

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ANTHONY'S MEMORIAL HOSPITAL (14-0032) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	54265	18448	1
3	SWING BED - SNF			2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	54265	18448	9
				100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 503 N MAPLE P.O.BOX: 1
 1.01 CITY: EFFINGHAM STATE: IL ZIP CODE: 62401- COUNTY: EFFINGHAM 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ST. ANTHONY'S MEMORIAL HOSPITAL	14-0032	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	ST. ANTHONY'S MEMORIAL HOSPITAL SN	14-5940	06/27/1997	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	ST. ANTHONY'S MEMORIAL HOSPITAL HH	14-7661	02/17/1997	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2007 TO: 06/30/2008 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? NO 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N N 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 2 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? YES 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 25.01

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26		
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01		
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03		
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27		
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			NO	28		
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			100	28.01		
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			2	14		
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>							
28.03	STAFFING			0.00	N	28.03	
28.04	RECRUITMENT			0.00	N	28.04	
28.05	RETENTION OF EMPLOYEES			0.00	N	28.05	
28.06	TRAINING			0.00	N	28.06	
28.07	OTHER (SPECIFY)					28.07	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO		29	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO		30	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.					30.01	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?					30.02	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)					30.03	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.					30.04	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO		31	
MISCELLANEOUS COST REPORTING INFORMATION							
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO		32	
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO		33	
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO		34	
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO		35	
<p style="text-align: right;">V XVIII XIX</p> <p>1 2 3</p>							
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL							
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?			NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?			NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?			NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?						37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME: HOSPITAL SISTERS HEALTH SYS	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET: 4936 LAVERNA ROAD	P.O. BOX:	40.02
40.03	CITY: SPRINGFIELD, IL 62707	STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 268391 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'
FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2
IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE
SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)

MULTICAMPUS

61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 61
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,
ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
1	2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3784	764	7235	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		3784	764	7235	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4		
1 SALARIES							
1 TOTAL SALARIES	29707973		29707973	1409615.80	21.08		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	733449		733449	34816.11	21.07		8
8.01 EXCLUDED AREA SALARIES	899848		899848	35885.74	25.08		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR		254533	254533	4595.83	55.38		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	829474		829474	16358.00	50.71		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	9137825		9137825			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	531610		531610			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	148995	180327	329322	14226.38	23.15		21
22 ADMINISTRATIVE & GENERAL	3550501	-180327	3370174	186081.17	18.11		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	563731		563731				23
24 OPERATION OF PLANT	145477		145477	10576.74	13.75		24
25 LAUNDRY & LINEN SERVICE	157261		157261	14161.90	11.10		25
26 HOUSEKEEPING	599090		599090	58743.18	10.20		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	560285	-147549	412736				27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	68020	147549	215569				28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	728180		728180	21706.03	33.55		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY	1143721		1143721	31944.92	35.80		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1556502		1556502	73936.62	21.05		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		1	2	3	4		
1 NET SALARIES	29707973		29707973	1409615.80	21.08		1
2 EXCLUDED AREA SALARIES	1633297		1633297	70701.85	23.10		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	28074676		28074676	1338913.95	20.97		3
4 SUBTOTAL OTHER WAGES & REL COSTS	829474	254533	1084007	20953.83	51.73		4
5 SUBTOTAL WAGE-RELATED COSTS	9137825		9137825		32.55%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	38041975	254533	38296508	1359867.78	28.16		6
7 NET SALARIES							7
8 EXCLUDED AREA SALARIES							8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10 SUBTOTAL OTHER WAGES & REL COSTS							10
11 SUBTOTAL WAGE-RELATED COSTS							11
12 TOTAL (SUM OF LINES 9 THRU 11)							12
13 TOTAL OVERHEAD COSTS	9221763		9221763	411376.94	22.42		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7661

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1569	10	19	1598	1
2 UNDUPLICATED CENSUS COUNT		327.00	35.00	102.00	442.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	3.31		3.31	5
6 DIRECT NURSING SERVICE	9.86		9.86	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	1.40		1.40	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.15		.15	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.03		.03	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.25		.25	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.72		1.72	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		0014		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7661

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	3080	537	48	109		3774	21
22	SKILLED NURSING VISIT CHARGES	359209	61770	5520	12550		439049	22
23	PHYSICAL THERAPY VISITS	688	35	8	42		773	23
24	PHYSICAL THERAPY VISIT CHARGES	89360	4550	1040	5460		100410	24
25	OCCUPATIONAL THERAPY VISITS	294	44	1	7		346	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	38220	5720	130	910		44980	26
27	SPEECH PATHOLOGY VISITS	15			1		16	27
28	SPEECH PATHOLOGY VISIT CHARGES	1950			130		2080	28
29	MEDICAL SOCIAL SERVICE VISITS	39	1		1		41	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	6630	170		170		6970	30
31	HOME HEALTH AIDE VISITS	342	64	1	14		421	31
32	HOME HEALTH AIDE VISIT CHARGES	22280	4745	65	910		28000	32
33	TOTAL VISITS	4458	681	58	174		5371	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	517649	76955	6755	20130		621489	35
36	TOTAL NUMBER OF EPISODES							36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	8891	1340	352	433		11016	38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
	1	2	3	4	5	6	7	8	9
1	RUC								1
2	RUB								2
3	RUA			4					3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC			6					4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC			45					7
8	RHB			220					8
9	RHA			91					9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC			16					10
11	RMB			47					11
12	RMA			25					12
12.01	RMX			164					12.01
12.02	RML			1779					12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3			22					15
16	SE2			105					16
17	SE1			6					17
18	SSC								18
19	SSB								19
20	SSA			52					20
21	CC2								21
22	CC1			6					22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1			14					26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL			2602					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	2356244 17
17.01	GROSS MEDICAID REVENUES	18338370 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	20694614 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.399558 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	18338370 28
29	TOTAL GROSS MEDICAID COST	7327242 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	2356244 30
31	UNCOMPENSATED CARE COST	941456 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	7327242 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1842137	1842137	1033008	2875145	-966976	1908169	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3902568	3902568	285602	4188170	-288619	3899551	4
5	0500 EMPLOYEE BENEFITS	148995	9754257	9903252	247743	10150995	1299	10152294	5
6	0600 ADMINISTRATIVE & GENERAL	3550501	3784927	7335428	-313775	7021653	446424	7468077	6
7	0700 MAINTENANCE & REPAIRS	563731	314957	878688		878688	-12494	866194	7
8	0800 OPERATION OF PLANT	145477	1276145	1421622		1421622	-6335	1415287	8
9	0900 LAUNDRY & LINEN SERVICE	157261	74260	231521		231521		231521	9
10	1000 HOUSEKEEPING	599090	153016	752106		752106	-206	751900	10
11	1100 DIETARY	560285	271480	831765	-162996	668769	-53966	614803	11
12	1200 CAFETERIA	68020	119397	187417	162996	350413	-192071	158342	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	728180	26523	754703		754703	-115	754588	14
15	1500 CENTRAL SERVICES & SUPPLY		1420794	1420794	-1414911	5883		5883	15
16	1600 PHARMACY	1143721	2308767	3452488	-2275336	1177152	-2800	1174352	16
17	1700 MEDICAL RECORDS & LIBRARY	1556502	200955	1757457		1757457	-56979	1700478	17
18	1800 SOCIAL SERVICE		3092	3092		3092		3092	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	6584268	251425	6835693		6835693	-4594	6831099	25
26	2600 INTENSIVE CARE UNIT	1618213	72428	1690641		1690641		1690641	26
33	3300 NURSERY		26222	26222		26222		26222	33
34	3400 SKILLED NURSING FACILITY	733449	28665	762114		762114		762114	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	3135798	11782916	14918714		14918714	-59755	14858959	37
39	3900 DELIVERY ROOM & LABOR ROOM	157027	103499	260526		260526		260526	39
40	4000 ANESTHESIOLOGY		760976	760976		760976	-618239	142737	40
41	4100 RADIOLOGY-DIAGNOSTIC	1207283	653367	1860650		1860650	-49187	1811463	41
41.01	3630 ULTRASOUND	146196	70263	216459		216459		216459	41.01
41.02	3450 NUCLEAR MEDICINE-DIAGNOSTIC	245682	458493	704175		704175	-11718	692457	41.02
41.03	3230 CAT SCAN	218395	382419	600814		600814		600814	41.03
41.04	3480 RADIATION ONC	206944	274417	481361		481361	-10446	470915	41.04
41.05	3430 MAGNETIC RESONANCE IMAGING (MRI)	164638	750129	914767		914767		914767	41.05
41.06	4101 PET SCAN		450300	450300		450300		450300	41.06
44	4400 LABORATORY	994556	1960889	2955445		2955445	-37200	2918245	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1112250	155433	1267683		1267683	-25969	1241714	49
50	5000 PHYSICAL THERAPY	653759	45103	698862		698862		698862	50
51	5100 OCCUPATIONAL THERAPY	169586	22293	191879		191879		191879	51
53	5300 ELECTROCARDIOLOGY	398177	1174714	1572891		1572891	-199976	1372915	53
53.01	3120 CARD CATH	201971	55569	257540		257540		257540	53.01
54	5400 ELECTROENCEPHALOGRAPHY	97767	41352	139119		139119	-1305	137814	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				1414911	1414911	-87412	1327499	55
56	5600 DRUGS CHARGED TO PATIENTS				2275336	2275336	-118866	2156470	56
59	3050 BACTERIOLOGY & MICROBIOLOGY								59
59.01	3650 VASCULAR LAB	155564	85096	240660		240660	-40869	199791	59.01
59.02	3651 CARDIAC REHAB	48704	1689	50393		50393		50393	59.02
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	1336135	664717	2000852		2000852	-545981	1454871	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	868678	113924	982602		982602	-10985	971617	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
88	8800 INTEREST EXPENSE		1252578	1252578	-1252578				88
95	SUBTOTALS	29676803	47092151	76768954		76768954	-2955340	73813614	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		41802	41802		41802		41802	96
98	9800 PHYSICIANS' PRIVATE OFFICES		11136	11136		11136		11136	98
100	7950 PHILANTHROPY DEVELOPMENT	31170	55255	86425		86425		86425	100
100.01	7951 VENDING								100.01
100.02	7952 MEALS ON WHEELS								100.02
101	TOTAL	29707973	47200344	76908317		76908317	-2955340	73952977	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 PERSONNELCOSTS	A	EMPLOYEE BENEFITS	5	180327	67416	1
2 CAFETERIA COSTS	B	CAFETERIA	12	147549	15447	2
3 PHARMACY DRUGS	C	DRUGS CHARGED TO PATIENTS	56		2275336	3
4 CENTRAL SUPPLY	D	MEDICAL SUPPLIES CHARGED TO P	55		1414911	4
5 BUSINESS PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		66032	5
6 INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		966976	6
7 INTEREST EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		285602	7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
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26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				327876	5091720	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 PERSONNELCOSTS	A	ADMINISTRATIVE & GENERAL	6	180327	67416	1
2 CAFETERIA COSTS	B	DIETARY	11	147549	15447	2
3 PHARMACY DRUGS	C	PHARMACY	16		2275336	3
4 CENTRAL SUPPLY	D	CENTRAL SERVICES & SUPPLY	15		1414911	4
5 BUSINESS PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL	6		66032	9 5
6 INTEREST EXPENSE	F					9 6
7 INTEREST EXPENSE	F	INTEREST EXPENSE	88		1252578	9 7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				327876	5091720	36

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2875145		-966976					1908169 3
4 NEW CAP REL COSTS-MVBLE EQUIP	3532241	652912	-285602					3899551 4
5 TOTAL	6407386	652912	-1252578					5807720 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1842137							1842137 3
4 NEW CAP REL COSTS-MVBLE EQUIP	3249656	652912						3902568 4
5 TOTAL	5091793	652912						5744705 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-966976	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-22588	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-3017	NEW CAP REL COSTS-MVBLE EQUIP	4	9 9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1456034			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	858959			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-192071	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-56979	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A		NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 TELEPHONE EMPLOYEE BENEFITS	A	-1479	EMPLOYEE BENEFITS	5	37
38 TELEPHONE A&G SALARIES	A	-4512	ADMINISTRATIVE & GENERAL	6	38
39 TELEPHONE A&G EXPENSES	A	-4940	ADMINISTRATIVE & GENERAL	6	39
40 TELEVISION EMPLOYEE BENEFITS	A	-607	EMPLOYEE BENEFITS	5	40
41 TELEVISION MAINTENANCE SALARIES	A	-1853	MAINTENANCE & REPAIRS	7	41
42 TELEVISION MAINTENANCE CABLE	A	-10641	MAINTENANCE & REPAIRS	7	42
43 TELEVISION PLANT ELECTRIC	A	-755	OPERATION OF PLANT	8	43
44 RECYCLING	B	-2017	OPERATION OF PLANT	8	44
45 BOND INDENTURE FEES	A	-4859	ADMINISTRATIVE & GENERAL	6	45
46 NON-OPERATING BUILDINGS	A	-5114	ADMINISTRATIVE & GENERAL	6	46
47 PHYSICIAN EXPENSE	A	-20622	ADMINISTRATIVE & GENERAL	6	47
48 COMMUNITY RELATION ADVERTISING	A	-207954	ADMINISTRATIVE & GENERAL	6	48
49 HOUSEKEEPING	B	-206	HOUSEKEEPING	10	49
49.02 INTEREST NEW EQUIP	A	-285602	NEW CAP REL COSTS-MVBLE EQUIP	4	11 49.02
49.03 NURSERY PHOTOS	B	-4594	ADULTS & PEDIATRICS	25	49.03
49.04 LOBBYING EXPENSE	A	-26575	ADMINISTRATIVE & GENERAL	6	49.04
49.05 COUNTRY CLUB DUES	A	-2040	ADMINISTRATIVE & GENERAL	6	49.05
49.06 NAME BADGES	B	-25	EMPLOYEE BENEFITS	5	49.06
49.07 PHYSICIAN APPLICATIONS	B	-1200	ADMINISTRATIVE & GENERAL	6	49.07
49.08 GUEST MEALS	B	-2014	DIETARY	11	49.08
49.09 DIETARY SUPPLIES	B	-47608	DIETARY	11	49.09
49.10 PHYSICIAN RECRUITMENT	A	-69190	ADMINISTRATIVE & GENERAL	6	49.10
49.11 REBATES	B	-4139	ADMINISTRATIVE & GENERAL	6	49.11
49.12 REBATES	B	-4344	DIETARY	11	49.12
49.13 REBATES	B	-118866	DRUGS CHARGED TO PATIENTS	56	49.13
49.15 REBATES	B	-10250	LABORATORY	44	49.15
49.17 REBATES	B	-87412	MEDICAL SUPPLIES CHARGED TO PAT	55	49.17
49.18 REBATES	B	-59755	OPERATING ROOM	37	49.18
49.19 REBATES	B	-3563	OPERATION OF PLANT	8	49.19
49.20 REBATES	B	-49187	RADIOLOGY-DIAGNOSTIC	41	49.20

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.22 ALCOHOLIC BEVERAGES	A	-2995	ADMINISTRATIVE & GENERAL	6	49.22
49.23 NURSE ADMIN	B	-115	NURSING ADMINISTRATION	14	49.23
49.24 LIFELINE-HOME CARE	B	-10985	HOME HEALTH AGENCY	71	49.24
49.26 IN-SERVICE	B	-1110	ADMINISTRATIVE & GENERAL	6	49.26
49.27 EEG'S RICHLAND MEMORIAL	B	-1305	ELECTROENCEPHALOGRAPHY	54	49.27
49.28 MISC INCOME - SPIRIT COMMITTEE	B	-3370	EMPLOYEE BENEFITS	5	49.28
49.30 CARLE RN SALARIES	A	-10446	RADIATION ONC	41.04	49.30
49.31 CARLE RN BENEFITS	A	-2287	EMPLOYEE BENEFITS	5	49.31
49.40 MISC INC	B	-1950	LABORATORY	44	49.40
49.42 MISC INC-PATIENT ACCTS	B	-1130	ADMINISTRATIVE & GENERAL	6	49.42
49.43 DRUGS NON PATIENT	B	-2800	PHARMACY	16	49.43
49.45 STUDENT FEES	B	-11718	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	49.45
49.46 IHA GRANT-T1	B	-12000	ADMINISTRATIVE & GENERAL	6	49.46
49.47 PHYSICIAN DUES	B	-12500	ADMINISTRATIVE & GENERAL	6	49.47
50 TOTAL		-2955340			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1235614	729528	506086	1
2	6	ADMINISTRATIVE & GENERAL	FAMIS	1325354	981548	343806	2
3	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	7396856	7387789	9067	3
4							4
5	TOTALS			9957824	9098865	858959	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	G HSHS		HSHS		CORPORATE OFFICE		1
2							2
3							3
4							4
5							5

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

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
 11/25/2008 10:36

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	61	EMERGENCY	EMERGENCY	545981	545981				
2	40	ANESTHESIOLOGY	ANESTHESIA	618239	618239				
3	53	ELECTROCARDIOLOGY	CARDIOLOGY	199976	199976				
4	49	RESPIRATORY THERAPY	RESPIRATORY CARE	25969	25969				
5	59.01	VASCULAR LAB	VASCULAR LAB	40869	40869				
6	44	LABORATORY	LABORATORY	25000	25000				
101		TOTAL		1456034	1456034				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1908169	1908169							3
4 NEW CAP REL COSTS-MVBLE EQUIP	3899551		3899551						4
5 EMPLOYEE BENEFITS	10152294	4960		10157254					5
6 ADMINISTRATIVE & GENERAL	7468077	525220	678542	1173416	9845255	9845255			6
7 MAINTENANCE & REPAIRS	866194	27974	22758	194097	1111023	170624	1281647		7
8 OPERATION OF PLANT	1415287	338889	1260683	50254	3065113	470722	643150	4178985	8
9 LAUNDRY & LINEN SERVICE	231521	24027	3864	54325	313737	48182	42009	99305	9
10 HOUSEKEEPING	751900	21595	8206	206952	988653	151831	3580	89251	10
11 DIETARY	614803	32307	12615	142577	802302	123213	27330	133523	11
12 CAFETERIA	158342	10211	2947	74467	245967	37774		42204	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	754588	10097	4893	251545	1021123	156818	7877	41733	14
15 CENTRAL SERVICES & SUPPLY	5883	12543			18426	2830		51838	15
16 PHARMACY	1174352	10724	129772	395092	1709940	262602	7757	44324	16
17 MEDICAL RECORDS & LIBRARY	1700478	33567	47771	537684	2319500	356215	6803	138733	17
18 SOCIAL SERVICE	3092				3092	475			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	6831099	230770	107459	2274501	9443829	1450327	96670	953775	25
26 INTENSIVE CARE UNIT	1690641	27118	47764	559002	2324525	356987	42129	112081	26
33 NURSERY	26222	5049	4144		35415	5439	6922	20866	33
34 SKILLED NURSING FACILITY	762114	37843	2904	253366	1056227	162209	26256	156405	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	14858959	193960	511925	1083243	16648087	2556690	136650	801636	37
39 DELIVERY ROOM & LABOR ROOM	260526	29633	1327	54244	345730	53095	39981	122475	39
40 ANESTHESIOLOGY	142737	773	90790		234300	35982	13247	3194	40
41 RADIOLOGY-DIAGNOSTIC	1811463	70295	420577	417049	2719384	417627	45232	290531	41
41.01 ULTRASOUND	216459	2724	3225	50503	272911	41912		11258	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	692457	8989	85763	84869	872078	133929	4058	37151	41.02
41.03 CAT SCAN	600814	3934	104367	75443	784558	120488	477	16258	41.03
41.04 RADIATION ONC	470915	12143	24037	71488	578583	88855	5967	50189	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	914767	2040	74	56873	973754	149543		8430	41.05
41.06 PET SCAN	450300	1267			451567	69349		5236	41.06
44 LABORATORY	2918245	24236	56443	343563	3342487	513319	16947	100169	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1241714	22589	42064	384220	1690587	259630	43680	93361	49
50 PHYSICAL THERAPY	698862	29963	25109	225837	979771	150467	18857	123836	50
51 OCCUPATIONAL THERAPY	191879	8089	71	58582	258621	39717	716	33433	51
53 ELECTROCARDIOLOGY	1372915	46110	133586	207318	1759929	270279	7638	190571	53
53.01 CARD CATH	257540	11732			269272	41353		48487	53.01
54 ELECTROENCEPHALOGRAPHY	137814	4327		33773	175914	27016		17882	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1327499				1327499	203869			55
56 DRUGS CHARGED TO PATIENTS	2156470				2156470	331178			56
59 BACTERIOLOGY & MICROBIOLOGY									59
59.01 VASCULAR LAB	199791	2413	17531	53739	273474	41998	119	9975	59.01
59.02 CARDIAC REHAB	50393	4029		16825	71247	10942	955	16651	59.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1454871	61693	28210	461560	2006334	308121	26137	254977	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	971617	8476	15440	300080	1295613	198972	7161	35030	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	73813614	1902309	3894861	10146487	73792297	9820579	1278305	4154768	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	41802	3503	694		45999	7064		14478	96
98 PHYSICIANS' PRIVATE OFFICES	11136		3996		15132	2324	3342		98
100 PHILANTHROPY DEVELOPMENT	86425	1343		10767	98535	15132		5550	100
100.01VENDING		1014			1014	156		4189	100.01
100.02MEALS ON WHEELS									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	73952977	1908169	3899551	10157254	73952977	9845255	1281647	4178985	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	503233								9
10 HOUSEKEEPING	17767	1251082							10
11 DIETARY	2923	41863	1131154						11
12 CAFETERIA		13232		339177					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		13084		6997	1247632				14
15 CENTRAL SERVICES & SUPPLY		16252				89346			15
16 PHARMACY		13897		10292		1791	2050603		16
17 MEDICAL RECORDS & LIBRARY		43496		23824				2888571	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	241944	299029	876526	101148	597882	856	5904	2331943	25
26 INTENSIVE CARE UNIT	32093	35140	91024	21627	127839	198	1379	259394	26
33 NURSERY		6539				149			33
34 SKILLED NURSING FACILITY	22043	49037	111667	11216	66305	52	284	297234	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	102920	251330		46669	275870	68859	1558		37
39 DELIVERY ROOM & LABOR ROOM	243	38398				646			39
40 ANESTHESIOLOGY		1002				196	70517		40
41 RADIOLOGY-DIAGNOSTIC	11784	91087		18388		443	1466		41
41.01 ULTRASOUND	985	3529		1710		34			41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	1515	11647		2790		14	5702		41.02
41.03 CAT SCAN	3961	5097		2796		88	453		41.03
41.04 RADIATION ONC	2783	15735		2178		205			41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	6987	2644		2153		29			41.05
41.06 PET SCAN		1642							41.06
44 LABORATORY	146	31405		14712		4631	7226		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	4924	29271		19312		723	5986		49
50 PHYSICAL THERAPY	3341	38825		8158		244	79		50
51 OCCUPATIONAL THERAPY	985	10482		1716		110			51
53 ELECTROCARDIOLOGY	1269	59748		9481		186	74		53
53.01 CARD CATH		15202							53.01
54 ELECTROENCEPHALOGRAPHY	27	5607		1354		93			54
55 MEDICAL SUPPLIES CHARGED TO PAT						9180	16		55
56 DRUGS CHARGED TO PATIENTS							1946529		56
59 BACTERIOLOGY & MICROBIOLOGY									59
59.01 VASCULAR LAB	150	3127		1691		2			59.01
59.02 CARDIAC REHAB	247	5220		556		7			59.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	44196	79940		19280	113957	457	3086		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		10983		11129	65779	140	344		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	503233	1243490	1079217	339177	1247632	89333	2050603	2888571	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4539							96
98 PHYSICIANS' PRIVATE OFFICES						13			98
100 PHILANTHROPY DEVELOPMENT		1740							100
100.01 VENDING		1313							100.01
100.02 MEALS ON WHEELS			51937						100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	503233	1251082	1131154	339177	1247632	89346	2050603	2888571	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	3567				18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	2880	16402713		16402713	25
26 INTENSIVE CARE UNIT	320	3404736		3404736	26
33 NURSERY		75330		75330	33
34 SKILLED NURSING FACILITY	367	1959302		1959302	34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		20890269		20890269	37
39 DELIVERY ROOM & LABOR ROOM		600568		600568	39
40 ANESTHESIOLOGY		358438		358438	40
41 RADIOLOGY-DIAGNOSTIC		3595942		3595942	41
41.01 ULTRASOUND		332339		332339	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		1068884		1068884	41.02
41.03 CAT SCAN		934176		934176	41.03
41.04 RADIATION ONC		744495		744495	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)		1143540		1143540	41.05
41.06 PET SCAN		527794		527794	41.06
44 LABORATORY		4031042		4031042	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		2147474		2147474	49
50 PHYSICAL THERAPY		1323578		1323578	50
51 OCCUPATIONAL THERAPY		345780		345780	51
53 ELECTROCARDIOLOGY		2299175		2299175	53
53.01 CARD CATH		374314		374314	53.01
54 ELECTROENCEPHALOGRAPHY		227893		227893	54
55 MEDICAL SUPPLIES CHARGED TO PAT		1540564		1540564	55
56 DRUGS CHARGED TO PATIENTS		4434177		4434177	56
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB		330536		330536	59.01
59.02 CARDIAC REHAB		105825		105825	59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY		2856485		2856485	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY		1625151		1625151	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	3567	73680520		73680520	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		72080		72080	96
98 PHYSICIANS' PRIVATE OFFICES		20811		20811	98
100 PHILANTHROPY DEVELOPMENT		120957		120957	100
100.01 VENDING		6672		6672	100.01
100.02 MEALS ON WHEELS		51937		51937	100.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	3567	73952977		73952977	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		4960		4960	4960				5
6	525220		678542	1203762	574	1204336			6
7	27974		22758	50732	95	20872	71699		7
8	338889		1260683	1599572	25	57581	35978	1693156	8
9	24027		3864	27891	27	5894	2350	40234	9
10	21595		8206	29801	101	18573	200	36161	10
11	32307		12615	44922	70	15072	1529	54098	11
12	10211		2947	13158	36	4621		17099	12
13									13
14	10097		4893	14990	123	19183	441	16908	14
15	12543			12543		346		21003	15
16	10724		129772	140496	193	32123	434	17958	16
17	33567		47771	81338	263	43574	381	56209	17
18						58			18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		230770	107459	338229	1103	177412	5408	386433	25
26		27118	47764	74882	273	43669	2357	45411	26
33		5049	4144	9193		665	387	8454	33
34		37843	2904	40747	124	19842	1469	63369	34
ANCILLARY SERVICE COST CENTERS									
37		193960	511925	705885	530	312761	7645	324791	37
39		29633	1327	30960	27	6495	2237	49622	39
40		773	90790	91563		4402	741	1294	40
41		70295	420577	490872	204	51086	2530	117711	41
41.01		2724	3225	5949	25	5127		4561	41.01
41.02		8989	85763	94752	42	16383	227	15052	41.02
41.03		3934	104367	108301	37	14739	27	6587	41.03
41.04		12143	24037	36180	35	10869	334	20335	41.04
41.05		2040	74	2114	28	18293		3416	41.05
41.06		1267		1267		8483		2121	41.06
44		24236	56443	80679	168	62792	948	40584	44
46.30									46.30
49		22589	42064	64653	188	31759	2444	37826	49
50		29963	25109	55072	110	18406	1055	50173	50
51		8089	71	8160	29	4858	40	13546	51
53		46110	133586	179696	101	33062	427	77212	53
53.01		11732		11732		5059		19645	53.01
54		4327		4327	17	3305		7245	54
55						24938			55
56						40511			56
59									59
59.01		2413	17531	19944	26	5137	7	4041	59.01
59.02		4029		4029	8	1338	53	6746	59.02
OUTPATIENT SERVICE COST CENTERS									
61		61693	28210	89903	226	37691	1462	103306	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		8476	15440	23916	147	24339	401	14193	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95		1902309	3894861	5797170	4955	1201318	71512	1683344	95
NONREIMBURSABLE COST CENTERS									
96		3503	694	4197		864		5866	96
98			3996	3996		284	187		98
100		1343		1343	5	1851		2249	100
100.01		1014		1014		19		1697	100.01
100.02									100.02
101									101
102									102
103		1908169	3899551	5807720	4960	1204336	71699	1693156	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	76396								9
10	2697	87533							10
11	444	2929	119064						11
12		926		35840					12
13									13
14		915		739	53299				14
15		1137				35029			15
16		972		1088		702	193966		16
17		3043		2517				187325	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	36729	20921	92262	10688	25542	336	558	151227	25
26	4872	2459	9581	2285	5461	78	130	16822	26
33		458				59			33
34	3346	3431	11754	1185	2833	20	27	19276	34
ANCILLARY SERVICE COST CENTERS									
37	15624	17585		4931	11785	26995	147		37
39	37	2687				253			39
40		70				77	6670		40
41	1789	6373		1943		174	139		41
41.01	150	247		181		13			41.01
41.02	230	815		295		6	539		41.02
41.03	601	357		295		34	43		41.03
41.04	423	1101		230		80			41.04
41.05	1061	185		228		11			41.05
41.06		115							41.06
44	22	2197		1555		1816	684		44
46.30									46.30
49	748	2048		2041		284	566		49
50	507	2716		862		96	7		50
51	150	733		181		43			51
53	193	4180		1002		73	7		53
53.01		1064							53.01
54	4	392		143		37			54
55						3599	1		55
56							184123		56
59									59
59.01	23	219		179		1			59.01
59.02	37	365		59		3			59.02
OUTPATIENT SERVICE COST CENTERS									
61	6709	5593		2037	4868	179	292		61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		768		1176	2810	55	33		71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	76396	87001	113597	35840	53299	35024	193966	187325	95
NONREIMBURSABLE COST CENTERS									
96		318							96
98						5			98
100		122							100
100.01		92							100.01
100.02			5467						100.02
101									101
102									102
103	76396	87533	119064	35840	53299	35029	193966	187325	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	58			18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	47	1246895		1246895
26 INTENSIVE CARE UNIT	5	208285		208285
33 NURSERY		19216		19216
34 SKILLED NURSING FACILITY	6	167429		167429
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		1428679		1428679
39 DELIVERY ROOM & LABOR ROOM		92318		92318
40 ANESTHESIOLOGY		104817		104817
41 RADIOLOGY-DIAGNOSTIC		672821		672821
41.01 ULTRASOUND		16253		16253
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		128341		128341
41.03 CAT SCAN		131021		131021
41.04 RADIATION ONC		69587		69587
41.05 MAGNETIC RESONANCE IMAGING (MRI)		25336		25336
41.06 PET SCAN		11986		11986
44 LABORATORY		191445		191445
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		142557		142557
50 PHYSICAL THERAPY		129004		129004
51 OCCUPATIONAL THERAPY		27740		27740
53 ELECTROCARDIOLOGY		295953		295953
53.01 CARD CATH		37500		37500
54 ELECTROENCEPHALOGRAPHY		15470		15470
55 MEDICAL SUPPLIES CHARGED TO PAT		28538		28538
56 DRUGS CHARGED TO PATIENTS		224634		224634
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB		29577		29577
59.02 CARDIAC REHAB		12638		12638
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		252266		252266
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY		67838		67838
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	58	5778144		5778144
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		11245		11245
98 PHYSICIANS' PRIVATE OFFICES		4472		4472
100 PHILANTHROPY DEVELOPMENT		5570		5570
100.01 VENDING		2822		2822
100.02 MEALS ON WHEELS		5467		5467
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	58	5807720		5807720

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	MAINT. HOURS	SQUARE FEET	
	3	4	5	6A	6	7	8	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	301229							3
4 NEW CAP REL COSTS-MVBLE EQUIP		5741688						4
5 EMPLOYEE BENEFITS		783	29403459					5
6 ADMINISTRATIVE & GENERAL	82913	999083	3396835	-9845255	64107722			6
7 MAINTENANCE & REPAIRS	4416	33509	561878		1111023	10739		7
8 OPERATION OF PLANT	53498	1856228	145477		3065113	5389	159619	8
9 LAUNDRY & LINEN SERVICE	3793	5689	157261		313737	352	3793	9
10 HOUSEKEEPING	3409	12082	599090		988653	30	3409	10
11 DIETARY	5100	18575	412736		802302	229	5100	11
12 CAFETERIA	1612	4339	215569		245967		1612	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1594	7205	728180		1021123	66	1594	14
15 CENTRAL SERVICES & SUPPLY	1980				18426		1980	15
16 PHARMACY	1693	191076	1143721		1709940	65	1693	16
17 MEDICAL RECORDS & LIBRARY	5299	70338	1556502		2319500	57	5299	17
18 SOCIAL SERVICE					3092			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	36430	158222	6584268		9443829	810	36430	25
26 INTENSIVE CARE UNIT	4281	70328	1618213		2324525	353	4281	26
33 NURSERY	797	6102			35415	58	797	33
34 SKILLED NURSING FACILITY	5974	4276	733449		1056227	220	5974	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	30619	753756	3135798		16648087	1145	30619	37
39 DELIVERY ROOM & LABOR ROOM	4678	1954	157027		345730	335	4678	39
40 ANESTHESIOLOGY	122	133679			234300	111	122	40
41 RADIOLOGY-DIAGNOSTIC	11097	619256	1207283		2719384	379	11097	41
41.01 ULTRASOUND	430	4748	146196		272911		430	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	1419	126277	245682		872078	34	1419	41.02
41.03 CAT SCAN	621	153670	218395		784558	4	621	41.03
41.04 RADIATION ONC	1917	35392	206944		578583	50	1917	41.04
41.05 MAGNETIC RESONANCE IMAGING (M	322	109	164638		973754		322	41.05
41.06 PET SCAN	200				451567		200	41.06
44 LABORATORY	3826	83106	994556		3342487	142	3826	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	3566	61935	1112250		1690587	366	3566	49
50 PHYSICAL THERAPY	4730	36970	653759		979771	158	4730	50
51 OCCUPATIONAL THERAPY	1277	104	169586		258621	6	1277	51
53 ELECTROCARDIOLOGY	7279	196692	600148		1759929	64	7279	53
53.01 CARD CATH	1852				269272		1852	53.01
54 ELECTROENCEPHALOGRAPHY	683		97767		175914		683	54
55 MEDICAL SUPPLIES CHARGED TO P					1327499			55
56 DRUGS CHARGED TO PATIENTS					2156470			56
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB	381	25812	155564		273474	1	381	59.01
59.02 CARDIAC REHAB	636		48704		71247	8	636	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	9739	41536	1336135		2006334	219	9739	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	1338	22734	868678		1295613	60	1338	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	300304	5734782	29372289	-9845255	63947042	10711	158694	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	553	1022			45999		553	96
98 PHYSICIANS' PRIVATE OFFICES		5884			15132	28		98
100 PHILANTHROPY DEVELOPMENT	212		31170		98535		212	100
100.01 VENDING	160				1014		160	100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	MAINT. HOURS	OF PLANT SQUARE FEET
	3	4	5	6A	6	7	8
100.02 MEALS ON WHEELS							100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1908169	3899551	10157254		9845255	1281647	4178985 103
104 UNIT COST MULT-WS B PT I		.679165				119.345097	104
104 UNIT COST MULT-WS B PT I	6.334613		.345444		.153574		26.181000 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			4960		1204336	71699	1693156 107
108 UNIT COST MULT-WS B PT III						6.676506	108
108 UNIT COST MULT-WS B PT III			.000169		.018786		10.607484 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9	881463							9
10	31120	1577382						10
11	5120		135839					11
12		16683		54341				12
13								13
14		16497		1121	655121			14
15		20491				13770466		15
16		17521		1649		276085	2114419	16
17		54840		3817				17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	423786	377019	105261	16205	313943	131980	6088	8073 25
26	56214	44305	10931	3465	67127	30511	1422	898 26
33		8245				23023		
34	38611	61826	13410	1797	34816	8014	293	1029 34
ANCILLARY SERVICE COST CENTERS								
37	180275	316880		7477	144857	10612570	1606	
39	426	48413				99577		
40		1263				30274	72712	
41	20641	114844		2946		68272	1512	
41.01	1726	4450		274		5265		41.01
41.02	2654	14685		447		2204	5879	41.02
41.03	6938	6427		448		13499	467	41.03
41.04	4875	19839		349		31589		41.04
41.05	12238	3333		345		4468		41.05
41.06		2070						41.06
44	256	39596		2357		713821	7451	44
46.30								46.30
49	8625	36905		3094		111461	6172	49
50	5852	48951		1307		37601	81	50
51	1726	13216		275		16915		51
53	2223	75331		1519		28657	76	53
53.01		19167						53.01
54	48	7069		217		14386		54
55						1414895	16	55
56							2007107	56
59								59
59.01	263	3943		271		259		59.01
59.02	432	6582		89		1024		59.02
OUTPATIENT SERVICE COST CENTERS								
61	77414	100790		3089	59838	70494	3182	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71		13847		1783	34540	21600	355	71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	881463	1567809	129602	54341	655121	13768444	2114419	10000 95
NONREIMBURSABLE COST CENTERS								
96		5723						96
98						2022		98
100		2194						100
100.01		1656						100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	POUNDS OF LAUNDRY 9	HOURS OF SERVICE 10	MEALS SERVED 11	MEALS SERVED 12	DIRECT NRSING HRS 14	COSTED REQUIS. 15	COSTED REQUIS. 16	TIME SPENT 17
100.02 MEALS ON WHEELS			6237					100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	503233	1251082	1131154	339177	1247632	89346	2050603	2888571 103
104 UNIT COST MULT-WS B PT I	.570907		8.327167		1.904430		.969819	104
104 UNIT COST MULT-WS B PT I		.793138		6.241641		.006488		288.857100 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	76396	87533	119064	35840	53299	35029	193966	187325 107
108 UNIT COST MULT-WS B PT III	.086670		.876508		.081357		.091735	108
108 UNIT COST MULT-WS B PT III		.055493		.659539		.002544		18.732500 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE	10000	18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	8073	25
26	INTENSIVE CARE UNIT	898	26
33	NURSERY		33
34	SKILLED NURSING FACILITY	1029	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
41.01	ULTRASOUND		41.01
41.02	NUCLEAR MEDICINE-DIAGNOSTIC		41.02
41.03	CAT SCAN		41.03
41.04	RADIATION ONC		41.04
41.05	MAGNETIC RESONANCE IMAGING (M		41.05
41.06	PET SCAN		41.06
44	LABORATORY		44
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
51	OCCUPATIONAL THERAPY		51
53	ELECTROCARDIOLOGY		53
53.01	CARD CATH		53.01
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
59	BACTERIOLOGY & MICROBIOLOGY		59
59.01	VASCULAR LAB		59.01
59.02	CARDIAC REHAB		59.02
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY		61
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERA		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
95	SUBTOTALS	10000	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C		96
98	PHYSICIANS' PRIVATE OFFICES		98
100	PHILANTHROPY DEVELOPMENT		100
100.01	VENDING		100.01

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
100.02 MEALS ON WHEELS			100.02
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	3567		103
104 UNIT COST MULT-WS B PT I	.356700		104
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	58		107
108 UNIT COST MULT-WS B PT III	.005800		108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	16402713		16402713		16402713	25
26 INTENSIVE CARE UNIT	3404736		3404736		3404736	26
33 NURSERY	75330		75330		75330	33
34 SKILLED NURSING FACILITY	1959302		1959302		1959302	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	20890269		20890269		20890269	37
39 DELIVERY ROOM & LABOR ROOM	600568		600568		600568	39
40 ANESTHESIOLOGY	358438		358438		358438	40
41 RADIOLOGY-DIAGNOSTIC	3595942		3595942		3595942	41
41.01 ULTRASOUND	332339		332339		332339	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	1068884		1068884		1068884	41.02
41.03 CAT SCAN	934176		934176		934176	41.03
41.04 RADIATION ONC	744495		744495		744495	41.04
41.05 MAGNETIC RESONANCE IMAGING	1143540		1143540		1143540	41.05
41.06 PET SCAN	527794		527794		527794	41.06
44 LABORATORY	4031042		4031042		4031042	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2147474		2147474		2147474	49
50 PHYSICAL THERAPY	1323578		1323578		1323578	50
51 OCCUPATIONAL THERAPY	345780		345780		345780	51
53 ELECTROCARDIOLOGY	2299175		2299175		2299175	53
53.01 CARD CATH	374314		374314		374314	53.01
54 ELECTROENCEPHALOGRAPHY	227893		227893		227893	54
55 MEDICAL SUPPLIES CHARGED TO	1540564		1540564		1540564	55
56 DRUGS CHARGED TO PATIENTS	4434177		4434177		4434177	56
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	330536		330536		330536	59.01
59.02 CARDIAC REHAB	105825		105825		105825	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2856485		2856485		2856485	61
62 OBSERVATION BEDS (NON-DISTI	784044		784044		784044	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	72839413		72839413		72839413	101
102 LESS OBSERVATION BEDS	784044		784044		784044	102
103 TOTAL	72055369		72055369		72055369	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	14733905		14733905			25
26 INTENSIVE CARE UNIT	3339104		3339104			26
33 NURSERY	965874		965874			33
34 SKILLED NURSING FACILITY	739403		739403			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	24511470	17316565	41828035	.499432	.499432	.499432 37
39 DELIVERY ROOM & LABOR ROOM	1738733	170426	1909159	.314572	.314572	.314572 39
40 ANESTHESIOLOGY	1904820	3085702	4990522	.071824	.071824	.071824 40
41 RADIOLOGY-DIAGNOSTIC	1909772	6829216	8738988	.411483	.411483	.411483 41
41.01 ULTRASOUND	223721	1198295	1422016	.233710	.233710	.233710 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	824208	5501914	6326122	.168964	.168964	.168964 41.02
41.03 CAT SCAN	4155167	12338033	16493200	.056640	.056640	.056640 41.03
41.04 RADIATION ONC	131764	1406663	1538427	.483933	.483933	.483933 41.04
41.05 MAGNETIC RESONANCE IMAGING	923867	4225057	5148924	.222093	.222093	.222093 41.05
41.06 PET SCAN	84920	1373980	1458900	.361775	.361775	.361775 41.06
44 LABORATORY	6887060	5729659	12616719	.319500	.319500	.319500 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4434861	626335	5061196	.424302	.424302	.424302 49
50 PHYSICAL THERAPY	1202144	586375	1788519	.740041	.740041	.740041 50
51 OCCUPATIONAL THERAPY	307316	189571	496887	.695893	.695893	.695893 51
53 ELECTROCARDIOLOGY	1499302	3520140	5019442	.458054	.458054	.458054 53
53.01 CARD CATH	8530	111781	120311	3.111220	3.111220	3.111220 53.01
54 ELECTROENCEPHALOGRAPHY	42688	609339	652027	.349515	.349515	.349515 54
55 MEDICAL SUPPLIES CHARGED TO	6014379	4123465	10137844	.151962	.151962	.151962 55
56 DRUGS CHARGED TO PATIENTS	16046896	5438862	21485758	.206377	.206377	.206377 56
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	148937	448191	597128	.553543	.553543	.553543 59.01
59.02 CARDIAC REHAB	977	155908	156885	.674539	.674539	.674539 59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2261034	8486726	10747760	.265775	.265775	.265775 61
62 OBSERVATION BEDS (NON-DISTI	94656	1729968	1824624	.429702	.429702	.429702 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	95135508	85202171	180337679			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	95135508	85202171	180337679			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1246895		1246895	25
26 INTENSIVE CARE UNIT				208285		208285	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				19216		19216	33
101 TOTAL				1474396		1474396	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	23766	15326			52.47	804155	25
26 INTENSIVE CARE UNIT	2518	1915			82.72	158409	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	1778				10.81		33
101 TOTAL	28062	17241				962564	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1428679	41828035	14822246			.034156	506269 37
39 DELIVERY ROOM & LABOR ROOM		92318	1909159	72658			.048355	3513 39
40 ANESTHESIOLOGY		104817	4990522	993810			.021003	20873 40
41 RADIOLOGY-DIAGNOSTIC		672821	8738988	1248568			.076991	96128 41
41.01 ULTRASOUND		16253	1422016	114046			.011430	1304 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		128341	6326122	585810			.020287	11884 41.02
41.03 CAT SCAN		131021	16493200	2361204			.007944	18757 41.03
41.04 RADIATION ONC		69587	1538427	72253			.045233	3268 41.04
41.05 MAGNETIC RESONANCE IMAGING (M		25336	5148924	605585			.004921	2980 41.05
41.06 PET SCAN		11986	1458900	47314			.008216	389 41.06
44 LABORATORY		191445	12616719	4883836			.015174	74107 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		142557	5061196	2926421			.028167	82429 49
50 PHYSICAL THERAPY		129004	1788519	709459			.072129	51173 50
51 OCCUPATIONAL THERAPY		27740	496887	160763			.055828	8975 51
53 ELECTROCARDIOLOGY		295953	5019442	980749			.058961	57826 53
53.01 CARD CATH		37500	120311				.311692	53.01
54 ELECTROENCEPHALOGRAPHY		15470	652027	20252			.023726	480 54
55 MEDICAL SUPPLIES CHARGED TO P		28538	10137844	3308163			.002815	9312 55
56 DRUGS CHARGED TO PATIENTS		224634	21485758	10345704			.010455	108164 56
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		29577	597128	89850			.049532	4450 59.01
59.02 CARDIAC REHAB		12638	156885	499			.080556	40 59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		252266	10747760	1115982			.023471	26193 61
62 OBSERVATION BEDS (NON-DISTINC		59601	1824624	34013			.032665	1111 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4128082	160559393	45499185				1089625 101

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 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					23766		15326	25
26 INTENSIVE CARE UNIT					2518		1915	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					1778			33
34 SKILLED NURSING FACILITY					2883		2602	34
35 NURSING FACILITY								35
101 TOTAL					30945		19843	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		41828035			14822246		5624881 37
39 DELIVERY ROOM & LABOR ROOM		1909159			72658		24 39
40 ANESTHESIOLOGY		4990522			993810		1074148 40
41 RADIOLOGY-DIAGNOSTIC		8738988			1248568		1701465 41
41.01 ULTRASOUND		1422016			114046		256839 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		6326122			585810		2951477 41.02
41.03 CAT SCAN		16493200			2361204		4115862 41.03
41.04 RADIATION ONC		1538427			72253		943227 41.04
41.05 MAGNETIC RESONANCE IMAGING (M		5148924			605585		1445097 41.05
41.06 PET SCAN		1458900			47314		663042 41.06
44 LABORATORY		12616719			4883836		384022 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5061196			2926421		191377 49
50 PHYSICAL THERAPY		1788519			709459		300 50
51 OCCUPATIONAL THERAPY		496887			160763		944 51
53 ELECTROCARDIOLOGY		5019442			980749		1191134 53
53.01 CARD CATH		120311					45328 53.01
54 ELECTROENCEPHALOGRAPHY		652027			20252		181889 54
55 MEDICAL SUPPLIES CHARGED TO P		10137844			3308163		1248520 55
56 DRUGS CHARGED TO PATIENTS		21485758			10345704		2301783 56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		597128			89850		245192 59.01
59.02 CARDIAC REHAB		156885			499		81318 59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		10747760			1115982		1459581 61
62 OBSERVATION BEDS (NON-DISTINC		1824624			34013		289916 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		160559393			45499185		26397366 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (M					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							37
39 OPERATING ROOM	.499432	.499432	.499432				39
40 DELIVERY ROOM & LABOR ROOM	.314572	.314572	.314572				40
41 ANESTHESIOLOGY	.071824	.071824	.071824				41
41 RADIOLOGY-DIAGNOSTIC	.411483	.411483	.411483				41
41.01 ULTRASOUND	.233710	.233710	.233710				41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.168964	.168964	.168964				41.02
41.03 CAT SCAN	.056640	.056640	.056640				41.03
41.04 RADIATION ONC	.483933	.483933	.483933				41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.222093	.222093	.222093				41.05
41.06 PET SCAN	.361775	.361775	.361775				41.06
44 LABORATORY	.319500	.319500	.319500				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.424302	.424302	.424302				49
50 PHYSICAL THERAPY	.740041	.740041	.740041				50
51 OCCUPATIONAL THERAPY	.695893	.695893	.695893				51
53 ELECTROCARDIOLOGY	.458054	.458054	.458054				53
53.01 CARD CATH	3.111220	3.111220	3.111220				53.01
54 ELECTROENCEPHALOGRAPHY	.349515	.349515	.349515				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.151962	.151962	.151962				55
56 DRUGS CHARGED TO PATIENTS	.206377	.206377	.206377				56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB	.553543	.553543	.553543				59.01
59.02 CARDIAC REHAB	.674539	.674539	.674539				59.02
61 OUTPATIENT SERVICE COST CENTERS							61
62 EMERGENCY	.265775	.265775	.265775				62
62 OBSERVATION BEDS (NON-DISTINCT)	.429702	.429702	.429702				62
63.50 RHC							63.50
63.60 FQHC							63.60
65.01 OTHER REIMBURSABLE COST CENTERS							65.01
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.206377	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5624881						37
39 DELIVERY ROOM & LABOR ROOM		24						39
40 ANESTHESIOLOGY		1074148						40
41 RADIOLOGY-DIAGNOSTIC		1701465						41
41.01 ULTRASOUND		256839						41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		2951477						41.02
41.03 CAT SCAN		4115862						41.03
41.04 RADIATION ONC		943227						41.04
41.05 MAGNETIC RESONANCE IMAGING (MR)		1445097						41.05
41.06 PET SCAN		663042						41.06
44 LABORATORY		384022						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		191377						49
50 PHYSICAL THERAPY		300						50
51 OCCUPATIONAL THERAPY		944						51
53 ELECTROCARDIOLOGY		1191134						53
53.01 CARD CATH		45328						53.01
54 ELECTROENCEPHALOGRAPHY		181889						54
55 MEDICAL SUPPLIES CHARGED TO PA		1248520						55
56 DRUGS CHARGED TO PATIENTS		2301783						56
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		245192						59.01
59.02 CARDIAC REHAB		81318						59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1459581						61
62 OBSERVATION BEDS (NON-DISTINCT)		289916						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		26397366						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		26397366						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2809246					37
39 DELIVERY ROOM & LABOR ROOM		8					39
40 ANESTHESIOLOGY		77150					40
41 RADIOLOGY-DIAGNOSTIC		700124					41
41.01 ULTRASOUND		60026					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		498693					41.02
41.03 CAT SCAN		233122					41.03
41.04 RADIATION ONC		456459					41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)		320946					41.05
41.06 PET SCAN		239872					41.06
44 LABORATORY		122695					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		81202					49
50 PHYSICAL THERAPY		222					50
51 OCCUPATIONAL THERAPY		657					51
53 ELECTROCARDIOLOGY		545604					53
53.01 CARD CATH		141025					53.01
54 ELECTROENCEPHALOGRAPHY		63573					54
55 MEDICAL SUPPLIES CHARGED TO PAT		189728					55
56 DRUGS CHARGED TO PATIENTS		475035					56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		135724					59.01
59.02 CARDIAC REHAB		54852					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		387920					61
62 OBSERVATION BEDS (NON-DISTINCT)		124577					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		7718460					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		7718460					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5940) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5940) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		41828035			70		37
39 DELIVERY ROOM & LABOR ROOM		1909159					39
40 ANESTHESIOLOGY		4990522					40
41 RADIOLOGY-DIAGNOSTIC		8738988			25873		41
41.01 ULTRASOUND		1422016			1522		41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		6326122			6566		41.02
41.03 CAT SCAN		16493200					41.03
41.04 RADIATION ONC		1538427			212		41.04
41.05 MAGNETIC RESONANCE IMAGING (M		5148924					41.05
41.06 PET SCAN		1458900			2338		41.06
44 LABORATORY		12616719			147532		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5061196			206082		49
50 PHYSICAL THERAPY		1788519			219637		50
51 OCCUPATIONAL THERAPY		496887			81656		51
53 ELECTROCARDIOLOGY		5019442			4137		53
53.01 CARD CATH		120311					53.01
54 ELECTROENCEPHALOGRAPHY		652027			1388		54
55 MEDICAL SUPPLIES CHARGED TO P		10137844			39287		55
56 DRUGS CHARGED TO PATIENTS		21485758			627736		56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		597128			2895		59.01
59.02 CARDIAC REHAB		156885					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		10747760			89		61
62 OBSERVATION BEDS (NON-DISTINC		1824624					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		160559393			1367020		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5940) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (M					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1246895		1246895	25
26 INTENSIVE CARE UNIT				208285		208285	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				19216		19216	33
101 TOTAL				1474396		1474396	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	23766	1932			52.47	101372	25
26 INTENSIVE CARE UNIT	2518	111			82.72	9182	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	1778	826			10.81	8929	33
101 TOTAL	28062	2869				119483	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1428679	41828035				.034156	37
39 DELIVERY ROOM & LABOR ROOM		92318	1909159				.048355	39
40 ANESTHESIOLOGY		104817	4990522				.021003	40
41 RADIOLOGY-DIAGNOSTIC		672821	8738988				.076991	41
41.01 ULTRASOUND		16253	1422016				.011430	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		128341	6326122				.020287	41.02
41.03 CAT SCAN		131021	16493200				.007944	41.03
41.04 RADIATION ONC		69587	1538427				.045233	41.04
41.05 MAGNETIC RESONANCE IMAGING (M		25336	5148924				.004921	41.05
41.06 PET SCAN		11986	1458900				.008216	41.06
44 LABORATORY		191445	12616719				.015174	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		142557	5061196				.028167	49
50 PHYSICAL THERAPY		129004	1788519				.072129	50
51 OCCUPATIONAL THERAPY		27740	496887				.055828	51
53 ELECTROCARDIOLOGY		295953	5019442				.058961	53
53.01 CARD CATH		37500	120311				.311692	53.01
54 ELECTROENCEPHALOGRAPHY		15470	652027				.023726	54
55 MEDICAL SUPPLIES CHARGED TO P		28538	10137844				.002815	55
56 DRUGS CHARGED TO PATIENTS		224634	21485758				.010455	56
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		29577	597128				.049532	59.01
59.02 CARDIAC REHAB		12638	156885				.080556	59.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		252266	10747760				.023471	61
62 OBSERVATION BEDS (NON-DISTINC		59601	1824624				.032665	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4128082	160559393					101

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
 PERIOD FROM 07/01/2007 TO 06/30/2008

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					23766		1932	25
26 INTENSIVE CARE UNIT					2518		111	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					1778		826	33
34 SKILLED NURSING FACILITY					2883			34
35 NURSING FACILITY								35
101 TOTAL					30945		2869	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		41828035					37
39 DELIVERY ROOM & LABOR ROOM		1909159					39
40 ANESTHESIOLOGY		4990522					40
41 RADIOLOGY-DIAGNOSTIC		8738988					41
41.01 ULTRASOUND		1422016					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		6326122					41.02
41.03 CAT SCAN		16493200					41.03
41.04 RADIATION ONC		1538427					41.04
41.05 MAGNETIC RESONANCE IMAGING (M		5148924					41.05
41.06 PET SCAN		1458900					41.06
44 LABORATORY		12616719					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5061196					49
50 PHYSICAL THERAPY		1788519					50
51 OCCUPATIONAL THERAPY		496887					51
53 ELECTROCARDIOLOGY		5019442					53
53.01 CARD CATH		120311					53.01
54 ELECTROENCEPHALOGRAPHY		652027					54
55 MEDICAL SUPPLIES CHARGED TO P		10137844					55
56 DRUGS CHARGED TO PATIENTS		21485758					56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		597128					59.01
59.02 CARDIAC REHAB		156885					59.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		10747760					61
62 OBSERVATION BEDS (NON-DISTINC		1824624					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		160559393					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC						41.02
41.03 CAT SCAN						41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING (M						41.05
41.06 PET SCAN						41.06
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY						53
53.01 CARD CATH						53.01
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC REHAB						59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5940)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23766					2883	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23766					2883	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23766					2883	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	15326					2602	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5940)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16402713					1959302	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16402713					1959302	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9152834					665570	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	834463					180960	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8318371					484610	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.792091					2.943796	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	350.01					168.09	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16402713					1959302	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	690.18					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10577699					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10577699					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	3404736	2518	1352.16	1915	2589386	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	15351064					48
49 TOTAL PROGRAM INPATIENT COSTS	28518149					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	962564					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1089625					51
52 TOTAL PROGRAM EXCLUDABLE COST	2052189					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	26465960					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2007 TO 06/30/2008

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

	SNF (PPS) (14-5940)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	1959302	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	679.61	67
68 PROGRAM ROUTINE SERVICE COST	1768345	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1768345	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	167429	71
72 PER DIEM CAPITAL RELATED COSTS	58.07	72
73 PROGRAM CAPITAL RELATED COSTS	151098	73
74 INPATIENT ROUTINE SERVICE COST	1617247	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	1617247	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1768345	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	506563	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2274908	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0032)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1136	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	690.18	84
85 OBSERVATION BED COST	784044	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		16402713		784044		86
87 NEW CAPITAL-RELATED COST	1246895	16402713	.076018	784044	59601	87
88 NON PHYSICIAN ANESTHETIST		16402713		784044		88
89 MEDICAL EDUCATION		16402713		784044		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23766					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23766					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23766					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1932					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	1778					15
16 TITLE V OR XIX NURSERY DAYS	826					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16402713						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16402713						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9152834						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	834463						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8318371						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.792091						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	350.01						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16402713						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	690.18					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1333428					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1333428					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	75330	1778	42.37	826	34998	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	3404736	2518	1352.16	111	150090	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	1518516					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	119483					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	119483					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/25/2008 10:36

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2007 TO 06/30/2008

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VERSION: 2008.05
11/25/2008 10:36

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1136	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	690.18	84
85 OBSERVATION BED COST	784044	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0032) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		9152834		25
26 INTENSIVE CARE UNIT		2497068		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.499432	14822246	7402704	37
39 DELIVERY ROOM & LABOR ROOM	.314572	72658	22856	39
40 ANESTHESIOLOGY	.071824	993810	71379	40
41 RADIOLOGY-DIAGNOSTIC	.411483	1248568	513765	41
41.01 ULTRASOUND	.233710	114046	26654	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.168964	585810	98981	41.02
41.03 CAT SCAN	.056640	2361204	133739	41.03
41.04 RADIATION ONC	.483933	72253	34966	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.222093	605585	134496	41.05
41.06 PET SCAN	.361775	47314	17117	41.06
44 LABORATORY	.319500	4883836	1560386	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.424302	2926421	1241686	49
50 PHYSICAL THERAPY	.740041	709459	525029	50
51 OCCUPATIONAL THERAPY	.695893	160763	111874	51
53 ELECTROCARDIOLOGY	.458054	980749	449236	53
53.01 CARD CATH	3.111220			53.01
54 ELECTROENCEPHALOGRAPHY	.349515	20252	7078	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.151962	3308163	502715	55
56 DRUGS CHARGED TO PATIENTS	.206377	10345704	2135115	56
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB	.553543	89850	49736	59.01
59.02 CARDIAC REHAB	.674539	499	337	59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.265775	1115982	296600	61
62 OBSERVATION BEDS (NON-DISTINCT)	.429702	34013	14615	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		45499185	15351064	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		45499185		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5940)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.499432	70	35	37
39 DELIVERY ROOM & LABOR ROOM	.314572			39
40 ANESTHESIOLOGY	.071824			40
41 RADIOLOGY-DIAGNOSTIC	.411483	25873	10646	41
41.01 ULTRASOUND	.233710	1522	356	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.168964	6566	1109	41.02
41.03 CAT SCAN	.056640			41.03
41.04 RADIATION ONC	.483933	212	103	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.222093			41.05
41.06 PET SCAN	.361775	2338	846	41.06
44 LABORATORY	.319500	147532	47136	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.424302	206082	87441	49
50 PHYSICAL THERAPY	.740041	219637	162540	50
51 OCCUPATIONAL THERAPY	.695893	81656	56824	51
53 ELECTROCARDIOLOGY	.458054	4137	1895	53
53.01 CARD CATH	3.111220			53.01
54 ELECTROENCEPHALOGRAPHY	.349515	1388	485	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.151962	39287	5970	55
56 DRUGS CHARGED TO PATIENTS	.206377	627736	129550	56
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB	.553543	2895	1603	59.01
59.02 CARDIAC REHAB	.674539			59.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.265775	89	24	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.429702			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1367020	506563	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1367020		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0032)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.499432		37
39 DELIVERY ROOM & LABOR ROOM	.314572		39
40 ANESTHESIOLOGY	.071824		40
41 RADIOLOGY-DIAGNOSTIC	.411483		41
41.01 ULTRASOUND	.233710		41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.168964		41.02
41.03 CAT SCAN	.056640		41.03
41.04 RADIATION ONC	.483933		41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.222093		41.05
41.06 PET SCAN	.361775		41.06
44 LABORATORY	.319500		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.424302		49
50 PHYSICAL THERAPY	.740041		50
51 OCCUPATIONAL THERAPY	.695893		51
53 ELECTROCARDIOLOGY	.458054		53
53.01 CARD CATH	3.111220		53.01
54 ELECTROENCEPHALOGRAPHY	.349515		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.151962		55
56 DRUGS CHARGED TO PATIENTS	.206377		56
59 BACTERIOLOGY & MICROBIOLOGY			59
59.01 VASCULAR LAB	.553543		59.01
59.02 CARDIAC REHAB	.674539		59.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.265775		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.429702		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5142505					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5206217					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	10846255					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	255613					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	130.31					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE						3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	21450590					6
7						7
7.01						7.01
8	21450590					8
9	1822536					9
10						10
11						11
11.01						11.01
11.02	10250					11.02
12						12
13						13
14						14
15						15
16	23283376					16
17	15602					17
18	23267774					18
19	2689920					19
20	35488					20
21	552689					21
21.01	386882					21.01
21.02						21.02
22	20929248					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	20929248					26
27						27
28	20874983					28
28.01						28.01
29	54265					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0032) 1	HOSPITAL (14-0032) 1.01	HOSPITAL (14-0032) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7718460			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7107009			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.853			1.03
1.04 LINE 1.01 TIMES LINE 1.03	6583846			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	7107009			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0032) 1	HOSPITAL (14-0032) 1.01	HOSPITAL (14-0032) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2015234		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	5091775		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	5091775		23
24 PRIMARY PAYER PAYMENTS	3482		24
25 SUBTOTAL	5088293		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	353882		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	247717		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	5336010		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	5336010		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5317562		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	18448		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5940)	SNF (14-5940)	SNF (14-5940)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5940)	SNF (14-5940)	SNF (14-5940)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0032)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0032)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0032)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0032)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20874983		5317562	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		20874983		5317562	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	54265		18448	6.01
	PROVIDER TO .02 PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		20929248		5336010	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5940) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
			2
2			3
3			4
4			5
5			6
6			7
7			8
8			9
9			10
COMPUTATION OF LESSER OF COST OR CHARGES			
10			11
11			12
12			13
13			14
14			15
15			16
16			17
CUSTOMARY CHARGES			
17			18
18			19
19			20
20			21
21			22
22			23
23			24
PROSPECTIVE PAYMENT AMOUNT			
24		887768	25
25			26
26			27
27			28
28			29
29			30
30		887768	31
31			32
32		887768	33
33			34

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

SNF I
 (14-5940)
 (PPS)
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	887768	35
36	COINSURANCE	17344	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	870424	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	870424	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	870424	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	870424	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I (PPS)	
		HOSPITAL (14-0032) (OTHER)	SUB I	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1518516					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	1518516					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	1518516					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	1518516					22
23	COST OF COVERED SERVICES	1518516					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	1518516					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	1518516					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0032) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
	EXCESS OF REASONABLE COST	1518516					34
35	SUBTOTAL						35
36	COINSURANCE						36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1446682			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	35953855			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-20049633			6
7	INVENTORY	2686915			7
8	PREPAID EXPENSES	288858			8
9	OTHER CURRENT ASSETS	3382475			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	23709152			11
FIXED ASSETS					
12	LAND	655886			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1360367			13
13.01	ACCUMULATED DEPRECIATION	-1264095			13.01
14	BUILDINGS	49348605			14
14.01	ACCUMULATED DEPRECIATION	-15554369			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	14516312			16
16.01	ACCUMULATED DEPRECIATION	-11991102			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	51788978			18
18.01	ACCUMULATED DEPRECIATION	-34560749			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	54299833			21
OTHER ASSETS					
22	INVESTMENTS	157057171			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	381366			25
26	TOTAL OTHER ASSETS	157438537			26
27	TOTAL ASSETS	235447522			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3313676			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	1320772			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	9404519			35
36	TOTAL CURRENT LIABILITIES	14038967			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	34244409			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	3432293			41
42	TOTAL LONG TERM LIABILITIES	37676702			42
43	TOTAL LIABILITIES	51715669			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	183731853			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	183731853			51
52	TOTAL LIABILITIES AND FUND BALANCES	235447522			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	174591235			1
2 NET INCOME (LOSS)	9115037			2
3 TOTAL	183706272			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	-2			4
5 REV. RECOGN. OF MIN. PENSION LIABIL	224024			5
6 CHG IN ACCT PRINC ASBESTOS ABATEMNT				6
7 CHG IN TEMP. RESTRICTED NET ASSETS	-198441			7
8				8
9				9
10 TOTAL ADDITIONS	25581			10
11 SUBTOTAL	183731853			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	183731853			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	14811467		14811467	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	739403		739403	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	15550870		15550870	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3356198		3356198	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	3356198		3356198	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	18907068		18907068	18
18.50 ANCILLARY SERVICES	75262566		160464737	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		907841	907841	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 NURSERY	965874		965874	26
27 TOTAL PATIENT REVENUES	95135508	86110012	181245520	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		76908317	26
27 PROVISION FOR BAD DEBTS	3338666		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3338666	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		80246983	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	181245520	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	89305786	2
3	NET PATIENT REVENUES	91939734	3
4	LESS - TOTAL OPERATING EXPENSES	80246983	4
5	NET INCOME FROM SERVICE TO PATIENTS	11692751	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-3077059	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	160	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	22588	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	257571	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	2800	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	56979	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	11514	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	AUXILIARY	68937	24
24.01	RADIOLOGY		24.01
24.02	HOUSEKEEPING	206	24.02
24.03	PHYSICIAN APPLICATION	1200	24.03
24.04	PURCHASING		24.04
24.05	RECYCLING	2017	24.05
24.06	NURSERY PHOTO	4594	24.06
24.07	PHYSICIAN DUES	12615	24.07
24.08	PERSONNEL - NAME TAGS	25	24.08
24.09	LIFELINE - HOME CARE	10985	24.09
24.10	MEDICAL OFFICE - INHOUSE	27930	24.10
24.11	RENTAL INCOME	135585	24.11
24.12	DIAGNOSTICS SERVICES SURVEY		24.12
24.13	NEUROLOGY - EEG	1305	24.13
24.14	SPIRIT COMMITTEE ACTIVITIES	3370	24.14
24.15	ASSETS RELEASED FOR OPERATIONS	129476	24.15
24.16	COMMUNITY SERVICES - IN SERVICE	1110	24.16
24.17	PATIENT SERVICES	1130	24.17
24.18	QUALITY STROKE GRANT		24.18
24.19	LAB FEES/STUDY	1950	24.19
24.20	RADIATION ONCOLOGY CARLE RN SALARIE	10446	24.20
24.21	RADIATION ONCOLOGY - RN BENEFITS	2287	24.21
24.22	RADIATION ONCOLOGY - RENT	2479	24.22
24.23	ANESTHESIA - AHP BENEFITS		24.23
24.24	NUC MED REIMBURSEMENT STUDENT FEES	11717	24.24
24.25	IHA GRANT T1	12000	24.25
25	TOTAL OTHER INCOME	-2284083	25
26	TOTAL	9408668	26
27	GAIN/LOSS ON SALE OF FIXED ASSETS	29726	27
28	RENTAL PROPERTIES DEPRECIATION	30541	28
29	RENTAL PROPERTIES EXPENSE	33356	29
29.25	LOSS ON EXTINGUISHMENT OF DEBT	200008	29.25
30	TOTAL OTHER EXPENSES	293631	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	9115037	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE					2847	2847 3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	158662		93	5142	39295	203192 5
6 SKILLED NURSING CARE	527375		28637			556012 6
7 PHYSICAL THERAPY	110808		2343			113151 7
8 OCCUPATIONAL THERAPY	8263		3145			11408 8
9 SPEECH PATHOLOGY	1442		409			1851 9
10 MEDICAL SOCIAL SERVICES	12100		703			12803 10
11 HOME HEALTH AIDE	50028		9355			59383 11
12 SUPPLIES					21955	21955 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	868678		44685	5142	64097	982602 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4		2847		2847	4
5		203192	-10985	192207	5
6		556012		556012	6
7		113151		113151	7
8		11408		11408	8
9		1851		1851	9
10		12803		12803	10
11		59383		59383	11
12		21955		21955	12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24		982602	-10985	971617	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7661

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE	2847			2847				3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	192207			2847		195054	195054	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	556012					556012	139656	695668 6
7 PHYSICAL THERAPY	113151					113151	28421	141572 7
8 OCCUPATIONAL THERAPY	11408					11408	2865	14273 8
9 SPEECH PATHOLOGY	1851					1851	465	2316 9
10 MEDICAL SOCIAL SERVICES	12803					12803	3216	16019 10
11 HOME HEALTH AIDE	59383					59383	14916	74299 11
12 SUPPLIES	21955					21955	5515	27470 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	971617			2847		971617		971617 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE			1338				3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES			1338		-195054	776563	5
6 SKILLED NURSING CARE						556012	6
7 PHYSICAL THERAPY						113151	7
8 OCCUPATIONAL THERAPY						11408	8
9 SPEECH PATHOLOGY						1851	9
10 MEDICAL SOCIAL SERVICES						12803	10
11 HOME HEALTH AIDE						59383	11
12 SUPPLIES						21955	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL			1338		-195054	776563	24
25 COST TO BE ALLOC (PER W/S H)			2847			195054	25
26 UNIT COST MULTIPLIER			2.127803			.251176	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7661

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		221381		221381			1
2 SKILLED NURSING CARE		1012662		1012662	159700	1172362	2
3 PHYSICAL THERAPY		207470		207470	32719	240189	3
4 OCCUPATIONAL THERAPY		19757		19757	3116	22873	4
5 SPEECH PATHOLOGY		3246		3246	512	3758	5
6 MEDICAL SOCIAL SERVICES		23301		23301	3675	26976	6
7 HOME HEALTH AIDE		105645		105645	16661	122306	7
8 SUPPLIES		31689		31689	4998	36687	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		1625151		1625151	221381	1625151	20
21 UNIT COST MULTIPLIER					.157705		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS MAINT. HOURS	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL			1338	22734	158662		78725	60	1
2 SKILLED NURSING CARE					527375		877847		2
3 PHYSICAL THERAPY					110809		179850		3
4 OCCUPATIONAL THERAPY					8263		17127		4
5 SPEECH PATHOLOGY					1442		2814		5
6 MEDICAL SOCIAL SERVICES					12099		20199		6
7 HOME HEALTH AIDE					50028		91581		7
8 SUPPLIES							27470		8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			1338	22734	868678		1295613	60	20
21 TOTAL COST TO BE ALLOCATED			8476	15440	300080		198972	7161	21
22 UNIT COST MULTIPLIER			6.334828		.345444		.153574		22
22 UNIT COST MULTIPLIER				.679159				119.350000	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	1172362		1172362	5198	225.54	1
2	PHYSICAL THERAPY	3	240189		240189	1008	238.28	2
3	OCCUPATIONAL THERAPY	4	22873		22873	412	55.52	3
4	SPEECH PATHOLOGY	5	3758		3758	21	178.95	4
5	MEDICAL SOCIAL SERV	6	26976		26976	62	435.10	5
6	HOME HEALTH AIDE SERV	7	122306		122306	379	322.71	6
7	TOTAL		1588464		1588464	7080		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	0014					8
9	PHYSICAL THERAPY	0014					9
10	OCCUPATIONAL THERAPY	0014					10
11	SPEECH PATHOLOGY	0014					11
12	MEDICAL SOCIAL SERV	0014					12
13	HOME HEALTH AIDE SERV	0014					13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	36687		36687	11016	3.330338	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	0014		17
18	PER BENEFICIARY COST LIMITATION	0014		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.740041			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.695893			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.151962			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.206377			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY	238.28	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY	55.52						2
3	SPEECH PATHOLOGY	178.95						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7661

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
3 TOTAL CHARGES			3
CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			4
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			6
7 TOTAL CUSTOMARY CHARGES			7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			8
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			9
10 PRIMARY PAYOR PAYMENTS			10

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS			10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES			10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES			10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL			12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL			14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST			16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD			18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL			22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL			24
25 TOTAL INTERIM PAYMENTS			25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7661

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE 3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROGRAM .50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		NONE 3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS				4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		NONE 5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		NONE 5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
					CAPITAL FEDERAL AMOUNT
2	1805713				CAPITAL DRG OTHER THAN OUTLIER
3					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	16823				CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00	0.00		NO. OF INTERNS & RESIDENTS
4.02					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					SUM OF LINES 5 AND 5.01
5.03					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					DISPROPORTIONATE SHARE ADJUSTMENT
6	1822536				TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					NEW CAPITAL
2					OLD CAPITAL
3					TOTAL CAPITAL
4					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					REDUCED OLD CAPITAL AMOUNT
8					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					SUBTOTAL
10					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					TOTAL INPATIENT PROGRAM CAPITAL
4					CAPITAL COST PAYMENT FACTOR
5					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					PROGRAM INPATIENT CAPITAL COSTS
2					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					NET PROGRAM INPATIENT CAPITAL COSTS
4					APPLICABLE EXCEPTION PERCENTAGE
5					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					CAPITAL MINIMUM PAYMENT LEVEL
9					CURRENT YEAR CAPITAL PAYMENTS
10					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					CURRENT YEAR EXCEPTION PAYMENT
14					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 PHILANTHROPY DEVELOPMENT					00
00.01 VENDING					00.01
00.02 MEALS ON WHEELS					00.02

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
11/25/2008 10:36

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	64.49		8.13				72.62	25
26 INTENSIVE CARE UNIT	76.05		4.41				80.46	26
33 NURSERY			46.46				46.46	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	35.44	13.45					48.89	37
39 DELIVERY ROOM & LABOR ROOM	3.81						3.81	39
40 ANESTHESIOLOGY	19.91	21.52					41.43	40
41 RADIOLOGY-DIAGNOSTIC	14.29	19.47					33.76	41
41.01 ULTRASOUND	8.02	18.06					26.08	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	9.26	46.66					55.92	41.02
41.03 CAT SCAN	14.32	24.95					39.27	41.03
41.04 RADIATION ONC	4.70	61.31					66.01	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	11.76	28.07					39.83	41.05
41.06 PET SCAN	3.24	45.45					48.69	41.06
44 LABORATORY	38.71	3.04					41.75	44
49 RESPIRATORY THERAPY	57.82	3.78					61.60	49
50 PHYSICAL THERAPY	39.67	0.02					39.69	50
51 OCCUPATIONAL THERAPY	32.35	0.19					32.54	51
53 ELECTROCARDIOLOGY	19.54	23.73					43.27	53
53.01 CARD CATH		37.68					37.68	53.01
54 ELECTROENCEPHALOGRAPHY	3.11	27.90					31.01	54
55 MEDICAL SUPPLIES CHARGED TO PAT	32.63	12.32					44.95	55
56 DRUGS CHARGED TO PATIENTS	48.15	10.71					58.86	56
59.01 VASCULAR LAB	15.05	41.06					56.11	59.01
59.02 CARDIAC REHAB	0.32	51.83					52.15	59.02
61 EMERGENCY	10.38	13.58					23.96	61
62 OBSERVATION BEDS (NON-DISTINCT)	1.86	15.89					17.75	62
101 TOTAL CHARGES	25.23	14.64					39.87	101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY 7	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	90.25						90.25	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
41 RADIOLOGY-DIAGNOSTIC	0.30						0.30	41
41.01 ULTRASOUND	0.11						0.11	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.10						0.10	41.02
41.04 RADIATION ONC	0.01						0.01	41.04
41.06 PET SCAN	0.16						0.16	41.06
44 LABORATORY	1.17						1.17	44
49 RESPIRATORY THERAPY	4.07						4.07	49
50 PHYSICAL THERAPY	12.28						12.28	50
51 OCCUPATIONAL THERAPY	16.43						16.43	51
53 ELECTROCARDIOLOGY	0.08						0.08	53
54 ELECTROENCEPHALOGRAPHY	0.21						0.21	54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.39						0.39	55
56 DRUGS CHARGED TO PATIENTS	2.92						2.92	56
59.01 VASCULAR LAB	0.48						0.48	59.01
101 TOTAL CHARGES	0.76						0.76	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---			
	AMOUNT	%	AMOUNT	%	AMOUNT	%		
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT						1	
2	OLD CAP REL COSTS-MVBLE EQUIP						2	
3	NEW CAP REL COSTS-BLDG & FIXT	1908169	2.58	-1908169	-6.13		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	3899551	5.27	-3899551	-12.54		4	
5	EMPLOYEE BENEFITS	10152294	13.73	-10152294	-32.64		5	
6	ADMINISTRATIVE & GENERAL	7468077	10.10	-7468077	-24.01		6	
7	MAINTENANCE & REPAIRS	866194	1.17	-866194	-2.78		7	
8	OPERATION OF PLANT	1415287	1.91	-1415287	-4.55		8	
9	LAUNDRY & LINEN SERVICE	231521	.31	-231521	-.74		9	
10	HOUSEKEEPING	751900	1.02	-751900	-2.42		10	
11	DIETARY	614803	.83	-614803	-1.98		11	
12	CAFETERIA	158342	.21	-158342	-.51		12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	754588	1.02	-754588	-2.43		14	
15	CENTRAL SERVICES & SUPPLY	5883	.01	-5883	-.02		15	
16	PHARMACY	1174352	1.59	-1174352	-3.78		16	
17	MEDICAL RECORDS & LIBRARY	1700478	2.30	-1700478	-5.47		17	
18	SOCIAL SERVICE	3092		-3092	-.01		18	
20	NONPHYSICIAN ANESTHETISTS						20	
21	NURSING SCHOOL						21	
22	I&R SERVICES-SALARY & FRINGES A						22	
23	I&R SERVICES-OTHER PRGM COSTS A						23	
24	PARAMED ED PRGM-(SPECIFY)						24	
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	6831099	9.24	9571614	30.77	16402713	22.18	25
26	INTENSIVE CARE UNIT	1690641	2.29	1714095	5.51	3404736	4.60	26
33	NURSERY	26222	.04	49108	.16	75330	.10	33
34	SKILLED NURSING FACILITY	762114	1.03	1197188	3.85	1959302	2.65	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	14858959	20.09	6031310	19.39	20890269	28.25	37
39	DELIVERY ROOM & LABOR ROOM	260526	.35	340042	1.09	600568	.81	39
40	ANESTHESIOLOGY	142737	.19	215701	.69	358438	.48	40
41	RADIOLOGY-DIAGNOSTIC	1811463	2.45	1784479	5.74	3595942	4.86	41
41.01	ULTRASOUND	216459	.29	115880	.37	332339	.45	41.01
41.02	NUCLEAR MEDICINE-DIAGNOSTIC	692457	.94	376427	1.21	1068884	1.45	41.02
41.03	CAT SCAN	600814	.81	333362	1.07	934176	1.26	41.03
41.04	RADIATION ONC	470915	.64	273580	.88	744495	1.01	41.04
41.05	MAGNETIC RESONANCE IMAGING (MRI)	914767	1.24	228773	.74	1143540	1.55	41.05
41.06	PET SCAN	450300	.61	77494	.25	527794	.71	41.06
44	LABORATORY	2918245	3.95	1112797	3.58	4031042	5.45	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	1241714	1.68	905760	2.91	2147474	2.90	49
50	PHYSICAL THERAPY	698862	.95	624716	2.01	1323578	1.79	50
51	OCCUPATIONAL THERAPY	191879	.26	153901	.49	345780	.47	51
53	ELECTROCARDIOLOGY	1372915	1.86	926260	2.98	2299175	3.11	53
53.01	CARD CATH	257540	.35	116774	.38	374314	.51	53.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54 ELECTROENCEPHALOGRAPHY	137814	.19	90079	.29	227893	.31	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1327499	1.80	213065	.68	1540564	2.08	55
56 DRUGS CHARGED TO PATIENTS	2156470	2.92	2277707	7.32	4434177	6.00	56
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB	199791	.27	130745	.42	330536	.45	59.01
59.02 CARDIAC REHAB	50393	.07	55432	.18	105825	.14	59.02
61 EMERGENCY	1454871	1.97	1401614	4.51	2856485	3.86	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	971617	1.31	653534	2.10	1625151	2.20	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	41802	.06	30278	.10	72080	.10	96
98 PHYSICIANS' PRIVATE OFFICES	11136	.02	9675	.03	20811	.03	98
100 PHILANTHROPY DEVELOPMENT	86425	.12	34532	.11	120957	.16	100
100.01 VENDING			6672	.02	6672	.01	100.01
100.02 MEALS ON WHEELS			51937	.17	51937	.07	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	73952977	100.00	0	.00	73952977	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1428679	41828035	.034156	14822246	506269	37
39 DELIVERY ROOM & LABOR ROOM	92318	1909159	.048355	72658	3513	39
40 ANESTHESIOLOGY	104817	4990522	.021003	993810	20873	40
41 RADIOLOGY-DIAGNOSTIC	672821	8738988	.076991	1248568	96128	41
41.01 ULTRASOUND	16253	1422016	.011430	114046	1304	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	128341	6326122	.020287	585810	11884	41.02
41.03 CAT SCAN	131021	16493200	.007944	2361204	18757	41.03
41.04 RADIATION ONC	69587	1538427	.045233	72253	3268	41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	25336	5148924	.004921	605585	2980	41.05
41.06 PET SCAN	11986	1458900	.008216	47314	389	41.06
44 LABORATORY	191445	12616719	.015174	4883836	74107	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	142557	5061196	.028167	2926421	82429	49
50 PHYSICAL THERAPY	129004	1788519	.072129	709459	51173	50
51 OCCUPATIONAL THERAPY	27740	496887	.055828	160763	8975	51
53 ELECTROCARDIOLOGY	295953	5019442	.058961	980749	57826	53
53.01 CARD CATH	37500	120311	.311692			53.01
54 ELECTROENCEPHALOGRAPHY	15470	652027	.023726	20252	480	54
55 MEDICAL SUPPLIES CHARGED TO PAT	28538	10137844	.002815	3308163	9312	55
56 DRUGS CHARGED TO PATIENTS	224634	21485758	.010455	10345704	108164	56
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	29577	597128	.049532	89850	4450	59.01
59.02 CARDIAC REHAB	12638	156885	.080556	499	40	59.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	252266	10747760	.023471	1115982	26193	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	59601	1824624	.032665	34013	1111	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4128082	160559393		45499185	1089625	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1246895		1246895	23766	52.47	15326	804155 25
26	INTENSIVE CARE UNIT	208285		208285	2518	82.72	1915	158409 26
101	TOTAL	1455180		1455180			17241	962564 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 962564

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1089625

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2052189

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	26465960
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	57149087
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.463

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2052189
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.036

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7717581
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	26396122
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.292