

CR Hospital Reference Report

A sample report of Worksheet S - Statistical

Line	Line Description	Col	Column Description	Value	Type
BAPTIST HOSPITAL		MIAMI, FL 33176		10/01/2007	09/30/2008
S00	Wkst S Hospital and Hospital Healthcare Complex Cost Report				
00100	Date Received for Cost Report	0100	Information		1
00100	Date Received for Cost Report	0200	Information	04/02/09	
00100	Date Received for Cost Report	0300	Information		N
00200	Information	0200	Information	09001	
2	Part 2 - Settlement Summary				
00100	Hospital	0200	Medicare - Part A	528,782.	
00100	Hospital	0300	Medicare - Part B	-251,955.	
00100	Hospital	0400	Medicaid	29,780,786.	
00200	Subprovider	0200	Medicare - Part A	-32,697.	
10000	Total Settlement Summary	0200	Medicare - Part A	496,085.	
10000	Total Settlement Summary	0300	Medicare - Part B	-251,955.	
10000	Total Settlement Summary	0400	Medicaid	29,780,786.	
S10	Wkst S-10 Hospital Uncompensated Care Data				
01701	Uncompensated Care Revenues - Gross Medicare Revenues	0100	Information	78,918,745.	
02200	Total Gross Uncompensated Care Revenues	0100	Information	78,918,745.	
02400	Uncompensated Care Cost - Cost to Charge Ratio	0100	Information	0.238867	CC Ratio
02800	Uncompensated Care Cost - Total gross Medicaid charges from your records	0100	Information	319,352,303.	
02900	Uncompensated Care Cost - Total gross Medicaid cost (Line 24 times 28)	0100	Information	76,282,727.	
03000	Uncompensated Care Cost - Other Uncompensated care charges from your records	0100	Information	182,036,955.	
03100	Uncompensated Care Cost - Uncompensated care cost (Line 24 times 30)	0100	Information	43,482,621.	
03200	Total Uncompensated Care Cost (Line 25,27 and 29)	0100	Information	76,282,727.	
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
00200	Hospital	0200	Information	100008	
00200	Hospital	0300	Information	07/01/66	
00200	Hospital	0500	Information	P	
00200	Hospital	0600	Information	O	
00300	Subprovider	0200	Information	10T008	
00300	Subprovider	0300	Information	10/01/83	
00300	Subprovider	0500	Information	P	
00300	Subprovider	0600	Information	O	
01800	Type of Control	0100	Information	2.	
01900	Type of Hospital	0100	Information	1.	
02000	Type of Subprovider	0100	Information	5.	
02101	Does your facility qualify and is currently receiving payment for Disproportionalte share hospital a	0100	Information	Y	Question
02103	Geographic Classification - See Worksheet Form S2 Line 21.03 for an explanation of this line.	0100	Information	1.	Question
02103	Geographic Classification - See Worksheet Form S2 Line 21.03 for an explanation of this line.	0200	Information	N	Question
02103	Geographic Classification - See Worksheet Form S2 Line 21.03 for an explanation of this line.	0400	Information	N	Question
02104	Geographic Classification - See Worksheet Form S2 Line 21.04 for an explanation of this line.	0100	Information	1.	Urban/Rura

CR Hospital Reference Report

A sample report of Worksheet S - Statistical

Line	Line Description	Col	Column Description	Value	Type
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
02105	For standard geographic classification, is the hospital urban (1) or rural (2) at the end of the repo	0100	Information	1.	Urban/Rura
02106	Does this hospital qualify for the three-year transition of hold harmless payments for small rural h	0100	Information	N	Question
02200	Are you classified as a referral center?	0100	Information	N	Question
02300	Does this facility operate a transplant center? Enter Certification Date.	0100	Information	N	Date
02500	Is this a teaching hospital or affiliated with a teaching hospital and receiving payments	0100	Information	N	Question
02503	As a teaching hospital, did you elect cost reimbursement for physicians services as defined by CMS 1	0100	Information	N	Question
02504	Are you claiming cost on Worksheet A line 70?	0100	Information	Y	Question
02505	Has you facility direct GME FTE cap or IME FTE cap been reduced under 42 CFR 413.79 or 105?	0100	Information	N	Question
02505	Has you facility direct GME FTE cap or IME FTE cap been reduced under 42 CFR 413.79 or 105?	0200	Information	N	Question
02506	Has your facility received additional direct GME FTE resident cap slots or IME FTE resident cap slot	0100	Information	N	Question
02506	Has your facility received additional direct GME FTE resident cap slots or IME FTE resident cap slot	0200	Information	N	Question
02700	Does the hospital have an agreement under either section 1882 or section 1913 for swing beds? (If ye	0100	Information	N	Question
02900	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both	0100	Information	N	Question
03000	Does this hospital qualify as a rural primary care hospital(RPCH)/Critical Access Hospital(CAH)?	0100	Information	N	Question
03100	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	0100	Information	N	Question
03101	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	0100	Information	N	Question
03102	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	0100	Information	N	Question
03103	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	0100	Information	N	Question
03200	Is this an all-inclusive provider? If yes, enter the method (A,B or E) used in column 2	0100	Information	N	Question
03300	Is this a new hospital under 42 CFR 412.300 PPS capital?	0100	Information	N	Question
03400	Is this a new hospital under 42 CFR 413.40 TEFRA?	0100	Information	N	Question
03500	Have you established a new subprovider under 42 CFR 413.40?	0100	Information	N	Question
03501	Have you established a new subprovider under 42 CFR 413.40?	0100	Information	N	Question
03502	Have you established a new subprovider under 42 CFR 413.40?	0100	Information	N	Question
03503	Have you established a new subprovider under 42 CFR 413.40?	0100	Information	N	Question
03600	Do you elect fully prospective payment methodology for capital cost?	0200	Information	Y	Question
03601	Does you facility qualify and receive payment for disproportionate share in accordance with 42 CFR 4	0200	Information	Y	Question
03700	Do you elect hold harmless payment medthodology for capital cost?	0200	Information	N	Question
03701	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal rate?	0200	Information	N	Question
03800	Do you have title 19 inpatient hospital services?	0100	Information	Y	Question

CR Hospital Reference Report

A sample report of Worksheet S - Statistical

Line	Line Description	Col	Column Description	Value	Type
S20	Wkst S-2 Hospital and Hosptial Healthcare Complex Indentification Data				
03803	Are Title 19 NF patients occupying Title 18 SNF beds (dual certification)	0100	Information		N Question
03804	Do you operate an ICF/MR facility for purposes of Title 19?	0100	Information		N Question
04000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	0100	Information		Y Question
04000	Are there any related organization or home office costs as defined in CMS Pub-1, Chapter 10	0200	Information	108048	Question
04001	Home Office Name	0100	Information	BAPTIST HEAL	
04002	Home Office Address	0100	Information	855 RED ROAD	
04003	Home Office Address	0100	Information	CORAL GABLES	
04003	Home Office Address	0200	Information	FL	
04003	Home Office Address	0300	Information	33143-3632	
04100	Are provider based physicians cost included in Worksheet A?	0100	Information		Y Question
04200	Are physical therapy services provided by outside suppliers?	0100	Information		N Question
04201	Are occupational therapy services provided by outside suppliers?	0100	Information		N Question
04202	Are speech pathology services provided by outside suppliers?	0100	Information		N Question
04300	Are respiratory therapy services provider by outside suppliers?	0100	Information		N Question
04400	If you are claiming cost for renal services on Worksheet A, are they inpatient only?	0100	Information		Y Question
04500	Have you changed your cost allocation methodology from the previously filed cost report?	0100	Information		N Question
04700	Exemption from the application of the lower of costs or charges - Hospital	0100	Information		N Question
04700	Exemption from the application of the lower of costs or charges - Hospital	0200	Information		N Question
04700	Exemption from the application of the lower of costs or charges - Hospital	0300	Information		N Question
04700	Exemption from the application of the lower of costs or charges - Hospital	0400	Information		N Question
04700	Exemption from the application of the lower of costs or charges - Hospital	0500	Information		N Question
04800	Exemption from the application of the lower of costs or charges - Sub Provider	0100	Information		N Question
04800	Exemption from the application of the lower of costs or charges - Sub Provider	0200	Information		N Question
04800	Exemption from the application of the lower of costs or charges - Sub Provider	0300	Information		N Question
04800	Exemption from the application of the lower of costs or charges - Sub Provider	0400	Information		N Question
04800	Exemption from the application of the lower of costs or charges - Sub Provider	0500	Information		N Question
05200	Does this hospital claim expenditures for extraordinary circumstances in accordance with CFR 412.348	0100	Information		N Question
05201	If you are a fully prospective or hold harmless provider, are you eligible for the special exception	0100	Information		N Question
05401	Are malpractice premiums and paid losses reported in other than the Administrative and General cost	0100	Information		N Question
05500	Does your facility qualify for additional prospective payment in accordance with 42 CFR 412.107	0100	Information		N Question
05600	Are you claiming Ambulance cost?	0100	Information		N Question

CR Hospital Reference Report

A sample report of Worksheet S - Statistical

Line	Line Description	Col	Column Description	Value	Type
S20	Wkst S-2 Hospital and Hospital Healthcare Complex Identification Data				
05700	Are you claiming nursing and allied health costs?	0100	Information		N Question
05800	Are you an Inpatient Rehabilitation Facility (IRF) or do you contain an IRF subprovider?	0100	Information		Y Question
05801	If line 58 is yes, does your facility have a teaching program in the most recent cost reporting period?	0100	Information		N Question
05900	Are you a Long Term Care Hospital?	0100	Information		N Question
06000	Are you an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider?	0100	Information		N Question
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	0100	Number of Beds	485.	Beds
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	0200	Days Available	177,510.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	0400	Medicare Inpatient Days	38,418.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	0500	Medicaid Inpatient Days	14,795.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	0600	Total Inpatient Days	140,463.	Days
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	1300	Medicare Discharges	6,659.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	1400	Medicaid Discharges	3,578.	Discharges
00100	Hospital Adults and Pediatrics excluding Swing Beds, Observation and Hospice	1500	Total Discharges	31,295.	Discharges
00200	HMO	0500	Medicaid Inpatient Days	5,932.	Days
00500	Total Adults and Pediatrics excluding observation beds	0100	Number of Beds	485.	Beds
00500	Total Adults and Pediatrics excluding observation beds	0200	Days Available	177,510.	Days
00500	Total Adults and Pediatrics excluding observation beds	0400	Medicare Inpatient Days	38,418.	Days
00500	Total Adults and Pediatrics excluding observation beds	0500	Medicaid Inpatient Days	14,795.	Days
00500	Total Adults and Pediatrics excluding observation beds	0600	Total Inpatient Days	140,463.	Days
01100	Nursery	0500	Medicaid Inpatient Days	3,446.	Days
01100	Nursery	0600	Total Inpatient Days	16,976.	Days
01200	Total (see instructions)	0100	Number of Beds	561.	Beds
01200	Total (see instructions)	0200	Days Available	205,326.	Days
01200	Total (see instructions)	0400	Medicare Inpatient Days	42,248.	Days
01200	Total (see instructions)	0500	Medicaid Inpatient Days	25,046.	Days
01200	Total (see instructions)	0600	Total Inpatient Days	174,299.	Days
01200	Total (see instructions)	1000	Employees on Payroll	3747.10	FTEs
01200	Total (see instructions)	1300	Medicare Discharges	6,659.	Discharges
01200	Total (see instructions)	1400	Medicaid Discharges	3,578.	Discharges
01200	Total (see instructions)	1500	Total Discharges	31,295.	Discharges
01400	Subprovider	0100	Number of Beds	23.	Beds
01400	Subprovider	0200	Days Available	8,418.	Days
01400	Subprovider	0400	Medicare Inpatient Days	3,534.	Days
01400	Subprovider	0500	Medicaid Inpatient Days	182.	Days
01400	Subprovider	0600	Total Inpatient Days	6,357.	Days
01400	Subprovider	1000	Employees on Payroll	31.10	FTEs
01400	Subprovider	1300	Medicare Discharges	279.	Discharges
01400	Subprovider	1400	Medicaid Discharges	14.	Discharges

CR Hospital Reference Report

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Line	Line Description	Col	Column Description	Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
1	Part 1 - Statistical Data				
01400	Subprovider	1500	Total Discharges	497.	Discharges
02060	Ambulatory Surgical Center - ASC (Distinct Part)	0100	Number of Beds	36.	Beds
02060	Ambulatory Surgical Center - ASC (Distinct Part)	0200	Days Available	13,176.	Days
02060	Ambulatory Surgical Center - ASC (Distinct Part)	0500	Medicaid Inpatient Days	5,010.	Days
02060	Ambulatory Surgical Center - ASC (Distinct Part)	0600	Total Inpatient Days	5,282.	Days
02500	Total (Sum Lines 12 to 24)	0100	Number of Beds	584.	Beds
02500	Total (Sum Lines 12 to 24)	1000	Employees on Payroll	3778.20	FTEs
02600	Observation Beds	0100	Number of Beds	40.	Beds
02600	Observation Beds	0200	Days Available	14,640.	Days
02600	Observation Beds	0400	Medicare Inpatient Days	3,830.	Days
02600	Observation Beds	0500	Medicaid Inpatient Days	1,795.	Days
02600	Observation Beds	0600	Total Inpatient Days	11,578.	Days
06200	Unknown Line Description not shown in CMS Documentation	0500	Medicaid Inpatient Days	897.	Days
06200	Unknown Line Description not shown in CMS Documentation	0501	Observe Beds-Admitted	152.	Days
06200	Unknown Line Description not shown in CMS Documentation	0502	Observe Beds-Not Admitted	745.	Days
06200	Unknown Line Description not shown in CMS Documentation	0600	Total Inpatient Days	10,635.	Days
06200	Unknown Line Description not shown in CMS Documentation	0601	Observe Beds-Admitted	234.	Days
06200	Unknown Line Description not shown in CMS Documentation	0602	Observe Beds-Not Admitted	10,401.	Days
2	Part 2 - Hospital Wage Index Information				
00100	Total Salaries	0100	Amount Reported	216,661,416.	Salaries
00100	Total Salaries	0300	Adjusted Salaries	216,661,416.	Salaries
00100	Total Salaries	0400	Paid Salary Hours	7,878,905.	Hours
00100	Total Salaries	0500	Average Hourly Amount	27.50	Average
00400	Salaries - Physician - Part A	0100	Amount Reported	321,431.	Salaries
00400	Salaries - Physician - Part A	0300	Adjusted Salaries	321,431.	Salaries
00400	Salaries - Physician - Part A	0400	Paid Salary Hours	932.	Hours
00400	Salaries - Physician - Part A	0500	Average Hourly Amount	344.88	Average
00801	Salaries - Excludes Area	0100	Amount Reported	4,053,791.	Salaries
00801	Salaries - Excludes Area	0200	Reclass. Salaries	-542,456.	Adjustment
00801	Salaries - Excludes Area	0300	Adjusted Salaries	3,511,335.	Salaries
00801	Salaries - Excludes Area	0400	Paid Salary Hours	119,235.	Hours
00801	Salaries - Excludes Area	0500	Average Hourly Amount	29.45	Average
00900	Other Wages & Cost - Contract Labor	0100	Amount Reported	11,374,230.	Salaries
00900	Other Wages & Cost - Contract Labor	0300	Adjusted Salaries	11,374,230.	Salaries
00900	Other Wages & Cost - Contract Labor	0400	Paid Salary Hours	137,618.	Hours
00900	Other Wages & Cost - Contract Labor	0500	Average Hourly Amount	82.65	Average
01000	Other Wages & Cost - Contract Labor Physician Part A	0100	Amount Reported	1,322,124.	Salaries
01000	Other Wages & Cost - Contract Labor Physician Part A	0300	Adjusted Salaries	1,322,124.	Salaries
01000	Other Wages & Cost - Contract Labor Physician Part A	0400	Paid Salary Hours	9,215.	Hours
01000	Other Wages & Cost - Contract Labor Physician Part A	0500	Average Hourly Amount	143.48	Average

CR Hospital Reference Report

A sample report of Worksheet S - Statistical

Line	Line Description	Col	Column Description	Value	Type
S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Hospital Wage Index Information				
01100	Other Wages & Cost - Home Office Salaries and wage related cost	0100	Amount Reported	64,730,509.	Salaries
01100	Other Wages & Cost - Home Office Salaries and wage related cost	0300	Adjusted Salaries	64,730,509.	Salaries
01100	Other Wages & Cost - Home Office Salaries and wage related cost	0400	Paid Salary Hours	1,693,858.	Hours
01100	Other Wages & Cost - Home Office Salaries and wage related cost	0500	Average Hourly Amount	38.21	Average
01300	Wage Related Costs - Core	0100	Amount Reported	56,481,416.	Salaries
01300	Wage Related Costs - Core	0300	Adjusted Salaries	56,481,416.	Salaries
01500	Wage Related Costs - excluded units	0100	Amount Reported	931,854.	Salaries
01500	Wage Related Costs - excluded units	0300	Adjusted Salaries	931,854.	Salaries
01800	Wage Related Cost - Physician Part A	0100	Amount Reported	85,303.	Salaries
01800	Wage Related Cost - Physician Part A	0300	Adjusted Salaries	85,303.	Salaries
02100	Overhead Cost - Employee Benefits	0100	Amount Reported	1,062,269.	Salaries
02100	Overhead Cost - Employee Benefits	0300	Adjusted Salaries	1,062,269.	Salaries
02100	Overhead Cost - Employee Benefits	0400	Paid Salary Hours	73,343.	Hours
02100	Overhead Cost - Employee Benefits	0500	Average Hourly Amount	14.48	Average
02200	Overhead Cost - Administrative & General	0100	Amount Reported	8,109,757.	Salaries
02200	Overhead Cost - Administrative & General	0300	Adjusted Salaries	8,109,757.	Salaries
02200	Overhead Cost - Administrative & General	0400	Paid Salary Hours	168,799.	Hours
02200	Overhead Cost - Administrative & General	0500	Average Hourly Amount	48.04	Average
02400	Overhead Cost - Operation of Plant	0100	Amount Reported	4,843,599.	Salaries
02400	Overhead Cost - Operation of Plant	0300	Adjusted Salaries	4,843,599.	Salaries
02400	Overhead Cost - Operation of Plant	0400	Paid Salary Hours	260,739.	Hours
02400	Overhead Cost - Operation of Plant	0500	Average Hourly Amount	18.58	Average
02600	Overhead Cost - Housekeeping	0100	Amount Reported	5,739,530.	Salaries
02600	Overhead Cost - Housekeeping	0300	Adjusted Salaries	5,739,530.	Salaries
02600	Overhead Cost - Housekeeping	0400	Paid Salary Hours	435,707.	Hours
02600	Overhead Cost - Housekeeping	0500	Average Hourly Amount	13.17	Average
02700	Overhead Cost - Dietary	0100	Amount Reported	3,238,870.	Salaries
02700	Overhead Cost - Dietary	0300	Adjusted Salaries	3,238,870.	Salaries
02700	Overhead Cost - Dietary	0400	Paid Salary Hours	220,869.	Hours
02700	Overhead Cost - Dietary	0500	Average Hourly Amount	14.66	Average
02800	Overhead Cost - Cafeteria	0100	Amount Reported	1,820,290.	Salaries
02800	Overhead Cost - Cafeteria	0300	Adjusted Salaries	1,820,290.	Salaries
02800	Overhead Cost - Cafeteria	0400	Paid Salary Hours	134,796.	Hours
02800	Overhead Cost - Cafeteria	0500	Average Hourly Amount	13.50	Average
03000	Overhead Cost - Nursing Admiistration	0100	Amount Reported	8,181,641.	Salaries
03000	Overhead Cost - Nursing Admiistration	0300	Adjusted Salaries	8,181,641.	Salaries
03000	Overhead Cost - Nursing Admiistration	0400	Paid Salary Hours	223,652.	Hours
03000	Overhead Cost - Nursing Admiistration	0500	Average Hourly Amount	36.58	Average
03200	Overhead Cost - Pharmacy	0100	Amount Reported	7,086,335.	Salaries
03200	Overhead Cost - Pharmacy	0300	Adjusted Salaries	7,086,335.	Salaries
03200	Overhead Cost - Pharmacy	0400	Paid Salary Hours	209,315.	Hours
03200	Overhead Cost - Pharmacy	0500	Average Hourly Amount	33.85	Average
03400	Overhead Cost - Social Service	0100	Amount Reported	4,837,945.	Salaries
03400	Overhead Cost - Social Service	0300	Adjusted Salaries	4,837,945.	Salaries

CR Hospital Reference Report

A sample report of Worksheet S - Statistical

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S30	Wkst S-3 Hospital and Hospital Healthcare Complex Statistical Data				
2	Part 2 - Hospital Wage Index Information				
03400	Overhead Cost - Social Service	0400	Paid Salary Hours	159,514.	Hours
03400	Overhead Cost - Social Service	0500	Average Hourly Amount	30.33	Average
03500	Overhead Cost - Other General Services	0100	Amount Reported	804,609.	Salaries
03500	Overhead Cost - Other General Services	0300	Adjusted Salaries	804,609.	Salaries
03500	Overhead Cost - Other General Services	0400	Paid Salary Hours	66,157.	Hours
03500	Overhead Cost - Other General Services	0500	Average Hourly Amount	12.16	Average
3	Part 3 - Hospital Wage Index Summary				
00100	Net Salaries	0100	Amount Reported	216,661,416.	Salaries
00100	Net Salaries	0300	Adjusted Salaries	216,661,416.	Salaries
00100	Net Salaries	0400	Paid Salary Hours	7,878,905.	Hours
00100	Net Salaries	0500	Average Hourly Amount	27.50	Average
00200	Excluded Area Salaries	0100	Amount Reported	4,053,791.	Salaries
00200	Excluded Area Salaries	0200	Reclass. Salaries	-542,456.	Salaries
00200	Excluded Area Salaries	0300	Adjusted Salaries	3,511,335.	Salaries
00200	Excluded Area Salaries	0400	Paid Salary Hours	119,235.	Hours
00200	Excluded Area Salaries	0500	Average Hourly Amount	29.45	Average
00300	Sub Total Salaries (line 1 minus 2)	0100	Amount Reported	212,607,625.	Salaries
00300	Sub Total Salaries (line 1 minus 2)	0200	Reclass. Salaries	542,456.	Salaries
00300	Sub Total Salaries (line 1 minus 2)	0300	Adjusted Salaries	213,150,081.	Salaries
00300	Sub Total Salaries (line 1 minus 2)	0400	Paid Salary Hours	7,759,670.	Hours
00300	Sub Total Salaries (line 1 minus 2)	0500	Average Hourly Amount	27.47	Average
00400	Sub Total other wages and related costs	0100	Amount Reported	77,426,863.	Salaries
00400	Sub Total other wages and related costs	0300	Adjusted Salaries	77,426,863.	Salaries
00400	Sub Total other wages and related costs	0400	Paid Salary Hours	1,840,691.	Hours
00400	Sub Total other wages and related costs	0500	Average Hourly Amount	42.06	Average
00500	Sub Total wage related costs	0100	Amount Reported	56,566,719.	Salaries
00500	Sub Total wage related costs	0300	Adjusted Salaries	56,566,719.	Salaries
00500	Sub Total wage related costs	0500	Average Hourly Amount	26.54	Average
00600	Total (sum of lines 3 to 5)	0100	Amount Reported	346,601,207.	Salaries
00600	Total (sum of lines 3 to 5)	0200	Reclass. Salaries	542,456.	Salaries
00600	Total (sum of lines 3 to 5)	0300	Adjusted Salaries	347,143,663.	Salaries
00600	Total (sum of lines 3 to 5)	0400	Paid Salary Hours	9,600,361.	Hours
00600	Total (sum of lines 3 to 5)	0500	Average Hourly Amount	36.16	Average
01300	Worksheet S-3 Part 3 Total Overhead Costs	0100	Amount Reported	45,724,845.	Salaries
01300	Worksheet S-3 Part 3 Total Overhead Costs	0300	Adjusted Salaries	45,724,845.	Salaries
01300	Worksheet S-3 Part 3 Total Overhead Costs	0400	Paid Salary Hours	1,952,891.	Hours
01300	Worksheet S-3 Part 3 Total Overhead Costs	0500	Average Hourly Amount	23.41	Average