

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

WORKSHEET 5  
 PARTS I & II

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

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 02/26/2009  
 APPLICABLE BOX \_\_\_ MANUALLY SUBMITTED COST REPORT TIME: 12:20

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 MEDICAL CENTER (14-0064) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/26/2009 12:20  
 OLET41YKQVK3WnoJAsRw1DoXk1KJ10  
 E:ETo0tJN0F78EuX900r89TXArZqSU  
 8gbU0ZElqp0miaZP

(SIGNED)

*Dat RPA*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

*CFO*  
 TITLE

*2/26/09*  
 DATE

PI Encryption: 02/26/2009 12:20  
 jLi5fKsupXqP:GwHost:89dLOWDYS0  
 kzwb40BfqwKJ5zk3nRvvvUTVWWh1E1  
 4BPC70bWmH0TxAoe

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	1			
2	SUBPROVIDER I	2			
3	SWING BED - SNF		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		
9	HEALTH CLINIC		9		
100	TOTAL	716585	-231046		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 HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I & II

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	716585	-231046		2
3	SWING BED - SNF				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
9	HEALTH CLINIC				9
100	TOTAL	716585	-231046		100

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3333 N. SEMINARY  
 1.01 CITY: GALESBURG

STATE: IL

P.O. BOX:  
 ZIP CODE: 61401

COUNTY: KNOX

1  
 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 4 5	XIX 6	
2	HOSPITAL						2
3	SUBPROVIDER I						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						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2007	TO: 09/30/2008			17
18	TYPE OF CONTROL		1	2			18
19	HOSPITAL		1				19
20	SUBPROVIDER I						20

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER I

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		Y		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?		NO				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 (mm/dd/yyyy)						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy)						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy)						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2						24
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES								
38.01	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	149006							40
40.01	NAME: OSF HEALTHCARE SYSTEM (CONT FI/CONTRACTOR'S NAME: WPS					FI/CONTRACTOR'S NUMBER: 52280				40.01
40.02	STREET: 800 NE GLEN OAK AVE.					P.O.BOX:				40.02
40.03	CITY: PEORIA					STATE: IL ZIP CODE: 61603				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?	YES								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 NHCMQ 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				
47	HOSPITAL	1	2	3	4	5				
48	SUBPROVIDER I	N	N	N	N	N				47
49	SKILLED NURSING FACILITY	N	N	N	N	N				48
50	HOME HEALTH AGENCY	N	N							49
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.						1			53
53.01	MDH PERIOD: BEGINNING: 10/01/2007 ENDING: 09/30/2008									53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: AND/OR SELF INSURANCE: 304481									54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						NO			55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.						DATE 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4 56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?						NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.						NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)									58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)						NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? 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)	NO	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.)		60.01





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14			
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2474	565	4864		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		2474	565	4864		12
13 RPCH VISITS						13
14 SUBPROVIDER I						14
15 SKILLED NURSING FACILITY						15
16 NURSING FACILITY						16
17 OTHER LONG TERM CARE						17
18 HOME HEALTH AGENCY						18
20 ASC (DISTINCT PART)						20
21 HOSPICE (DISTINCT PART)						21
23 O/P REHAB PROVIDER						23
24 RHC I						24
25 TOTAL						25
26 OBSERVATION BED DAYS						26
27 AMBULANCE TRIPS						27
28 EMPLOYEE DISCOUNT DAYS						28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
SALARIES								
1	TOTAL SALARIES	30468238	180603	30648841	1255427.00	24.41		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	1315031		1315031	13987.00	94.02		3
4	PHYSICIAN - PART A	380244		380244	2566.00	148.19		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1856485		1856485	12531.00	148.15		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	3977669	189502	4167171	94081.00	44.29		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	517991		517991	14453.00	35.84		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	2468932		2468932	43895.00	56.25		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	6904640		6904640			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	747751		747751			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	194206		194206			CMS 339	17
18	PHYSICIAN PART A	44616		44616			CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	217843		217843			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	-442685	574892	132207	2635.00	50.17		21
22	ADMINISTRATIVE & GENERAL	3353979	-118052	3235927	141269.00	22.91		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	339674		339674	1326.00	256.16		22.01
23	MAINTENANCE & REPAIRS	492602	-6000	486602	27731.00	17.55		23
24	OPERATION OF PLANT	129395	-1000	128395	4833.00	26.57		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	625488	-13150	612338	65605.00	9.33		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	617891	-477280	140611	12814.00	10.97		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		346731	346731	31374.00	11.05		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	544092	-22096	521996	17046.00	30.62		30
31	CENTRAL SERVICES AND SUPPLY	190295	-4200	186095	18949.00	9.82		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	643987	-12400	631587	46825.00	13.49		33
34	SOCIAL SERVICE	76426	-1000	75426	4195.00	17.98		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	27296722	180603	27477325	1228909.00	22.36	1
2	EXCLUDED AREA SALARIES	3977669	189502	4167171	94081.00	44.29	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	23319053	-8899	23310154	1134828.00	20.54	3
4	SUBTOTAL OTHER WAGES & REL COSTS	2986923		2986923	58348.00	51.19	4
5	SUBTOTAL WAGE-RELATED COSTS	6949256		6949256		29.81%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	33255232	-8899	33246333	1193176.00	27.86	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	6571144	266445	6837589	374602.00	18.25	13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3P1 REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	1 DAYS	RATE	1 DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17173579	17
17.01	GROSS MEDICAID REVENUES	22931902	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	40105481	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.275963	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	22931902	28
29	TOTAL GROSS MEDICAID COST	6328356	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	17173579	30
31	UNCOMPENSATED CARE COST	4739272	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	6328356	32



PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
 02/26/2009 12:11

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
100.60	7955 FOUNDATION							
100.70	7956 SHARED SALARIES		32329	32329		32329		32329 100.60
100.80	7957 FITNESS CENTER							100.70
101	TOTAL	30468238	42807782	73276020	107266	107266	-4636873	107266 100.80
						73276020		68639147 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 CONVENT DEPRECIATION RECLASS	A	NONPAID WORKERS	99			3918 1
2	A	NONPAID WORKERS	99			30 2
3 PHYSICIANS' PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	98			1428 3
4	B	PHYSICIANS' PRIVATE OFFICES	98			3312 4
5	B	PHYSICIANS' PRIVATE OFFICES	98			3705 5
6	B	PHYSICIANS' PRIVATE OFFICES	98			6768 6
7	B					
8	B	PHYSICIANS' PRIVATE OFFICES	98			706 8
9 REHAB ADMIN LEASEHOLD RECLASS	C	PHYSICAL THERAPY	50			590 9
10 PROPERTY INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			26052 10
11	D	NEW CAP REL COSTS-MVBLE EQUIP	4			42409 11
12 PHYSICIAN BENEFIT RECLASS	E	EMPLOYEE BENEFITS	5			346527 12
13 DIETARY ALLOWANCE	F	CAFETERIA	12		431004	449555 13
14 EKG SALARY RECLASS	G	ELECTROENCEPHALOGRAPHY	54		52007	14
15 CARDIO PULMONARY REHAB	H	FITNESS CENTER	100.80		98219	9047 15
16 EMPLOYEE BENEFITS	I	EMPLOYEE BENEFITS	5		131515	16
17 TEAM AWARD RECLASS	J	EMPLOYEE BENEFITS	5		370619	17
18	J					18
19	J					19
20	J					20
21	J					21
22	J					22
23	J					23
24	J					24
25	J					25
26	J					26
27	J					27
28	J					28
29	J					29
30	J					30
31	J					31
32	J					32
33	J					33
34	J					34
35	J					35
36 SUBTOTAL					1083364	894047 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		SALARY	OTHER	WKST A-7 REF.
			LINE #				
1	1	6	7		8	9	10
1 CONVENT DEPRECIATION RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3			3918	9 1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4			30	9 2
3 PHYSICIANS' PRIVATE PRACTICE	B	NEW CAP REL COSTS-BLDG & FIXT	3			1428	9 3
4	B	NEW CAP REL COSTS-BLDG & FIXT	3			3312	9 4
5	B	NEW CAP REL COSTS-BLDG & FIXT	3			3705	9 5
6	B	NEW CAP REL COSTS-BLDG & FIXT	3			6768	9 6
7	B						9 7
8	B						9 8
9 REHAB ADMIN LEASEHOLD RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	4			706	9 8
10 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	3			590	9 9
11	D	ADMINISTRATIVE & GENERAL	6			26052	9 10
12 PHYSICIAN BENEFIT RECLASS	E	PHYSICIANS' PRIVATE OFFICES	6			42409	9 11
13 DIETARY ALLOWANCE	F	DIETARY	98			346527	12
14 EKG SALARY RECLASS	G	RESPIRATORY THERAPY	11		431004	449555	13
15 CARDIO PULMONARY REHAB	H	CARDIO PULMONARY REHAB	49		52007		14
16 EMPLOYEE BENEFITS	I	EMPLOYEE BENEFITS	49.20		98219	9047	15
17 TEAM AWARD RECLASS	J	ADMINISTRATIVE & GENERAL	5			131515	16
18	J	MAINTENANCE & REPAIRS	6		94382		17
19	J	OPERATION OF PLANT	7		6000		18
20	J	HOUSEKEEPING	8		1000		19
21	J	DIETARY	10		13150		20
22	J	DIETARY	11		12100		21
23	J	NURSING ADMINISTRATION	14		22096		22
24	J	CENTRAL SERVICES & SUPPLY	15		4200		23
25	J	MEDICAL RECORDS & LIBRARY	17		12400		24
26	J	SOCIAL SERVICE	18		1000		25
27	J	ADULTS & PEDIATRICS	25		53350		26
28	J	INTENSIVE CARE UNIT	26		7250		27
29	J	NURSERY	33		2350		28
30	J	OPERATING ROOM	37		13650		29
31	J	RECOVERY ROOM	38		8525		30
32	J	DELIVERY ROOM & LABOR ROOM	39		5150		31
33	J	ANESTHESIOLOGY	40		4000		32
34	J	RADIOLOGY-DIAGNOSTIC	41		13550		33
35	J	C.T.SCAN	41.10		2750		34
36	J	M.R.I.	41.20		1850		35
SUBTOTAL					859983	1025562	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10	J				10
11	J				11
12	J				12
13	J				13
14	J				14
15	J				15
16	J				16
17	J				17
18	K	EMPLOYEE BENEFITS	5	71213	18
19	K	EMPLOYEE BENEFITS	5	1545	19
20	L	NON-PATIENT DIETARY REVENUE	100.01	118449	123547 20
21	L				21
22	O	ADMINISTRATIVE & GENERAL	6		23670 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		1274571	1041264 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	J	RADIOISOTOPE	43	1150		1
2	J	LABORATORY	44	12400		2
3	J	RESPIRATORY THERAPY	49	7000		3
4	J	CARDIAC STRESS LAB	49.10	4250		4
5	J	CARDIO PULMONARY REHAB	49.20	2000		5
6	J	PHYSICAL THERAPY	50	6850		6
7	J	OCCUPATIONAL THERAPY	51	1500		7
8	J	SPEECH PATHOLOGY	52	1000		8
9	J	CARDIAC CATHETERIZATION	53.10	850		9
10	J	ELECTROENCEPHALOGRAPHY	54	650		10
11	J	DRUGS CHARGED TO PATIENTS	56	6150		11
12	J	EMERGENCY	61	20900		12
13	J	GIFT, FLOWER, COFFEE SHOP & C	96	1250		13
14	J	PHYSICIANS' PRIVATE OFFICES	98	4400		14
15	J	FUND DEVELOPMENT	100.30	1500		15
16	J	DEV & PUBLIC RELATIONS	100.40	16016		16
17	J	OCCUPATIONAL MED CLINIC	100.50	4000		17
18	TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	5	71213	18
19		K	EMPLOYEE BENEFITS	5	1545	19
20	NON - PATIENT DIETARY REVENUE	L	DIETARY	11	34176	20
21		L	CAFETERIA	12	84273	21
22	PHONES SALARIES	O	ADMINISTRATIVE & GENERAL	6	23670	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			1093968	1221867	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	314848					314848		1
2 LAND IMPROVEMENTS	925068					925068		2
3 BUILDINGS AND FIXTURES	26243331	7138407		7138407		33381738		3
4 BUILDING IMPROVEMENTS	38298					38298		4
5 FIXED EQUIPMENT	147855					147855		5
6 MOVABLE EQUIPMENT	29022223	3556832		3556832		32579055		6
7 SUBTOTAL	56691623	10695239		10695239		67386862		7
8 RECONCILING ITEMS								8
9 TOTAL	56691623	10695239		10695239		67386862		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				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	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	1121818						3
4 NEW CAP REL COSTS-MVBLE EQUIP	1826136						4
5 TOTAL	2947954						5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	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	1115487						3
4 NEW CAP REL COSTS-MVBLE EQUIP	1784463						4
5 TOTAL	2899950						5

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	
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					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-69075	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2121628			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-537129			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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	B	-14002	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-26221	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	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			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	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		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.04 NEWBORN	B	-577	NURSERY	33	37.04
37.06 RADIOLOGY	B	-180	RADIOLOGY-DIAGNOSTIC	41	37.06
37.07 OCCUPATIONAL THERAPY	B	-300	OCCUPATIONAL THERAPY	51	37.07
37.08 HOUSEKEEPING	B	-111	HOUSEKEEPING	10	37.08
37.09 PLANT MAINTENANCE	B	-6500	MAINTENANCE & REPAIRS	7	37.09
37.11 COMMUNICATION	B	-119	ADMINISTRATIVE & GENERAL	6	37.11
37.13 COMMUNITY HEALTH EDUCATION	B	-11322	ADMINISTRATIVE & GENERAL	6	37.13
37.14 PROPERTY TAX	A	-375	ADMINISTRATIVE & GENERAL	6	37.14
37.15 CRNA SALARIES	A	-1393713	ANESTHESIOLOGY	40	37.15
37.17 ER & CRNA EMPLOYEE BENEFITS	A	-412049	EMPLOYEE BENEFITS	5	37.17
37.18 UNEMPLOYMENT CLAIMS	A	400	EMPLOYEE BENEFITS	5	37.18
37.20 IHA, AHA CHA DUES	A	-25689	ADMINISTRATIVE & GENERAL	6	37.20
37.30 TEAM ACCRUAL	A	71213	EMPLOYEE BENEFITS	5	37.30
37.31 FINANCE CHG ON PT ACCTS	B	-35347	ADMINISTRATIVE & GENERAL	6	37.31
37.32 TEAM ACCRUAL CURRENT YEAR	A	1545	EMPLOYEE BENEFITS	5	37.32
38					38
39					39
40					40
41 DISASTER PREPAREDNESS	B	-24151	ADMINISTRATIVE & GENERAL	6	41
42					42
43 INFECTION CONTROL	B	-540	ADMINISTRATIVE & GENERAL	6	43
44 CARDIOLOGY SVCS	B	-9953	CARDIAC STRESS LAB	49.10	44
45 REHABILITATION	B	-150	PHYSICAL THERAPY	50	45
46 ASSET RETIREMENT OBLIGATION	A	-20900	ADMINISTRATIVE & GENERAL	6	46
47					47
48					48
49					49
50 TOTAL		-4636873			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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	18	SOCIAL SERVICE				
2	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	38565	38565	1
3	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	15741	15741	2
4	8	OPERATION OF PLANT	CORPORATE OFFICE CHARGES	4029773	4481173	-451400
4.02	37	OPERATING ROOM	CORPORATE OFFICE CHARGES	112675	125367	-12692
4.03	41	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINT	20395	23668	-3273
4.04	41.10	C.T.SCAN	SFI PURCHASED MAINT	168070	195036	-26966
4.05	41.20	M.R.I.	SFI PURCHASED MAINT	165692	192277	-26585
4.06	43	RADIOISOTOPE	SFI PURCHASED MAINT	79747	92542	-12795
4.07	41	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINT	5701	6616	-915
4.08	41.10	C.T.SCAN	SFI PURCHASED SERVICES	53482	54011	-529
4.09	41.20	M.R.I.	SFI PURCHASED SERVICES	198743	200710	-1967
4.10	44	LABORATORY	SFI PURCHASED SERVICES	672	679	-7
5		TOTALS	SYSTEM LAB	385561	385561	
				5274817	5811946	-537129

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 (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)
1	B	OSF HEALTHCARE SYSTEMS		100.00	
2					
3					
4					
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 NO. 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
 02/26/2009 12:11

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	49.10 CARDIAC STRESS LAB	47833		47833	142500	1	69	3
2	49 RESPIRATORY THERAPY	13000		13000	142500	1	69	3
3	61 EMERGENCY	2236729	1856485	380244	142500	2566	175796	8790
101	TOTAL	2297562	1856485	441077		2568	175934	8796

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
 02/26/2009 12:11

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	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	49.10	CARDIAC STRESS LAB	CARD					69	47764	47764
2	49	RESPIRATORY THERAPY	RESP THERAPY					69	12931	12931
3	61	EMERGENCY	ER					175796	204448	2060933
101		TOTAL						175934	265143	2121628

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	
	FOR COST	BLDG &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS		
	0	3	4	5	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	1121818	1121818							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1826136		1826136						4
5 EMPLOYEE BENEFITS	8036672			8036672					5
6 ADMINISTRATIVE & GENERAL	10325011	240595	425689	951032	11942327	11942327			6
7 MAINTENANCE & REPAIRS	1471175	127860	1043	143011	1743089	367156	2110245		7
8 OPERATION OF PLANT	1392227	61765		37735	1491727	314210	173010	1978947	8
9 LAUNDRY & LINEN SERVICE	330486	5632			336118	70798	15775	16115	9
10 HOUSEKEEPING	884454	5256	912	179965	1070587	225503	14724	15041	10
11 DIETARY	287274	22781	9170	41325	360550	75944	63812	65186	11
12 CAFETERIA	708386	15103		101904	825393	173857	42304	43215	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	635917	2581	106943	153414	898855	189330	7228	7384	14
15 CENTRAL SERVICES & SUPPLY	394221	15452	35950	54693	500316	105384	43282	44214	15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	856390	8080	8451	185622	1058543	222966	22633	23121	17
18 SOCIAL SERVICE	115443	1253		22168	138864	29250	3511	3586	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	5436788	170287	3848	1440323	7051246	1485239	476992	487263	25
26 INTENSIVE CARE UNIT	1132577	13411	7891	279893	1433772	302003	37564	38373	26
33 NURSERY	292813	6864	5927	79319	384923	81078	19227	19641	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6773651	48164	165307	368474	7355596	1549346	134912	137817	37
38 RECOVERY ROOM	949374	571	7012	257337	1214294	255773	1600	1634	38
39 DELIVERY ROOM & LABOR ROOM	676484	22675	15789	177303	892251	187939	63516	64884	39
40 ANESTHESIOLOGY	267858	338	77506	7608	353310	74419	948	968	40
41 RADIOLOGY-DIAGNOSTIC	1611959	46138	343706	333194	2334997	491832	129239	132022	41
41.10 C.T.SCAN	1036672	5642		91342	1133656	238788	15805	16145	41.10
41.20 M.R.I.	756551	5537		64151	826239	174035	15509	15843	41.20
43 RADIOISOTOPE	603980	2940		52075	658995	138807	8236	8413	43
44 LABORATORY	1934281	21052	101375	290676	2347384	494441	58968	60238	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	548988				548988	115636			47
49 RESPIRATORY THERAPY	677766	6039	26519	163274	873598	184010	16916	17280	49
49.10 CARDIAC STRESS LAB	373338	9540	20736	98245	501859	105709	26722	27297	49.10
49.20 CARDIO PULMONARY REHAB	131456	1015	1289	35327	169087	35616	2844	2905	49.20
50 PHYSICAL THERAPY	741098	48968	18153	200720	1008939	212518	137164	140117	50
51 OCCUPATIONAL THERAPY	214690	33786	2830	50237	301543	63516	94637	96675	51
52 SPEECH PATHOLOGY	112556	13210	3861	31571	161198	33954	37002	37798	52
53 ELECTROCARDIOLOGY	5447	846	25348		31641	6665	2370	2421	53
53.10 CARDIAC CATHETERIZATION	643527	3940	251209	38094	936770	197317	11035	11273	53.10
54 ELECTROENCEPHALOGRAPHY	187727	4955	22073	49206	263961	55599	13879	14178	54
56 DRUGS CHARGED TO PATIENTS	3539182	8900	27016	219932	3795030	799366	24929	25466	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	2439722	48640	96097	612780	3197239	673450	136245	139179	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	59474095	1029816	1811650	6811950	58142885	9731454	1852538	1715692	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	110469		93	13250	123812	26079			96
98 PHYSICIANS' PRIVATE OFFICES	7127456	38804	564	922399	8089223	1703867	108694	111034	98
99 NONPAID WORKERS	51335	22977	31		74343	15659	64360	65746	99
100 PRIVATE HOME CARE									100
100.01NON-PATIENT DIETARY	241996			34812	276808	58305			100.01
100.10AMBULANCE SERVICE	10460				10460	2203			100.10
100.30FUND DEVELOPMENT	132940	777	154	24262	158133	33308	2177	2224	100.30
100.40DEV & PUBLIC RELATIONS	875338	1824		68195	945357	199125	5110	5220	100.40
100.50OCCUPATIONAL MED CLINIC	475463	17990	1419	132938	627810	132239	50392	51477	100.50

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
100.60FOUNDATION	32329				32329	6810			100.60
100.70SHARED SALARIES									100.70
100.80FITNESS CENTER	107266	9630	12225	28866	157987	33278	26974	27554	100.80
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	68639147	1121818	1826136	8036672	68639147	11942327	2110245	1978947	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	438806								9
10 HOUSEKEEPING		1325855							10
11 DIETARY		44372	609864						11
12 CAFETERIA		29417		1114186					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		5026		20806	1128629				14
15 CENTRAL SERVICES & SUPPLY		30096		23152		746444			15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		15738		57167		1541	1401709		17
18 SOCIAL SERVICE		2441		5125		198			18
20 NONPHYSICIAN ANESTHETISTS								182975	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	212733	331678	538210	301003	570110	138276	122212	158699	25
26 INTENSIVE CARE UNIT	45372	26121	61266	50767	96153	33840	21487	18061	26
33 NURSERY		13369		12188	23084	2903	4845	6215	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	40633	93812		76239	144399	299439	185417		37
38 RECOVERY ROOM	36464	1112		39751	75290	24087	37482		38
39 DELIVERY ROOM & LABOR ROOM	32208	44166		26441	50081	16058	9748		39
40 ANESTHESIOLOGY		659		19735		32187	37155		40
41 RADIOLOGY-DIAGNOSTIC	17816	89867		69763		24079	75251		41
41.10 C.T.SCAN		10990		18384		36702	146913		41.10
41.20 M.R.I.		10784		10531		1962	59131		41.20
43 RADIOISOTOPE		5727		8159		466	31735		43
44 LABORATORY		41004		65632		21489	238582		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA							10237		47
49 RESPIRATORY THERAPY		11762		36921		8348	62373		49
49.10 CARDIAC STRESS LAB		18581		16166		4333	25314		49.10
49.20 CARDIO PULMONARY REHAB		1978		1096		131	453		49.20
50 PHYSICAL THERAPY	13999	95377		32153		2753	27894		50
51 OCCUPATIONAL THERAPY		65806		8950		46	6300		51
52 SPEECH PATHOLOGY		25729		5916		10	3057		52
53 ELECTROCARDIOLOGY		1648				1528	9626		53
53.10 CARDIAC CATHETERIZATION		7673		6349		8878	21692		53.10
54 ELECTROENCEPHALOGRAPHY		9651		6502		165	9580		54
56 DRUGS CHARGED TO PATIENTS		17335		35391		3969	159414		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	39581	94739		108010	169512	67752	95811		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	438806	1146658	599476	1062297	1128629	731140	1401709	182975	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				3825		44			96
98 PHYSICIANS' PRIVATE OFFICES		75581		3519		12303			98
99 NONPAID WORKERS		44753	10388			72			99
100 PRIVATE HOME CARE									100
100.01NON-PATIENT DIETARY									100.01
100.10AMBULANCE SERVICE									100.10
100.30FUND DEVELOPMENT		1514		5100		79			100.30
100.40DEV & PUBLIC RELATIONS		3553		7726		158			100.40
100.50OCCUPATIONAL MED CLINIC		35040		21316		1409			100.50

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18
100.60 FOUNDATION								100.60
100.70 SHARED SALARIES								100.70
100.80 FITNESS CENTER		18756		10403		1239		100.80
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	438806	1325855	609864	1114186	1128629	746444	1401709	182975 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 T&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	11873661		11873661	25
26 INTENSIVE CARE UNIT	2164779		2164779	26
33 NURSERY	567473		567473	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	10017610		10017610	37
38 RECOVERY ROOM	1687487		1687487	38
39 DELIVERY ROOM & LABOR ROOM	1387292		1387292	39
40 ANESTHESIOLOGY	519381		519381	40
41 RADIOLOGY-DIAGNOSTIC	3364866		3364866	41
41.10 C.T.SCAN	1617383		1617383	41.10
41.20 M.R.I.	1114034		1114034	41.20
43 RADIOISOTOPE	860538		860538	43
44 LABORATORY	3327738		3327738	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	674861		674861	47
49 RESPIRATORY THERAPY	1211208		1211208	49
49.10 CARDIAC STRESS LAB	725981		725981	49.10
49.20 CARDIO PULMONARY REHAB	214110		214110	49.20
50 PHYSICAL THERAPY	1670914		1670914	50
51 OCCUPATIONAL THERAPY	637473		637473	51
52 SPEECH PATHOLOGY	304664		304664	52
53 ELECTROCARDIOLOGY	55899		55899	53
53.10 CARDIAC CATHETERIZATION	1200987		1200987	53.10
54 ELECTROENCEPHALOGRAPHY	373515		373515	54
56 DRUGS CHARGED TO PATIENTS	4860900		4860900	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	4721518		4721518	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	55154272		55154272	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	153760		153760	96
98 PHYSICIANS' PRIVATE OFFICES	10104221		10104221	98
99 NONPAID WORKERS	275321		275321	99
100 PRIVATE HOME CARE				100
100.01NON-PATIENT DIETARY	335113		335113	100.01
100.10AMBULANCE SERVICE	12663		12663	100.10
100.30FUND DEVELOPMENT	202535		202535	100.30
100.40DEV & PUBLIC RELATIONS	1166249		1166249	100.40
100.50OCCUPATIONAL MED CLINIC	919683		919683	100.50

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100.60FOUNDATION	39139		39139	100.60
100.70SHARED SALARIES				100.70
100.80FITNESS CENTER	276191		276191	100.80
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	68639147		68639147	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
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	977200	240595	425689	1643484	1643484				6
7 MAINTENANCE & REPAIRS	13149	127860	1043	142052	50527	192579			7
8 OPERATION OF PLANT		61765		61765	43241	15789	120795		8
9 LAUNDRY & LINEN SERVICE		5632		5632	9743	1440	984	17799	9
10 HOUSEKEEPING		5256	912	6168	31033	1344	918		10
11 DIETARY		22781	9170	31951	10451	5823	3979		11
12 CAFETERIA		15103		15103	23926	3861	2638		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2581	106943	109524	26055	660	451		14
15 CENTRAL SERVICES & SUPPLY		15452	35950	51402	14503	3950	2699		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	10740	8080	8451	27271	30684	2066	1411		17
18 SOCIAL SERVICE		1253		1253	4025	320	219		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	30090	170287	3848	204225	204394	43528	29742	8629	25
26 INTENSIVE CARE UNIT	6738	13411	7891	28040	41561	3428	2342	1840	26
33 NURSERY		6864	5927	12791	11158	1755	1199		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	55662	48164	165307	269133	213217	12312	8412	1648	37
38 RECOVERY ROOM		571	7012	7583	35199	146	100	1479	38
39 DELIVERY ROOM & LABOR ROOM		22675	15789	38464	25864	5796	3960	1306	39
40 ANESTHESIOLOGY		338	77506	77844	10241	87	59		40
41 RADIOLOGY-DIAGNOSTIC		46138	343706	389844	67685	11794	8059	723	41
41.10 C.T.SCAN	211039	5642		216681	32861	1442	986		41.10
41.20 M.R.I.	349817	5537		355354	23950	1415	967		41.20
43 RADIOISOTOPE		2940		2940	19102	752	514		43
44 LABORATORY		21052	101375	122427	68044	5381	3677		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						15914			46.30
47 BLOOD STORING, PROCESSING & TRA									47
49 RESPIRATORY THERAPY	9110	6039	26519	41668	25323	1544	1055		49
49.10 CARDIAC STRESS LAB		9540	20736	30276	14547	2439	1666		49.10
49.20 CARDIO PULMONARY REHAB		1015	1289	2304	4901	260	177		49.20
50 PHYSICAL THERAPY	6033	48968	18153	73154	29246	12517	8553	568	50
51 OCCUPATIONAL THERAPY		33786	2830	36616	8741	8636	5901		51
52 SPEECH PATHOLOGY		13210	3861	17071	4673	3377	2307		52
53 ELECTROCARDIOLOGY		846	25348	26194	917	216	148		53
53.10 CARDIAC CATHETERIZATION		3940	251209	255149	27154	1007	688		53.10
54 ELECTROENCEPHALOGRAPHY	1289	4955	22073	28317	7651	1267	865		54
56 DRUGS CHARGED TO PATIENTS		8900	27016	35916	110007	2275	1554		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		48640	96097	144737	92678	12434	8495	1606	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1670867	1029816	1811650	4512333	1339216	169061	104725	17799	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			93	93	3589				96
98 PHYSICIANS' PRIVATE OFFICES	17530	38804	564	56898	234495	9919	6778		98
99 NONPAID WORKERS		22977	31	23008	2155	5873	4013		99
100 PRIVATE HOME CARE									100
100.01NON-PATIENT DIETARY					8024				100.01
100.10AMBULANCE SERVICE					303				100.10
100.30FUND DEVELOPMENT		777	154	931	4584	199	136		100.30
100.40DEV & PUBLIC RELATIONS		1824		1824	27403	466	319		100.40
100.50OCCUPATIONAL MED CLINIC	200	17990	1419	19609	18198	4599	3142		100.50

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
100.60FOUNDATION					937			100.60
100.70SHARED SALARIES								100.70
100.80FITNESS CENTER		9630	12225	21855	4580	2462	1682	100.80
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1688597	1121818	1826136	4636551	1643484	192579	120795	17799 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	
	10	11	12	14	15	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 MAINTENANCE & REPAIRS									6
7 OPERATION OF PLANT									7
8 LAUNDRY & LINEN SERVICE									8
9 HOUSEKEEPING	39463								9
11 DIETARY	1321	53525							10
12 CAFETERIA	876		46404						11
13 MAINTENANCE OF PERSONNEL									12
14 NURSING ADMINISTRATION	150		867	137707					13
15 CENTRAL SERVICES & SUPPLY	896		964		74414				14
16 PHARMACY									15
17 MEDICAL RECORDS & LIBRARY	468		2381		154	64435			16
18 SOCIAL SERVICE	73		213		20				17
20 NONPHYSICIAN ANESTHETISTS							6123		18
21 NURSING SCHOOL									20
22 I&R SERVICES-SALARY & FRINGES A									21
23 I&R SERVICES-OTHER PRGM COSTS A									22
24 PARAMED ED PRGM-(SPECIFY)									23
INPATIENT ROUTINE SERV COST CENTERS									24
25 ADULTS & PEDIATRICS	9871	47236	12537	69561	13785	5611	5311	654430	25
26 INTENSIVE CARE UNIT	777	5377	2114	11732	3374	987	604	102176	26
33 NURSERY	398		508	2817	289	222	208	31345	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2792		3175	17618	29852	8513		566672	37
38 RECOVERY ROOM	33		1656	9186	2401	1721		59504	38
39 DELIVERY ROOM & LABOR ROOM	1315		1101	6110	1601	448		85965	39
40 ANESTHESIOLOGY	20		822		3209	1706		93988	40
41 RADIOLOGY-DIAGNOSTIC	2675		2905		2400	3455		489540	41
41.10 C.T.SCAN	327		766		3659	6745		263467	41.10
41.20 M.R.I.	321		439		196	2715		385357	41.20
43 RADIOISOTOPE	170		340		46	1457		25321	43
44 LABORATORY	1220		2733		2142	11032		216656	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						470		16384	46.30
47 BLOOD STORING, PROCESSING & TRA								75174	47
49 RESPIRATORY THERAPY	350		1538		832	2864		51748	49
49.10 CARDIAC STRESS LAB	553		673		432	1162		28581	49.10
49.20 CARDIO PULMONARY REHAB	59		46		13	21		28118	49.20
50 PHYSICAL THERAPY	2839		1339		274	1281		62520	50
51 OCCUPATIONAL THERAPY	1959		373		5	289		28581	51
52 SPEECH PATHOLOGY	766		246		1	140		28118	52
53 ELECTROCARDIOLOGY	49				152	442		286371	53
53.10 CARDIAC CATHETERIZATION	228		264		885	996		39114	53.10
54 ELECTROENCEPHALOGRAPHY	287		271		16	440		159457	54
56 DRUGS CHARGED TO PATIENTS	516		1474		396	7319			56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	2820		4498	20683	6754	4399		299104	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	34129	52613	44243	137707	72888	64435	6123	4158544	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			159		4			3845	96
98 PHYSICIANS' PRIVATE OFFICES	2250		147		1227			311714	98
99 NONPAID WORKERS	1332	912			7			37300	99
100 PRIVATE HOME CARE									100
100.01NON-PATIENT DIETARY								8024	100.01
100.10AMBULANCE SERVICE								303	100.10
100.30FUND DEVELOPMENT	45		212		8			6115	100.30
100.40DEV & PUBLIC RELATIONS	106		322		16			30456	100.40
100.50OCCUPATIONAL MED CLINIC	1043		888		140			47619	100.50

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL
	10	11	12	14	15	17	18	25
100.60FOUNDATION								937
100.70SHARED SALARIES								100.60
100.80FITNESS CENTER	558		433		124			100.70
101 CROSS FOOT ADJUSTMENTS								31694
102 NEGATIVE COST CENTER								101
103 TOTAL	39463	53525	46404	137707	74414	64435	6123	4636551

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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	654430		25
26 INTENSIVE CARE UNIT	102176		26
33 NURSERY	31345		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	566672		37
38 RECOVERY ROOM	59504		38
39 DELIVERY ROOM & LABOR ROOM	85965		39
40 ANESTHESIOLOGY	93988		40
41 RADIOLOGY-DIAGNOSTIC	489540		41
41.10 C.T.SCAN	263467		41.10
41.20 M.R.I.	385357		41.20
43 RADIOISOTOPE	25321		43
44 LABORATORY	216656		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	16384		47
49 RESPIRATORY THERAPY	75174		49
49.10 CARDIAC STRESS LAB	51748		49.10
49.20 CARDIO PULMONARY REHAB	7781		49.20
50 PHYSICAL THERAPY	129771		50
51 OCCUPATIONAL THERAPY	62520		51
52 SPEECH PATHOLOGY	28581		52
53 ELECTROCARDIOLOGY	28118		53
53.10 CARDIAC CATHETERIZATION	286371		53.10
54 ELECTROENCEPHALOGRAPHY	39114		54
56 DRUGS CHARGED TO PATIENTS	159457		56
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	299104		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OPT			69.20
69.30 CMHC			69.30
69.40 OPT			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	4158544		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	3845		96
98 PHYSICIANS' PRIVATE OFFICES	311714		98
99 NONPAID WORKERS	37300		99
100 PRIVATE HOME CARE			100
100.01NON-PATIENT DIETARY	8024		100.01
100.10AMBULANCE SERVICE	303		100.10
100.30FUND DEVELOPMENT	6115		100.30
100.40DEV & PUBLIC RELATIONS	30456		100.40
100.50OCCUPATIONAL MED CLINIC	47619		100.50

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2007 TO 09/30/2008

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

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
100.60FOUNDATION		937	100.60
100.70SHARED SALARIES			100.70
100.80FITNESS CENTER		31694	100.80
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		4636551	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	MAIN-	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS FEET
	3	4	5	6A	6	7	8
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	212141						3
4 NEW CAP REL COSTS-MVBLE EQUIP		1784462					4
5 EMPLOYEE BENEFITS			27345108				5
6 ADMINISTRATIVE & GENERAL	45498	415974	3235927	-11942327	56696820		6
7 MAINTENANCE & REPAIRS	24179	1019	486602		1743089	142464	7
8 OPERATION OF PLANT	11680		128395		1491727	11680	8
9 LAUNDRY & LINEN SERVICE	1065				336118	1065	9
10 HOUSEKEEPING	994	891	612338		1070587	994	10
11 DIETARY	4308	8961	140611		360550	4308	11
12 CAFETERIA	2856		346731		825393	2856	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	488	104502	521996		898855	488	14
15 CENTRAL SERVICES & SUPPLY	2922	35130	186095		500316	2922	15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	1528	8258	631587		1058543	1528	17
18 SOCIAL SERVICE	237		75426		138864	237	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	32202	3760	4900754		7051246	32202	25
26 INTENSIVE CARE UNIT	2536	7711	952349		1433772	2536	26
33 NURSERY	1298	5792	269886		384923	1298	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	9108	161535	1253748		7355596	9108	37
38 RECOVERY ROOM	108	6852	875600		1214294	108	38
39 DELIVERY ROOM & LABOR ROOM	4288	15429	603281		892251	4288	39
40 ANESTHESIOLOGY	64	75737	25886		353310	64	40
41 RADIOLOGY-DIAGNOSTIC	8725	335862	1133707		2334997	8725	41
41.10 C.T. SCAN	1067		310796		1133656	1067	41.10
41.20 M.R.I.	1047		218277		826239	1047	41.20
43 RADIOISOTOPE	556		177188		658995	556	43
44 LABORATORY	3981	99062	989037		2347384	3981	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T					548988		47
49 RESPIRATORY THERAPY	1142	25914	555548		873598	1142	49
49.10 CARDIAC STRESS LAB	1804	20263	334282		501859	1804	49.10
49.20 CARDIO PULMONARY REHAB	192	1260	120201		169087	192	49.20
50 PHYSICAL THERAPY	9260	17739	682959		1008939	9260	50
51 OCCUPATIONAL THERAPY	6389	2765	170934		301543	6389	51
52 SPEECH PATHOLOGY	2498	3773	107421		161198	2498	52
53 ELECTROCARDIOLOGY	160	24770			31641	160	53
53.10 CARDIAC CATHETERIZATION	745	245476	129615		936770	745	53.10
54 ELECTROENCEPHALOGRAPHY	937	21569	167424		263961	937	54
56 DRUGS CHARGED TO PATIENTS	1683	26399	748326		3795030	1683	56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	9198	93904	2085010		3197239	9198	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	194743	1770307	23177937	-11942327	46200558	125066	113386
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C		91	45084		123812		96
98 PHYSICIANS' PRIVATE OFFICES	7338	551	3138502		8089223	7338	98
99 NONPAID WORKERS	4345	30			74343	4345	99
100 PRIVATE HOME CARE							100
100.01 NON-PATIENT DIETARY			118449		276808		100.01
100.10 AMBULANCE SERVICE					10460		100.10
100.30 FUND DEVELOPMENT	147	150	82554		158133	147	100.30

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM	MAIN- TENANCE & REPAIRS SQUARE	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS  GROSS SALARIES		COST	FEET	FEET
	3	4	5	6A	6	7	8
100.40 DEV & PUBLIC RELATIONS	345		232037		945357	345	345 100.40
100.50 OCCUPATIONAL MED CLINIC	3402	1387	452326		627810	3402	3402 100.50
100.60 FOUNDATION					32329		100.60
100.70 SHARED SALARIES							100.70
100.80 FITNESS CENTER	1821	11946	98219		157987	1821	1821 100.80
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1121818	1826136	8036672		11942327	2110245	1978947 103
104 UNIT COST MULT-WS B PT I		1.023354				14.812479	104
104 UNIT COST MULT-WS B PT I	5.288077		.293898		.210635		15.131415 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					1643484	192579	120795 107
108 UNIT COST MULT-WS B PT III						1.351773	108
108 UNIT COST MULT-WS B PT III					.028987		.923622 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION DIRECT NRSNG HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 18	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT							1	
2	OLD CAP REL COSTS-MVBLE EQUIP							2	
3	NEW CAP REL COSTS-BLDG & FIXT							3	
4	NEW CAP REL COSTS-MVBLE EQUIP							4	
5	EMPLOYEE BENEFITS							5	
6	ADMINISTRATIVE & GENERAL							6	
7	MAINTENANCE & REPAIRS							7	
8	OPERATION OF PLANT							8	
9	LAUNDRY & LINEN SERVICE	570778						9	
10	HOUSEKEEPING		128725					10	
11	DIETARY		4308	85946				11	
12	CAFETERIA		2856		43697			12	
13	MAINTENANCE OF PERSONNEL							13	
14	NURSING ADMINISTRATION		488		816	23370		14	
15	CENTRAL SERVICES & SUPPLY		2922		908		2028303	15	
16	PHARMACY							16	
17	MEDICAL RECORDS & LIBRARY		1528		2242		4188	199250748	
18	SOCIAL SERVICE		237		201		538		
20	NONPHYSICIAN ANESTHETISTS							21903	
21	NURSING SCHOOL								
22	I&R SERVICES-SALARY & FRINGES								
23	I&R SERVICES-OTHER PRGM COSTS								
24	PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	276712	32202	75848	11805	11805	375737	17371936	18997
26	INTENSIVE CARE UNIT	59018	2536	8634	1991	1991	91952	3054255	2162
33	NURSERY		1298		478	478	7888	688712	744
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	52854	9108		2990	2990	813661	26356347	
38	RECOVERY ROOM	47431	108		1559	1559	65450	5327912	
39	DELIVERY ROOM & LABOR ROOM	41895	4288		1037	1037	43635	1385599	
40	ANESTHESIOLOGY		64		774		87461	5281482	
41	RADIOLOGY-DIAGNOSTIC	23174	8725		2736		65429	10696704	
41.10	C.T. SCAN		1067		721		99730	20883220	
41.20	M.R.I.		1047		413		5331	8405223	
43	RADLOISOTOPE		556		320		1267	4510977	
44	LABORATORY		3981		2574		58392	33916574	
46.30	BLOOD CLOTTING FACTORS ADMIN								
47	BLOOD STORING, PROCESSING & T							1455160	
49	RESPIRATORY THERAPY		1142		1448		22685	8866042	
49.10	CARDIAC STRESS LAB		1804		634		11773	3598358	
49.20	CARDIO PULMONARY REHAB		192		43		355	64370	
50	PHYSICAL THERAPY	18209	9260		1261		7480	3965001	
51	OCCUPATIONAL THERAPY		6389		351		126	895536	
52	SPEECH PATHOLOGY		2498		232		26	434570	
53	ELECTROCARDIOLOGY		160				4153	1368348	
53.10	CARDIAC CATHETERIZATION		745		249		24125	3083377	
54	ELECTROENCEPHALOGRAPHY		937		255		447	1361750	
56	DRUGS CHARGED TO PATIENTS		1683		1388		10784	22660059	
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	51485	9198		4236	3510	184102	13619236	
62	OBSERVATION BEDS (NON-DISTINC								
63.50	RHC								
63.60	FQHC								
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								
69.20	OPT								
69.30	CMHC								
69.40	OPT								
71	HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								
85.02	INTESTINAL ACQUISITION								
95	SUBTOTALS	570778	111327	84482	41662	23370	1986715	199250748	21903
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C				150		119		
98	PHYSICIANS' PRIVATE OFFICES		7338		138		33432		
99	NONPAID WORKERS		4345	1464			196		
100	PRIVATE HOME CARE								
100.01	NON-PATIENT DIETARY								
100.10	AMBULANCE SERVICE								
100.30	FUND DEVELOPMENT		147		200		216		

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 18
100.40 DEV & PUBLIC RELATIONS		345		303		429		100.40
100.50 OCCUPATIONAL MED CLINIC		3402		836		3828		100.50
100.60 FOUNDATION								100.60
100.70 SHARED SALARIES								100.70
100.80 FITNESS CENTER		1821		408		3368		100.80
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	438806	1325855	609864	1114186	1128629	746444	1401709	182975
104 UNIT COST MULT-WS B PT I	.768786		7.095897		48.293924		.007035	
104 UNIT COST MULT-WS B PT I		10.299903		25.497998		.368014		8.353878
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	17799	39463	53525	46404	137707	74414	64435	6123
108 UNIT COST MULT-WS B PT III	.031184		.622775		5.892469		.000323	
108 UNIT COST MULT-WS B PT III		.306568		1.061949		.036688		.279551

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
33	NURSERY	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.10	C.T.SCAN	41.10
41.20	M.R.I.	41.20
43	RADIOISOTOPE	43
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
47	BLOOD STORING, PROCESSING & T	47
49	RESPIRATORY THERAPY	49
49.10	CARDIAC STRESS LAB	49.10
49.20	CARDIO PULMONARY REHAB	49.20
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
53.10	CARDIAC CATHETERIZATION	53.10
54	ELECTROENCEPHALOGRAPHY	54
56	DRUGS CHARGED TO PATIENTS	56
OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OPT	69.20
69.30	CMHC	69.30
69.40	OPT	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
95	SUBTOTALS	95
NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C	96
98	PHYSICIANS' PRIVATE OFFICES	98
99	NONPAID WORKERS	99
100	PRIVATE HOME CARE	100
100.01	NON-PATIENT DIETARY	100.01
100.10	AMBULANCE SERVICE	100.10
100.30	FUND DEVELOPMENT	100.30

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

100.40	DEV & PUBLIC RELATIONS	100.40
100.50	OCCUPATIONAL MED CLINIC	100.50
100.60	FOUNDATION	100.60
100.70	SHARED SALARIES	100.70
100.80	FITNESS CENTER	100.80
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	11873661		11873661		11873661	25
26 INTENSIVE CARE UNIT	2164779		2164779		2164779	26
33 NURSERY	567473		567473		567473	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10017610		10017610		10017610	37
38 RECOVERY ROOM	1687487		1687487		1687487	38
39 DELIVERY ROOM & LABOR ROOM	1387292		1387292		1387292	39
40 ANESTHESIOLOGY	519381		519381		519381	40
41 RADIOLOGY-DIAGNOSTIC	3364866		3364866		3364866	41
41.10 C.T.SCAN	1617383		1617383		1617383	41.10
41.20 M.R.I.	1114034		1114034		1114034	41.20
43 RADIOISOTOPE	860538		860538		860538	43
44 LABORATORY	3327738		3327738		3327738	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	674861		674861		674861	47
49 RESPIRATORY THERAPY	1211208		1211208		1224139	49
49.10 CARDIAC STRESS LAB	725981		725981	12931	773745	49.10
49.20 CARDIO PULMONARY REHAB	214110		214110	47764	214110	49.20
50 PHYSICAL THERAPY	1670914		1670914		1670914	50
51 OCCUPATIONAL THERAPY	637473		637473		637473	51
52 SPEECH PATHOLOGY	304664		304664		304664	52
53 ELECTROCARDIOLOGY	55899		55899		55899	53
53.10 CARDIAC CATHETERIZATION	1200987		1200987		1200987	53.10
54 ELECTROENCEPHALOGRAPHY	373515		373515		373515	54
56 DRUGS CHARGED TO PATIENTS	4860900		4860900		4860900	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	4721518		4721518	204448	4925966	61
62 OBSERVATION BEDS (NON-DISTI	715967		715967		715967	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	55870239		55870239	265143	56135382	101
102 LESS OBSERVATION BEDS	715967		715967		715967	102
103 TOTAL	55154272		55154272	265143	55419415	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	16480831		16480831			25
26 INTENSIVE CARE UNIT	3054255		3054255			26
33 NURSERY	688712		688712			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8725198	17631149	26356347	.380083	.380083	.380083 37
38 RECOVERY ROOM	1215576	4112336	5327912	.316726	.316726	.316726 38
39 DELIVERY ROOM & LABOR ROOM	1112674	272925	1385599	1.001222	1.001222	1.001222 39
40 ANESTHESIOLOGY	1831419	3450063	5281482	.098340	.098340	.098340 40
41 RADIOLOGY-DIAGNOSTIC	2599048	8097656	10696704	.314570	.314570	.314570 41
41.10 C.T.SCAN	4766870	16116350	20883220	.077449	.077449	.077449 41.10
41.20 M.R.I.	676275	7728948	8405223	.132541	.132541	.132541 41.20
43 RADIOISOTOPE	433414	4077563	4510977	.190765	.190765	.190765 43
44 LABORATORY	13218164	20698410	33916574	.098115	.098115	.098115 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1112561	342599	1455160	.463771	.463771	.463771 47
49 RESPIRATORY THERAPY	8238397	627645	8866042	.136612	.136612	.136612 49
49.10 CARDIAC STRESS LAB	1302464	2295894	3598358	.201753	.201753	.201753 49.10
49.20 CARDIO PULMONARY REHAB	765	673977	674742	.317321	.317321	.317321 49.20
50 PHYSICAL THERAPY	1172888	2792113	3965001	.421416	.421416	.421416 50
51 OCCUPATIONAL THERAPY	406697	488839	895536	.711834	.711834	.711834 51
52 SPEECH PATHOLOGY	250246	184324	434570	.701070	.701070	.701070 52
53 ELECTROCARDIOLOGY	557942	810406	1368348	.040851	.040851	.040851 53
53.10 CARDIAC CATHETERIZATION	1098883	1984494	3083377	.389504	.389504	.389504 53.10
54 ELECTROENCEPHALOGRAPHY	36884	1324866	1361750	.274290	.274290	.274290 54
56 DRUGS CHARGED TO PATIENTS	15357188	7302872	22660060	.214514	.214514	.214514 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3206356	10412880	13619236	.346680	.346680	.346680 61
62 OBSERVATION BEDS (NON-DISTI		891105	891105	.803460	.803460	.803460 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	87543707	112317414	199861121			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	87543707	112317414	199861121			103

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C  
 PART II

COST CENTER DESCRIPTION	TOTAL COST (WORKSHEET B PART I COL 27)	CAPITAL COST (W/S B, SUM OF PTS II & III, COL 27)	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION
	1	2	3	4
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	10017610	566672	9450938	37
38 RECOVERY ROOM	1687487	59504	1627983	38
39 DELIVERY ROOM & LABOR ROOM	1387292	85965	1301327	39
40 ANESTHESIOLOGY	519381	93988	425393	40
41 RADIOLOGY-DIAGNOSTIC	3364866	489540	2875326	41
41.10 C.T.SCAN	1617383	263467	1353916	41.10
41.20 M.R.I.	1114034	385357	728677	41.20
43 RADIOISOTOPE	860538	25321	835217	43
44 LABORATORY	3327738	216656	3111082	44
46.30 BLOOD CLOTTING FACTORS ADMI				46.30
47 BLOOD STORING, PROCESSING &	674861	16384	658477	47
49 RESPIRATORY THERAPY	1211208	75174	1136034	49
49.10 CARDIAC STRESS LAB	725981	51748	674233	49.10
49.20 CARDIO PULMONARY REHAB	214110	7781	206329	49.20
50 PHYSICAL THERAPY	1670914	129771	1541143	50
51 OCCUPATIONAL THERAPY	637473	62520	574953	51
52 SPEECH PATHOLOGY	304664	28581	276083	52
53 ELECTROCARDIOLOGY	55899	28118	27781	53
53.10 CARDIAC CATHETERIZATION	1200987	286371	914616	53.10
54 ELECTROENCEPHALOGRAPHY	373515	39114	334401	54
56 DRUGS CHARGED TO PATIENTS	4860900	159457	4701443	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	4721518	299104	4422414	61
62 OBSERVATION BEDS (NON-DISTI	715967	39461	676506	62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
101 SUBTOTAL	41264326	3410054	37854272	101
102 LESS OBSERVATION BEDS	715967	39461	676506	102
103 TOTAL	40548359	3370593	37177766	103

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C  
 PART II (CONT)

COST CENTER DESCRIPTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAPITAL & OPERATING REDUCTION	TOTAL CHARGES (WORKSHEET C PART I COL 8)	OUTPATIENT COST TO CHARGE RATIO	I/P PART B COST TO CHARGE RATIO	
	5	6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		10017610	26356347	.380083	.380083	37
38 RECOVERY ROOM		1687487	5327912	.316726	.316726	38
39 DELIVERY ROOM & LABOR ROOM		1387292	1385599	1.001222	1.001222	39
40 ANESTHESIOLOGY		519381	5281482	.098340	.098340	40
41 RADIOLOGY-DIAGNOSTIC		3364866	10696704	.314570	.314570	41
41.10 C.T.SCAN		1617383	20883220	.077449	.077449	41.10
41.20 M.R.I.		1114034	8405223	.132541	.132541	41.20
43 RADIOISOTOPE		860538	4510977	.190765	.190765	43
44 LABORATORY		3327738	33916574	.098115	.098115	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &		674861	1455160	.463771	.463771	47
49 RESPIRATORY THERAPY		1211208	8866042	.136612	.136612	49
49.10 CARDIAC STRESS LAB		725981	3598358	.201753	.201753	49.10
49.20 CARDIO PULMONARY REHAB		214110	674742	.317321	.317321	49.20
50 PHYSICAL THERAPY		1670914	3965001	.421416	.421416	50
51 OCCUPATIONAL THERAPY		637473	895536	.711834	.711834	51
52 SPEECH PATHOLOGY		304664	434570	.701070	.701070	52
53 ELECTROCARDIOLOGY		55899	1368348	.040851	.040851	53
53.10 CARDIAC CATHETERIZATION		1200987	3083377	.389504	.389504	53.10
54 ELECTROENCEPHALOGRAPHY		373515	1361750	.274290	.274290	54
56 DRUGS CHARGED TO PATIENTS		4860900	22660060	.214514	.214514	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY		4721518	13619236	.346680	.346680	61
62 OBSERVATION BEDS (NON-DISTI		715967	891105	.803460	.803460	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL		41264326	179637323			101
102 LESS OBSERVATION BEDS		715967	891105			102
103 TOTAL		40548359	178746218			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
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				654430		654430
26 INTENSIVE CARE UNIT				102176		102176
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				31345		31345
101 TOTAL				787951		787951

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
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	20216	11159			32.37	361217
26 INTENSIVE CARE UNIT	2162	1354			47.26	63990
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	744				42.13	
101 TOTAL	23122	12513				425207

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES
	1	2	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		566672	26356347	4756607		.021500	102267 37
38 RECOVERY ROOM		59504	5327912	689511		.011168	7700 38
39 DELIVERY ROOM & LABOR ROOM		85965	1385599	10818		.062042	671 39
40 ANESTHESIOLOGY		93988	5281482	975097		.017796	17353 40
41 RADIOLOGY-DIAGNOSTIC		489540	10696704	1601190		.045765	73278 41
41.10 C.T.SCAN		263467	20883220	2441813		.012616	30806 41.10
41.20 M.R.I.		385357	8405223	423055		.045847	19396 41.20
43 RADIOISOTOPE		25321	4510977	210669		.005613	1182 43
44 LABORATORY		216656	33916574	7908883		.006388	50522 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		16384	1455160	681357		.011259	7671 47
49 RESPIRATORY THERAPY		75174	8866042	5389293		.008479	45696 49
49.10 CARDIAC STRESS LAB		51748	3598358	904021		.014381	13001 49.10
49.20 CARDIO PULMONARY REHAB		7781	674742	612		.011532	7 49.20
50 PHYSICAL THERAPY		129771	3965001	786078		.032729	25728 50
51 OCCUPATIONAL THERAPY		62520	895536	291057		.069813	20320 51
52 SPEECH PATHOLOGY		28581	434570	181597		.065768	11943 52
53 ELECTROCARDIOLOGY		28118	1368348	437196		.020549	8984 53
53.10 CARDIAC CATHETERIZATION		286371	3083377	801872		.092876	74475 53.10
54 ELECTROENCEPHALOGRAPHY		39114	1361750	14693		.028723	422 54
56 DRUGS CHARGED TO PATIENTS		159457	22660060	8801234		.007037	61934 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		299104	13619236	1716605		.021962	37700 61
62 OBSERVATION BEDS (NON-DISTINC		39461	891105			.044283	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		3410054	179637323	39023258			611056 101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
 02/26/2009 12:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK ( ) TITLE V  
 APPLICABLE (XX) TITLE XVIII-PT A  
 BOXES ( ) TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT		PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					20216		11159	25
26	INTENSIVE CARE UNIT					2162		1354	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					744			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					23122		12513	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK                    { } TITLE V                    [XX] HOSPITAL (14-0064)    { } SUB IV  
 APPLICABLE            {XX} TITLE XVIII-PT A    [ ] SUB I                    [ ] SNF  
 BOXES                   { } TITLE XIX               [ ] SUB II                   [ ] NF  
   [ ] SUB III                   [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
37 ANCILLARY SERVICE COST CENTERS				2.01	2.02	2.03	3
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 C.T. SCAN							41.10
41.20 M.R.I.							41.20
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
49.10 CARDIAC STRESS LAB							49.10
49.20 CARDIO PULMONARY REHAB							49.20
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC CATHETERIZATION							53.10
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	CHARGES
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26356347			4756607		6398833 37
38 RECOVERY ROOM		5327912			689511		1277161 38
39 DELIVERY ROOM & LABOR ROOM		1385599			10818		1153 39
40 ANESTHESIOLOGY		5281482			975097		947260 40
41 RADIOLOGY-DIAGNOSTIC		10696704			1601190		2062380 41
41.10 C.T.SCAN		20883220			2441813		4548544 41.10
41.20 M.R.I.		8405223			423055		1907553 41.20
43 RADIOISOTOPE		4510977			210669		1307231 43
44 LABORATORY		33916574			7908883		465738 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1455160			681357		147778 47
49 RESPIRATORY THERAPY		8866042			5389293		135727 49
49.10 CARDIAC STRESS LAB		3598358			904021		760849 49.10
49.20 CARDIO PULMONARY REHAB		674742			612		279990 49.20
50 PHYSICAL THERAPY		3965001			786078		5682 50
51 OCCUPATIONAL THERAPY		895536			291057		636 51
52 SPEECH PATHOLOGY		434570			181597		52
53 ELECTROCARDIOLOGY		1368348			437196		217654 53
53.10 CARDIAC CATHETERIZATION		3083377			801872		745647 53.10
54 ELECTROENCEPHALOGRAPHY		1361750			14693		367695 54
56 DRUGS CHARGED TO PATIENTS		22660060			8801234		2207307 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		13619236			1716605		1685792 61
62 OBSERVATION BEDS (NON-DISTINC		891105					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179637323			39023258		25470610 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 C.T.SCAN						41.10
41.20 M.R.I.						41.20
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
49.10 CARDIAC STRESS LAB						49.10
49.20 CARDIO PULMONARY REHAB						49.20
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC CATHETERIZATION						53.10
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0064) [ ] 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	.380083	.380083	.380083			37
38 RECOVERY ROOM	.316726	.316726	.316726			38
39 DELIVERY ROOM & LABOR ROOM	1.001222	1.001222	1.001222			39
40 ANESTHESIOLOGY	.098340	.098340	.098340			40
41 RADIOLOGY-DIAGNOSTIC	.314570	.314570	.314570			41
41.10 C.T.SCAN	.077449	.077449	.077449			41.10
41.20 M.R.I.	.132541	.132541	.132541			41.20
43 RADIOISOTOPE	.190765	.190765	.190765			43
44 LABORATORY	.098115	.098115	.098115			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.463771	.463771	.463771			47
49 RESPIRATORY THERAPY	.136612	.136612	.136612			49
49.10 CARDIAC STRESS LAB	.201753	.201753	.201753			49.10
49.20 CARDIO PULMONARY REHAB	.317321	.317321	.317321			49.20
50 PHYSICAL THERAPY	.421416	.421416	.421416			50
51 OCCUPATIONAL THERAPY	.711834	.711834	.711834			51
52 SPEECH PATHOLOGY	.701070	.701070	.701070			52
53 ELECTROCARDIOLOGY	.040851	.040851	.040851			53
53.10 CARDIAC CATHETERIZATION	.389504	.389504	.389504			53.10
54 ELECTROENCEPHALOGRAPHY	.274290	.274290	.274290			54
56 DRUGS CHARGED TO PATIENTS	.214514	.214514	.214514			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.346680	.346680	.346680			61
62 OBSERVATION BEDS (NON-DISTINCT	.803460	.803460	.803460			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.214514	1
2 PROGRAM VACCINE CHARGES	2	437	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	94	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0064) [ ] 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) (SEE INSTRU.)	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		6398833						37
38 RECOVERY ROOM		1277161						38
39 DELIVERY ROOM & LABOR ROOM		1153						39
40 ANESTHESIOLOGY		947260						40
41 RADIOLOGY-DIAGNOSTIC		2062380						41
41.10 C.T.SCAN		4548544						41.10
41.20 M.R.I.		1907553						41.20
43 RADIOISOTOPE		1307231						43
44 LABORATORY		465738						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		147778						47
49 RESPIRATORY THERAPY		135727						49
49.10 CARDIAC STRESS LAB		760849						49.10
49.20 CARDIO PULMONARY REHAB		279990						49.20
50 PHYSICAL THERAPY		5682						50
51 OCCUPATIONAL THERAPY		636						51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		217654						53
53.10 CARDIAC CATHETERIZATION		745647						53.10
54 ELECTROENCEPHALOGRAPHY		367695						54
56 DRUGS CHARGED TO PATIENTS		2207307						56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1685792						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		25470610						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		25470610						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0064) [ ] 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 I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2432088					37
38 RECOVERY ROOM		404510					38
39 DELIVERY ROOM & LABOR ROOM		1154					39
40 ANESTHESIOLOGY		93154					40
41 RADIOLOGY-DIAGNOSTIC		648763					41
41.10 C.T.SCAN		352280					41.10
41.20 M.R.I.		252829					41.20
43 RADIOISOTOPE		249374					43
44 LABORATORY		45696					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		68535					47
49 RESPIRATORY THERAPY		18542					49
49.10 CARDIAC STRESS LAB		153504					49.10
49.20 CARDIO PULMONARY REHAB		88847					49.20
50 PHYSICAL THERAPY		2394					50
51 OCCUPATIONAL THERAPY		453					51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		8891					53
53.10 CARDIAC CATHETERIZATION		290432					53.10
54 ELECTROENCEPHALOGRAPHY		100855					54
56 DRUGS CHARGED TO PATIENTS		473498					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		584430					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		6270229					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		6270229					104

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				654430		654430
26 INTENSIVE CARE UNIT				102176		102176
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				31345		31345
101 TOTAL				787951		787951

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	20216	1887			32.37	61082
26 INTENSIVE CARE UNIT	2162	157			47.26	7420
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	744	545			42.13	22961
101 TOTAL	23122	2589				91463

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		566672	26356347				.021500	37
38 RECOVERY ROOM		59504	5327912				.011168	38
39 DELIVERY ROOM & LABOR ROOM		85965	1385599				.062042	39
40 ANESTHESIOLOGY		93988	5281482				.017796	40
41 RADIOLOGY-DIAGNOSTIC		489540	10696704				.045765	41
41.10 C.T.SCAN		263467	20883220				.012616	41.10
41.20 M.R.I.		385357	8405223				.045847	41.20
43 RADIOISOTOPE		25321	4510977				.005613	43
44 LABORATORY		216656	33916574				.006388	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		16384	1455160				.011259	47
49 RESPIRATORY THERAPY		75174	8866042				.008479	49
49.10 CARDIAC STRESS LAB		51748	3598358				.014381	49.10
49.20 CARDIO PULMONARY REHAB		7781	674742				.011532	49.20
50 PHYSICAL THERAPY		129771	3965001				.032729	50
51 OCCUPATIONAL THERAPY		62520	895536				.069813	51
52 SPEECH PATHOLOGY		28581	434570				.065768	52
53 ELECTROCARDIOLOGY		28118	1368348				.020549	53
53.10 CARDIAC CATHETERIZATION		286371	3083377				.092876	53.10
54 ELECTROENCEPHALOGRAPHY		39114	1361750				.028723	54
56 DRUGS CHARGED TO PATIENTS		159457	22660060				.007037	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		299104	13619236				.021962	61
62 OBSERVATION BEDS (NON-DISTINC		39461	891105				.044283	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		3410054	179637323					101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
 02/26/2009 12:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					COSTS
		COST	COST	AMOUNT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		1	2	3	4	DAYS	6	DAYS	PASS THRU
						5		7	COSTS
									8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					20216		1887	25
26	INTENSIVE CARE UNIT					2162		157	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					744		545	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					23122		2589	101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2007.06  
 02/26/2009 12:11

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 C.T.SCAN							41.10
41.20 M.R.I.							41.20
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
49.10 CARDIAC STRESS LAB							49.10
49.20 CARDIO PULMONARY REHAB							49.20
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC CATHETERIZATION							53.10
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		26356347					37
38 RECOVERY ROOM		5327912					38
39 DELIVERY ROOM & LABOR ROOM		1385599					39
40 ANESTHESIOLOGY		5281482					40
41 RADIOLOGY-DIAGNOSTIC		10696704					41
41.10 C.T.SCAN		20883220					41.10
41.20 M.R.I.		8405223					41.20
43 RADIOISOTOPE		4510977					43
44 LABORATORY		33916574					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1455160					47
49 RESPIRATORY THERAPY		8866042					49
49.10 CARDIAC STRESS LAB		3598358					49.10
49.20 CARDIO PULMONARY REHAB		674742					49.20
50 PHYSICAL THERAPY		3965001					50
51 OCCUPATIONAL THERAPY		895536					51
52 SPEECH PATHOLOGY		434570					52
53 ELECTROCARDIOLOGY		1368348					53
53.10 CARDIAC CATHETERIZATION		3083377					53.10
54 ELECTROENCEPHALOGRAPHY		1361750					54
56 DRUGS CHARGED TO PATIENTS		22660060					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		13619236					61
62 OBSERVATION BEDS (NON-DISTINC		891105					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179637323					101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 C.T. SCAN						41.10
41.20 M.R.I.						41.20
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
49.10 CARDIAC STRESS LAB						49.10
49.20 CARDIO PULMONARY REHAB						49.20
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC CATHETERIZATION						53.10
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0064)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	20216						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20216						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20216						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)	11159						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) (14-0064)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	11873661						21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	11873661						27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	15746445						28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	15746445						30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.754053						31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	778.91						33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	11873661						37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	587.34					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6554127					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6554127					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	2164779	2162	1001.29	1354	1355747	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) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	8461591					48
49 TOTAL PROGRAM INPATIENT COSTS	16371465					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	425207					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	611056					51
52 TOTAL PROGRAM EXCLUDABLE COST	1036263					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	15335202					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) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (14-0064)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS		1219				83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		587.34				84
85	OBSERVATION BED COST		715967				85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86	OLD CAPITAL-RELATED COST			715967		86
87	NEW CAPITAL-RELATED COST	654430		715967	39461	87
88	NON PHYSICIAN ANESTHETIST			715967		88
89	MEDICAL EDUCATION			715967		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	20216						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	20216						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20216						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)	1887						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	744						15
16 TITLE V OR XIX NURSERY DAYS	545						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	11873661						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	11873661						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15746445						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15746445						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.754053						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	778.91						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	11873661						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	587.34					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1108311					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1108311					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)	567473	744	762.73	545	415688	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	2164779	2162	1001.29	157	157203	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 (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	1681202					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	91463					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	91463					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	
54						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. 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
02/26/2009 12:11

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

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

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1219	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	587.34	84
85 OBSERVATION BED COST	715967	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III  
 [ ] SUB IV

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		9115971		25
26 INTENSIVE CARE UNIT		1699940		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380083	4756607	1807905	37
38 RECOVERY ROOM	.316726	689511	218386	38
39 DELIVERY ROOM & LABOR ROOM	1.001222	10818	10831	39
40 ANESTHESIOLOGY	.098340	975097	95891	40
41 RADIOLOGY-DIAGNOSTIC	.314570	1601190	503686	41
41.10 C.T.SCAN	.077449	2441813	189116	41.10
41.20 M.R.I.	.132541	423055	56072	41.20
43 RADIOISOTOPE	.190765	210669	40188	43
44 LABORATORY	.098115	7908883	775980	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.463771	681357	315994	47
49 RESPIRATORY THERAPY	.138071	5389293	744105	49
49.10 CARDIAC STRESS LAB	.215027	904021	194389	49.10
49.20 CARDIO PULMONARY REHAB	.317321	612	194	49.20
50 PHYSICAL THERAPY	.421416	786078	331266	50
51 OCCUPATIONAL THERAPY	.711834	291057	207184	51
52 SPEECH PATHOLOGY	.701070	181597	127312	52
53 ELECTROCARDIOLOGY	.040851	437196	17860	53
53.10 CARDIAC CATHETERIZATION	.389504	801872	312332	53.10
54 ELECTROENCEPHALOGRAPHY	.274290	14693	4030	54
56 DRUGS CHARGED TO PATIENTS	.214514	8801234	1887988	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.361692	1716605	620882	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.803460			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		39023258	8461591	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		39023258		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0064)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.380083		37
38 RECOVERY ROOM	.316726		38
39 DELIVERY ROOM & LABOR ROOM	1.001222		39
40 ANESTHESIOLOGY	.098340		40
41 RADIOLOGY-DIAGNOSTIC	.314570		41
41.10 C.T.SCAN	.077449		41.10
41.20 M.R.I.	.132541		41.20
43 RADIOISOTOPE	.190765		43
44 LABORATORY	.098115		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.463771		47
49 RESPIRATORY THERAPY	.136612		49
49.10 CARDIAC STRESS LAB	.201753		49.10
49.20 CARDIO PULMONARY REHAB	.317321		49.20
50 PHYSICAL THERAPY	.421416		50
51 OCCUPATIONAL THERAPY	.711834		51
52 SPEECH PATHOLOGY	.701070		52
53 ELECTROCARDIOLOGY	.040851		53
53.10 CARDIAC CATHETERIZATION	.389504		53.10
54 ELECTROENCEPHALOGRAPHY	.274290		54
56 DRUGS CHARGED TO PATIENTS	.214514		56
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.346680		61
62 OBSERVATION BEDS (NON-DISTINCT	.803460		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0064)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3813699					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	10497092					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	197087					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	95.73					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3, PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0064)	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	0.0359					4
4.01	0.1182					4.01
4.02	0.1541					4.02
4.03	0.0276					4.03
4.04	394978					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	14902856					6
7	23082695					7
7.01						7.01
8	21037735					8
9	1221207					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	22258942					16
17	4935					17
18	22254007					18
19	1687520					19
20	69808					20
21	381678					21
21.01	267175					21.01
21.02						21.02
22	20763854					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0064)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	20763854				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	20047269				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	716585				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0064) 1	HOSPITAL (14-0064) 1.01	HOSPITAL (14-0064) 1.02	
1 MEDICAL AND OTHER SERVICES	94			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6270229			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5319615			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.777	0.777		1.03
1.04 LINE 1.01 TIMES LINE 1.03	4871968			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	94			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	437			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	437			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	437			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	343			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	94			17
17.01 TOTAL PPS PAYMENTS	5319615			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0064) 1	HOSPITAL (14-0064) 1.01	HOSPITAL (14-0064) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1519602		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	3800107		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	3800107		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3800107		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	193165		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	135216		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	3935323		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	3935323		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4166369		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-231046		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2			36

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
02/26/2009 12:11

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(14-0064)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL  
(14-0064)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(14-0064)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0064)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20047269		4166369	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				3.01
	TO .02				3.02
	PROVIDER .03	NONE		NONE	3.03
	PROVIDER .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		20047269		4166369	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				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

\_\_\_\_\_

\_\_\_\_\_

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 (14-0064) (OTHER)	SUB I	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1681202					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	1681202					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	1681202					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	1681202					22
23	COST OF COVERED SERVICES	1681202					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	1681202					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	1681202					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0064) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
	EXCESS OF REASONABLE COST	1681202					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						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
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						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
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						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	858640			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	39322197			4
5	OTHER RECEIVABLES	141187			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-25791939			6
7	INVENTORY	1063700			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	582728			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	16176513			11
FIXED ASSETS					
12	LAND	314848			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	925068			13
13.01	ACCUMULATED DEPRECIATION	-832211			13.01
14	BUILDINGS	33381738			14
14.01	ACCUMULATED DEPRECIATION	-15731903			14.01
15	LEASEHOLD IMPROVEMENTS	38298			15
15.01	ACCUMULATED AMORTIZATION	-38298			15.01
16	FIXED EQUIPMENT	32579055			16
16.01	ACCUMULATED DEPRECIATION	-25497254			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	147855			20
21	TOTAL FIXED ASSETS	25287196			21
OTHER ASSETS					
22	INVESTMENTS	28800345			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	4762179			25
26	TOTAL OTHER ASSETS	33562524			26
27	TOTAL ASSETS	75026233			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1423577			28
29	SALARIES, WAGES & FEES PAYABLE	3056326			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	1648921			34
35	OTHER CURRENT LIABILITIES	21664			35
36	TOTAL CURRENT LIABILITIES	6150488			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				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	117100			41
42	TOTAL LONG TERM LIABILITIES	117100			42
43	TOTAL LIABILITIES	6267588			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	68758645			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	68758645			51
52	TOTAL LIABILITIES AND FUND BALANCES	75026233			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	61719371			1
2 NET INCOME (LOSS)	7568630			2
3 TOTAL	69288001			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	69288001			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CHANGE IN RESTRICTED ASSETS	529356			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	529356			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	68758645			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	16385818		16385818	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	16385818		16385818	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	2986793		2986793	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2986793		2986793	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	19372611		19372611	18
19 ANCILLARY SERVICES	67424471	127754846	195179317	19
20 OUTPATIENT SERVICES		10193981	10193981	20
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	86797082	137948827	224745909	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		73276020	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	7389388		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		7389388	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		80665408	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	224745909	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	139243956	2
3	NET PATIENT REVENUES	85501953	3
4	LESS - TOTAL OPERATING EXPENSES	80665408	4
5	NET INCOME FROM SERVICE TO PATIENTS	4836545	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	379472	6
7	INCOME FROM INVESTMENTS	1761965	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	241996	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		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	348652	24
25	TOTAL OTHER INCOME	2732085	25
26	TOTAL	7568630	26
27	CUMULATIVE EFFECT		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	7568630	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0064)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
					CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	1214657				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
	6550				INDIRECT MEDICAL EDUCATION ADJUSTMENT
4					4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[ E-3,PT VI,LN.18]
					[ E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6					6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
	1221207				
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 C.T.SCAN						41.10
41.20 M.R.I.						41.20
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA						47
49 RESPIRATORY THERAPY						49
49.10 CARDIAC STRESS LAB						49.10
49.20 CARDIO PULMONARY REHAB						49.20
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC CATHETERIZATION						53.10
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OPT						69.20
69.30 CMHC						69.30
69.40 OPT						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN						96
98 PHYSICIANS' PRIVATE OFFICES						98
99 NONPAID WORKERS						99
00 PRIVATE HOME CARE						00
00.01 NON-PATIENT DIETARY						00.01
00.10 AMBULANCE SERVICE						00.10
00.30 FUND DEVELOPMENT						00.30
00.40 DEV & PUBLIC RELATIONS						00.40
00.50 OCCUPATIONAL MED CLINIC						00.50

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2007 TO 09/30/2008

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

VERSION: 2007.06  
02/26/2009 12:11

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
00.60 FOUNDATION						00.60
00.70 SHARED SALARIES						00.70
00.80 FITNESS CENTER						00.80
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	55.20		9.33				64.53 25
26 INTENSIVE CARE UNIT	62.63		7.26				69.89 26
33 NURSERY			73.25				73.25 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.05	24.28					42.33 37
38 RECOVERY ROOM	12.94	23.97					36.91 38
39 DELIVERY ROOM & LABOR ROOM	0.78	0.08					0.86 39
40 ANESTHESIOLOGY	18.46	17.94					36.40 40
41 RADIOLOGY-DIAGNOSTIC	14.97	19.28					34.25 41
41.10 C.T.SCAN	11.69	21.78					33.47 41.10
41.20 M.R.I.	5.03	22.69					27.72 41.20
43 RADIOISOTOPE	4.67	28.98					33.65 43
44 LABORATORY	23.32	1.37					24.69 44
47 BLOOD STORING, PROCESSING & TRA	46.82	10.16					56.98 47
49 RESPIRATORY THERAPY	60.79	1.53					62.32 49
49.10 CARDIAC STRESS LAB	25.12	21.14					46.26 49.10
49.20 CARDIO PULMONARY REHAB	0.09	41.50					41.59 49.20
50 PHYSICAL THERAPY	19.83	0.14					19.97 50
51 OCCUPATIONAL THERAPY	32.50	0.07					32.57 51
52 SPEECH PATHOLOGY	41.79						41.79 52
53 ELECTROCARDIOLOGY	31.95	15.91					47.86 53
53.10 CARDIAC CATHETERIZATION	26.01	24.18					50.19 53.10
54 ELECTROENCEPHALOGRAPHY	1.08	27.00					28.08 54
56 DRUGS CHARGED TO PATIENTS	38.84	9.74					48.58 56
61 EMERGENCY	12.60	12.38					24.98 61
101 TOTAL CHARGES	19.53	12.74					32.27 101

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	1121818	1.63	-1121818	-3.95		3	
4	NEW CAP REL COSTS-MVBLE EQUIP	1826136	2.66	-1826136	-6.43		4	
5	EMPLOYEE BENEFITS	8036672	11.71	-8036672	-28.31		5	
6	ADMINISTRATIVE & GENERAL	10325011	15.04	-10325011	-36.37		6	
7	MAINTENANCE & REPAIRS	1471175	2.14	-1471175	-5.18		7	
8	OPERATION OF PLANT	1392227	2.03	-1392227	-4.90		8	
9	LAUNDRY & LINEN SERVICE	330486	.48	-330486	-1.16		9	
10	HOUSEKEEPING	884454	1.29	-884454	-3.12		10	
11	DIETARY	287274	.42	-287274	-1.01		11	
12	CAFETERIA	708386	1.03	-708386	-2.50		12	
13	MAINTENANCE OF PERSONNEL						13	
14	NURSING ADMINISTRATION	635917	.93	-635917	-2.24		14	
15	CENTRAL SERVICES & SUPPLY	394221	.57	-394221	-1.39		15	
16	PHARMACY						16	
17	MEDICAL RECORDS & LIBRARY	856390	1.25	-856390	-3.02		17	
18	SOCIAL SERVICE	115443	.17	-115443	-.41		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	5436788	7.92	6436873	22.68	11873661	17.30	25
26	INTENSIVE CARE UNIT	1132577	1.65	1032202	3.64	2164779	3.15	26
33	NURSERY	292813	.43	274660	.97	567473	.83	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	6773651	9.87	3243959	11.43	10017610	14.59	37
38	RECOVERY ROOM	949374	1.38	738113	2.60	1687487	2.46	38
39	DELIVERY ROOM & LABOR ROOM	676484	.99	710808	2.50	1387292	2.02	39
40	ANESTHESIOLOGY	267858	.39	251523	.89	519381	.76	40
41	RADIOLOGY-DIAGNOSTIC	1611959	2.35	1752907	6.18	3364866	4.90	41
41.10	C.T.SCAN	1036672	1.51	580711	2.05	1617383	2.36	41.10
41.20	M.R.I.	756551	1.10	357483	1.26	1114034	1.62	41.20
43	RADIOISOTOPE	603980	.88	256558	.90	860538	1.25	43
44	LABORATORY	1934281	2.82	1393457	4.91	3327738	4.85	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	548988	.80	125873	.44	674861	.98	47
49	RESPIRATORY THERAPY	677766	.99	533442	1.88	1211208	1.76	49
49.10	CARDIAC STRESS LAB	373338	.54	352643	1.24	725981	1.06	49.10
49.20	CARDIO PULMONARY REHAB	131456	.19	82654	.29	214110	.31	49.20
50	PHYSICAL THERAPY	741098	1.08	929816	3.28	1670914	2.43	50
51	OCCUPATIONAL THERAPY	214690	.31	422783	1.49	637473	.93	51
52	SPEECH PATHOLOGY	112556	.16	192108	.68	304664	.44	52
53	ELECTROCARDIOLOGY	5447	.01	50452	.18	55899	.08	53

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.10 CARDIAC CATHETERIZATION	643527	.94	557460	1.96	1200987	1.75	53.10
54 ELECTROENCEPHALOGRAPHY	187727	.27	185788	.65	373515	.54	54
56 DRUGS CHARGED TO PATIENTS	3539182	5.16	1321718	4.66	4860900	7.08	56
61 EMERGENCY	2439722	3.55	2281796	8.04	4721518	6.88	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	110469	.16	43291	.15	153760	.22	96
98 PHYSICIANS' PRIVATE OFFICES	7127456	10.38	2976765	10.49	10104221	14.72	98
99 NONPAID WORKERS	51335	.07	223986	.79	275321	.40	99
100 PRIVATE HOME CARE							100
100.01 NON-PATIENT DIETARY	241996	.35	93117	.33	335113	.49	100.01
100.10 AMBULANCE SERVICE	10460	.02	2203	.01	12663	.02	100.10
100.30 FUND DEVELOPMENT	132940	.19	69595	.25	202535	.30	100.30
100.40 DEV & PUBLIC RELATIONS	875338	1.28	290911	1.02	1166249	1.70	100.40
100.50 OCCUPATIONAL MED CLINIC	475463	.69	444220	1.56	919683	1.34	100.50
100.60 FOUNDATION	32329	.05	6810	.02	39139	.06	100.60
100.70 SHARED SALARIES							100.70
100.80 FITNESS CENTER	107266	.16	168925	.60	276191	.40	100.80
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	68639147	100.00	0	.00	68639147	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	566672	26356347	.021500	4756607	102267	37
38 RECOVERY ROOM	59504	5327912	.011168	689511	7700	38
39 DELIVERY ROOM & LABOR ROOM	85965	1385599	.062042	10818	671	39
40 ANESTHESIOLOGY	93988	5281482	.017796	975097	17353	40
41 RADIOLOGY-DIAGNOSTIC	489540	10696704	.045765	1601190	73278	41
41.10 C.T.SCAN	263467	20883220	.012616	2441813	30806	41.10
41.20 M.R.I.	385357	8405223	.045847	423055	19396	41.20
43 RADIOISOTOPE	25321	4510977	.005613	210669	1182	43
44 LABORATORY	216656	33916574	.006388	7908883	50522	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	16384	1455160	.011259	681357	7671	47
49 RESPIRATORY THERAPY	75174	8866042	.008479	5389293	45696	49
49.10 CARDIAC STRESS LAB	51748	3598358	.014381	904021	13001	49.10
49.20 CARDIO PULMONARY REHAB	7781	674742	.011532	612	7	49.20
50 PHYSICAL THERAPY	129771	3965001	.032729	786078	25728	50
51 OCCUPATIONAL THERAPY	62520	895536	.069813	291057	20320	51
52 SPEECH PATHOLOGY	28581	434570	.065768	181597	11943	52
53 ELECTROCARDIOLOGY	28118	1368348	.020549	437196	8984	53
53.10 CARDIAC CATHETERIZATION	286371	3083377	.092876	801872	74475	53.10
54 ELECTROENCEPHALOGRAPHY	39114	1361750	.028723	14693	422	54
56 DRUGS CHARGED TO PATIENTS	159457	22660060	.007037	8801234	61934	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	299104	13619236	.021962	1716605	37700	61
62 OBSERVATION BEDS (NON-DISTINCT	39461	891105	.044283			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	3410054	179637323		39023258	611056	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	654430		654430	20216	32.37	11159	361217 25
26 INTENSIVE CARE UNIT	102176		102176	2162	47.26	1354	63990 26
101 TOTAL	756606		756606			12513	425207 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						425207	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						611056	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						1036263	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					2474		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					12513		
PER DISCHARGE CAPITAL COSTS						418.86	
PER DIEM CAPITAL COSTS						82.81	

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)	15335202
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	49839169
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.308

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)	1036263
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.021

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)	6267382
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)	25464292
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.246

\*\*\*\*\*  
COMPU-MAX CMS-2552-96 EDIT REPORT  
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I. OPTIONS SELECTED:  
OPTION 14  
OPTION 20, 6  
OPTION 60, 5

COMPU-MAX - CMS-2552-96 - SETTLEMENT SUMMARY, VERSION 2007.06

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
1	HOSPITAL	2	3	4	
2	SUBPROVIDER I	716585	-231046		1
3	SWING BED - SNF				2
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	O/P REHAB PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	716585	-231046		9
					100

\*\*\*\*\*  
Explanation of error code types:

1000 - The '1000' level error codes (in the range from 1000-1999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your Medicare Fiscal Intermediary, and will be used by the FI as a basis of rejection should your file be received by the FI with such errors.

2000 - Errors in the range of 2000-2999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).

\*\*\*\* - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.

(\*) - Error messages marked with an asterisk (\*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.

(I) - Messages preceded by (I) are informational and are not errors.

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II. 1000 LEVEL ERRORS

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III. 2000 LEVEL ERRORS

\*\*\*\*\*

IV. KPMG LEVEL ERRORS

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(KPMG edits cannot be used as a basis of cost report or ECR file rejection.)

\*\*\*\* - THE AVERAGE HOURLY WAGE HAS BEEN COMPUTED AS \$256.16  
ON WKST S-3, PART II, COL 5, LINE 22.01  
THIS RATE APPEARS TO BE AT AN UNACCEPTABLE LEVEL.

\*\*\*\* - IF WKST S-3, PART II, LINE 22.01, COL 3 IS GREATER THAN ZERO,  
COL 5 SHOULD BE >= \$13 AND <= \$130  
AVE HOURLY WAGE FOR CONTRACT A&G = \$256.16

\*\*\*\* - WORKSHEET B-1, LINE 100.10 DOES NOT HAVE ANY STATISTICS  
BUT THERE IS COST ON THAT LINE ON WORKSHEET A, COLUMN 7

\*\*\*\* - WORKSHEET B-1, LINE 100.60 DOES NOT HAVE ANY STATISTICS  
BUT THERE IS COST ON THAT LINE ON WORKSHEET A, COLUMN 7

\*\*\*\* - THE COMPUTED AMOUNT ON WKST E, PART A, LINE 4.03, COL 1 DOES NOT EQUAL  
THE AMOUNT THAT WAS INPUT. THIS MAY CAUSE AN INCORRECT DISPROPORTIONATE  
SHARE ADJUSTMENT TO BE CALCULATED.  
WORKSHEET E, PART A, LINE 4.03 = 2.76  
COMPUTED AMOUNT = 2.77

V. INFORMATIONAL MESSAGES

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- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY \$537,129
  
- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY \$2,121,628