

ST. MARY'S HOSPITAL
CENTRALIA, ILLINOIS
MEDICARE COST ANALYSIS
YEAR ENDED DECEMBER 31, 2008

May 31, 2009

National Government Services, Inc.
Cost Report Processing Department
P.O. Box 2952
Milwaukee, WI 53201-2952

Dear Sir or Madam:

We are submitting this cost report on behalf of St. Mary's Hospital for the calendar year ended December 31, 2008, which includes two Level 2000 Errors. The 2027 errors and the explanations for those errors are as follows:

- Wkst C, Part I, Line 52, Col 11 should not be more than 100% or less than 1%.

The Hospital's speech pathology cost to charge ratio was 1.347561 as the number of visits in 2008 did not generate enough revenue to cover the expense of the speech therapists including allocated overhead.

- Wkst C, Part I, Line 63.50 should not be more than 100% or less than 1%

The Hospital's rural health clinic cost to charge ratio was 1.316985 as the number of visits in 2008 did not generate enough revenue to cover the expense of the clinic including allocated overhead. As a rural hospital St. Mary's Hospital qualifies for cost reimbursement for these services. The reimbursement program is designed for rural hospitals with lower clinic volumes which operate in rural underserved areas.

Sincerely,

Kerber, Eck & Braeckel LLP

Protested Item Summary

1. SSI/Recalc

The FFY 2008 SSI Percentage and supporting MEDPAR data have not been made available by CMS. The Provider believes that, once this data is made available, the SSI percentage will likely differ from that required to be included in this cost report filing. The Provider has included an amount here in the protested item line to preserve its rights to address the accuracy of the SSI Percentage. In addition, once that MEDPAR data is made available, the Provider will be in a position to review it for the potential of obtaining a realignment of its SSI Percentage from the Federal Fiscal Year to its provider specific Fiscal Year. Given that it is unlikely that the MEDPAR data will be available until after the deadline to submit a request for a SSI recalculation, the Provider is including an amount in the protested item for the potential positive impact.

2. Dual Eligible Days

As the Statue and Regulations are currently being interpreted by CMS and the Fiscal Intermediary, all days deemed to be dually eligible for both Medicaid and Medicare are excluded from the Medicaid fraction. The Provider believes that all or some of these days have also been incorrectly excluded from the Medicare fraction by CMS. The Provider is including as part of its protested item claim an amount for dual eligible days which should be included in the Medicaid fraction.

3. Medicaid Eligible Days

The Provider is unable to accurately determine the precise number of Medicaid Eligible Days which should be included in the DSH calculation within the time frame allowed for submission of the as-filed cost report. This was due to several factors such as, inter alia, retroactive adjustments to Medicaid recipients and the addition of new Medicaid recipients to the Medicaid rolls. In addition, the Provider was not able to claim the proper number of Medicaid Eligible Days due to CMS policies and regulations. For instance, the Provider could not include Labor, Delivery, Recovery, and Postpartum Room Days in the Medicaid fraction. Finally, patient days associated with PPS Medicare beds when licensed by the State as non-inpatient hospital beds are excluded by CMS policy from the Medicaid fraction.

4. Budget Neutrality Adjustment

The Provider contends that if CMS had performed a proper rural floor budget neutrality computation, using a methodology that was actually budget neutral, the PPS standardized amount would not have been understated. However, the Provider asserts that CMS has violated the statutory directive for making application of the rural floor budget neutral. *See* Balanced Budget Act of 1997, Pub. L. No.105-33, §4410(b).

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
05/22/2009 14:33

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 XX ELECTRONICALLY FILED COST REPORT DATE: 05/22/2009
APPLICABLE BOX ___ MANUALLY SUBMITTED COST REPORT TIME: 14:33

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. MARY'S HOSPITAL (14-0034) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, 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.

ECR Encryption: 05/22/2009 14:33
RkXThqd.e78tI3sgLQ0H98m2uXiIR0
BYXcH02.jbPAKFXj0kkDNSnBRi2:2q
kVWj1Q0U500PZ5Vq

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 05/22/2009 14:33
Q2IaYScRAP:meFxoFbbw3Wu:yVTI50
hQQKY0o7w8tv2S74dJb:ybm5x16qcv
7W9d8iBxIn0adogR

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	236177	-1121		2
3	SWING BED - SNF	48876			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
8.20	OUTPATIENT PHYSICAL THERAPY I				8.20
9	RURAL HEALTH CLINIC I		-924		9
100	TOTAL	285053	-2045		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: 400 NORTH PLEASANT AVENUE P.O. BOX: 1
 1.01 CITY: CENTRALIA STATE: IL ZIP CODE: 62801 COUNTY: MARION 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	XVIII	XIX	
2	HOSPITAL	14-0034	07/01/1966	N	P	P	2
3	SUBPROVIDER I	14-S034	01/01/2002	N	P	P	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC	ST. MARY'S HOSPITAL RHC 14-3418	08/21/1996	N	O	N	14
15	OUTPATIENT REHABILITATION PROVID						15
15.20	OUTPAT PHYSICAL THERAPY I	ST MARY'S WORK SAFETY INSTITUTE 14-6668	03/08/2000	N	O	N	15.20
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2008 TO: 12/31/2008 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 4 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? YES 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 00014 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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
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: 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.			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			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.			28.02
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)				
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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	V	XVIII	XIX
			1	2	3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
		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

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	269020		40
40.01	NAME: SSM HEALTHCARE	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 477 N LINDBERGH			P.O.BOX:	40.02
40.03	CITY: ST. LOUIS			STATE: MO ZIP CODE: 63141	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			49
50	HOME HEALTH AGENCY	N	N			50
51.20	OUTPAT PHYSICAL THERAPY I		N			51.20

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: 559445 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
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.	/ /	NO	0.00	NO		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
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? 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)		YES				60
60.01	IF LINE 60 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 '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.)		NO	NO			60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. 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.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	03/31/2009			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS 15		
	12	13	14			
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3531	1481	6323	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		3531	1481	6323	12
13	RPCH VISITS					13
14	SUBPROVIDER I		135	209	659	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
23.20	OPT					23.20
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
28.01	EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

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	
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	32594088		32594088	1574403.00	20.70		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B	196059		196059	2083.00	94.12		3
5 PHYSICIAN - PART A	248858		248858	1822.00	136.59		4
6.01 TEACHING PHYSICIAN SALARIES							4.01
7 PHYSICIAN - PART B	340936		340936	2716.00	125.53		5
8.01 NON-PHYSICIAN - PART B	154060		154060	3960.00	39.50		5.01
9 INTERNS & RESIDENTS (IN APPR PGM)							6
10.01 CONTRACT SERVICES, I&R							6.01
11 HOME OFFICE PERSONNEL							7
12 SNF							8
13.01 EXCLUDED AREA SALARIES	1318894		1318894	62992.00	20.94		8.01
14 OTHER WAGES & RELATED COSTS							
15 CONTRACT LABOR	900809		900809	14487.00	62.18		9
16.01 PHARMACY SERVICES UNDER CONTRACT							9.01
17 LABORATORY SERVICES UNDER CONTRACT							9.02
18.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
19 CONTRACT LABOR: PHYSICIAN PART A	166220		166220	1265.00	131.40		10
20.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
21 HOME OFFICE SALARIES & WAGE REL COSTS	2775088		2775088	53271.00	52.09		11
22 HOME OFFICE: PHYSICIAN PART A							12
23.01 TEACHING PHYSICIAN SALARIES							12.01
24 WAGE-RELATED COSTS							
25 WAGE RELATED COSTS (CORE)	10695842		10695842			CMS 339	13
26 WAGE RELATED COSTS (OTHER)						CMS 339	14
27 EXCLUDED AREAS	460315		460315			CMS 339	15
28 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
29 NON-PHYSICIAN ANESTHETIST PART B	68428		68428			CMS 339	17
30 PHYSICIAN PART A						CMS 339	18
31.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
32 PHYSICIAN PART B	100200		100200			CMS 339	19
33.01 WAGE RELATED COSTS (RHC/FQHC)	53769		53769				19.01
34 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
35 OVERHEAD COSTS - DIRECT SALARIES							
36 EMPLOYEE BENEFITS	380151		380151	16409.00	23.17		21
37 ADMINISTRATIVE & GENERAL	5097371	58832	5156203	237075.00	21.75		22
38.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
39 MAINTENANCE & REPAIRS	820755	-410378	410377	23477.00	17.48		23
40 OPERATION OF PLANT		410378	410378	23477.00	17.48		24
41 LAUNDRY & LINEN SERVICE	114767		114767	10442.00	10.99		25
42 HOUSEKEEPING	837822		837822	76985.00	10.88		26
43.01 HOUSEKEEPING UNDER CONTRACT							26.01
44 DIETARY	828364	-523387	304977	22093.00	13.80		27
45.01 DIETARY UNDER CONTRACT							27.01
46 CAFETERIA		523387	523387	45053.00	11.62		28
47 MAINTENANCE OF PERSONNEL							29
48 NURSING ADMINISTRATION	500117		500117	17083.00	29.28		30
49 CENTRAL SERVICES AND SUPPLY							31
50 PHARMACY							32
51 MEDICAL RECORDS & MEDICAL RECORDS LIBR	850233		850233	59281.00	14.34		33
52 SOCIAL SERVICE	227273		227273	10987.00	20.69		34
53 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

	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)	
	1	2	3	4	5	
1 NET SALARIES	31903033		31903033	1565704.00	20.38	1
2 EXCLUDED AREA SALARIES	1318894		1318894	62992.00	20.94	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	30584139		30584139	1502712.00	20.35	3
4 SUBTOTAL OTHER WAGES & REL COSTS	3842117		3842117	69023.00	55.66	4
5 SUBTOTAL WAGE-RELATED COSTS	10695842		10695842		34.97%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	45122098		45122098	1571735.00	28.71	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	9656853	58832	9715685	542362.00	17.91	13

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01
05/22/2009 14:32

HOSPITAL-BASED OUTPATIENT REHABILITATION
PROVIDER STATISTICAL DATA

OPT I
COMPONENT NO: 14-6668

WORKSHEET S-6

OUTPATIENT REHABILITATION PROVIDER - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

CHECK [] CMHC [] OOT
APPLICABLE [] CORF [] OSP
BOX: [XX] OPT

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	STAFF 1	CONTRACT 2	TOTAL 3
1	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1
2	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			2
3	OTHER ADMINISTRATIVE PERSONNEL			3
4	DIRECT NURSING SERVICE			4
5	NURSING SUPERVISOR			5
6	PHYSICAL THERAPY SERVICE			6
7	PHYSICAL THERAPY SUPERVISOR			7
8	OCCUPATIONAL THERAPY SERVICE			8
9	OCCUPATIONAL THERAPY SUPERVISOR			9
10	SPEECH PATHOLOGY SERVICE			10
11	SPEECH PATHOLOGY SUPERVISOR			11
12	MEDICAL SOCIAL SERVICE			12
13	MEDICAL SOCIAL SERVICE SUPERVISOR			13
14	RESPIRATORY THERAPY SERVICE			14
15	RESPIRATORY THERAPY SUPERVISOR			15
16	PSYCHIATRIC/PSYCHOLOGICAL SERVICE			16
17	PSYCHIATRIC/PSYCHOLOGICAL SERVICE SUPERVISOR			17
18	OTHER (SPECIFY)			18
19	IS THIS COMPONENT FULLY PAID UNDER ESTABLISHED FEE SCHEDULES? IF YES, ENTER 'Y' ON THIS LINE, IF NO, ENTER 'N'. IF 'YES' YOU ARE NO LONGER REQUIRED TO COMPLETE THE J SERIES WORKSHEETS FOR THIS COMPONENT, OR LINES 0 THROUGH 18 ABOVE			Y 19

RHC I
 COMPONENT NO: 14-3418

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER
 PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1101 WEST BROADWAY 1
 1.01 CITY: CENTRALIA STATE: IL ZIP CODE: 62801 COUNTY: MARION 1.01
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE		
		1	2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)		/	/	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/	/	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)		/	/	5
6 APPALACHIAN REGIONAL COMMISSION		/	/	6
7 LOOK-ALIKES		/	/	7
8 OTHER		/	/	8

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
 PHYSICIAN NAME: SEE LISTING ATTACHED TO
 BILLING NO.: C37414 9
 9.01 CMS 339 9.01

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
 PHYSICIAN NAME: SEE LISTING ATTACHED TO
 HOURS: 10
 10.01 CMS 339 10.01

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
 IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
	0	1 2	3 4	5 6	7 8	9 10	11 12	13 14							
12 CLINIC			800	2000	800	2000	800	2000	800	2000	800	2000	900	1500	12
12.01 CLINIC 2			800	1700	800	1800	800	1800	800	1800	800	1700			12.01
12.02 CLINIC 3															12.02

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13

14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14

IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

15 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW. PROVIDER NUMBER: 14--3418 15

PROVIDER NAME: FAMILY HEALTH CENTER V XVIII XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17

IF YES, SEE INSTRUCTIONS.

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	17
17.01	GROSS MEDICAID REVENUES	11883115 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	11883115 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.387854 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	36675053 28
29	TOTAL GROSS MEDICAID COST	14224566 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	14283014 30
31	UNCOMPENSATED CARE COST	5539724 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	14224566 32

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01
05/22/2009 14:32

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
101 TOTAL	32594088	60072557	92666645		92666645	-16585760	76080885 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	2	3	4	5		
1 RECLASS FROM OB TO NURSERY	A	NURSERY	33	353095	53112	1
2 RECLASS FROM OB TO DELIVERY ROOM	B	DELIVERY ROOM & LABOR ROOM	39	239953	36094	2
3 RECLASS FROM DIETARY TO CAFETERIA	C	CAFETERIA	12	523387	510076	3
4 RECLASS CENTRAL SERVICE	D	ADMINISTRATIVE & GENERAL	6	48931		4
5	D	OPERATING ROOM	37	37671	30258	5
6	D	RESPIRATORY THERAPY	49	10852	8716	6
7	D	CATH LAB	53.01	28990	23285	7
8 RECLASS MAILROOM COST	E	ADMINISTRATIVE & GENERAL	6	9901		8
9 RECLASS INTEREST & FINANCING	F	NEW CAP REL COSTS-BLDG & FIXT	3		804887	9
10 RECLASS PLANT OPERATIONS FROM MAINT	G	OPERATION OF PLANT	8	410378	2142439	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				1663158	3608867	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASS FROM OB TO NURSERY	A	ADULTS & PEDIATRICS	25	353095	53112	1
2 RECLASS FROM OB TO DELIVERY ROOM	B	ADULTS & PEDIATRICS	25	239953	36094	2
3 RECLASS FROM DIETARY TO CAFETERIA	C	DIETARY	11	523387	510076	3
4 RECLASS CENTRAL SERVICE	D	MEDICAL SUPPLIES CHARGED TO P	55	48931		4
5	D	MEDICAL SUPPLIES CHARGED TO P	55	37671	30258	5
6	D	MEDICAL SUPPLIES CHARGED TO P	55	10852	8716	6
7	D	MEDICAL SUPPLIES CHARGED TO P	55	28990	23285	7
8 RECLASS MAILROOM COST	E	MEDICAL SUPPLIES CHARGED TO P	55	9901		8
9 RECLASS INTEREST & FINANCING	F	ADMINISTRATIVE & GENERAL	6		804887	11 9
10 RECLASS PLANT OPERATIONS FROM MAI	G	MAINTENANCE & REPAIRS	7	410378	2142439	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				1663158	3608867	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1785651				526651	1259000		1
2 LAND IMPROVEMENTS	660470					660470		2
3 BUILDINGS AND FIXTURES	19198351	1484373		1484373	127117	20555607		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	6488526	2886975		2886975		9375501		6
7 SUBTOTAL	28132998	4371348		4371348	653768	31850578		7
8 RECONCILING ITEMS								8
9 TOTAL	28132998	4371348		4371348	653768	31850578		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
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	21216077		21216077	.693527			63696	63696 3
4 NEW CAP REL COSTS-MVBLE EQUIP	9375501		9375501	.306473			28148	28148 4
5 TOTAL	30591578		30591578	1.000000			91844	91844 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2107084		804887			63696	2975667 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2193370					28148	2221518 4
5 TOTAL	4300454		804887			91844	5197185 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1525869						1525869 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2423528						2423528 4
5 TOTAL	3949397						3949397 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 REF
			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			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-21528	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	-11140	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6455614			12
13 SALE OF SCRAP, WASTE, ETC.	B	-2225	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1189765			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-324528	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	A	-36455	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-9185	CAFETERIA	12	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				
	A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		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	661314	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	-100056	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 COPIES	B	-577	ADMINISTRATIVE & GENERAL	6	37
38 RENTAL OF PROVIDER SPACE	B	-19137	ADMINISTRATIVE & GENERAL	6	38
39 TELEPHONE COMMISSIONS	B	-58	ADMINISTRATIVE & GENERAL	6	39
40 MANAGEMENT FEES	B	-36000	ADMINISTRATIVE & GENERAL	6	40
41 BABY PHOTO INCOME	B	-367	NURSERY	33	41
42 SALE OF SUPPLIES	B	-300	HOUSEKEEPING	10	42
43 VENDING COMMISSIONS	B	-3740	DIETARY	11	43
44 MEDICAL RECORDS	B	-81	MEDICAL RECORDS & LIBRARY	17	44
45 MEDICAL RECORDS	B	-5180	PHYSICAL THERAPY	50	45
46 PHYSICIAN INCENTIVES	B	-7742	PHYSICAL THERAPY	50	46
47 CLASS FEES	B	-8564	RESPIRATORY THERAPY	49	47
48 KASKASKIA COLLEGE	B	-5045	PHYSICAL THERAPY	50	48
49 REFUND OF EXPENSES	B	-25904	ELECTROCARDIOLOGY	53	49
49.01 MISC. INCOME	B	-2274	PHYSICAL THERAPY	50	49.01
49.02 OUTSIDE BILLING	B	-67460	DRUGS CHARGED TO PATIENTS	56	49.02
49.03 RENTAL OF PROVIDER SPACE	B	-15150	PSYCH SERVICES	60.02	49.03
49.04 MEDICAL RECORDS	B	-4571	RHC	63.50	49.04
49.05 MISC. INCOME	B	-81011	RHC	63.50	49.05
49.06 SHARED PHYSICIAN	B	-35015	RHC	63.50	49.06
49.08 CRNA SALARY	A	-196059	NONPHYSICIAN ANESTHETISTS	20	49.08
49.09 CRNA FEES	A	-2664	ANESTHESIOLOGY	40	49.09
49.10 CRNA EMPLOYEE BENEFITS	A	-73169	EMPLOYEE BENEFITS	5	49.10
49.11 PHYSICIAN RECRUITMENT	A	-1195	CATH LAB	53.01	49.11
49.12 TELEPHONE SERVICE	A	-12213	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.12
49.13 TELEPHONE SERVICE	A	-4196	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.13
49.14 PHYSICIAN EMPLOYEE BENEFIT	A	-4119	EMPLOYEE BENEFITS	5	49.14
49.15 INTEREST EXPENSE - UNNECESSARY BO	A	-804887	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.15
49.16 PROF LIAB INS DEDUCTIBLE RESERVE	A	335000	ADMINISTRATIVE & GENERAL	6	49.16
49.17 SELF-INSURED MEDICAL RESERVE	A	777000	EMPLOYEE BENEFITS	5	49.17
49.18 WSI RENT EXPENSE	A	-49056	PHYSICAL THERAPY	50	49.18

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.19 MD BILLING REVENUE	A	-62417	ADMINISTRATIVE & GENERAL	6	49.19
49.20 DUES RELATED TO LOBBYING EXP	A	-29030	ADMINISTRATIVE & GENERAL	6	49.20
49.21 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-32970	EMPLOYEE BENEFITS	5	49.21
49.22 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-99295	ADMINISTRATIVE & GENERAL	6	49.22
49.23 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-905	MAINTENANCE & REPAIRS	7	49.23
49.24 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-630	HOUSEKEEPING	10	49.24
49.25 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-90	DIETARY	11	49.25
49.26 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-4603	NURSING ADMINISTRATION	14	49.26
49.27 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-473	MEDICAL RECORDS & LIBRARY	17	49.27
49.28 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-2647	ADULTS & PEDIATRICS	25	49.28
49.29 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-512	SUBPROVIDER I	31	49.29
49.30 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-446	INTENSIVE CARE UNIT	26	49.30
49.31 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-1061	OPERATING ROOM	37	49.31
49.32 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-829	RADIOLOGY-DIAGNOSTIC	41	49.32
49.33 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-558	LABORATORY	44	49.33
49.34 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-5473	PHYSICAL THERAPY	50	49.34
49.35 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-384	ELECTROCARDIOLOGY	53	49.35
49.36 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-170	DRUGS CHARGED TO PATIENTS	56	49.36
49.37 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-252	PSYCH SERVICES	60.02	49.37
49.38 GIFTS, CONTRIBUTIONS & ENTERTAINM	A	-597	EMERGENCY	61	49.38
49.39 OUTSIDE PRINTING	A	-132560	ADMINISTRATIVE & GENERAL	6	49.39
49.41 GOODWILL	A	-140151	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.41
49.42 BAD DEBTS	A	-7721837	ADMINISTRATIVE & GENERAL	6	49.42
49.43 PHYSICIAN RECRUITMENT	A	-174820	ADMINISTRATIVE & GENERAL	6	49.43
49.44 (GAIN) / LOSS ON SALE	A	-9025	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.44
49.45 PENSION EXPENSE	A	-298000	EMPLOYEE BENEFITS	5	49.45
49.46 OTHER FINANCE DEPT.	A	6793	ADMINISTRATIVE & GENERAL	6	49.46
49.47 SUBPOENA FEES	B	-20	EMPLOYEE BENEFITS	5	49.47
49.48 MISC. REVENUE	B	-182	OPERATING ROOM	37	49.48
49.49 MD BILLING BENEFITS	A	-17823	EMPLOYEE BENEFITS	5	49.49
49.50 MEDICAL RECORD BENEFITS	A	-11877	EMPLOYEE BENEFITS	5	49.50
50 TOTAL		-16585760			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	CORPORATE FEES	552000	552000		1
2	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	81022	81022		2
3	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	1100656	828396	272260	3
4	6	ADMINISTRATIVE & GENERAL	DATA PROCESSING	3182600	2395407	787193	4
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	23270		23270	9 4.02
4.03	3	NEW CAP REL COSTS-BLDG & FIXT	DEPRECIATION	737001		737001	9 4.03
4.04	5	EMPLOYEE BENEFITS	FLEX BENEFITS	4571086	7580575	-3009489	4.04
5		TOTALS		10247635	11437400	-1189765	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		MOTHERHOUSE		CONVENT	1
2	B		SSM		CORPORATE	2
3	B		FSI		CORPORATE	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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	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
1	2	3	4	5	6	7	8	9		
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE	130087	215	129872	159800	1095	84125	4206
2	25	ADULTS & PEDIATRICS	AGGREGATE	14400		14400	159800	104	7990	400
3	53.01	CATH LAB	AGGREGATE	32556		32556	159800	120	9219	461
4	40	ANESTHESIOLOGY	AGGREGATE	1717841	1643648	74193	167500	445	35835	1792
5	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	964835	964835		217600			
6	43.01	NUCLEAR MEDICINE	AGGREGATE	73194	73194		217600			
7	44	LABORATORY	AGGREGATE	53664		53664	208000	524	52400	2620
8	49	RESPIRATORY THERAPY	AGGREGATE	77349	52745	24604	159800	188	14444	722
9	50	PHYSICAL THERAPY	AGGREGATE	134775	134775		159800			
10	53	ELECTROCARDIOLOGY	AGGREGATE	653897	615669	38228	159800	156	11985	599
11	54.01	NEUROLOGY	AGGREGATE	347370	333611	13759	159800	109	8374	419
12	60.02	PSYCH SERVICES	AGGREGATE	92572	46783	45789	159800	492	37799	1890
13	61	EMERGENCY	AGGREGATE	2425245	2425245		159800			
14	69.20	OUTPATIENT PHYSICAL THER	AGGREGATE							
101		TOTAL		6717785	6290720	427065		3233	262171	13109

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01
 05/22/2009 14:32

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10		11	12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE				84125	45747	45962
2	25	ADULTS & PEDIATRICS	AGGREGATE				7990	6410	6410
3	53.01	CATH LAB	AGGREGATE				9219	23337	23337
4	40	ANESTHESIOLOGY	AGGREGATE				35835	38358	1682006
5	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						964835
6	43.01	NUCLEAR MEDICINE	AGGREGATE						73194
7	44	LABORATORY	AGGREGATE				52400	1264	1264
8	49	RESPIRATORY THERAPY	AGGREGATE				14444	10160	62905
9	50	PHYSICAL THERAPY	AGGREGATE						134775
10	53	ELECTROCARDIOLOGY	AGGREGATE				11985	26243	641912
11	54.01	NEUROLOGY	AGGREGATE				8374	5385	338996
12	60.02	PSYCH SERVICES	AGGREGATE				37799	7990	54773
13	61	EMERGENCY	AGGREGATE						2425245
14	69.20	OUTPATIENT PHYSICAL THER	AGGREGATE						
101		TOTAL					262171	164894	6455614

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP RE	NEW CAP RE	EMPLOYEE B	SUBTOTAL	ADMINISTRA	MAINTENANC	OPERATION	
	FOR COST	L COSTS-BL	L COSTS-MV	ENEFFITS		TIVE & GEN	E & REPAIR	OF PLANT	
	ALLOCATION	DG & FIXT	BLE EQUIP	5		ERAL	S	8	
	0	3	4		5A	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	2975667	2975667							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2221518		2221518						4
5 EMPLOYEE BENEFITS	9887386	19247	664	9907297					5
6 ADMINISTRATIVE & GENERAL	15216462	856911	286627	1607273	17967273	17967273			6
7 MAINTENANCE & REPAIRS	1461606	9682	100242	129226	1700756	525831	2226587		7
8 OPERATION OF PLANT	2552817	378767		129227	3060811	946326	1317335	5324472	8
9 LAUNDRY & LINEN SERVICE	464294	64689	4439	36140	569562	176094	26767	201299	9
10 HOUSEKEEPING	954893	38584	10365	263828	1267670	391932	22785	120065	10
11 DIETARY	478494	26087	2689	96036	603306	186527	22229	81178	11
12 CAFETERIA	699750	75285	7762	164813	947610	292977	64186	234273	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	531187	2053	48595	157485	739320	228579	8336	6388	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	1045219	57795	4424	257702	1365140	422067	10188	179847	17
18 SOCIAL SERVICE	235370			71568	306938	94898			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	6899200	408772	116181	1848418	9272571	2866846	290734	1272011	25
26 INTENSIVE CARE UNIT	1799753	51986	67229	510049	2429017	750991	28712	161770	26
31 SUBPROVIDER I	823242	61085	2028	249305	1135660	351118	41309	190085	31
33 NURSERY	405840	12811		111189	529840	163813		39864	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5308803	296651	510747	775613	6891814	2130777	104753	923115	37
39 DELIVERY ROOM & LABOR ROOM	276047	41327		75560	392934	121485		128602	39
40 ANESTHESIOLOGY	229001	3729	61440		294170	90950	93	11605	40
41 RADIOLOGY-DIAGNOSTIC	2520606	117222	339808	483950	3461586	1070236	32232	364771	41
43.01 NUCLEAR MEDICINE	807827	8463	154	45394	861838	266459	1204	26334	43.01
44 LABORATORY	3206778	65182	99103	435299	3806362	1176832	16672	202834	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY	243882	9565	1879	56394	311720	96376	1760	29765	48
49 RESPIRATORY THERAPY	796607	18431	28666	192673	1036377	320422	4631	57355	49
50 PHYSICAL THERAPY	1912080	42681	21170	491750	2467681	762945	12874	132814	50
52 SPEECH PATHOLOGY	42653	6481	616	12081	61831	19117	93	20169	52
53 ELECTROCARDIOLOGY	779640	53779	170146	182348	1185913	366655	7224	167350	53
53.01 CATH LAB	986668	47190	154091	94630	1282579	396541	6576	146846	53.01
54.01 NEUROLOGY	237570	12877	36569	62295	356201	110128	2964	61511	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS	4734763	24536	79618	303290	5142207	1589842	6020	76352	56
OUTPATIENT SERVICE COST CENTERS									
60.02 PSYCH SERVICES	689700	93941	2760	166455	952856	294599	20562	292325	60.02
60.03 OP ONCOLOGY									60.03
60.04 CLINIC	76138			23172	99310	30704			60.04
61 EMERGENCY	1949149	55420	27997	495877	2528443	781731	39456	172455	61
61.01 RURAL HEALTH CLINICS									61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC	1285798		15595	145189	1446582	447247	25378		63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY	191				191	59	185		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 INTTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	74736599	2968119	2201604	9674229	74476069	17471104	2115258	5300983	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4608			4608	1425		14339	96
99.02 COURTESY PATIENT TRANSPORTATION									99.02
99.03 OUTSIDE LAUNDRY									99.03
99.04 GSRHC HOME HEALTH									99.04
99.05 OTHER NON-REIMBURSABLE	1344286	2940	19914	233068	1600208	494744	111329	9150	99.05
99.06 OUTSIDE ACCOUNTING									99.06
99.07 OUTSIDE PRINTING									99.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	76080885	2975667	2221518	9907297	76080885	17967273	2226587	5324472	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	SUBTOTAL
	9	10	11	12	14	17	18	25	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	973722								9
10	76559	1879011							10
11	2531	9823	905594						11
12	7308	28312		1574666					12
13									13
14	6397	6934		25584	1021538				14
15									15
16									16
17		52002		85176		2114420			17
18		5200		16536			423572		18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	358603	416018	690051	457394	582261	759078	275322	17240889	25
26	58211	69336	56456	98904	125905	89863	29650	3898815	26
31	21696	69336	99254	57096	72683	102972		2141209	31
33	5194	15601		19968	25419	25584		825283	33
ANCILLARY SERVICE COST CENTERS									
37	121002	211728	17308	155688	198191	135111		10889487	37
39	41000	17334		13416	17079	11629		743479	39
40		8667				15224		420709	40
41	67912	126539	305	122304		397511		5643396	41
43.01		8667		6552		41231		1212285	43.01
44	1177	69336		113880		156467		5543560	44
46.30									46.30
48	8669	34668	8229	10920		10572		512679	48
49		7800		52104		8246		1486935	49
50	46282	34668		47112		59204		3563580	50
52		5200		1560		634		108604	52
53	11849	8667	3481	41184		39117		1831440	53
53.01	8954	33549	4499	18096		11418		1909058	53.01
54.01	8520	17334	1917	15912		21779		596266	54.01
55									55
56	1361	17334		43680		94303		6971099	56
OUTPATIENT SERVICE COST CENTERS									
60.02		95337		40248		16492		1712419	60.02
60.03									60.03
60.04				2184		2326		134524	60.04
61	106710	138672	24094	92040		98955	118600	4101156	61
61.01									61.01
62									62
63.50						16704		1935911	63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20								435	69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	959935	1508062	905594	1537538	1021538	2114420	423572	73423218	95
NONREIMBURSABLE COST CENTERS									
96								20372	96
99.02									99.02
99.03									99.03
99.04									99.04
99.05	13787	370949		37128				2637295	99.05
99.06									99.06
99.07									99.07
101									101
102									102
103	973722	1879011	905594	1574666	1021538	2114420	423572	76080885	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 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	17240889	25
26	INTENSIVE CARE UNIT	3898815	26
31	SUBPROVIDER I	2141209	31
33	NURSERY	825283	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	10889487	37
39	DELIVERY ROOM & LABOR ROOM	743479	39
40	ANESTHESIOLOGY	420709	40
41	RADIOLOGY-DIAGNOSTIC	5643396	41
43.01	NUCLEAR MEDICINE	1212285	43.01
44	LABORATORY	5543560	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
48	INTRAVENOUS THERAPY	512679	48
49	RESPIRATORY THERAPY	1486935	49
50	PHYSICAL THERAPY	3563580	50
52	SPEECH PATHOLOGY	108604	52
53	ELECTROCARDIOLOGY	1831440	53
53.01	CATH LAB	1909058	53.01
54.01	NEUROLOGY	596266	54.01
55	MEDICAL SUPPLIES CHARGED TO PAT		55
56	DRUGS CHARGED TO PATIENTS	6971099	56
OUTPATIENT SERVICE COST CENTERS			
60.02	PSYCH SERVICES	1712419	60.02
60.03	OP ONCOLOGY		60.03
60.04	CLINIC	134524	60.04
61	EMERGENCY	4101156	61
61.01	RURAL HEALTH CLINICS		61.01
62	OBSERVATION BEDS (NON-DISTINCT)		62
63.50	RHC	1935911	63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY	435	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
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	73423218	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	20372	96
99.02	COURTESY PATIENT TRANSPORTATION		99.02
99.03	OUTSIDE LAUNDRY		99.03
99.04	GSRHC HOME HEALTH		99.04
99.05	OTHER NON-REIMBURSABLE	2637295	99.05
99.06	OUTSIDE ACCOUNTING		99.06
99.07	OUTSIDE PRINTING		99.07
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	76080885	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP RE L COSTS-BL DG & FIXT 3	NEW CAP RE L COSTS-MV BLE EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE B ENEFITS 5	ADMINISTRA TIVE & GEN ERAL 6	MAINTENANC E & REPAIR S 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									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		19247	664	19911	19911				5
6 ADMINISTRATIVE & GENERAL	5684	856911	286627	1149222	3231	1152453			6
7 MAINTENANCE & REPAIRS	3583	9682	100242	113507	260	33728	147495		7
8 OPERATION OF PLANT		378767		378767	260	60699	87264	526990	8
9 LAUNDRY & LINEN SERVICE	102	64689	4439	69230	73	11295	1773	19924	9
10 HOUSEKEEPING	1445	38584	10365	50394	530	25139	1509	11883	10
11 DIETARY		26087	2689	28776	193	11964	1472	8035	11
12 CAFETERIA		75285	7762	83047	331	18792	4252	23187	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2053	48595	50648	317	14661	552	632	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		57795	4424	62219	518	27072	675	17800	17
18 SOCIAL SERVICE					144	6087			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	50689	408772	116181	575642	3709	183886	19259	125899	25
26 INTENSIVE CARE UNIT	10825	51986	67229	130040	1025	48170	1902	16011	26
31 SUBPROVIDER I		61085	2028	63113	501	22521	2736	18814	31
33 NURSERY		12811		12811	224	10507		3946	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	80740	296651	510747	888138	1559	136672	6939	91365	37
39 DELIVERY ROOM & LABOR ROOM		41327		41327	152	7792		12728	39
40 ANESTHESIOLOGY	2088	3729	61440	67257		5834	6	1149	40
41 RADIOLOGY-DIAGNOSTIC	10989	117222	339808	468019	973	68647	2135	36103	41
43.01 NUCLEAR MEDICINE		8463	154	8617	91	17091	80	2606	43.01
44 LABORATORY	570	65182	99103	164855	875	75484	1104	20075	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY		9565	1879	11444	113	6182	117	2946	48
49 RESPIRATORY THERAPY	22260	18431	28666	69357	387	20552	307	5677	49
50 PHYSICAL THERAPY	98366	42681	21170	162217	989	48937	853	13145	50
52 SPEECH PATHOLOGY		6481	616	7097	24	1226	6	1996	52
53 ELBCTROCARDIOLOGY	186	53779	170146	224111	367	23518	479	16563	53
53.01 CATH LAB	17306	47190	154091	218587	190	25435	436	14534	53.01
54.01 NEUROLOGY	1579	19767	36569	57915	125	7064	196	6088	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS		24536	79618	104154	610	101975	399	7557	56
OUTPATIENT SERVICE COST CENTERS									
60.02 PSYCH SERVICES	30531	93941	2760	127232	335	18896	1362	28933	60.02
60.03 OP ONCOLOGY									60.03
60.04 CLINIC					47	1969			60.04
61 EMERGENCY		55420	27997	83417	997	50142	2614	17069	61
61.01 RURAL HEALTH CLINICS									61.01
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC	159523		15595	175118	292	28687	1681		63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY						4	12		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 INTRESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	496466	2968119	2201604	5666189	19442	1120628	140120	524665	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4608		4608		91		1419	96
99.02 COURTESY PATIENT TRANSPORTATION									99.02
99.03 OUTSIDE LAUNDRY									99.03
99.04 GSRHC HOME HEALTH									99.04
99.05 OTHER NON-REIMBURSABLE	40097	2940	19914	62951	469	31734	7375	906	99.05
99.06 OUTSIDE ACCOUNTING									99.06
99.07 OUTSIDE PRINTING									99.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	536563	2975667	2221518	5733748	19911	1152453	147495	526990	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	SUBTOTAL
	9	10	11	12	14	17	18	25	
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	102295								9
10 HOUSEKEEPING	8043	97498							10
11 DIETARY	266	510	51216						11
12 CAFETERIA	768	1469		131846					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	672	360		2142	69984				14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		2698		7132		118114			17
18 SOCIAL SERVICE		270		1385			7886		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	37673	21585	39027	38297	39890	42404	5126	1132397	25
26 INTENSIVE CARE UNIT	6115	3598	3193	8281	8626	5020	552	232533	26
31 SUBPROVIDER I	2279	3598	5613	4781	4979	5752		134687	31
33 NURSERY	546	809		1672	1741	1429		33685	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	12712	10986	979	13036	13578	7547		1183511	37
39 DELIVERY ROOM & LABOR ROOM	4307	899		1123	1170	650		70148	39
40 ANESTHESIOLOGY		450				850		75546	40
41 RADIOLOGY-DIAGNOSTIC	7135	6566	17	10240		22205		622040	41
43.01 NUCLEAR MEDICINE		450		549		2303		31787	43.01
44 LABORATORY	124	3598		9535		8740		284390	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY	911	1799	465	914		591		25482	48
49 RESPIRATORY THERAPY		405		4363		461		101509	49
50 PHYSICAL THERAPY	4862	1799		3945		3307		240054	50
52 SPEECH PATHOLOGY		270		131		35		10785	52
53 ELECTROCARDIOLOGY	1245	450	197	3448		2185		272563	53
53.01 CATH LAB	941	1741	254	1515		638		264271	53.01
54.01 NEUROLOGY	895	899	108	1332		1217		75839	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS	143	899		3657		5268		224662	56
OUTPATIENT SERVICE COST CENTERS									
60.02 PSYCH SERVICES		4947		3370		921		185996	60.02
60.03 OP ONCOLOGY									60.03
60.04 CLINIC				183		130		2329	60.04
61 EMERGENCY	11210	7195	1363	7706		5528	2208	189449	61
61.01 RURAL HEALTH CLINICS									61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC						933		206711	63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY								16	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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	100847	78250	51216	128737	69984	118114	7886	5600390	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN								6118	96
99.02 COURTESY PATIENT TRANSPORTATION									99.02
99.03 OUTSIDE LAUNDRY									99.03
99.04 GSRHC HOME HEALTH									99.04
99.05 OTHER NON-REIMBURSABLE	1448	19248		3109				127240	99.05
99.06 OUTSIDE ACCOUNTING									99.06
99.07 OUTSIDE PRINTING									99.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	102295	97498	51216	131846	69984	118114	7886	5733748	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 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	1132397		25
26 INTENSIVE CARE UNIT	232533		26
31 SUBPROVIDER I	134687		31
33 NURSERY	33685		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1183511		37
39 DELIVERY ROOM & LABOR ROOM	70148		39
40 ANESTHESIOLOGY	75546		40
41 RADIOLOGY-DIAGNOSTIC	622040		41
43.01 NUCLEAR MEDICINE	31787		43.01
44 LABORATORY	284390		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	25482		48
49 RESPIRATORY THERAPY	101509		49
50 PHYSICAL THERAPY	240054		50
52 SPEECH PATHOLOGY	10785		52
53 ELECTROCARDIOLOGY	272563		53
53.01 CATH LAB	264271		53.01
54.01 NEUROLOGY	75839		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			55
56 DRUGS CHARGED TO PATIENTS	224662		56
OUTPATIENT SERVICE COST CENTERS			
60.02 PSYCH SERVICES	185996		60.02
60.03 OP ONCOLOGY			60.03
60.04 CLINIC	2329		60.04
61 EMERGENCY	189449		61
61.01 RURAL HEALTH CLINICS			61.01
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC	206711		63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY		16	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
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	5600390		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	6118		96
99.02 COURTESY PATIENT TRANSPORTATION			99.02
99.03 OUTSIDE LAUNDRY			99.03
99.04 GSRHC HOME HEALTH			99.04
99.05 OTHER NON-REIMBURSABLE	127240		99.05
99.06 OUTSIDE ACCOUNTING			99.06
99.07 OUTSIDE PRINTING			99.07
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	5733748		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE	NEW CAP RE	EMPLOYEE B	RECON-	ADMINISTRA	MAINTENANC	OPERATION	
	L COSTS-BL	L COSTS-MV	ENEFITS	CILIATION	TIVE & GEN	E & REPAIR	OF PLANT	
	DG & FIXT	BLE EQUIP	(GROSS	ERAL	ACCUM	HOURS OF	SQUARE	
	(SQUARE	DOLLAR	SALARIES)	COST	COST	SERVICE	FEET	
	FEET)	VALUE		6A	6	7	8	
	3	4	5					
99.07 OUTSIDE PRINTING								99.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2975667	2221518	9907297		17967273	2226587	5324472	103
104 UNIT COST MULT-WS B PT I		.961592				92.620092		104
104 UNIT COST MULT-WS B PT I	8.964689		.314897		.309175		27.896242	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			19911		1152453	147495	526990	107
108 UNIT COST MULT-WS B PT III						6.135399		108
108 UNIT COST MULT-WS B PT III			.000633		.019831		2.761033	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERV NG	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SERVICES
	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10	(MEALS SERVED) 11	FULL TIME EQUIVALENT 12	FULL TIME EQUIVALENT 14	(TIME SPENT) 17	(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 MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	744027						8
9	HOUSEKEEPING	58499	52032					9
10	DIETARY	1934	272	112910				10
11	CAFETERIA	5584	784		50470			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4888	192		820	25720		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		1440		2730		10000	16
17	SOCIAL SERVICE		144		530			17
18	NONPHYSICIAN ANESTHETISTS						100	18
19	NURSING SCHOOL							19
20	I&R SERVICES-SALARY & FRINGES							20
21	I&R SERVICES-OTHER PRGM COSTS							21
22	PARAMED ED PRGM-(SPECIFY)							22
23	INPATIENT ROUTINE SERV COST CENTERS							23
24	ADULTS & PEDIATRICS	274012	11520	86036	14660	14660	3590	24
25	INTENSIVE CARE UNIT	44479	1920	7039	3170	3170	425	25
26	SUBPROVIDER I	16578	1920	12375	1830	1830	487	26
27	NURSERY	3969	432		640	640	121	27
28	ANCILLARY SERVICE COST CENTERS							28
29	OPERATING ROOM	92458	5863	2158	4990	4990	639	29
30	DELIVERY ROOM & LABOR ROOM	31328	480		430	430	55	30
31	ANESTHESIOLOGY		240				72	31
32	RADIOLOGY-DIAGNOSTIC	51892	3504	38	3920		1880	32
33	NUCLEAR MEDICINE		240		210		195	33
34	LABORATORY	899	1920		3650		740	34
35	BLOOD CLOTTING FACTORS ADMIN							35
36	INTRAVENOUS THERAPY	6624	960	1026	350		50	36
37	RESPIRATORY THERAPY		216		1670		39	37
38	PHYSICAL THERAPY	35364	960		1510		280	38
39	SPEECH PATHOLOGY		144		50		3	39
40	ELECTROCARDIOLOGY	9054	240	434	1320		185	40
41	CATH LAB	6842	929	561	580		54	41
42	NEUROLOGY	6510	480	239	510		103	42
43	MEDICAL SUPPLIES CHARGED TO P							43
44	DRUGS CHARGED TO PATIENTS	1040	480		1400		446	44
45	OUTPATIENT SERVICE COST CENTERS							45
46	PSYCH SERVICES		2640		1290		78	46
47	OP ONCOLOGY							47
48	CLINIC				70		11	48
49	EMERGENCY	81538	3840	3004	2950		468	49
50	RURAL HEALTH CLINICS						28	50
51	OBSERVATION BEDS (NON-DISTINC							51
52	RHC						79	52
53	FQHC							53
54	OTHER REIMBURSABLE COST CENTERS							54
55	CMHC							55
56	OUTPATIENT PHYSICAL THERAPY							56
57	OUTPATIENT OCCUPATIONAL THERA							57
58	OUTPATIENT SPEECH PATHOLOGY							58
59	HOME HEALTH AGENCY							59
60	SPECIAL PURPOSE COST CENTERS							60
61	PANCREAS ACQUISITION							61
62	INTESTINAL ACQUISITION							62
63	ISLET CELL ACQUISITION							63
64	SUBTOTALS	733492	41760	112910	49280	25720	10000	100
65	NONREIMBURSABLE COST CENTERS							65
66	GIFT, FLOWER, COFFEE SHOP & C							66
67	COURTESY PATIENT TRANSPORTATI							67
68	OUTSIDE LAUNDRY							68
69	GSRHC HOME HEALTH							69
70	OTHER NON-REIMBURSABLE	10535	10272		1190			70
71	OUTSIDE ACCOUNTING							71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SERVICES
	ICE (POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	FULL TIME EQUIVALENT	FULL TIME EQUIVALENT	(TIME SPENT)	(TIME SPENT)
	9	10	11	12	14	17	18
99.07 OUTSIDE PRINTING							99.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	973722	1879011	905594	1574666	1021538	2114420	423572
104 UNIT COST MULT-WS B PT I	1.308719		8.020494		39.717652		4235.720000
104 UNIT COST MULT-WS B PT I		36.112604		31.200040		211.442000	
105 COST TO BE ALLOC PER B PT II							
106 UNIT COST MULT-WS B PT II							
106 UNIT COST MULT-WS B PT II							
107 COST TO BE ALLOC PER B PT III	102295	97498	51216	131846	69984	118114	7886
108 UNIT COST MULT-WS B PT III	.137488		.453600		2.720995		78.860000
108 UNIT COST MULT-WS B PT III		1.873808		2.612364		11.811400	

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAFY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17240889		17240889	6410	17247299	25
26 INTENSIVE CARE UNIT	3898815		3898815		3898815	26
31 SUBPROVIDER I	2141209		2141209		2141209	31
33 NURSERY	825283		825283		825283	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10889487		10889487		10889487	37
39 DELIVERY ROOM & LABOR ROOM	743479		743479		743479	39
40 ANESTHESIOLOGY	420709		420709	38358	459067	40
41 RADIOLOGY-DIAGNOSTIC	5643396		5643396		5643396	41
43.01 NUCLEAR MEDICINE	1212285		1212285		1212285	43.01
44 LABORATORY	5543560		5543560	1264	5544824	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	512679		512679		512679	48
49 RESPIRATORY THERAPY	1486935		1486935	10160	1497095	49
50 PHYSICAL THERAPY	3563580		3563580		3563580	50
52 SPEECH PATHOLOGY	108604		108604		108604	52
53 ELECTROCARDIOLOGY	1831440		1831440	26243	1857683	53
53.01 CATH LAB	1909058		1909058	23337	1932395	53.01
54.01 NEUROLOGY	596266		596266	5385	601651	54.01
55 MEDICAL SUPPLIES CHARGED TO						55
56 DRUGS CHARGED TO PATIENTS	6971099		6971099		6971099	56
OUTPATIENT SERVICE COST CENTERS						
60.02 PSYCH SERVICES	1712419		1712419	7990	1720409	60.02
60.03 OP ONCOLOGY						60.03
60.04 CLINIC	134524		134524		134524	60.04
61 EMERGENCY	4101156		4101156		4101156	61
61.01 RURAL HEALTH CLINICS						61.01
62 OBSERVATION BEDS (NON-DISTI	379971		379971		379971	62
63.50 RHC	1935911		1935911		1935911	63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	73802754		73802754	119147	73921901	101
102 LESS OBSERVATION BEDS	379971		379971		379971	102
103 TOTAL	73422783		73422783	119147	73541930	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	11736509		11736509			25
26 INTENSIVE CARE UNIT	2728674		2728674			26
31 SUBPROVIDER I	1529100		1529100			31
33 NURSERY	349895		349895			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	11526560	11623459	23150019	.470388	.470388	.470388 37
39 DELIVERY ROOM & LABOR ROOM	1581844	1026165	2608009	.285075	.285075	.285075 39
40 ANESTHESIOLOGY	1407422	1308794	2716216	.154888	.154888	.169010 40
41 RADIOLOGY-DIAGNOSTIC	13317588	34652062	47969650	.117645	.117645	.117645 41
43.01 NUCLEAR MEDICINE	880738	3600029	4480767	.270553	.270553	.270553 43.01
44 LABORATORY	12520805	13540002	26060807	.212716	.212716	.212765 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	17592	905061	922653	.555657	.555657	.555657 48
49 RESPIRATORY THERAPY	3182163	723692	3905855	.380694	.380694	.383295 49
50 PHYSICAL THERAPY	596471	5146682	5743153	.620492	.620492	.620492 50
52 SPEECH PATHOLOGY	36362	44231	80593	1.347561	1.347561	1.347561 52
53 ELECTROCARDIOLOGY	4421548	3405576	7827124	.233986	.233986	.237339 53
53.01 CATH LAB	4607829	992477	5600306	.340885	.340885	.345052 53.01
54.01 NEUROLOGY	229790	1877769	2107559	.282918	.282918	.285473 54.01
55 MEDICAL SUPPLIES CHARGED TO						55
56 DRUGS CHARGED TO PATIENTS	14777858	8343851	23121709	.301496	.301496	.301496 56
OUTPATIENT SERVICE COST CENTERS						
60.02 PSYCH SERVICES	424	2170671	2171095	.788735	.788735	.792415 60.02
60.03 OP ONCOLOGY						60.03
60.04 CLINIC	873	210719	211592	.635771	.635771	.635771 60.04
61 EMERGENCY	3536453	8697650	12234103	.335223	.335223	.335223 61
61.01 RURAL HEALTH CLINICS						61.01
62 OBSERVATION BEDS (NON-DISTI	66700	513037	579737	.655420	.655420	.655420 62
63.50 RHC		1469957	1469957	1.316985	1.316985	1.316985 63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	89053198	100251884	189305082			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	89053198	100251884	189305082			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1132397		1132397
26 INTENSIVE CARE UNIT				232533		232533
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				134687		134687
33 NURSERY				33685		33685
101 TOTAL				1533302		1533302

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	22877	14865			49.50	735818
26 INTENSIVE CARE UNIT	2712	1834			85.74	157247
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3083	775			43.69	33860
33 NURSERY	713				47.24	
101 TOTAL	29385	17474				926925

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0034) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEPRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL		
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL	
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS	
	COST	COST	3	CHARGES	CHARGES	6	CHARGES	8	
	1	2		4	5		7		
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1183511	23150019	6003781			.051124	306937	37
39 DELIVERY ROOM & LABOR ROOM		70148	2608009				.026897		39
40 ANESTHESIOLOGY		75546	2716216	612220			.027813	17028	40
41 RADIOLOGY-DIAGNOSTIC		622040	47969650	7109837			.012967	92193	41
43.01 NUCLEAR MEDICINE		31787	4480767	550544			.007094	3906	43.01
44 LABORATORY		284390	26060807	8022170			.010913	87546	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
48 INTRAVENOUS THERAPY		25482	922653	12223			.027618	338	48
49 RESPIRATORY THERAPY		101509	3905855	2314961			.025989	60164	49
50 PHYSICAL THERAPY		240054	5743153	512436			.041798	21419	50
52 SPEECH PATHOLOGY		10785	80593	33440			.133821	4475	52
53 ELECTROCARDIOLOGY		272563	7827124	3199807			.034823	111427	53
53.01 CATH LAB		264271	5600306	3429785			.047189	161848	53.01
54.01 NEUROLOGY		75839	2107559	148084			.035984	5329	54.01
55 MEDICAL SUPPLIES CHARGED TO P									55
56 DRUGS CHARGED TO PATIENTS		224662	23121709	9216667			.009716	89549	56
OUTPATIENT SERVICE COST CENTERS									
60.02 PSYCH SERVICES		185996	2171095	106			.085669	9	60.02
60.03 OP ONCOLOGY									60.03
60.04 CLINIC		2329	211592				.011007		60.04
61 EMERGENCY		189449	12234103	2071896			.015485	32083	61
61.01 RURAL HEALTH CLINICS									61.01
62 OBSERVATION BEDS (NON-DISTINC		24947	579737	6967			.043032	300	62
63.50 RHC			1469957						63.50
63.60 PQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		3885308	171490947	43244924				994551	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0034) [] 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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.470388	.470388	.470388			37
39 DELIVERY ROOM & LABOR ROOM	.285075	.285075	.285075			39
40 ANESTHESIOLOGY	.154888	.154888	.154888			40
41 RADIOLOGY-DIAGNOSTIC	.117645	.117645	.117645			41
43.01 NUCLEAR MEDICINE	.270553	.270553	.270553			43.01
44 LABORATORY	.212716	.212716	.212716			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.555657	.555657	.555657			48
49 RESPIRATORY THERAPY	.380694	.380694	.380694			49
50 PHYSICAL THERAPY	.620492	.620492	.620492			50
52 SPEECH PATHOLOGY	1.347561	1.347561	1.347561			52
53 ELECTROCARDIOLOGY	.233986	.233986	.233986			53
53.01 CATH LAB	.340885	.340885	.340885			53.01
54.01 NEUROLOGY	.282918	.282918	.282918			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS	.301496	.301496	.301496			56
OUTPATIENT SERVICE COST CENTERS						
60.02 PSYCH SERVICES	.788735	.788735	.788735			60.02
60.03 OP ONCOLOGY						60.03
60.04 CLINIC	.635771	.635771	.635771			60.04
61 EMERGENCY	.335223	.335223	.335223			61
61.01 RURAL HEALTH CLINICS						61.01
62 OBSERVATION BEDS (NON-DISTINCT	.655420	.655420	.655420			62
63.50 RHC	1.316985	1.316985	1.316985			63.50
63.60 PQHC						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						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	.301496	1
2 PROGRAM VACCINE CHARGES	64166	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	19346	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0034) [] 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	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3641312						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		351253						40
41 RADIOLOGY-DIAGNOSTIC		13187402						41
43.01 NUCLEAR MEDICINE		1729385						43.01
44 LABORATORY		540396						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		594636						48
49 RESPIRATORY THERAPY		279104						49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1741123						53
53.01 CATH LAB		656403						53.01
54.01 NEUROLOGY		646123						54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS		4304066						56
OUTPATIENT SERVICE COST CENTERS								
60.02 PSYCH SERVICES		239729						60.02
60.03 OP ONCOLOGY								60.03
60.04 CLINIC								60.04
61 EMERGENCY		1775417						61
61.01 RURAL HEALTH CLINICS								61.01
62 OBSERVATION BEDS (NON-DISTINCT)		180907						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		29867256						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		29867256						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0034) [] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1712829					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		54405					40
41 RADIOLOGY-DIAGNOSTIC		1551432					41
43.01 NUCLEAR MEDICINE		467890					43.01
44 LABORATORY		114951					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		330414					48
49 RESPIRATORY THERAPY		106253					49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		407398					53
53.01 CATH LAB		223758					53.01
54.01 NEUROLOGY		182800					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS		1297659					56
OUTPATIENT SERVICE COST CENTERS							
60.02 PSYCH SERVICES		189083					60.02
60.03 OP ONCOLOGY							60.03
60.04 CLINIC							60.04
61 EMERGENCY		595161					61
61.01 RURAL HEALTH CLINICS							61.01
62 OBSERVATION BEDS (NON-DISTINCT)		118570					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		7352603					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		7352603					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S034) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL RATIO OF COST TO CHARGES	NEW CAPITAL RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1183511	23150019	1355		.051124	69 37
39 DELIVERY ROOM & LABOR ROOM		70148	2608009			.026897	39
40 ANESTHESIOLOGY		75546	2716216			.027813	40
41 RADIOLOGY-DIAGNOSTIC		622040	47969650	67575		.012967	876 41
43.01 NUCLEAR MEDICINE		31787	4480767	2514		.007094	18 43.01
44 LABORATORY		284390	26060807	94078		.010913	1027 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		25482	922653			.027618	48
49 RESPIRATORY THERAPY		101509	3905855	4581		.025989	119 49
50 PHYSICAL THERAPY		240054	5743153	2749		.041798	115 50
52 SPEECH PATHOLOGY		10785	80593	356		.133821	48 52
53 ELECTROCARDIOLOGY		272563	7827124	8772		.034823	305 53
53.01 CATH LAB		264271	5600306			.047189	214 53.01
54.01 NEUROLOGY		75839	2107559	5958		.035984	55
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS		224662	23121709	61775		.009716	600 56
OUTPATIENT SERVICE COST CENTERS							
60.02 PSYCH SERVICES		185996	2171095	318		.085669	27 60.02
60.03 OP ONCOLOGY							60.03
60.04 CLINIC		2329	211592			.011007	60.04
61 EMERGENCY		189449	12234103	29536		.015485	457 61
61.01 RURAL HEALTH CLINICS							61.01
62 OBSERVATION BEDS (NON-DISTINC		24947	579737			.043032	62
63.50 RHC			1469957				63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3885308	171490947	279567			3875 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				1132397		1132397	25
26 INTENSIVE CARE UNIT				232533		232533	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				134687		134687	31
33 NURSERY				33685		33685	33
101 TOTAL				1533302		1533302	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	22877	3939			49.50	194981	25
26 INTENSIVE CARE UNIT	2712	317			85.74	27180	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	3083	956			43.69	41768	31
33 NURSERY	713	606			47.24	28627	33
101 TOTAL	29385	5818				292556	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0034) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	RATIO OF		
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1183511	23150019	1789835			.051124	91504 37
39 DELIVERY ROOM & LABOR ROOM		70148	2608009	1197720			.026897	32215 39
40 ANESTHESIOLOGY		75546	2716216	336835			.027813	9368 40
41 RADIOLOGY-DIAGNOSTIC		622040	47969650	1826858			.012967	23689 41
43.01 NUCLEAR MEDICINE		31787	4480767	92928			.007094	659 43.01
44 LABORATORY		284390	26060807	1776971			.010913	19392 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		25482	922653	381			.027618	11 48
49 RESPIRATORY THERAPY		101509	3905855	416606			.025989	10827 49
50 PHYSICAL THERAPY		240054	5743153	28900			.041798	1208 50
52 SPEECH PATHOLOGY		10785	80593	1635			.133821	219 52
53 ELECTROCARDIOLOGY		272563	7827124	331244			.034823	11535 53
53.01 CATH LAB		264271	5600306	251361			.047189	11861 53.01
54.01 NEUROLOGY		75839	2107559	20176			.035984	726 54.01
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS		224662	23121709	2465680			.009716	23957 56
OUTPATIENT SERVICE COST CENTERS								
60.02 PSYCH SERVICES		185996	2171095				.085669	60.02
60.03 OP ONCOLOGY								60.03
60.04 CLINIC		2329	211592	53			.011007	1 60.04
61 EMERGENCY		189449	12234103	561952			.015485	8702 61
61.01 RURAL HEALTH CLINICS								61.01
62 OBSERVATION BEDS (NON-DISTINC		24947	579737				.043032	62
63.50 RHC			1469957					63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3885308	171490947	11099135				245874 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S034) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST	CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1183511	23150019	2991		.051124	153 37
39 DELIVERY ROOM & LABOR ROOM		70148	2608009			.026897	39
40 ANESTHESIOLOGY		75546	2716216	561		.027813	16 40
41 RADIOLOGY-DIAGNOSTIC		622040	47969650	64574		.012967	837 41
43.01 NUCLEAR MEDICINE		31787	4480767	6015		.007094	43 43.01
44 LABORATORY		284390	26060807	123061		.010913	1343 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		25482	922653			.027618	48
49 RESPIRATORY THERAPY		101509	3905855	2571		.025989	67 49
50 PHYSICAL THERAPY		240054	5743153	1578		.041798	66 50
52 SPEECH PATHOLOGY		10785	80593			.133821	52
53 ELECTROCARDIOLOGY		272563	7827124	18419		.034823	641 53
53.01 CATH LAB		264271	5600306			.047189	53.01
54.01 NEUROLOGY		75839	2107559	4300		.035984	155 54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS		224662	23121709	51654		.009716	502 56
OUTPATIENT SERVICE COST CENTERS							
60.02 PSYCH SERVICES		185996	2171095			.085669	60.02
60.03 OP ONCOLOGY							60.03
60.04 CLINIC		2329	211592			.011007	60.04
61 EMERGENCY		189449	12234103	45550		.015485	705 61
61.01 RURAL HEALTH CLINICS							61.01
62 OBSERVATION BEDS (NON-DISTINC		24947	579737			.043032	62
63.50 RHC			1469957				63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3885308	171490947	321274			4528 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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0034)	(PPS) (14-S034)	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	22877	3083					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	22877	3083					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1953						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20924	3083					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)	14865	775					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) (14-0034)	SUB I (PPS) (14-S034)	SUB II	SUB III	SUB IV	SNF	
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	17247299	2141209					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	17247299	2141209					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11736509	1529100					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1166912						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10569597	1529100					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.469543	1.400307					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	597.50						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	505.14	495.98					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	92.36						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	135.73						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	265081						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16982218	2141209					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) (14-0034)	SUB I (PPS) (14-S034)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	753.91	694.52			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11206872	538253			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11206872	538253			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
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3898815	2712	1437.62	1834	2636595 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0034)	SUB I (PPS) (14-S034)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	12340084	65787			48
49	TOTAL PROGRAM INPATIENT COSTS	26183551	604040			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	893065	33860			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	994551	3875			51
52	TOTAL PROGRAM EXCLUDABLE COST	1887616	37735			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	24295935	566305			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) (14-0034)	SUB I (PPS) (14-S034)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
05/22/2009 14:32

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

	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 CGSTS 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

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) (PPS)
 (14-0034) (14-S034)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	504	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	753.91	84
85 OBSERVATION BED COST	379971	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		17247299		379971		86
87 NEW CAPITAL-RELATED COST	1132397	17247299	.065656	379971	24947	87
88 NON PHYSICIAN ANESTHETIST		17247299		379971		88
89 MEDICAL EDUCATION		17247299		379971		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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(PPS) (14-0034)	(PPS) (14-S034)	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	22877	3083					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	22877	3083					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1953						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20924	3083					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)	3939	956					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	713						15
16 TITLE V OR XIX NURSERY DAYS	606						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 (PPS) (14-0034)	SUB I (PPS) (14-S034)	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	17247299	2141209					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	17247299	2141209					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11736509	1529100					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1166912						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10569597	1529100					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.469543	1.400307					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	597.50						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	505.14	495.98					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	92.36						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	135.73						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	265081						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16982218	2141209					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 (PPS) (14-0034)	SUB I (PPS) (14-S034)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	753.91	694.52			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2969651	663961			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2969651	663961			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)	825283	713	1157.48	606	701433 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	3898815	2712	1437.62	317	455726 43
44	INTENSIVE CARE UNIT					44
45	CORONARY CARE UNIT					45
46	BURN INTENSIVE CARE UNIT					46
47	SURGICAL INTENSIVE CARE UNIT					47
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0034)	SUB I (PPS) (14-S034)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3141371	75315			48
49	TOTAL PROGRAM INPATIENT COSTS	7268181	739276			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	250788	41768			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	245874	4528			51
52	TOTAL PROGRAM EXCLUDABLE COST	496662	46296			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6771519	692980			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 (PPS) (14-0034)	SUB I (PPS) (14-S034)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
54		209				54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
05/22/2009 14:32

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0034) (14-S034)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	504				83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	753.91				84
85	OBSERVATION BED COST	379971				85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL ROUTINE COST

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	

86	OLD CAPITAL-RELATED COST	17247299		379971		86
87	NEW CAPITAL-RELATED COST	17247299	.065656	379971	24947	87
88	NON PHYSICIAN ANESTHETIST	17247299		379971		88
89	MEDICAL EDUCATION	17247299		379971		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0034)	<input type="checkbox"/> SNF	<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		7819555		25
26 INTENSIVE CARE UNIT		1868100		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.470388	6003781	2824107	37
39 DELIVERY ROOM & LABOR ROOM	.285075			39
40 ANESTHESIOLOGY	.169010	612220	103471	40
41 RADIOLOGY-DIAGNOSTIC	.117645	7109837	836437	41
43.01 NUCLEAR MEDICINE	.270553	550544	148951	43.01
44 LABORATORY	.212765	8022170	1706837	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.555657	12223	6792	48
49 RESPIRATORY THERAPY	.383295	2314961	887313	49
50 PHYSICAL THERAPY	.620492	512436	317962	50
52 SPEECH PATHOLOGY	1.347561	33440	45062	52
53 ELECTROCARDIOLOGY	.237339	3199807	759439	53
53.01 CATH LAB	.345052	3429785	1183454	53.01
54.01 NEUROLOGY	.285473	148084	42274	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.301496	9216667	2778788	56
OUTPATIENT SERVICE COST CENTERS				
60.02 PSYCH SERVICES	.792415	106	84	60.02
60.03 OP ONCOLOGY				60.03
60.04 CLINIC	.635771			60.04
61 EMERGENCY	.335223	2071896	694547	61
61.01 RURAL HEALTH CLINICS				61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.655420	6967	4566	62
63.50 RHC	1.316985			63.50
63.60 PQHC				63.60
101 TOTAL		43244924	12340084	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		43244924		103

INPATIENT ANCILLARY COST APPORTIONMENT

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S034)	<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
31 SUBPROVIDER I		382045		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.470388	1355	637	37
39 DELIVERY ROOM & LABOR ROOM	.285075			39
40 ANESTHESIOLOGY	.169010			40
41 RADIOLOGY-DIAGNOSTIC	.117645	67575	7950	41
43.01 NUCLEAR MEDICINE	.270553	2514	680	43.01
44 LABORATORY	.212765	94078	20017	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.555657			48
49 RESPIRATORY THERAPY	.383295	4581	1756	49
50 PHYSICAL THERAPY	.620492	2749	1706	50
52 SPEECH PATHOLOGY	1.347561	356	480	52
53 ELECTROCARDIOLOGY	.237339	8772	2082	53
53.01 CATH LAB	.345052			53.01
54.01 NEUROLOGY	.285473	5958	1701	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.301496	61775	18625	56
OUTPATIENT SERVICE COST CENTERS				
60.02 PSYCH SERVICES	.792415	318	252	60.02
60.03 OP ONCOLOGY				60.03
60.04 CLINIC	.635771			60.04
61 EMERGENCY	.335223	29536	9901	61
61.01 RURAL HEALTH CLINICS				61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.655420			62
63.50 RHC	1.316985			63.50
63.60 FQHC				63.60
101 TOTAL		279567	65787	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		279567		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0034)	<input type="checkbox"/> SNF	<input checked="" 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 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		1942826		25
26 INTENSIVE CARE UNIT		332226		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.470388	1789835	841917	37
39 DELIVERY ROOM & LABOR ROOM	.285075	1197720	341440	39
40 ANESTHESIOLOGY	.169010	336835	56928	40
41 RADIOLOGY-DIAGNOSTIC	.117645	1826858	214921	41
43.01 NUCLEAR MEDICINE	.270553	92928	25142	43.01
44 LABORATORY	.212765	1776971	378077	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.555657	381	212	48
49 RESPIRATORY THERAPY	.383295	416606	159683	49
50 PHYSICAL THERAPY	.620492	28900	17932	50
52 SPEECH PATHOLOGY	1.347561	1635	2203	52
53 ELECTROCARDIOLOGY	.237339	331244	78617	53
53.01 CATH LAB	.345052	251361	86733	53.01
54.01 NEUROLOGY	.285473	20176	5760	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.301496	2465680	743393	56
OUTPATIENT SERVICE COST CENTERS				
60.02 PSYCH SERVICES	.792415			60.02
60.03 OP ONCOLOGY				60.03
60.04 CLINIC	.635771	53	34	60.04
61 EMERGENCY	.335223	561952	188379	61
61.01 RURAL HEALTH CLINICS				61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.655420			62
63.50 RHC	1.316985			63.50
63.60 FQHC				63.60
101 TOTAL		11099135	3141371	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		11099135		103

INPATIENT ANCILLARY COST APPORTIONMENT

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S034)	<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 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
31 SUBPROVIDER I		453260		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.470388	2991	1407	37
39 DELIVERY ROOM & LABOR ROOM	.285075			39
40 ANESTHESIOLOGY	.169010	561	95	40
41 RADIOLOGY-DIAGNOSTIC	.117645	64574	7597	41
43.01 NUCLEAR MEDICINE	.270553	6015	1627	43.01
44 LABORATORY	.212765	123061	26183	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.555657			48
49 RESPIRATORY THERAPY	.383295	2571	985	49
50 PHYSICAL THERAPY	.620492	1578	979	50
52 SPEECH PATHOLOGY	1.347561			52
53 ELECTROCARDIOLOGY	.237339	18419	4372	53
53.01 CATH LAB	.345052			53.01
54.01 NEUROLOGY	.285473	4300	1228	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.301496	51654	15573	56
OUTPATIENT SERVICE COST CENTERS				
60.02 PSYCH SERVICES	.792415			60.02
60.03 OP ONCOLOGY				60.03
60.04 CLINIC	.635771			60.04
61 EMERGENCY	.335223	45550	15269	61
61.01 RURAL HEALTH CLINICS				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.655420			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC	1.316985			63.50
63.60 FQHC				63.60
101 TOTAL		321274	75315	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		321274		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0034)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	14770379					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5057802					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						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	254473					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	170.78					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..						3.16
RES. IN INIT YRS						
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 (14-0034)	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						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0034) 1	HOSPITAL (14-0034) 1.01	HOSPITAL (14-0034) 1.02
1 MEDICAL AND OTHER SERVICES	19346		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7352603		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6538021		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	19346		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	64166		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	64166		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	64166		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	44820		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	19346		17
17.01 TOTAL PPS PAYMENTS	6538021		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0034) 1	HOSPITAL (14-0034) 1.01	HOSPITAL (14-0034) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01	1744905		18.01
19	4812462		19
20			20
21			21
22			22
23	4812462		23
24	1969		24
25	4810493		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27	431218		27
27.01	301853		27.01
27.02	329281		27.02
28	5112346		28
29			29
30	-6		30
30.99			30.99
31			31
32	5112340		32
33			33
34	5113461		34
34.01			34.01
35	-1121		35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S034) 1	SUB I (14-S034) 1.01	SUB I (14-S034) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0034)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21421199		5135407	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01	08/08/2008			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03			NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	TO .05				3.05
	PROVIDER .50		08/08/2008	21946	3.50
	TO .51				3.51
	PROGRAM .52			NONE	3.52
	TO .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	5063		-21946	3.99
4 TOTAL INTERIM PAYMENTS		21426262		5113461	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
	PROGRAM .01				5.01
	TO .02			NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51			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	236177			6.01
	PROVIDER TO .02			-1121	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		21662439		5112340	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S034)

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		472461		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		NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .03				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .04				3.05
				3.50
				3.51
				3.52
				3.53
				3.54
SUBTOTAL .99				3.99
4 TOTAL INTERIM PAYMENTS		472461		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02		NONE	NONE	5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03				5.03
				5.50
				5.51
				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO				
(BALANCE DUE) BASED ON THE COST PROVIDER .01		48876		6.01
REPORT. PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		521337		7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:			
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):			

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S034)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08		562792				1.08
1.09		11026				1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		8.423497				1.16
1.17						1.17
1.18						1.18
1.19		573818				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		573818				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		573818				4
5		14068				5
6		559750				6
7		81401				7
8		478349				8
9		5888				9
10		472461				10
11		69823				11
11.01		48876				11.01
11.02		60717				11.02
12		521337				12
13						13

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2009.01
05/22/2009 14:32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S034)	SUB II	SUB III	SUB IV	
13.01						13.01
14						14
15						15
16						16
17		521337				17
18						18
19		472461				19
19.01						19.01
20		48876				20
21						21
50						50
51						51
52						52
53						53

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	
	HOSPITAL (14-0034) (PPS)	SUB I (14-S034) (PPS)	SUB II	SUB III	SUB IV		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES						2
3	MEDICAL AND OTHER SERVICES						3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL						7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS						9
10	SUBTOTAL						9
10	COMPUTATION OF LESSER OF COST OR CHARGES						10
11	ROUTINE SERVICE CHARGES						11
12	ANCILLARY SERVICE CHARGES	11099135	321274				12
13	INTERNS AND RESIDENTS SERVICE CHARGES						13
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE						14
15	TEACHING PHYSICIANS						15
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION						16
17	TOTAL REASONABLE CHARGES	11099135	321274				16
18	CUSTOMARY CHARGES						17
19	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						18
20	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						19
21	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						20
22	ACCORDANCE WITH 42 CFR 413.13(E)						21
23	RATIO OF LINE 17 TO LINE 18						22
24	TOTAL CUSTOMARY CHARGES	11099135	321274				23
25	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11099135	321274				24
26	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						25
27	COST OF COVERED SERVICES						26
28	PROSPECTIVE PAYMENT AMOUNT						27
29	OTHER THAN OUTLIER PAYMENTS						28
30	OUTLIER PAYMENTS						29
31	PROGRAM CAPITAL PAYMENTS						30
32	CAPITAL EXCEPTION PAYMENTS						31
33	ROUTINE SERVICE OTHER PASS THROUGH COSTS						32
34	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						33
35	SUBTOTAL						34
36	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						35
37	LESSER OF LINES 30 OR 31						36
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						37

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 (14-0034) (PPS)	SUB I (14-S034) (PPS)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
34	EXCESS OF REASONABLE COST					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 F1 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	542420			1
2 TEMPORARY INVESTMENTS	12582606			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	14544352			4
5 OTHER RECEIVABLES	2924312			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-859000			6
7 INVENTORY	1562504			7
8 PREPAID EXPENSES	428569			8
9 OTHER CURRENT ASSETS	2287969			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	34013732			11
FIXED ASSETS				
12 LAND	1259000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	660470			13
13.01 ACCUMULATED DEPRECIATION	-186294			13.01
14 BUILDINGS	20555607			14
14.01 ACCUMULATED DEPRECIATION	-1824569			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	9375501			18
18.01 ACCUMULATED DEPRECIATION	-3634293			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	26205422			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	4302365			25
26 TOTAL OTHER ASSETS	4302365			26
27 TOTAL ASSETS	64521519			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3180325			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	1810000			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	3614269			35
36 TOTAL CURRENT LIABILITIES	8604594			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	15190000			37
38 NOTES PAYABLE	36792303			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	5003281			41
42 TOTAL LONG TERM LIABILITIES	56985584			42
43 TOTAL LIABILITIES	65590178			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-1068659			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	-1068659			51
52 TOTAL LIABILITIES AND FUND BALANCES	64521519			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	-856612			1
2 NET INCOME (LOSS)	4754506			2
3 TOTAL	3897894			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	3897894			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS	4966553			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	4966553			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	-1068659			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	12284390		12284390	1
2 SUBPROVIDER I	1544600		1544600	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	13828990		13828990	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	2768067		2768067	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2768067		2768067	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	16597057		16597057	16
17 ANCILLARY SERVICES	72082742	93290620	165373362	17
18 OUTPATIENT SERVICES	5127662	16207671	21335333	18
18.50 RHC		1501425	1501425	18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
21.20 OPT				21.20
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	93807461	110999716	204807177	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		92666645	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		92666645	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	204807177	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	111426624	2
3	NET PATIENT REVENUES	93380553	3
4	LESS - TOTAL OPERATING EXPENSES	92666645	4
5	NET INCOME FROM SERVICE TO PATIENTS	713908	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	151895	6
7	INCOME FROM INVESTMENTS	908298	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	58	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	21528	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	328268	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		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	12925	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	BILLING FEES	87702	24
24.01	MANAGEMENT FEES	36000	24.01
24.02	INCOME SHARING		24.02
24.03	MISC. GAINS AND LOSSES	8532	24.03
24.04	OTHER	2094337	24.04
24.05	RENTAL - OTHER	391055	24.05
25	TOTAL OTHER INCOME	4040598	25
26	TOTAL	4754506	26
27	LOSS ON DISPOSAL		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4754506	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0034)	HOSPITAL (14-0034)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	1665588				2
3					3
3.01	15746				3.01
4					4
4.01		0.00			4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	1681334				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

RHC I
 COMPONENT NO: 14-3418

WORKSHEET M-1

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1	PHYSICIAN	287093	56053	343146	343146	-5665	337481	1
2	PHYSICIAN ASSISTANT	146739		146739	146739	-29350	117389	2
3	NURSE PRACTITIONER	7321		7321	7321		7321	3
4	VISITING NURSE							4
5	OTHER NURSE	145464		145464	145464		145464	5
6	CLINICAL PSYCHOLOGIST							6
7	CLINICAL SOCIAL WORKER							7
8	LABORATORY TECHNICIAN							8
9	OTHER FACILITY HEALTH CARE STAFF COSTS							9
10	SUBTOTAL (SUM OF LINES 1-9) COSTS UNDER AGREEMENT	586617	56053	642670	642670	-35015	607655	10
11	PHYSICIAN SERVICES UNDER AGREEMENT		200000	200000	200000		200000	11
12	PHYSICIAN SUPERVISION UNDER AGREEMENT							12
13	OTHER COSTS UNDER AGREEMENT		2347	2347	2347		2347	13
14	SUBTOTAL (SUM OF LINES 11-13) OTHER HEALTH CARE COSTS		202347	202347	202347		202347	14
15	MEDICAL SUPPLIES		14418	14418	14418		14418	15
16	TRANSPORTATION (HEALTH CARE STAFF)							16
17	DEPRECIATION-MEDICAL EQUIPMENT							17
18	PROFESSIONAL LIABILITY INSURANCE							18
19	OTHER HEALTH CARE COSTS							19
20	ALLOWABLE GME COSTS							20
21	SUBTOTAL (SUM OF LINES 15-20)		14418	14418	14418		14418	21
22	TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	586617	272818	859435	859435	-35015	824420	22
23	PHARMACY							23
24	DENTAL							24
25	OPTOMETRY							25
26	ALL OTHER NONREIMBURSABLE COSTS		7771	7771	7771		7771	26
27	NONALLOWABLE GME COSTS							27
28	TOTAL NONREIMBURSABLE COSTS FACILITY OVERHEAD		7771	7771	7771		7771	28
29	FACILITY COSTS		17898	17898	17898		17898	29
30	ADMINISTRATIVE COSTS	161544	359747	521291	521291	-85582	435709	30
31	TOTAL FACILITY OVERHEAD	161544	377645	539189	539189	-85582	453607	31
32	TOTAL FACILITY COSTS	748161	658234	1406395	1406395	-120597	1285798	32

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/22/2009 14:32

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

RHC I
 COMPONENT NO: 14-3418

WORKSHEET M-2

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD 3	MINIMUM VISITS 4	GREATER OF COL. 2 OR COL. 4 5	
1 PHYSICIANS	1.15	6509	4200	4830		1
2 PHYSICIAN ASSISTANTS	1.78	5489	2100	3738		2
3 NURSE PRACTITIONERS	0.10	169	2100	210		3
4 SUBTOTAL	3.03	12167		8778	12167	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	3.03	12167			12167	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS		3313			3313	9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					824420	10
11 TOTAL NONREIMBURSABLE COSTS					7771	11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					832191	12
13 RATIO OF RHC/FQHC SERVICES					0.990662	13
14 TOTAL FACILITY OVERHEAD					453607	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					650113	15
16 TOTAL OVERHEAD					1103720	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1103720	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1093413	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					1917833	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

RHC I
 COMPONENT NO: 14-3418

WORKSHEET M-3

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1917833	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	13640	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	1904193	3
4	TOTAL VISITS	12167	4
5	PHYSICIANS VISITS UNDER AGREEMENT	3313	5
6	TOTAL ADJUSTED VISITS	15480	6
7	ADJUSTED COST PER VISIT	123.01	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT	75.63	8
9	RATE FOR PROGRAM COVERED VISITS	75.63	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	1514	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	114504	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	114504	16
16.01	PRIMARY PAYOR PAYMENTS		16.01
17	LESS: BENEFICIARY DEDUCTIBLE	19140	17
18	NET PROGRAM COST EXCLUDING VACCINES	95364	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	76291	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	2066	20
21	TOTAL REIMBURSABLE PROGRAM COST	78357	21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	78357	24
25	INTERIM PAYMENTS	79281	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	-924	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/22/2009 14:32

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

RHC I
 COMPONENT NO: 14-3418

WORKSHEET M-4

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	607655	607655	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.000039	0.000984	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	24	598	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	429	4781	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	453	5379	5
6 TOTAL DIRECT COST OF THE FACILITY	824420	824420	6
7 TOTAL OVERHEAD	1103720	1103720	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DICT COST	0.000549	0.006525	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	606	7202	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	1059	12581	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	12	303	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	88.25	41.52	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	6	37	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	530	1536	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		13640	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		2066	16

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
 05/22/2009 14:32

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I
 COMPONENT NO: 14-3418

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		AMOUNT	
	1 MM/DD/YYYY	2		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			75674	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	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 08/08/2008		3607	3.01
PROGRAM	.02			3.02
TO	.03			3.03
PROVIDER	.04			3.04
	.05			3.05
	.50			3.50
PROVIDER	.51			3.51
TO	.52	NONE		3.52
PROGRAM	.53			3.53
	.54			3.54
SUBTOTAL	.99		3607	3.99
4 TOTAL INTERIM PAYMENTS			79281	4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02		NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	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		-924	6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY			78357	7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:			
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):			

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	64.98		17.22				82.20 25
26 INTENSIVE CARE UNIT	67.63		11.69				79.32 26
33 NURSERY			84.99				84.99 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	25.93	15.73	7.73				49.39 37
39 DELIVERY ROOM & LABOR ROOM			45.92				45.92 39
40 ANESTHESIOLOGY	22.54	12.93	12.40				47.87 40
41 RADIOLOGY-DIAGNOSTIC	14.82	27.49	3.81				46.12 41
43.01 NUCLEAR MEDICINE	12.29	38.60	2.07				52.96 43.01
44 LABORATORY	30.78	2.07	6.82				39.67 44
48 INTRAVENOUS THERAPY	1.32	64.45	0.04				65.81 48
49 RESPIRATORY THERAPY	59.27	7.15	10.67				77.09 49
50 PHYSICAL THERAPY	8.92		0.50				9.42 50
52 SPEECH PATHOLOGY	41.49		2.03				43.52 52
53 ELECTROCARDIOLOGY	40.88	22.24	4.23				67.35 53
53.01 CATH LAB	61.24	11.72	4.49				77.45 53.01
54.01 NEUROLOGY	7.03	30.66	0.96				38.65 54.01
56 DRUGS CHARGED TO PATIENTS	39.86	18.61	10.66				69.13 56
60.02 PSYCH SERVICES		11.04					11.04 60.02
60.04 CLINIC			0.03				0.03 60.04
61 EMERGENCY	16.94	14.51	4.59				36.04 61
62 OBSERVATION BEDS (NON-DISTINCT)	1.20	31.21					32.41 62
101 TOTAL CHARGES	22.84	15.78	5.86				44.48 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	25.14		31.01				56.15 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01		0.01				0.02 37
40 ANESTHESIOLOGY			0.02				0.02 40
41 RADIOLOGY-DIAGNOSTIC	0.14		0.13				0.27 41
43.01 NUCLEAR MEDICINE	0.06		0.13				0.19 43.01
44 LABORATORY	0.36		0.47				0.83 44
49 RESPIRATORY THERAPY	0.12		0.07				0.19 49
50 PHYSICAL THERAPY	0.05		0.03				0.08 50
52 SPEECH PATHOLOGY	0.44						0.44 52
53 ELECTROCARDIOLOGY	0.11		0.24				0.35 53
54.01 NEUROLOGY	0.28		0.20				0.48 54.01
56 DRUGS CHARGED TO PATIENTS	0.27		0.22				0.49 56
60.02 PSYCH SERVICES	0.01						0.01 60.02
61 EMERGENCY	0.24		0.37				0.61 61
101 TOTAL CHARGES	0.15		0.17				0.32 101

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	2975667	3.91	-2975667	-7.68		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2221518	2.92	-2221518	-5.74		4
5	EMPLOYEE BENEFITS	9887386	13.00	-9887386	-25.53		5
6	ADMINISTRATIVE & GENERAL	15216462	20.00	-15216462	-39.29		6
7	MAINTENANCE & REPAIRS	1461606	1.92	-1461606	-3.77		7
8	OPERATION OF PLANT	2552817	3.36	-2552817	-6.59		8
9	LAUNDRY & LINEN SERVICE	464294	.61	-464294	-1.20		9
10	HOUSEKEEPING	954893	1.26	-954893	-2.47		10
11	DIETARY	478494	.63	-478494	-1.24		11
12	CAFETERIA	699750	.92	-699750	-1.81		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	531187	.70	-531187	-1.37		14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	1045219	1.37	-1045219	-2.70		17
18	SOCIAL SERVICE	235370	.31	-235370	-.61		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	6899200	9.07	10341689	26.71	17240889	22.66
26	INTENSIVE CARE UNIT	1799753	2.37	2099062	5.42	3898815	5.12
31	SUBPROVIDER I	823242	1.08	1317967	3.40	2141209	2.81
33	NURSERY	405840	.53	419443	1.08	825283	1.08
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	5308803	6.98	5580684	14.41	10889487	14.31
39	DELIVERY ROOM & LABOR ROOM	276047	.36	467432	1.21	743479	.98
40	ANESTHESIOLOGY	229001	.30	191708	.50	420709	.55
41	RADIOLOGY-DIAGNOSTIC	2520606	3.31	3122790	8.06	5643396	7.42
43.01	NUCLEAR MEDICINE	807827	1.06	404458	1.04	1212285	1.59
44	LABORATORY	3206778	4.21	2336782	6.03	5543560	7.29
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
48	INTRAVENOUS THERAPY	243882	.32	268797	.69	512679	.67
49	RESPIRATORY THERAPY	796607	1.05	690328	1.78	1486935	1.95
50	PHYSICAL THERAPY	1912080	2.51	1651500	4.26	3563580	4.68
52	SPEECH PATHOLOGY	42653	.06	65951	.17	108604	.14
53	ELECTROCARDIOLOGY	779640	1.02	1051800	2.72	1831440	2.41
53.01	CATH LAB	986668	1.30	922390	2.38	1909058	2.51
54.01	NEUROLOGY	237570	.31	358696	.93	596266	.78
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS	4734763	6.22	2236336	5.77	6971099	9.16
60.02	PSYCH SERVICES	689700	.91	1022719	2.64	1712419	2.25

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
60.03 OP ONCOLOGY							60.03
60.04 CLINIC	76138	.10	58386	.15	134524	.18	60.04
61 EMERGENCY	1949149	2.56	2152007	5.56	4101156	5.39	61
61.01 RURAL HEALTH CLINICS							61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC	1285798	1.69	650113	1.68	1935911	2.54	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	191		244		435		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
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			20372	.05	20372	.03	96
99.02 COURTESY PATIENT TRANSPORTATION							99.02
99.03 OUTSIDE LAUNDRY							99.03
99.04 GSRHC HOME HEALTH							99.04
99.05 OTHER NON-REIMBURSABLE	1344286	1.77	1293009	3.34	2637295	3.47	99.05
99.06 OUTSIDE ACCOUNTING							99.06
99.07 OUTSIDE PRINTING							99.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	76080885	100.00	0	.00	76080885	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	1183511	23150019	.051124	6003781	306937	37
39 DELIVERY ROOM & LABOR ROOM	70148	2608009	.026897			39
40 ANESTHESIOLOGY	75546	2716216	.027813	612220	17028	40
41 RADIOLOGY-DIAGNOSTIC	622040	47969650	.012967	7109837	92193	41
43.01 NUCLEAR MEDICINE	31787	4480767	.007094	550544	3906	43.01
44 LABORATORY	284390	26060807	.010913	8022170	87546	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	25482	922653	.027618	12223	338	48
49 RESPIRATORY THERAPY	101509	3905855	.025989	2314961	60164	49
50 PHYSICAL THERAPY	240054	5743153	.041798	512436	21419	50
52 SPEECH PATHOLOGY	10785	80593	.133821	33440	4475	52
53 ELECTROCARDIOLOGY	272563	7827124	.034823	3199807	111427	53
53.01 CATH LAB	264271	5600306	.047189	3429785	161848	53.01
54.01 NEUROLOGY	75839	2107559	.035984	148084	5329	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS	224662	23121709	.009716	9216667	89549	56
OUTPATIENT SERVICE COST CENTERS						
60.02 PSYCH SERVICES	185996	2171095	.085669	106	9	60.02
60.03 OP ONCOLOGY						60.03
60.04 CLINIC	2329	211592	.011007			60.04
61 EMERGENCY	189449	12234103	.015485	2071896	32083	61
61.01 RURAL HEALTH CLINICS						61.01
62 OBSERVATION BEDS (NON-DISTINCT	24947	579737	.043032	6967	300	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC		1469957				63.50
63.60 FQHC						63.60
101 TOTAL	3885308	172960904		43244924	994551	101

PROVIDER NO. 14-0034 ST. MARY'S HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

VERSION: 2009.01
 05/22/2009

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	1132397		1132397	22877	49.50	14865	735818 25
26 INTENSIVE CARE UNIT	232533		232533	2712	85.74	1834	157247 26
101 TOTAL	1364930		1364930			16699	893065 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 893065

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 994551

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 1887616

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)	24295935
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	52932579
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.459

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	604040
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	661612
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.913

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)	1887616
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)	7352603
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)	29867256
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.246

St. Mary's Hospital

RURAL HEALTH CENTER DENTAL STATISTICS		CLINIC NAME Rural Health Clinic #14-3418		REPORTING PERIOD FROM: 01/01/08 TO: 12/31/08			ATTACHMENT #2	
COST CENTER (OMIT CENTS)		COMPENSATION 1	OTHER 2	COL.1&2 3	RECLASSI- FICATIONS 4	RECLASSIFIED TRIAL BALANCE (COL.3&4) 5	ADJUSTMENTS INCREASES (DECREASES) 6	NET EXPENSES (COL.5&6) 7
1	RHC DENTAL STAFF COST							
2	Dentists							
3	Dental Hygienist							
4								
5								
6	TOTAL - Dentists(Sum of lines 1 through 5)							
7	Other - Dental Staff							
8								
9								
10								
11	SUBTOTAL - Other Dental Staff(Sum of lines 7-10)							
12	TOTAL - Dental Staff (Sum of lines 6 and 11)							
13	Dental Services Under Agreement							
14								
15	TOTAL DENTAL COST(Sum of lines 12 through 14)							

DENTAL SERVICES PERSONNEL,EQUIVALENTS,HOURS ON SITE, AND ENCOUNTERS

DENTAL SERVICES PERSONNEL		FULL TIME PERSONNEL EQUIVALENTS (FTEs)	HEALTH SERVICES HOURS	ENCOUNTERS		
				ON-SITE	OFF-SITE	TOTAL
16	RHC DENTAL STAFF	1	2	3	4	5
17	Dentists					
18	Dental Hygienist					
19						
20						
21	TOTAL - Dentists(Sum of lines 17 through 20)	0	0	0	0	0
22	Other - Dental Staff					
23						
24						
25						
26	SUBTOTAL-Other Dental Staff(Sum of lines 22 through 25)	0	0	0	0	0
27	TOTAL - Dental Staff(Sum of lines 21 and 26)	0	0	0	0	0
28	Dental Services Under Agreement					
29						
30	TOTAL DENTAL(Sum of lines 27 through 29)	0	0	0	0	0

NOTE: Total dental cost from line 15, column 7, must agree with Attachment #1, line 13.

St. Mary's Hospital MEDICAID SUPPLEMENTAL & NON-ALLOWABLE SCHEDULE OF EXPENSES							CLINIC NAME	REPORTING PERIOD			ATTACHMENT #1	
							Rural Health Clinic	FROM:	TO:	ADJUSTMENTS	RECLASSIFIED	NET
							#14-3418	COL.1&2	COL.3&4	(INCREASES (DECREASES))	COL.5&6	COL.5&6
COST CENTER (OMIT CENTS)	COMPENSATION	OTHER	TOTAL	RECLASSI- FICATIONS	TRIAL BALANCE	EXPENSES	3	4	5	6	7	
1 SUPPLEMENTAL COSTS	1	2										
2 Pharmacy												
3 Patient Transportation												
4 Medical Case Management												
5 Health Education												
6 Nutrition Counseling												
7 Others(specify)												
8												
9												
10												
11												
12 Supplemental Subtotal(sum of lines 2 through 11)												
13 DENTAL												
14 NON-ALLOWABLE COST CENTERS												
15 HMIHK Case Management												
16 WIC(Women, Infants, & Children)												
17 Fundraising & Public Relations												
18 Social Services												
19 Unlicensed Social Workers												
20 Others(specify)												
21												
22												
23												
24												
25 Non-Allowable Subtotal(sum of lines 15 - 24)												
26 Totals for schedule C (sum of lines 12, 13, & 25)												

NOTE: This schedule allows for supplemental reimbursement of some costs which are not allowable under the Medicare program.