquisition							49
50	Ambulance							50
51	Other Ancillary (Specify)							51
52	Other Ancillary (Specify)							52
53	Other Ancillary (Specify)							53
54	Other Ancillary (Specify)							54
55	Other Ancillary (Specify)							55
56	Subtotal Ancillary	8,041,846					50,177,015	56
	Routine Inpatient Care Services							
57	Medical & Surgical Acute	19,325	222,500	670,975	1,305,691		19,401,322	57
58	Pediatric Acute	228	2,435	7,343	14,290		880,268	58
59	Obstetric Acute	2,544	52,330	157,809	307,090		3,069,178	59
60	Psychiatric Acute	1,774	43,259	130,451	253,853		5,279,389	60
61	Ventilator Unit							61
62	Skilled Nursing Facilities							62
63	Pediatric Psych	397	18,526	55,867	108,714		3,208,711	63
64	Other Acute (Specify)							64
65	Other Acute (Specify)							65
66	Subtotal Acute	24,268	339,050	1,022,445	1,989,638		31,838,868	66
	Med-Surg Intensive Care							
67	Med/Surg Intensive Care	3,882	12,366	37,292	72,570		3,918,731	67
68	Coronary Intensive Care							68
69	Neonatal Intensive Care							69
70	Other ICU (Specify)							70
71	Other ICU (Specify)							71
72	Other ICU (Specify)							72
73	Other ICU (Specify)							73
74	Other ICU (Specify)							74
75	Subtotal Intensive Care	3,882	12,366	37,292	72,570		3,918,731	75
76	Newborn Nursery	889	10,122	30,525	59,401		1,077,837	76
76.01	Special Care Nursery		3,151	9,503	18,493		1,061,860	76.01
77	Chronic / Rehabilitation							77
78	Subtotal Routine Inpat Care	29,039	364,689	1,099,765	2,140,102		37,897,296	78
	Routine Ambulatory Care Services							

SCHEDULE XV - STEPDOWN EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Pharmacy	21 Medical Records	22 Medical Care Review	23 Social Services	24 Other Overhead	25 Total Exp After Stepdown	
79	Emergency Services	16,620	1,510,089				9,129,947	79
80	Clinic / Ambulatory Services	11,984	703,501				4,961,065	80
80.01	Clinic / Ambulatory Svcs (Speci	11,984	703,501				4,961,065	80.01
81	Satellite Clinic Services							81
82	Ambulatory Surgical Services	2,784	311,357				3,173,528	82
83	Ambulatory Renal Dialysis							83
84	Home Dialysis Services							84
85	Psychiatry						34,121	85
86	Home Health Services							86
87	Observation Beds							87
88	Private Referrals							88
89	Hospital Licensed Health Center							89
90	Other Ambulatory (Specify)							90
91	Other Ambulatory (Specify)							91
92	Subtotal Routine Ambul Svcs	31,388	2,524,947				17,298,661	92
93	Total Patient Care	8,102,273	2,889,636	1,099,765	2,140,102		105,372,972	93
94	Total Pat Care & Overhead	8,102,273	2,889,636	1,099,765	2,140,102		105,372,972	94
95	Non-Patient Care Services							95
96	Non-Patient Ancillary							96
97	Research							97
97	Other Non-Patient	24,186					1,273,610	97
98	Subtotal Non-Patient	24,186					1,273,610	98
99	Recovery of Expenses						3,356,519	99
100	Total Patient/Non-Patient	8,126,459	2,889,636	1,099,765	2,140,102		110,003,101	100
101	Provision for Bad Debts							101
101.01	Gross Health Safety Net Assessm						658,950	101.01
102	Total Patient/Non-Patient/Bad D	8,126,459	2,889,636	1,099,765	2,140,102		110,662,051	102

SCHEDULE XVI - PATIENT SERVICE STATISTICS

Line No.	Cost Center Description	2	3	4	5	6	7	
			Routine		Surgery	Labor & Delivery	Recovery Room	
		(Pat Days/ OPD Visits)			Surgery Minutes	Procs & Wtd Circum	Rec Room Minutes	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute	16,460			98,299	87	806	1
2	Pediatric Acute	108			1,233		7	2
3	Obstetric Acute	1,952			1,440	324	15	3
4	Psychiatric Acute	5,977			2		3	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych	3,726						7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	28,223			100,974	411	831	10
11	Med/Surg Intensive Care	1,893			9,422	1	50	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	1,893			9,422	1	50	19
20	Newborn Nursery	1,572				173		20
20.01	Special Care Nursery	429						20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	32,117			110,396	585	881	22
	Routine Ambulatory Care Services							
23	Emergency Services	31,627			4		6	23
24	Clinic / Ambulatory Services	14,734						24
24.01	Clinic / Ambulatory Svcs (Speci	14,734						24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services	6,467			269,850		6,667	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry	137						29
30	Home Health Services							30
31	Observation Beds	2,351						31
32	Private Referrals				12,360	77	191	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs	55,316			282,214	77	6,864	36
37	Total Patient Care	87,433			392,610	662	7,745	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	2	3 Routine	4	5 Surgery	6 Labor & Delivery	7 Recovery Room	
			(Pat Days/ OPD Visits)		Surgery Minutes	Procs & Wtd Circum	Rec Room Minutes	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient		87,433		392,610	662	7,745	42
43								43
44								44
44.01	Gross Health Safety Net Assessm							44.01
45	Unit Cost Mult (Excl Capital)					3370.07401813		
		618.90780369			11.07136853		542.27501614	45
46	Unit Cost Mult (Incl Capital)					3419.58459215		
		631.29432823			11.37598889		551.03628147	46

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	8 Anesthes- iology Anesthesia Minutes	9 IV Therapy IV Bottles Used	10 Medical Supplies Special Costed Requisitns	11 Drugs Special Costed Requisitns	12 Laboratory Cap Units	13 Blood Cap Units
	Routine Inpatient Care Services						
1	Medical & Surgical Acute	1,120	193	25,868	1,283,573	138,972	1
2	Pediatric Acute	12		297	7,569	426	2
3	Obstetric Acute	16	556	4,203	85,491	4,763	3
4	Psychiatric Acute	109		284	145,093	16,519	4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych			13	37,895	4,101	7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)	1,257	749	30,665	1,559,621	164,781	10
11	Med/Surg Intensive Care	66		1,828	154,813	13,270	11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)	66		1,828	154,813	13,270	19
20	Newborn Nursery						20
20.01	Special Care Nursery		3	670	12,699	3,407	20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)	1,323	752	33,163	1,727,133	181,458	22
	Routine Ambulatory Care Services						
23	Emergency Services	6	1	12,603	368,871	61,716	23
24	Clinic / Ambulatory Services		2,216	1,417	2,710,412	2,315	24
24.01	Clinic / Ambulatory Svcs (Speci		2,216	1,417	2,710,412	2,315	24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services	6,940	345	35,362	187,386	31,857	26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals	42	1,246	1,908	1,204,242	420,736	32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs	6,988	3,808	51,290	4,470,911	516,624	36
37	Total Patient Care	8,311	4,560	84,453	6,198,044	698,082	37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	8	9	10	11	12	13
		Anesthes- iology	IV Therapy	Medical Supplies Special Costed Requisitns	Drugs Special Costed Requisitns	Laboratory Cap Units	Blood Cap Units
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient	8,311	4,560	84,453	6,198,044	698,082	42
43							43
44							44
44.01	Gross Health Safety Net Assessm						44.01
45	Unit Cost Mult (Excl Capital)	94.13933341	81.16688596	53.06279232	1.27384026	11.36814013	45
46	Unit Cost Mult (Incl Capital)	94.25845265	81.16688596	53.34458219	1.27772084	11.46577623	46

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	14 Blood Processing & Storage Cap Units	15 EKG Cap Units	16 Cardiac Cath Laboratory Procedures	17 Diagnostic Radiology RVU	18 Therapeutic Radiology RVU	19 CT Scanner Patients Scanned	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute		9,812	514	16,810		5,017	1
2	Pediatric Acute		2		48		28	2
3	Obstetric Acute		5		69		3	3
4	Psychiatric Acute		226		253		77	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych		39		5			7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)		10,084	514	17,185		5,125	10
11	Med/Surg Intensive Care		1,427	14	636		256	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)		1,427	14	636		256	19
20	Newborn Nursery							20
20.01	Special Care Nursery		3		17			20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)		11,514	528	17,838		5,381	22
	Routine Ambulatory Care Services							
23	Emergency Services		2,869		7,641		5,205	23
24	Clinic / Ambulatory Services				12		5	24
24.01	Clinic / Ambulatory Svcs (Speci				12		5	24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services		185	100	3,868		163	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals		4,615	6,073	47,349		5,755	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs		7,669	6,173	58,870		11,128	36
37	Total Patient Care		19,183	6,701	76,708		16,509	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

Line No.	Cost Center Description	14 Blood Processing & Storage Cap Units	15 EKG Cap Units	16 Cardiac Cath Laboratory Procedures	17 Diagnostic Radiology RVU	18 Therapeutic Radiology RVU	19 CT Scanner Patients Scanned
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient		19,183	6,701	76,708		16,509
43							43
44							44
44.01	Gross Health Safety Net Assessm						44.01
45	Unit Cost Mult (Excl Capital)		256.62975675				
		74.16717927		81.44476456		68.28923617	45
46	Unit Cost Mult (Incl Capital)		257.30771527				
		75.39946828		83.48843667		68.65642983	46

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine RVU	21 Respir Therapy Treatments	22 Pulmonary Function Cap Units	23 EEG RVU	24 Electro- myography RVU	25 Physical Therapy Treatments
	Routine Inpatient Care Services						
1	Medical & Surgical Acute	2,316	47,142	32	279		17,325
2	Pediatric Acute	1	301				14
3	Obstetric Acute		410				10
4	Psychiatric Acute	3	230		17		47
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych		2		1		7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)	2,320	48,085	32	297		17,396
11	Med/Surg Intensive Care	44	1,714		23		604
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)	44	1,714		23		604
20	Newborn Nursery						20
20.01	Special Care Nursery		71				13
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)	2,364	49,870	32	320		18,013
	Routine Ambulatory Care Services						
23	Emergency Services	23	3,306				247
24	Clinic / Ambulatory Services		1				1
24.01	Clinic / Ambulatory Svcs (Speci		1				1
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services	41	317				580
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals	1,984	9,151	2,303	256		78,528
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs	2,048	12,775	2,303	256		79,356
37	Total Patient Care	4,412	62,645	2,335	576		97,369
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine RVU	21 Respir Therapy Treatments	22 Pulmonary Function Cap Units	23 EEG RVU	24 Electro- myography RVU	25 Physical Therapy Treatments
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient	4,412	62,645	2,335	576		97,369
43							42
44							43
44.01	Gross Health Safety Net Assessm						44
45	Unit Cost Mult (Excl Capital)	175.82298277	26.97067603	382.39914347	196.95833333		44.01
46	Unit Cost Mult (Incl Capital)	179.47325476	27.64413760	387.41627409	213.87152778		45
							33.40132897
							34.27595025
							46

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	26 Occupatnl Therapy Treatments	27 Speech Therapy Sessions	28 Recreatnl Therapy Treatments	29 Audiology Procedures	30 Psychology Psychiatry Treatments	31 Renal Dialysis Treatments
	Routine Inpatient Care Services						
1	Medical & Surgical Acute						1
2	Pediatric Acute						2
3	Obstetric Acute						3
4	Psychiatric Acute						4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych						7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)						10
11	Med/Surg Intensive Care						11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)						19
20	Newborn Nursery						20
20.01	Special Care Nursery						20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)						22
	Routine Ambulatory Care Services						
23	Emergency Services						23
24	Clinic / Ambulatory Services						24
24.01	Clinic / Ambulatory Svcs (Speci						24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services						26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals						32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs						36
37	Total Patient Care						37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	26	27	28	29	30	31
		Occupatnl Therapy	Speech Therapy	Recreatnl Therapy	Audiology	Psychology Psychiatry	Renal Dialysis
		Treatments	Sessions	Treatments	Procedures	Treatments	Treatments
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient						42
43							43
44							44
44.01	Gross Health Safety Net Assessm						44.01
45	Unit Cost Mult (Excl Capital)						45
46	Unit Cost Mult (Incl Capital)						46

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary	
		Organs	Occasions of Service	(Specify)	(Specify)	(Specify)	(Specify)	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute							1
2	Pediatric Acute							2
3	Obstetric Acute							3
4	Psychiatric Acute							4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych							7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)							10
11	Med/Surg Intensive Care							11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)							19
20	Newborn Nursery							20
20.01	Special Care Nursery							20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)							22
	Routine Ambulatory Care Services							
23	Emergency Services							23
24	Clinic / Ambulatory Services							24
24.01	Clinic / Ambulatory Svcs (Speci							24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services							26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals							32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs							36
37	Total Patient Care							37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary
		Organs	Occasions of Service	(Specify)	(Specify)	(Specify)	(Specify)
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient						42
43							43
44							44
44.01	Gross Health Safety Net Assessm						44.01
45	Unit Cost Mult (Excl Capital)						45
46	Unit Cost Mult (Incl Capital)						46

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

38
 Other
 Ancillary

Line No.	Cost Center Description	(Specify)	
	Routine Inpatient Care Services		
1	Medical & Surgical Acute		1
2	Pediatric Acute		2
3	Obstetric Acute		3
4	Psychiatric Acute		4
5	Ventilator Unit		5
6	Skilled Nursing Facilities		6
7	Pediatric Psych		7
8	Other Acute (Specify)		8
9	Other Acute (Specify)		9
10	Subtotal (Lines 1-9)		10
11	Med/Surg Intensive Care		11
12	Coronary Intensive Care		12
13	Neonatal Intensive Care		13
14	Other ICU (Specify)		14
15	Other ICU (Specify)		15
16	Other ICU (Specify)		16
17	Other ICU (Specify)		17
18	Other ICU (Specify)		18
19	Subtotal (Lines 11-18)		19
20	Newborn Nursery		20
20.01	Special Care Nursery		20.01
21	Chronic / Rehabilitation		21
22	Subtotal (Lines 10+19+20+21)		22
	Routine Ambulatory Care Services		
23	Emergency Services		23
24	Clinic / Ambulatory Services		24
24.01	Clinic / Ambulatory Svcs (Speci		24.01
25	Satellite Clinic Services		25
26	Ambulatory Surgical Services		26
27	Ambulatory Renal Dialysis		27
28	Home Dialysis Services		28
29	Psychiatry		29
30	Home Health Services		30
31	Observation Beds		31
32	Private Referrals		32
33	Hospital Licensed Health Center		33
34	Other Ambulatory (Specify)		34
35	Other Ambulatory (Specify)		35
36	Subtotal Routine Ambul Svcs		36
37	Total Patient Care		37
	Non-Patient Care Services		
38	Non-Patient Ancillary		38

PROVIDER NO. 2006 Anna Jaques Hospital
PERIOD FROM 10/01/2012 TO 09/30/2013

State of Massachusetts - D403 KPMG COMPU-MAX SYSTEM
Page 133

VERSION: 2013.11
03/04/2014 13:50:56

SCHEDULE XVI - PATIENT SERVICE STATISTICS (Continued)

38
Other
Ancillary

Line No.	Cost Center Description	(Specify)	
39	Research		39
40	Other Non-Patient		40
41	Subtotal Non-Patient		41
42	Total Patient / Non-Patient		42
43			43
44			44
44.01	Gross Health Safety Net Assessm		44.01
45	Unit Cost Mult (Excl Capital)		45
46	Unit Cost Mult (Incl Capital)		46

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL)

Line No.	Cost Center Description	2 Total Expense (Col.3+4)	3 Exp After Stepdown (XIV,C.25)	4 Ancillary Expenses (C.5-38)	5 Surgery	6 Labor & Delivery	7 Recovery Room	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute	30,464,916	19,041,842	11,423,074	1,088,304	293,196	437,074	1
2	Pediatric Acute	906,773	843,220	63,553	13,651		3,796	2
3	Obstetric Acute	4,558,131	2,991,856	1,566,275	15,943	1,091,904	8,134	3
4	Psychiatric Acute	5,620,742	5,166,873	453,869	22		1,627	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych	3,241,057	3,141,923	99,134				7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	44,791,619	31,185,714	13,605,905	1,117,920	1,385,100	450,631	10
11	Med/Surg Intensive Care	4,688,784	3,845,333	843,451	104,314	3,370	27,114	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	4,688,784	3,845,333	843,451	104,314	3,370	27,114	19
20	Newborn Nursery	1,635,618	1,052,595	583,023		583,023		20
20.01	Special Care Nursery	1,151,599	1,056,939	94,660				20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	52,267,620	37,140,581	15,127,039	1,222,234	1,971,493	477,745	22
	Routine Ambulatory Care Services							
23	Emergency Services	12,119,948	8,983,766	3,136,182	44		3,254	23
24	Clinic / Ambulatory Services	8,575,653	4,840,271	3,735,382				24
24.01	Clinic / Ambulatory Svcs (Speci	8,575,653	4,840,271	3,735,382				24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services	13,276,533	3,114,311	10,162,222	2,987,610		3,615,346	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry	34,037	34,037					29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals	17,323,041		17,323,041	136,842	259,496	103,575	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs	51,329,212	16,972,385	34,356,827	3,124,496	259,496	3,722,175	36
37	Total Patient Care	103,596,832	54,112,966	49,483,866	4,346,730	2,230,989	4,199,920	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	2 Total Expense (Col.3+4)	3 Exp After Stepdown (XIV,C.25)	4 Ancillary Expenses (C.5-38)	5 Surgery	6 Labor & Delivery	7 Recovery Room	
39	Research							39
40	Other Non-Patient	1,181,240	1,181,240					40
41	Subtotal Non-Patient	1,181,240	1,181,240					41
42	Total Patient / Non-Patient	104,778,072	55,294,206	49,483,866	4,346,730	2,230,989	4,199,920	42
43	Recovery	3,356,519						43
44	Provision for Bad Debts							44
44.01	Gross Health Safety Net Assessm	658,950						44.01
45	Total Patient/Non-Patient/Bad D	108,793,541	55,294,206	49,483,866	4,346,730	2,230,989	4,199,920	45
46	General Fund	108,134,591						46
47								47
48								48
49	Capital	1,868,510						49
50	Operating	104,778,072						50
51	Loading Factor	.0178						51

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Anesthes- iology	9 IV Therapy	10 Medical Supplies Special	11 Drugs Special	12 Laboratory	13 Blood
	Routine Inpatient Care Services						
1	Medical & Surgical Acute	105,436	15,665	1,372,628	1,635,067	1,579,853	1
2	Pediatric Acute	1,130		15,760	9,642	4,843	2
3	Obstetric Acute	1,506	45,129	223,023	108,902	54,146	3
4	Psychiatric Acute	10,261		15,070	184,825	187,790	4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych			690	48,272	46,621	7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)	118,333	60,794	1,627,171	1,986,708	1,873,253	10
11	Med/Surg Intensive Care	6,213		96,999	197,207	150,855	11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)	6,213		96,999	197,207	150,855	19
20	Newborn Nursery						20
20.01	Special Care Nursery		244	35,552	16,176	38,731	20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)	124,546	61,038	1,759,722	2,200,091	2,062,839	22
	Routine Ambulatory Care Services						
23	Emergency Services	565	81	668,750	469,883	701,596	23
24	Clinic / Ambulatory Services		179,865	75,190	3,452,632	26,317	24
24.01	Clinic / Ambulatory Svcs (Speci		179,865	75,190	3,452,632	26,317	24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services	653,327	28,003	1,876,406	238,700	362,155	26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals	3,954	101,134	101,244	1,534,012	4,782,987	32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs	657,846	309,083	2,721,590	5,695,227	5,873,055	36
37	Total Patient Care	782,392	370,121	4,481,312	7,895,318	7,935,894	37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Anesthes- iology	9 IV Therapy	10 Medical Supplies Special	11 Drugs Special	12 Laboratory	13 Blood
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient	782,392	370,121	4,481,312	7,895,318	7,935,894	42
43	Recovery						43
44	Provision for Bad Debts						44
44.01	Gross Health Safety Net Assessm						44.01
45	Total Patient/Non-Patient/Bad D	782,392	370,121	4,481,312	7,895,318	7,935,894	45
46	General Fund						46
47							47
48							48
49	Capital						49
50	Operating						50
51	Loading Factor						51

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Blood Processing & Storage	15 EKG	16 Cardiac Cath Laboratory	17 Diagnostic Radiology	18 Therapeutc Radiology	19 CT Scanner	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute		727,726	131,908	1,369,086		342,607	1
2	Pediatric Acute		148		3,909		1,912	2
3	Obstetric Acute		371		5,620		205	3
4	Psychiatric Acute		16,762		20,606		5,258	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych		2,893		407			7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)		747,900	131,908	1,399,628		349,982	10
11	Med/Surg Intensive Care		105,837	3,593	51,799		17,482	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)		105,837	3,593	51,799		17,482	19
20	Newborn Nursery							20
20.01	Special Care Nursery		223		1,385			20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)		853,960	135,501	1,452,812		367,464	22
	Routine Ambulatory Care Services							
23	Emergency Services		212,786		622,319		355,445	23
24	Clinic / Ambulatory Services				977		341	24
24.01	Clinic / Ambulatory Svcs (Speci				977		341	24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services		13,721	25,663	315,028		11,131	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals		342,282	1,558,512	3,856,329		393,006	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs		568,789	1,584,175	4,794,653		759,923	36
37	Total Patient Care		1,422,749	1,719,676	6,247,465		1,127,387	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Blood Processing & Storage	15 EKG	16 Cardiac Cath Laboratory	17 Diagnostic Radiology	18 Therapeutc Radiology	19 CT Scanner	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient		1,422,749	1,719,676	6,247,465		1,127,387	42
43	Recovery							43
44	Provision for Bad Debts							44
44.01	Gross Health Safety Net Assessm							44.01
45	Total Patient/Non-Patient/Bad D		1,422,749	1,719,676	6,247,465		1,127,387	45
46	General Fund							46
47								47
48								48
49	Capital							49
50	Operating							50
51	Loading Factor							51

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine	21 Respir Therapy	22 Pulmonary Function	23 EEG	24 Electro- myography	25 Physical Therapy	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute	407,206	1,271,451	12,237	54,952		578,678	1
2	Pediatric Acute	176	8,118				468	2
3	Obstetric Acute		11,058				334	3
4	Psychiatric Acute	527	6,203		3,348		1,570	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych		54		197			7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	407,909	1,296,884	12,237	58,497		581,050	10
11	Med/Surg Intensive Care	7,736	46,228		4,530		20,174	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	7,736	46,228		4,530		20,174	19
20	Newborn Nursery							20
20.01	Special Care Nursery		1,915				434	20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	415,645	1,345,027	12,237	63,027		601,658	22
	Routine Ambulatory Care Services							
23	Emergency Services	4,044	89,165				8,250	23
24	Clinic / Ambulatory Services		27				33	24
24.01	Clinic / Ambulatory Svcs (Speci		27				33	24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services	7,209	8,550				19,373	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals	348,833	246,809	880,665	50,421		2,622,940	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs	360,086	344,551	880,665	50,421		2,650,596	36
37	Total Patient Care	775,731	1,689,578	892,902	113,448		3,252,254	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine	21 Respir Therapy	22 Pulmonary Function	23 EEG	24 Electro- myography	25 Physical Therapy	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient	775,731	1,689,578	892,902	113,448		3,252,254	42
43	Recovery							43
44	Provision for Bad Debts							44
44.01	Gross Health Safety Net Assessm							44.01
45	Total Patient/Non-Patient/Bad D	775,731	1,689,578	892,902	113,448		3,252,254	45
46	General Fund							46
47								47
48								48
49	Capital							49
50	Operating							50
51	Loading Factor							51

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	26 Occupatnl Therapy	27 Speech Therapy	28 Recreatnl Therapy	29 Audiology	30 Psychology Psychiatry	31 Renal Dialysis
	Routine Inpatient Care Services						
1	Medical & Surgical Acute						1
2	Pediatric Acute						2
3	Obstetric Acute						3
4	Psychiatric Acute						4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych						7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)						10
11	Med/Surg Intensive Care						11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)						19
20	Newborn Nursery						20
20.01	Special Care Nursery						20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)						22
	Routine Ambulatory Care Services						
23	Emergency Services						23
24	Clinic / Ambulatory Services						24
24.01	Clinic / Ambulatory Svcs (Speci						24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services						26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals						32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs						36
37	Total Patient Care						37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	26 Occupatnl Therapy	27 Speech Therapy	28 Recreatnl Therapy	29 Audiology	30 Psychology Psychiatry	31 Renal Dialysis
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient						42
43	Recovery						43
44	Provision for Bad Debts						44
44.01	Gross Health Safety Net Assessm						44.01
45	Total Patient/Non-Patient/Bad D						45
46	General Fund						46
47							47
48							48
49	Capital						49
50	Operating						50
51	Loading Factor						51

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary
	Routine Inpatient Care Services						
1	Medical & Surgical Acute						1
2	Pediatric Acute						2
3	Obstetric Acute						3
4	Psychiatric Acute						4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych						7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)						10
11	Med/Surg Intensive Care						11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)						19
20	Newborn Nursery						20
20.01	Special Care Nursery						20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)						22
	Routine Ambulatory Care Services						
23	Emergency Services						23
24	Clinic / Ambulatory Services						24
24.01	Clinic / Ambulatory Svcs (Speci						24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services						26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals						32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs						36
37	Total Patient Care						37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient						42
43	Recovery						43
44	Provision for Bad Debts						44
44.01	Gross Health Safety Net Assessm						44.01
45	Total Patient/Non-Patient/Bad D						45
46	General Fund						46
47							47
48							48
49	Capital						49
50	Operating						50
51	Loading Factor						51

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	38 Other Ancillary	
	Routine Inpatient Care Services		
1	Medical & Surgical Acute		1
2	Pediatric Acute		2
3	Obstetric Acute		3
4	Psychiatric Acute		4
5	Ventilator Unit		5
6	Skilled Nursing Facilities		6
7	Pediatric Psych		7
8	Other Acute (Specify)		8
9	Other Acute (Specify)		9
10	Subtotal (Lines 1-9)		10
11	Med/Surg Intensive Care		11
12	Coronary Intensive Care		12
13	Neonatal Intensive Care		13
14	Other ICU (Specify)		14
15	Other ICU (Specify)		15
16	Other ICU (Specify)		16
17	Other ICU (Specify)		17
18	Other ICU (Specify)		18
19	Subtotal (Lines 11-18)		19
20	Newborn Nursery		20
20.01	Special Care Nursery		20.01
21	Chronic / Rehabilitation		21
22	Subtotal (Lines 10+19+20+21)		22
	Routine Ambulatory Care Services		
23	Emergency Services		23
24	Clinic / Ambulatory Services		24
24.01	Clinic / Ambulatory Svcs (Speci		24.01
25	Satellite Clinic Services		25
26	Ambulatory Surgical Services		26
27	Ambulatory Renal Dialysis		27
28	Home Dialysis Services		28
29	Psychiatry		29
30	Home Health Services		30
31	Observation Beds		31
32	Private Referrals		32
33	Hospital Licensed Health Center		33
34	Other Ambulatory (Specify)		34
35	Other Ambulatory (Specify)		35
36	Subtotal Routine Ambul Svcs		36
37	Total Patient Care		37
	Non-Patient Care Services		
38	Non-Patient Ancillary		38

SCHEDULE XVII - PATIENT SERVICE EXPENSES (EXCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	38 Other Ancillary	
39	Research		39
40	Other Non-Patient		40
41	Subtotal Non-Patient		41
42	Total Patient / Non-Patient		42
43	Recovery		43
44	Provision for Bad Debts		44
44.01	Gross Health Safety Net Assessm		44.01
45	Total Patient/Non-Patient/Bad D		45
46	General Fund		46
47			47
48			48
49	Capital		49
50	Operating		50
51	Loading Factor		51

SCHEDULE XVIIA - ROUTINE INPATIENT EXPENSE NET OF NONDISTINCT OBSERVATION BEDS - EXCLUDING CAPITAL

	Computation of Total Observation bed Expenses	(1) Routine Expense Amount	(2) Ancillary Expense Amount	(3) Total Expense Amount (Col 1 + Col 2)
A	Schedule XVII, Column 3 + 4, Line 10	31,185,714	13,605,905	44,791,619
B	Schedule XVII, Column 3 + 4, Line 6			
C	Subtotal (Line A minus Line B)	31,185,714	13,605,905	44,791,619
D	Schedule IIIB, Column 3, Line 7	0.08	0.08	
E	Observation Bed Expense (Line C X Line D)	2,401,300	1,047,655	3,448,955
F	Expense Net of Observation Expense (Line A -	28,784,414	12,558,250	41,342,664

		(5) Total Routine Expenses	(6) Total Ancillary Expenses	(7) Inpatient Days (Sch III, Col 6)	(8) Ratio of Inpatient Days	(9) Alloc of Observ Beds Routine Exp (C 8 X Ln E,C 1)
	Routine Inpatient Care Services					
1	Medical & Surgical Acute	19,041,842	11,423,074	16,460	0.59	1,416,767
2	Pediatric Acute	843,220	63,553	108		
3	Obstetric Acute	2,991,856	1,566,275	1,952	0.07	168,091
4	Psychiatric Acute	5,166,873	453,869	5,977	0.21	504,273
5	Ventilator Unit					
6	Skilled Nursing Facilities					
7	Pediatric Psych	3,141,923	99,134	3,726	0.13	312,169
8	Other Acute (Specify)					
9	Other Acute (Specify)					
10	Subtotal (Lines 1-9)	31,185,714	13,605,905	28,223	1.00	2,401,300

		(10) Alloc of Observ Beds Ancil Exp	(11) Total Routine Exp Net of Obs Bed Exp	(12) Total Ancil Exp Net of Obs Bed Exp	(13) Total Expense Net of Obs Bed Exp
	Routine Inpatient Care Services				
1	Medical & Surgical Acute	618,116	17,625,075	10,804,958	28,430,033
2	Pediatric Acute		843,220	63,553	906,773
3	Obstetric Acute	73,336	2,823,765	1,492,939	4,316,704
4	Psychiatric Acute	220,008	4,662,600	233,861	4,896,461
5	Ventilator Unit				
6	Skilled Nursing Facilities				
7	Pediatric Psych	136,195	2,829,754	-37,061	2,792,693
8	Other Acute (Specify)				
9	Other Acute (Specify)				
10	Subtotal (Lines 1-9)	1,047,655	28,784,414	12,558,250	41,342,664

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL)

Line No.	Cost Center Description	2 Total Expense (Col.3+4)	3 Exp After Stepdown (XV,C.25)	4 Ancillary Expenses (C.5-38)	5 Surgery	6 Labor & Delivery	7 Recovery Room	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute	31,000,554	19,401,322	11,599,232	1,118,248	297,504	444,135	1
2	Pediatric Acute	944,741	880,268	64,473	14,027		3,857	2
3	Obstetric Acute	4,654,480	3,069,178	1,585,302	16,381	1,107,945	8,266	3
4	Psychiatric Acute	5,736,873	5,279,389	457,484	23		1,653	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych	3,308,471	3,208,711	99,760				7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	45,645,119	31,838,868	13,806,251	1,148,679	1,405,449	457,911	10
11	Med/Surg Intensive Care	4,773,355	3,918,731	854,624	107,185	3,420	27,552	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	4,773,355	3,918,731	854,624	107,185	3,420	27,552	19
20	Newborn Nursery	1,669,425	1,077,837	591,588		591,588		20
20.01	Special Care Nursery	1,157,189	1,061,860	95,329				20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	53,245,088	37,897,296	15,347,792	1,255,864	2,000,457	485,463	22
	Routine Ambulatory Care Services							
23	Emergency Services	12,300,783	9,129,947	3,170,836	46		3,306	23
24	Clinic / Ambulatory Services	8,707,619	4,961,065	3,746,554				24
24.01	Clinic / Ambulatory Svcs (Speci	8,707,619	4,961,065	3,746,554				24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services	13,500,123	3,173,528	10,326,595	3,069,810		3,673,759	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry	34,121	34,121					29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals	17,585,238		17,585,238	140,607	263,308	105,248	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs	52,127,884	17,298,661	34,829,223	3,210,463	263,308	3,782,313	36
37	Total Patient Care	105,372,972	55,195,957	50,177,015	4,466,327	2,263,765	4,267,776	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	2 Total Expense (Col.3+4)	3 Exp After Stepdown (XV,C.25)	4 Ancillary Expenses (C.5-38)	5 Surgery	6 Labor & Delivery	7 Recovery Room	
39	Research							39
40	Other Non-Patient	1,273,610	1,273,610					40
41	Subtotal Non-Patient	1,273,610	1,273,610					41
42	Total Patient / Non-Patient	106,646,582	56,469,567	50,177,015	4,466,327	2,263,765	4,267,776	42
43	Recovery	3,356,519						43
44	Provision for Bad Debts							44
44.01	Gross Health Safety Net Assessm	658,950						44.01
45	Total Patient/Non-Patient/Bad D	110,662,051	56,469,567	50,177,015	4,466,327	2,263,765	4,267,776	45
46	General Fund	110,003,101						46

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Anesthes- iology	9 IV Therapy	10 Medical Supplies Special	11 Drugs Special	12 Laboratory	13 Blood
	Routine Inpatient Care Services						
1	Medical & Surgical Acute	105,569	15,665	1,379,918	1,640,048	1,593,422	1
2	Pediatric Acute	1,131		15,843	9,671	4,884	2
3	Obstetric Acute	1,508	45,129	224,207	109,234	54,611	3
4	Psychiatric Acute	10,274		15,150	185,388	189,403	4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych			693	48,419	47,021	7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)	118,482	60,794	1,635,811	1,992,760	1,889,341	10
11	Med/Surg Intensive Care	6,221		97,514	197,808	152,151	11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)	6,221		97,514	197,808	152,151	19
20	Newborn Nursery						20
20.01	Special Care Nursery		244	35,741	16,226	39,064	20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)	124,703	61,038	1,769,066	2,206,794	2,080,556	22
	Routine Ambulatory Care Services						
23	Emergency Services	566	81	672,302	471,314	707,622	23
24	Clinic / Ambulatory Services		179,865	75,589	3,463,150	26,543	24
24.01	Clinic / Ambulatory Svcs (Speci		179,865	75,589	3,463,150	26,543	24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services	654,154	28,003	1,886,372	239,427	365,265	26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals	3,959	101,134	101,781	1,538,685	4,824,066	32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs	658,679	309,083	2,736,044	5,712,576	5,923,496	36
37	Total Patient Care	783,382	370,121	4,505,110	7,919,370	8,004,052	37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	8 Anesthes- iology	9 IV Therapy	10 Medical Supplies Special	11 Drugs Special	12 Laboratory	13 Blood
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient	783,382	370,121	4,505,110	7,919,370	8,004,052	42
43	Recovery						43
44	Provision for Bad Debts						44
44.01	Gross Health Safety Net Assessm						44.01
45	Total Patient/Non-Patient/Bad D	783,382	370,121	4,505,110	7,919,370	8,004,052	45
46	General Fund						46

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Blood Processing & Storage	15 EKG	16 Cardiac Cath Laboratory	17 Diagnostic Radiology	18 Therapeutc Radiology	19 CT Scanner	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute		739,819	132,256	1,403,441		344,449	1
2	Pediatric Acute		151		4,007		1,922	2
3	Obstetric Acute		377		5,761		206	3
4	Psychiatric Acute		17,040		21,123		5,287	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych		2,941		417			7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)		760,328	132,256	1,434,749		351,864	10
11	Med/Surg Intensive Care		107,595	3,602	53,099		17,576	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)		107,595	3,602	53,099		17,576	19
20	Newborn Nursery							20
20.01	Special Care Nursery		226		1,419			20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)		868,149	135,858	1,489,267		369,440	22
	Routine Ambulatory Care Services							
23	Emergency Services		216,321		637,935		357,357	23
24	Clinic / Ambulatory Services				1,002		343	24
24.01	Clinic / Ambulatory Svcs (Speci				1,002		343	24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services		13,949	25,731	322,933		11,191	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals		347,969	1,562,630	3,953,094		395,118	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs		578,239	1,588,361	4,914,964		764,009	36
37	Total Patient Care		1,446,388	1,724,219	6,404,231		1,133,449	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	14 Blood Processing & Storage	15 EKG	16 Cardiac Cath Laboratory	17 Diagnostic Radiology	18 Therapeutc Radiology	19 CT Scanner	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient		1,446,388	1,724,219	6,404,231		1,133,449	42
43	Recovery							43
44	Provision for Bad Debts							44
44.01	Gross Health Safety Net Assessm							44.01
45	Total Patient/Non-Patient/Bad D		1,446,388	1,724,219	6,404,231		1,133,449	45
46	General Fund							46

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine	21 Respir Therapy	22 Pulmonary Function	23 EEG	24 Electro- myography	25 Physical Therapy	
	Routine Inpatient Care Services							
1	Medical & Surgical Acute	415,661	1,303,199	12,397	59,670		593,831	1
2	Pediatric Acute	179	8,321				480	2
3	Obstetric Acute		11,334				343	3
4	Psychiatric Acute	538	6,358		3,636		1,611	4
5	Ventilator Unit							5
6	Skilled Nursing Facilities							6
7	Pediatric Psych		55		214			7
8	Other Acute (Specify)							8
9	Other Acute (Specify)							9
10	Subtotal (Lines 1-9)	416,378	1,329,267	12,397	63,520		596,265	10
11	Med/Surg Intensive Care	7,897	47,382		4,919		20,703	11
12	Coronary Intensive Care							12
13	Neonatal Intensive Care							13
14	Other ICU (Specify)							14
15	Other ICU (Specify)							15
16	Other ICU (Specify)							16
17	Other ICU (Specify)							17
18	Other ICU (Specify)							18
19	Subtotal (Lines 11-18)	7,897	47,382		4,919		20,703	19
20	Newborn Nursery							20
20.01	Special Care Nursery		1,963				446	20.01
21	Chronic / Rehabilitation							21
22	Subtotal (Lines 10+19+20+21)	424,275	1,378,612	12,397	68,439		617,414	22
	Routine Ambulatory Care Services							
23	Emergency Services	4,128	91,392				8,466	23
24	Clinic / Ambulatory Services		28				34	24
24.01	Clinic / Ambulatory Svcs (Speci		28				34	24.01
25	Satellite Clinic Services							25
26	Ambulatory Surgical Services	7,358	8,763				19,880	26
27	Ambulatory Renal Dialysis							27
28	Home Dialysis Services							28
29	Psychiatry							29
30	Home Health Services							30
31	Observation Beds							31
32	Private Referrals	356,075	252,972	892,220	54,751		2,691,621	32
33	Hospital Licensed Health Center							33
34	Other Ambulatory (Specify)							34
35	Other Ambulatory (Specify)							35
36	Subtotal Routine Ambul Svcs	367,561	353,155	892,220	54,751		2,720,001	36
37	Total Patient Care	791,836	1,731,767	904,617	123,190		3,337,415	37
	Non-Patient Care Services							
38	Non-Patient Ancillary							38

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	20 Nuclear Medicine	21 Respir Therapy	22 Pulmonary Function	23 EEG	24 Electro- myography	25 Physical Therapy	
39	Research							39
40	Other Non-Patient							40
41	Subtotal Non-Patient							41
42	Total Patient / Non-Patient	791,836	1,731,767	904,617	123,190		3,337,415	42
43	Recovery							43
44	Provision for Bad Debts							44
44.01	Gross Health Safety Net Assessm							44.01
45	Total Patient/Non-Patient/Bad D	791,836	1,731,767	904,617	123,190		3,337,415	45
46	General Fund							46

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	26 Occupatnl Therapy	27 Speech Therapy	28 Recreatnl Therapy	29 Audiology	30 Psychology Psychiatry	31 Renal Dialysis
	Routine Inpatient Care Services						
1	Medical & Surgical Acute						1
2	Pediatric Acute						2
3	Obstetric Acute						3
4	Psychiatric Acute						4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych						7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)						10
11	Med/Surg Intensive Care						11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)						19
20	Newborn Nursery						20
20.01	Special Care Nursery						20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)						22
	Routine Ambulatory Care Services						
23	Emergency Services						23
24	Clinic / Ambulatory Services						24
24.01	Clinic / Ambulatory Svcs (Speci						24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services						26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals						32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs						36
37	Total Patient Care						37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	26 Occupatnl Therapy	27 Speech Therapy	28 Recreatnl Therapy	29 Audiology	30 Psychology Psychiatry	31 Renal Dialysis
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient						42
43	Recovery						43
44	Provision for Bad Debts						44
44.01	Gross Health Safety Net Assessm						44.01
45	Total Patient/Non-Patient/Bad D						45
46	General Fund						46

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary
	Routine Inpatient Care Services						
1	Medical & Surgical Acute						1
2	Pediatric Acute						2
3	Obstetric Acute						3
4	Psychiatric Acute						4
5	Ventilator Unit						5
6	Skilled Nursing Facilities						6
7	Pediatric Psych						7
8	Other Acute (Specify)						8
9	Other Acute (Specify)						9
10	Subtotal (Lines 1-9)						10
11	Med/Surg Intensive Care						11
12	Coronary Intensive Care						12
13	Neonatal Intensive Care						13
14	Other ICU (Specify)						14
15	Other ICU (Specify)						15
16	Other ICU (Specify)						16
17	Other ICU (Specify)						17
18	Other ICU (Specify)						18
19	Subtotal (Lines 11-18)						19
20	Newborn Nursery						20
20.01	Special Care Nursery						20.01
21	Chronic / Rehabilitation						21
22	Subtotal (Lines 10+19+20+21)						22
	Routine Ambulatory Care Services						
23	Emergency Services						23
24	Clinic / Ambulatory Services						24
24.01	Clinic / Ambulatory Svcs (Speci						24.01
25	Satellite Clinic Services						25
26	Ambulatory Surgical Services						26
27	Ambulatory Renal Dialysis						27
28	Home Dialysis Services						28
29	Psychiatry						29
30	Home Health Services						30
31	Observation Beds						31
32	Private Referrals						32
33	Hospital Licensed Health Center						33
34	Other Ambulatory (Specify)						34
35	Other Ambulatory (Specify)						35
36	Subtotal Routine Ambul Svcs						36
37	Total Patient Care						37
	Non-Patient Care Services						
38	Non-Patient Ancillary						38

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	32 Organ Acquistn	33 Ambulance	34 Other Ancillary	35 Other Ancillary	36 Other Ancillary	37 Other Ancillary
39	Research						39
40	Other Non-Patient						40
41	Subtotal Non-Patient						41
42	Total Patient / Non-Patient						42
43	Recovery						43
44	Provision for Bad Debts						44
44.01	Gross Health Safety Net Assessm						44.01
45	Total Patient/Non-Patient/Bad D						45
46	General Fund						46

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	38 Other Ancillary	
	Routine Inpatient Care Services		
1	Medical & Surgical Acute		1
2	Pediatric Acute		2
3	Obstetric Acute		3
4	Psychiatric Acute		4
5	Ventilator Unit		5
6	Skilled Nursing Facilities		6
7	Pediatric Psych		7
8	Other Acute (Specify)		8
9	Other Acute (Specify)		9
10	Subtotal (Lines 1-9)		10
11	Med/Surg Intensive Care		11
12	Coronary Intensive Care		12
13	Neonatal Intensive Care		13
14	Other ICU (Specify)		14
15	Other ICU (Specify)		15
16	Other ICU (Specify)		16
17	Other ICU (Specify)		17
18	Other ICU (Specify)		18
19	Subtotal (Lines 11-18)		19
20	Newborn Nursery		20
20.01	Special Care Nursery		20.01
21	Chronic / Rehabilitation		21
22	Subtotal (Lines 10+19+20+21)		22
	Routine Ambulatory Care Services		
23	Emergency Services		23
24	Clinic / Ambulatory Services		24
24.01	Clinic / Ambulatory Svcs (Speci		24.01
25	Satellite Clinic Services		25
26	Ambulatory Surgical Services		26
27	Ambulatory Renal Dialysis		27
28	Home Dialysis Services		28
29	Psychiatry		29
30	Home Health Services		30
31	Observation Beds		31
32	Private Referrals		32
33	Hospital Licensed Health Center		33
34	Other Ambulatory (Specify)		34
35	Other Ambulatory (Specify)		35
36	Subtotal Routine Ambul Svcs		36
37	Total Patient Care		37
	Non-Patient Care Services		
38	Non-Patient Ancillary		38

SCHEDULE XVIII - PATIENT SERVICE EXPENSES (INCLUDING CAPITAL) (Continued)

Line No.	Cost Center Description	38 Other Ancillary	
39	Research		39
40	Other Non-Patient		40
41	Subtotal Non-Patient		41
42	Total Patient / Non-Patient		42
43	Recovery		43
44	Provision for Bad Debts		44
44.01	Gross Health Safety Net Assessm		44.01
45	Total Patient/Non-Patient/Bad D		45
46	General Fund		46

SCHEDULE XVIII A - ROUTINE INPATIENT EXPENSE NET OF NONDISTINCT OBSERVATION BEDS - INCLUDING CAPITAL

	Computation of Total Observation bed Expenses	(1) Routine Expense Amount	(2) Ancillary Expense Amount	(3) Total Expense Amount (Col 1 + Col 2)
A	Schedule XVIII, Column 3 + 4, Line 10	31,838,868	13,806,251	45,645,119
B	Schedule XVIII, Column 3 + 4, Line 6			
C	Subtotal (Line A minus Line B)	31,838,868	13,806,251	45,645,119
D	Schedule IIIB, Column 3, Line 7	0.08	0.08	
E	Observation Bed Expense (Line C X Line D)	2,451,593	1,063,081	3,514,674
F	Expense Net of Observation Expense (Line A -	29,387,275	12,743,170	42,130,445

		(5) Total Routine Expenses	(6) Total Ancillary Expenses	(7) Inpatient Days (Sch III, Col 6)	(8) Ratio of Inpatient Days	(9) Alloc of Observ Beds Routine Exp (C 8 X Ln E,C 1)
Routine Inpatient Care Services						
1	Medical & Surgical Acute	19,401,322	11,599,232	16,460	0.59	1,446,440
2	Pediatric Acute	880,268	64,473	108		
3	Obstetric Acute	3,069,178	1,585,302	1,952	0.07	171,612
4	Psychiatric Acute	5,279,389	457,484	5,977	0.21	514,835
5	Ventilator Unit					
6	Skilled Nursing Facilities					
7	Pediatric Psych	3,208,711	99,760	3,726	0.13	318,707
8	Other Acute (Specify)					
9	Other Acute (Specify)					
10	Subtotal (Lines 1-9)	31,838,868	13,806,251	28,223	1.00	2,451,594

		(10) Alloc of Observ Beds Ancil Exp	(11) Total Routine Exp Net of Obs Bed Exp	(12) Total Ancil Exp Net of Obs Bed Exp	(13) Total Expense Net of Obs Bed Exp
Routine Inpatient Care Services					
1	Medical & Surgical Acute	627,218	17,954,882	10,972,014	28,926,896
2	Pediatric Acute		880,268	64,473	944,741
3	Obstetric Acute	74,416	2,897,566	1,510,886	4,408,452
4	Psychiatric Acute	223,247	4,764,554	234,237	4,998,791
5	Ventilator Unit				
6	Skilled Nursing Facilities				
7	Pediatric Psych	138,201	2,890,004	-38,441	2,851,563
8	Other Acute (Specify)				
9	Other Acute (Specify)				
10	Subtotal (Lines 1-9)	1,063,082	29,387,274	12,743,169	42,130,443

SCHEDULE XXV - PHYSICIAN COMPENSATION (Continued)

Line No.	Cost Center Description	(2) Physician Compensation (Sum of Cols 3-5)	(3) Professional Fees	(4) Cost Center Supervision	(5) Other Direct	
	Overhead					
1	Buildings / Fixed Depreciation					1
2	Capital Leases / Amortization					2
3	Interest - Long Term					3
4	Bond Issue Amortization					4
5	Subtotal (Lines 1-4)					5
6	Fringe Benefits					6
7	Administration	299,618		299,618		7
8	Purchasing					8
9	General Accounting					9
10	Patient Accts / Inpatient Admit					10
11	Insurance - Prof Malpractice					11
12	Insurance - Hosp Malpractice					12
13	Insurance - Other					13
14	Interest - Short Term					14
15	Subtotal (Lines 7-14)	299,618		299,618		15
16	Plant Maintenance / Repairs					16
17	Plant Operations					17
18	Security					18
19	Parking					19
20	Licenses and Taxes					20
21	Subtotal (Lines 17-20)					21
22	Laundry and Linen					22
23	Housekeeping					23
24	Cafeteria					24
25	Dietary Services					25
26	Maintenance of Personnel					26
27	Nursing Administration					27
28	Inservice Education - Nursing					28
29	Subtotal (Lines 27-28)					29
30	Nursing Float					30
31	RN / LPN Education					31
32	Medical Staff - Teaching					32
33	Medical Staff - Administration					33
34	Subtotal (Lines 32-33)					34
35	Post Graduate Medical Education					35
36	Central Services & Supplies					36
37	Pharmacy					37
38	Medical Records					38
39	Medical Care Review					39
40	Social Services					40
41	Central Patient Transport					41
42	Other Overhead (Specify)					42
43	Subtotal Overhead	299,618		299,618		43
	Ancillary Care Services					

SCHEDULE XXV - PHYSICIAN COMPENSATION (Continued)

Line No.	Cost Center Description	(2) Physician Compensation (Sum of Cols 3-5)	(3) Professional Fees	(4) Cost Center Supervision	(5) Other Direct	
44	Surgery					44
45	Labor & Delivery					45
46	Recovery Room					46
47	Anesthesiology	495,000	405,000	90,000		47
48	Intravenous Therapy					48
49	Medical Supplies - Special					49
50	Drugs - Special					50
51	Laboratory	110,000		110,000		51
52	Blood					52
53	Blood Processing / Storage					53
54	Electrocardiology (EKG)	9,334		9,334		54
55	Cardiac Cath Laboratory	24,000		24,000		55
56	Diagnostic Radiology					56
57	Therapeutic Radiology					57
58	Computerized Tomography					58
59	Nuclear Medicine					59
60	Respiratory Therapy	5,400		5,400		60
61	Pulmonary Function Test					61
62	Electroencephalography					62
63	Electromyography					63
64	Physical Therapy					64
65	Occupational Therapy					65
66	Speech-Language Therapy					66
67	Recreational Therapy					67
68	Audiology					68
69	Psychology / Psychiatry					69
70	Renal Dialysis					70
71	Organ Acquisition					71
72	Ambulance					72
73	Other Ancillary (Specify)					73
74	Other Ancillary (Specify)					74
75	Other Ancillary (Specify)					75
76	Other Ancillary (Specify)					76
77	Other Ancillary (Specify)					77
78	Subtotal Ancillary	643,734	405,000	238,734		78
79	Routine Inpatient Care Services					79
80	Medical & Surgical Acute	593,522	593,522			80
81	Pediatric Acute					81
82	Obstetric Acute					82
83	Psychiatric Acute	238,461	178,461		60,000	83
84	Ventilator Unit					84
85	Skilled Nursing Facilities					85
86	Pediatric Psych					86
	Other Acute (Specify)					

SCHEDULE XXV - PHYSICIAN COMPENSATION (Continued)

Line No.	Cost Center Description	(2) Physician Compensation (Sum of Cols 3-5)	(3) Professional Fees	(4) Cost Center Supervision	(5) Other Direct	
87	Other Acute (Specify)					87
88	Subtotal Acute	831,983	771,983		60,000	88
89	Med/Surg Intensive Care					89
90	Coronary Intensive Care					90
91	Neonatal Intensive Care					91
92	Other ICU (Specify)					92
93	Other ICU (Specify)					93
94	Other ICU (Specify)					94
95	Other ICU (Specify)					95
96	Other ICU (Specify)					96
97	Subtotal Intensive Care					97
98	Newborn Nursery					98
98.01	Special Care Nursery					98.01
99	Chronic / Rehabilitation					99
100	Subtotal Routine Inpat Care	831,983	771,983		60,000	100
	Routine Ambulatory Care Services					
101	Emergency Services	220,739		220,739		101
102	Clinic / Ambulatory Services	150,000		150,000		102
102.01	Clinic / Ambulatory Svcs (Speci	150,000		150,000		102.01
103	Satellite Clinic Services					103
104	Ambulatory Surgical Services					104
105	Ambulatory Renal Dialysis					105
106	Home Dialysis Services					106
107	Psychiatry					107
108	Home Health Services					108
109	Observation Beds					109
110	Private Referrals					110
111	Hospital Licensed Health Center					111
112	Other Ambulatory (Specify)					112
113	Other Ambulatory (Specify)					113
114	Subtotal Routine Ambul Svcs	370,739		370,739		114
115	Total Patient Care	1,846,456	1,176,983	609,473	60,000	115
116	Total Pat Care & Overhead	2,146,074	1,176,983	909,091	60,000	116
	Non-Patient Care Services					
117	Non-Patient Ancillary					117
118	Research					118
119	Other Non-Patient	21,845		21,845		119
120	Subtotal Non-Patient	21,845		21,845		120
121	Recovery of Expenses					121
122	Total Patient/Non-Patient	2,167,919	1,176,983	930,936	60,000	122

SCHEDULE XXVI - CERTIFICATION STATEMENT

Misrepresentation or falsification of any information
contained in this cost report may be punishable by
fine and/or imprisonment under state or federal law.

I, Mark Goldstein, with authority specifically vested in me by the governing body, hereby certify that I have read the above statement of Anna Jaques Hospital and that I have examined the accompanying DHCFP-403 report and supporting schedules prepared by Joseph Soldano for the DHCFP-403 report period beginning 10/01/2012 and ending 09/30/2013 and that to the best of my knowledge and belief, the statement, accompanying DHCFP-403, and supporting schedules are true, accurate and complete and prepared in accordance with applicable regulations and instructions, and that the statement, DHCFP-403 and supporting schedules are prepared from the books and records of the hospital, except as noted. This declaration is based upon all information of which I have knowledge. This certification is signed under the pains and penalties of perjury.

Signed: _____

Title: EVP & CFO

Date: 01/29/2014

SCHEDULE XXVIIA - HOSPITAL SUPPLEMENTAL COST REPORTING - UNIFORM HOSPITAL COSTS

Line No.	(1) Cost Center Description	(2) Uniform Costs	(3) Expenses	
1	Medical Staff (teaching)	Academic Costs		1
2	Medical Staff(administration)	Academic Costs	632,891	2
3	Post-graduate medical education	Academic Costs		3
4	Nursing Education	Academic Costs	596,667	4
5	Allied Health Education	Academic Costs		5
6	Undergraduate Medical Education	Academic Costs		6
7	Subtotal Academic Costs (Lines 1-6)	Total Academic Costs	1,229,558	7
8	Advertising and Marketing	Advertising and Marketing	382,988	8
9	Board Designated	Board Designated		9
10	Bad Debt	Bad Debt	11,223,221	10
11	Charitable Contributions	Charitable Contributions	2,194,216	11
12	Debt Service	Debt Service	1,382,689	12
13	Depreciation	Depreciation	3,880,067	13
14	Direct Labor	Direct Labor	68,125,603	14
15	Fundraising and Development	Fundraising and Development		15
16	Health Information Technology	Health Information Technology	2,633,719	16
17	Malpractice Self Insured Expense	Malpractice Insurance	309,515	17
18	Malpractice Stop Loss Policies	Malpractice Insurance		18
19	Malpractice Other Purchased Policies	Malpractice Insurance		19
20	Subtotal Malpractice Insurance (Lines 17-19)	Total Malpractice Insurance	309,515	20
21	Medical Management	Medical Management	1,690,826	21
22	Net Annual Transfers	Net Annual Transfers		22
23	Research	Research		23
24	Stop Loss Insurance	Stop Loss Insurance		24
25	Total		93,052,402	25

SCHEDULE XXVIIB - HOSPITAL SUPPLEMENTAL COST REPORTING - NET ANNUAL TRANSFERS BETWEEN ENTITIES

Line No.	(1) Cost Center Description	(2) Specify Entity	(3) Net Annual Transfers to/(from) Provider	(4) Net Annual Transfers to/(from) Provider's Physicians' Organization
26	Anna Jaques Hospital			26
27	System Hospital(Specify)			27
28	System Hospital(Specify)			28
29	System Hospital(Specify)			29
30	System Physicians' Organization (Specify)			30
31	System Physicians' Organization (Specify)			31
32	System Physicians' Organization (Specify)			32
33	Other Entity(Specify)			33
34	Other Entity(Specify)			34
35	Other Entity(Specify)			35
36	Other Entity(Specify)			36
37	Other Entity(Specify)			37
38	Other Entity(Specify)			38
39	Other Entity(Specify)			39
40	Other Entity(Specify)			40
41	Other Entity(Specify)			41
42	Other Entity(Specify)			42
43	Total			43

SCHEDULE XXVIIC - HOSPITAL SUPPLEMENTAL COST REPORTING - BOARD DESIGNATED ASSETS BY TYPE AND AMOUNT

Line No.	(1) Cost Center Description	(2) Specify Board Designated Asset	(3) Amount
44	Bond Covenants		44
45	Investment Collateral		45
46	Funded Depreciation	9,618,947	46
47	Future Capital Improvements		47
48	Working Capital		48
49	Self-Insurance Reserves/Funding		49
50	Other (Specify)		50
51	Other (Specify)		51
52	Other (Specify)		52
53	Total	9,618,947	53

SCHEDULE XXVIII - 340B PHARMACY

Name of the Pharmacy (Part A):

Line No.	(1) Pharmacy Staffing Information (Part B)	(2) Other (Specify)	(3) Expenses	(4) Pharmacy FTE's
1	Pharmacists			1
2	Pharmacy Technicians			2
3	Clerical/Support			3
4	Consultants & Contracted Staff			4
5	Donated Salaries			5
6	Other: Specify			6
7	Other: Specify			7
8	Other: Specify			8
9	Subtotal (Lines 1-8)			9
10	Total Payroll Taxes			10
11	Total Benefits			11
12	Subtotal Payroll Taxes & Benefits (Line 10+11)			12
13	Total Pharmacy Staff Expenses			13

Line No.	(1) Non-Staffing Expenses (Part C)	(2) Other (Specify)	(3) Expenses
1	Sub-contracted Pharmacy Expenses		1
2	Purchased 'Other Direct' Services		2
3	Donated Services		3
4	Prescription Supplies (ONLY cost of drugs)		4
5	Other Pharmacy Supplies		5
6	Data Processing		6
7	Maintenance		7
8	Facility Rent		8
9	Utilities		9
10	Interest		10
11	Depreciation (building & equipment)		11
12	Other		12
13	Subtotal Non-Staffing Expenses (Lines 1-12)		13
14	Administrative Allocation		14
15	Total Non-Staffing Expenses		15
16	Total Staff and Non-Staffing Expenses		16

