



OSF[®]

HEALTHCARE SYSTEM

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850

February 26, 2009

Ms. Kristi Rohrich
Wisconsin Physician Service
Medicare Audit & Reimbursement
3333 Farnam St. Suite 700
Omaha, NE 68131

RE: St. James Hospital
Pontiac, Illinois
Provider No.: 14-0161
FYE 9/30/08

Dear Ms. Rohrich:

The following are enclosed:

- (1) Copy HCFA-2552-96
- (2) Copy each of the items listed below:
 - (a) Working Trial Balance
 - (b) All W/P supporting various A-6 and A-8 adjustments
 - (c) PSR Crosswalks
 - (d) Medicare Bad Debt Logs
 - (e) HCFA 339 with supporting schedules
 - (f) Computer disk with HCFA-2552-96
 - (g) Audited financial statement for year ended 9/30/07
 - (h) W/S A & C grouping workpapers and supporting documentation
 - (i) W/S S-3 Pt II workpapers

If you have any questions or need further information, please contact me at (309) 655-2855.

Sincerely,

Carole M. Wahl
Third-Party Reimbursement Coordinator

Enclosures
cc: Paula Corrigan

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

WORKSHEET S
 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: 08:06

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 SAINT JAMES HOSPITAL (14-0161) (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 08:06
 6XDjbsvgsYlY9l6v14sZbk8Vd.rZB0
 Yev:v0AnGe0G:RJxs9DzoHYot2HMed
 OgWV02svmA0iulVG

(SIGNED) Dan CR
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 CFO
 TITLE
 2/26/09
 DATE

PI Encryption: 02/26/2009 08:06
 O:z7zeqwk9lRg1NWOAKb6A9u2EkJy0
 Wk9N40gbaTOODseATcWH.I:SQMFT26
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PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	292212	-46160	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	292212	-46160	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2500 WEST REYNOLDS STREET
 1.01 CITY: PONTIAC

STATE: IL

P.O.BOX:
 ZIP CODE: 61764

COUNTY: LIVINGSTON

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 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0161	07/01/1966	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF	14-U161	10/10/2002	N	P	N	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
TYPE OF HOSPITAL/SUBPROVIDER							
19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		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.	1			26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING: 10/01/2007	ENDING: 09/30/2008		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	10/10/2002		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART 1, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART 1, 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 1 (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?	1		XVIII	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO		2	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO		3	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO		YES	37.01
				NO	
				NO	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES							38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO							38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO							38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO							38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO							38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, 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			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?	YES							42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO							42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO							43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO							44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-11, 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			
		1	2	3	4	5			
47	HOSPITAL	N	N	N	N	N		47	
48	SUBPROVIDER I	N	N	N	N	N		48	
49	SKILLED NURSING FACILITY	N	N	N	N	N		49	
50	HOME HEALTH AGENCY	N	N	N	N	N		50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							53	
53.01	MDH PERIOD: BEGINNING: ENDING:							53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: -191682							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 / /	Y/N	LIMIT	Y/N	FEES
					0	1	2	3	4
					/ /	NO	0.00	NO	
56									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

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2007.06
02/26/2009 07:55

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 1
 (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		775	308	1778		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		775	308	1778		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	
1 SALARIES							
2 TOTAL SALARIES	21558298	74455	21632753	726520.00	29.78		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
4.01 PHYSICIAN - PART A	2083		2083	15.05	138.41		4
5.01 TEACHING PHYSICIAN SALARIES							4.01
6.01 PHYSICIAN - PART B							5
7.01 NON-PHYSICIAN - PART B							5.01
8.01 INTERNS & RESIDENTS (IN APPR PGM)							6
9.01 CONTRACT SERVICES, I&R							6.01
10.01 HOME OFFICE PERSONNEL							7
11.01 SNF							8
12.01 EXCLUDED AREA SALARIES	6869122	162928	7032050	87571.61	80.30		8.01
13.01 OTHER WAGES & RELATED COSTS							
14.01 CONTRACT LABOR	767020		767020	14493.32	52.92		9
15.01 PHARMACY SERVICES UNDER CONTRACT							9.01
16.01 LABORATORY SERVICES UNDER CONTRACT							9.02
17.01 MANAGEMENT AND ADMINISTRATIVE SERVICES*							9.03
18.01 CONTRACT LABOR: PHYSICIAN PART A	403288		403288	2178.40	185.13		10
19.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
20.01 HOME OFFICE SALARIES & WAGE REL COSTS	1882659		1882659	33516.00	56.17		11
21.01 HOME OFFICE: PHYSICIAN PART A	280308		280308	1406.00	199.37		12
22.01 TEACHING PHYSICIAN SALARIES							12.01
23.01 WAGE-RELATED COSTS							
24.01 WAGE RELATED COSTS (CORE)	5346680		5346680			CMS 339	13
25.01 WAGE RELATED COSTS (OTHER)						CMS 339	14
26.01 EXCLUDED AREAS	1148347		1148347			CMS 339	15
27.01 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
28.01 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
29.01 PHYSICIAN PART A	347		347			CMS 339	18
30.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
31.01 PHYSICIAN PART B						CMS 339	19
32.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
33.01 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
34.01 OVERHEAD COSTS - DIRECT SALARIES							
35.01 EMPLOYEE BENEFITS	296707	-296707					21
36.01 ADMINISTRATIVE & GENERAL	2557519	184046	2741565	96055.15	28.54		22
37.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	124693		124693	711.22	175.32		22.01
38.01 MAINTENANCE & REPAIRS	50169	475	50644	2096.42	24.16		23
39.01 OPERATION OF PLANT	402150	3806	405956	19420.95	20.90		24
40.01 LAUNDRY & LINEN SERVICE	17424	475	17899	2100.44	8.52		25
41.01 HOUSEKEEPING	424614	8728	433342	36978.34	11.72		26
42.01 HOUSEKEEPING UNDER CONTRACT							26.01
43.01 DIETARY	439452	-357339	82113	6114.40	13.43		27
44.01 DIETARY UNDER CONTRACT							27.01
45.01 CAFETERIA		258524	258524	19250.76	13.43		28
46.01 MAINTENANCE OF PERSONNEL							29
47.01 NURSING ADMINISTRATION	620778	-191173	429605	15111.00	28.43		30
48.01 CENTRAL SERVICES AND SUPPLY							31
49.01 PHARMACY							32
50.01 MEDICAL RECORDS & MEDICAL RECORDS LIBR	387459	6161	393620	22577.57	17.43		33
51.01 SOCIAL SERVICE	138233	1900	140133	7618.99	18.39		34
52.01 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	21558298	74455	21632753	726520.00	29.78	1
2 EXCLUDED AREA SALARIES	6869122	162928	7032050	87571.61	80.30	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	14689176	-88473	14600703	638948.39	22.85	3
4 SUBTOTAL OTHER WAGES & REL COSTS	3333275		3333275	51593.72	64.61	4
5 SUBTOTAL WAGE-RELATED COSTS	5347027		5347027		36.62%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	23369478	-88473	23281005	690542.11	33.71	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	5459198	-381104	5078094	228035.24	22.27	13

HOSPITAL UNCOMPENSATED CARE DATA

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	8645045	17
17.01	GROSS MEDICAID REVENUES	17142232	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	25787277	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.319758	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	17142232	28
29	TOTAL GROSS MEDICAID COST	5481366	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	8645045	30
31	UNCOMPENSATED CARE COST	2764322	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5481366	32

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 FIRE INSURANCE 040 708201-88400	A	NEW CAP REL COSTS-BLDG & FIXT	3		23352	1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		17442	2
3						3
4 CAFETERIA	B	CAFETERIA	12	339526	105255	4
5						5
6 BLOOD	C	BLOOD STORING, PROCESSING & T	47		200224	6
7						7
8 RECLASS NON-PATIENT DIETARY &	D	NON-PATIENT DIETARY	100.01	106730	33096	8
9 CAFETERIA COSTS	D					9
10						10
11 REHAB ADMIN RECLASS	E	PHYSICAL THERAPY	50	120246	14862	11
12	E	OCCUPATIONAL THERAPY	51	42992	5314	12
13	E	SPEECH PATHOLOGY	52	37005	4574	13
14						14
15 RECLASS VACATION ACCRUAL	F	ADMINISTRATIVE & GENERAL	6	34284		15
16	F	PHYSICIANS' PRIVATE OFFICES	98	37977		16
17 RECLASS TEAM AWARD CREDIT	G	ADMINISTRATIVE & GENERAL	6	187321		17
18	G	MAINTENANCE & REPAIRS	7	475		18
19	G	OPERATION OF PLANT	8	3606		19
20	G	LAUNDRY & LINEN SERVICE	9	475		20
21	G	HOUSEKEEPING	10	8728		21
22	G	DIETARY	11	7915		22
23	G	NURSING ADMINISTRATION	14	9070		23
24	G	MEDICAL RECORDS & LIBRARY	17	6161		24
25	G	SOCIAL SERVICE	18	1900		25
26	G	ADULTS & PEDIATRICS	25	27277		26
27	G	INTENSIVE CARE UNIT	26	4812		27
28	G	OPERATING ROOM	37	11541		28
29	G	RADIOLOGY-DIAGNOSTIC	41	7593		29
30	G	ULTRASOUND	41.10	2043		30
31	G	CT SCAN	41.20	950		31
32	G	MRI	41.30	475		32
33	G	MAMMOGRAPHY	41.40	950		33
34	G	RADIOISOTOPE	43	950		34
35	G	LABORATORY	44	8318		35
36 SUBTOTAL				1009520	404149	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7	
							REF. 10	
1	FIRE INSURANCE 040 708201-88400	A					9	1
2		A	ADMINISTRATIVE & GENERAL	6		40794	9	2
3								3
4	CAFETERIA	B	DIETARY	11	339526	105285		4
5								5
6	BLOOD	C	LABORATORY	44		200224		6
7								7
8	RECLASS NON-PATIENT DIETARY &	D	DIETARY	11	25728	7978		8
9	CAFETERIA COSTS	D	CAFETERIA	12	81002	25118		9
10								10
11	REHAB ADMIN RECLASS	E	NURSING ADMINISTRATION	14	200243	24750		11
12		E						12
13		E						13
14								14
15	RECLASS VACATION ACCRUAL	F	EMPLOYEE BENEFITS	5		34284		15
16		F	ADMINISTRATIVE & GENERAL	6	37977			16
17	RECLASS TEAM AWARD CREDIT	G						17
18		G						18
19		G						19
20		G						20
21		G						21
22		G						22
23		G						23
24		G						24
25		G						25
26		G						26
27		G						27
28		G						28
29		G						29
30		G						30
31		G						31
32		G						32
33		G						33
34		G						34
35		G						35
36	SUBTOTAL				684476	438433		36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	G	RESPIRATORY THERAPY	49	2850	1
2	G	PHYSICAL THERAPY	50	5225	2
3	G	OCCUPATIONAL THERAPY	51	1900	3
4	G	SPEECH PATHOLOGY	52	1520	4
5	G	ELECTROCARDIOLOGY	53	2612	5
6	G	CARDIAC REHAB	53.10	475	6
7	G	MEDICAL SUPPLIES CHARGED TO P	55	1188	7
8	G	DRUGS CHARGED TO PATIENTS	56	1758	8
9	G	DIABETES SVC	59	475	9
10	G	EMERGENCY	61	9963	10
11	G	PHYSICIANS' PRIVATE OFFICES	98	5349	11
12	G	PULMONARY FUNCTION	98.03	333	12
13	G	EMPLOYEE BENEFITS	5	44795	13
14	G	EMPLOYEE BENEFITS	5		4624 14
15	H	CARDIAC PHASE III	98.01	487	24 15
16	I	PHYSICIANS' PRIVATE OFFICES	98	12052	16
17	J	ADMINISTRATIVE & GENERAL	6	418	17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		1100920	408797 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1		G				1	
2		G				2	
3		G				3	
4		G				4	
5		G				5	
6		G				6	
7		G				7	
8		G				8	
9		G				9	
10		G				10	
11		G				11	
12		G	EMPLOYEE BENEFITS	5	324408	12	
13		G	EMPLOYEE BENEFITS	5		13	
14		G	EMPLOYEE BENEFITS	5	4624	14	
15	CARDIAC PHASE III NON-ALLOW	H	CARDIAC REHAB	53.10	487	15	
16	NON ALLOW PHYS SALARY	I	EMPLOYEE BENEFITS	5	12052	16	
17	RECLASS MISC BENEFIT SALARIES	J	EMPLOYEE BENEFITS	5	418	17	
18						18	
19						19	
20						20	
21						21	
22						22	
23						23	
24						24	
25						25	
26						26	
27						27	
28						28	
29						29	
30						30	
31						31	
32						32	
33						33	
34						34	
35						35	
36	TOTAL RECLASSIFICATIONS				1026465	483252	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	749404					749404		1
2 LAND IMPROVEMENTS	2287904					2287904		2
3 BUILDINGS AND FIXTURES	32994520	1878664		1878664		34873184		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	97230					97230		5
6 MOVABLE EQUIPMENT	23227409	1206387		1206387		24433796		6
7 SUBTOTAL	59356467	3085051		3085051		62441518		7
8 RECONCILING ITEMS								8
9 TOTAL	59356467	3085051		3085051		62441518		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	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							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	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	1453093							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1085133							4
5 TOTAL	2538226							5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1429741							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1067691							4
5 TOTAL	2497432							5

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-6 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	-7833	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1896693			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-341640			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					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-27968	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				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
38					38
39					39
39.06 PHYSICIAN RECRUITMENT	A	-47186	ADMINISTRATIVE & GENERAL	6	39.06
39.07 AHA, CHA & IHA DUES	A	-19334	ADMINISTRATIVE & GENERAL	6	39.07
39.09 UNEMPLOYMENT COMPENSATION	A	8432	EMPLOYEE BENEFITS	5	39.09
39.10 PRE EMPLOYMENT PHYSICALS	A	-23977	EMPLOYEE BENEFITS	5	39.10
39.11 PRENATAL BABY PICTURES	B	-850	ADULTS & PEDIATRICS	25	39.11
39.12 EMERGENCY - MEDICAL TRANSPORTATION	B	-68185	EMERGENCY	61	39.12
39.13 MEDICAL SUPPLIES - ITEMS SOLD TO	B	-302	MEDICAL SUPPLIES CHARGED TO PAT	55	39.13
39.14 LAB - NON PATIENT INCOME	B	-2020	LABORATORY	44	39.14
39.15 RADIOLOGY - RENTAL FOR EKG MACHI	B	240	ELECTROCARDIOLOGY	53	39.15
39.16 EMPLOYEE LEASE	B	-22333	ANESTHESIOLOGY	40	39.16
39.17 RADIOLOGY - SILVER RECOVERY & FIL	B	-248	RADIOLOGY-DIAGNOSTIC	41	39.17
39.18 RADIOLOGY - SILVER RECOVERY & FIL	B	-10	CT SCAN	41.20	39.18
39.19 PEDIATRIC DEVELOPMENT	B	-5500	PHYSICAL THERAPY	50	39.19
39.20 AUDIOLOGY	B	-1015	SPEECH PATHOLOGY	52	39.20
39.22 PHARMACY - ITEMS SOLD TO PATIENTS	B	-10704	DRUGS CHARGED TO PATIENTS	56	39.22
39.23 HOUSEKEEPING - CAN RECYCLING	B	-2600	HOUSEKEEPING	10	39.23
39.25 LAUNDRY & LINEN - HOME CARE LAUND	B	-58	LAUNDRY & LINEN SERVICE	9	39.25
39.26 HOSPITAL ADMIN - FARM INCOME	B	-37570	ADMINISTRATIVE & GENERAL	6	39.26
39.28 LADD PROPERTY - RENTAL INCOME	A	-7814	ADMINISTRATIVE & GENERAL	6	39.28
39.29 CHAPLAINCY - CANDLES & RENTAL INC	B	-5280	ADMINISTRATIVE & GENERAL	6	39.29
39.30 INSERVICE EDUC NURSING - CLASS F	B	-2812	NURSING ADMINISTRATION	14	39.30
39.31 UTILIZATION REVIEW - GRANTS	B	-8498	ADMINISTRATIVE & GENERAL	6	39.31
39.33 DIABETES SVCS - CLASS FEES	B	-1300	DIABETES SVC	59	39.33
39.34 BIOMED SVCS	B	-600	OPERATION OF PLANT	8	39.34
39.39 TEAM AWARDS	A	44795	EMPLOYEE BENEFITS	5	39.39
39.40 TEAM AWARD - CURRENT YEAR	A	-4624	EMPLOYEE BENEFITS	5	39.40
39.41 SPORTSCARE MEDICINE - WEIGHT TRAI	B	-3195	PHYSICAL THERAPY	50	39.41

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ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
39.43 DATA PROCESSING	B	-150	ADMINISTRATIVE & GENERAL	6		39.43
39.44 DISASTER PREPAREDNESS - GRANTS	B	-11997	ADMINISTRATIVE & GENERAL	6		39.44
39.46 ERGONMIC TESTING	B	-600	OCCUPATIONAL THERAPY	51		39.46
39.47 CY PRES GRANT	B	-16647	ADMINISTRATIVE & GENERAL	6		39.47
39.48 NURSE FOR CATERPILLAR	B	-32704	NURSING ADMINISTRATION	14		39.48
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL		-2558790				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	6	ADMINISTRATIVE & GENERAL	SISTERS SERVICES	11935	11935		1
2	6	ADMINISTRATIVE & GENERAL	CORPORATE CHARGES	3108106	3225121	-117015	2
3	8	OPERATION OF PLANT	CORPORATE CHARGES	88600	91936	-3336	3
4	55	MEDICAL SUPPLIES CHARGED TO PAT	CORPORATE CHARGES	12657	13134	-477	4
4.01	37	OPERATING ROOM	SFI MAINTENANCE	24093	25343	-1250	4.01
4.02	41	RADIOLOGY-DIAGNOSTIC	SFI MAINTENANCE	24392	25658	-1266	4.02
4.03	41.10	ULTRASOUND	SFI MAINTENANCE	14392	15139	-747	4.03
4.04	43	RADIOISOTOPE	SFI MAINTENANCE	32011	33673	-1662	4.04
4.05	41.20	CT SCAN	SFI MAINTENANCE	130736	137523	-6787	4.05
4.06	41	RADIOLOGY-DIAGNOSTIC	SFI PURCH SERVICE	26442	37077	-10635	4.06
4.07	43	RADIOISOTOPE	SFI PURCH SERVICE	47146	66107	-18961	4.07
4.08	41.30	MRI	SFI PURCH SERVICE	446326	625830	-179504	4.08
5		TOTALS		3966936	4308476	-341640	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)
1	B	OSF HEALTHCARE SYSTEM		100.00	
2					
3					
4					
5					

1
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:

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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	40	ANESTHESIOLOGY	392334		392334	167500	1	81	4
2	44	LABORATORY	10954		10954	208000	1	100	5
3	53.10	CARDIAC REHAB	5000		5000	150200	1	72	4
4	61	EMERGENCY	1593552	1313244	280306	159800	1406	108019	5401
5	41.20	CT SCAN	3230		3230	217600	1	105	5
101		TOTAL	2005070	1313244	691826		1410	108377	5419

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
		11	12	13	14	15	16	17	18
1	40	ANESTHESIOLOGY					81	392253	392253
2	44	LABORATORY					100	10854	10854
3	53.10	CARDIAC REHAB					72	4928	4928
4	61	EMERGENCY					108019	172269	1485533
5	41.20	CT SCAN					105	3125	3125
101		TOTAL					108377	583449	1896693
		AGGREGATE							

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP-REL COSTS BLDG&FIXT 3	NEW CAP-REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI-STRATIVE & GENERAL 6	MAINTEN-ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1453093	1453093							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1085133		1085133						4
5 EMPLOYEE BENEFITS	6723450		3309	6726759					5
6 ADMINISTRATIVE & GENERAL	7350239	173057	432873	852498	8808667	8808667			6
7 MAINTENANCE & REPAIRS	124027	17211		15748	156986	30586	187572		7
8 OPERATION OF PLANT	1480202	79601	28584	126233	1714620	334059	11823	2060502	8
9 LAUNDRY & LINEN SERVICE	169637	41886		5566	217089	42295	6221	72941	9
10 HOUSEKEEPING	431473	28334	4513	134749	599069	116717	4209	49342	10
11 DIETARY	107574	35302	521	25533	168930	32913	5243	61476	11
12 CAFETERIA	338691	20232	1642	80389	440954	85911	3005	35232	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	430943	4650	26178	133587	595358	115994	691	8098	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	438714	27663	2607	122397	591381	115219	4109	48173	17
18 SOCIAL SERVICE	143315	8422	22	43575	195334	38057	1251	14666	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	2620728	159425	55127	740065	3575345	696584	23640	277628	25
26 INTENSIVE CARE UNIT	766892	31514	15590	177909	991905	193253	4681	54880	26
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5744224	151131	203934	412296	6511585	1268652	22448	263184	37
40 ANESTHESIOLOGY	77587		33014	4717	115318	22467			40
41 RADIOLOGY-DIAGNOSTIC	609030	67311		152968	829309	161574	9998	117218	41
41.10 ULTRASOUND	265013	4602	48720	60833	379168	73873	684	8015	41.10
41.20 CT SCAN	632687	10276	8846	37016	688825	134204	1526	17894	41.20
41.30 MRI	499447			9926	509373	99241			41.30
41.40 MAMMOGRAPHY	153189		6710	34408	194307	37857			41.40
43 RADIOISOTOPE	417426	1726	3800	40157	463109	90228	256	3006	43
44 LABORATORY	1499541	20184	75664	213121	1808510	352352	2998	35149	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	200224				200224	39010			47
49 RESPIRATORY THERAPY	369365	6680	11415	97425	484885	94470	992	11633	49
50 PHYSICAL THERAPY	894431	64675	11650	234806	1205562	234880	9606	112626	50
51 OCCUPATIONAL THERAPY	322331	22549	1674	103819	450373	87746	3349	39268	51
52 SPEECH PATHOLOGY	276784	21638	21971	58663	379056	73851	3214	37681	52
53 ELECTROCARDIOLOGY	244144	1806	16884	70798	333632	65002	268	3145	53
53.10 CARDIAC REHAB	36780	18682		12450	67912	13231	2775	32533	53.10
54.10 EMGS									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	315252	27567	5031	30701	378551	73753	4095	48006	55
56 DRUGS CHARGED TO PATIENTS	1049256	16269	1652	134939	1202116	234208	2416	28331	56
59 DIABETES SVC	78896	1646		22837	103379	20141	244	2866	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1460407	40815	63202	350003	1914427	372988	6062	71077	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	38810125	1104854	1085133	4540132	36275259	5351316	135844	1454068	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	40578			5074	45652	8894			96
98 PHYSICIANS' PRIVATE OFFICES	14323448	273816		2106054	16703318	3254294	40675	476831	98
98.01 CARDIAC PHASE III	511	272		151	934	182	40	473	98.01
98.02 FUND DEVELOPMENT	684682	33975		35889	754546	147008	5046	59166	98.02
98.03 PULMONARY FUNCTION	21576			6271	27847	5425			98.03
99 NONPAID WORKERS	63	40176			40239	7840	5967	69964	99
100 CONTRACT NURSING									100
100.01NON-PATIENT DIETARY	139826			33188	173014	33708			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	54020809	1453093	1085133	6726759	54020809	8808667	187572	2060502	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	338546							9
10 HOUSEKEEPING		769337						10
11 DIETARY	3095	24401	296058					11
12 CAFETERIA		13985		579087				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		3215		17192	740548			14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		19121		25694		803697		17
18 SOCIAL SERVICE		5821		8667			263796	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	145413	110199	245258	125463	349276	43420	226782	5819048
26 INTENSIVE CARE UNIT	17361	21783	35000	24154	67245	11662	37014	1458938
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	29823	104466	5135	62848	174968	163373		8606482
40 ANESTHESIOLOGY				189	527	19360		157861
41 RADIOLOGY-DIAGNOSTIC	34218	46527		28890		31286		1259020
41.10 ULTRASOUND		3181		7152		17522		489595
41.20 CT SCAN		7103		5565		94853		949970
41.30 MRI				1918		52059		662591
41.40 MAMMOGRAPHY				5020		6822		244006
43 RADIOISOTOPE		1193		4712		28976		591480
44 LABORATORY		13952		41204		116303		2370468
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA						3514		242748
49 RESPIRATORY THERAPY		4617		15321		22748		634666
50 PHYSICAL THERAPY	32405	44705		35947		24954		1700685
51 OCCUPATIONAL THERAPY		15586		15748		11886		623956
52 SPEECH PATHOLOGY		14957		8643		3386		520788
53 ELECTROCARDIOLOGY		1248		11296		27664		442255
53.10 CARDIAC REHAB		12913		1563		1313		132240
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		19055		7175		18885		549520
56 DRUGS CHARGED TO PATIENTS		11245		11888		52056		1542260
59 DIABETES SVC		1138		3244	9032	1261		141305
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	71364	28212		50108	139500	50394		2704132
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	333679	528623	285393	519601	740548	803697	263796	31844014
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN								54546
98 PHYSICIANS' PRIVATE OFFICES	4867	189270		58065				20727320
98.01 CARDIAC PHASE III		188		24				1841
98.02 FUND DEVELOPMENT		23485		284				989535
98.03 PULMONARY FUNCTION				1113				34385
99 NONPAID WORKERS		27771	10665					162446
100 CONTRACT NURSING								100
100.01NON-PATIENT DIETARY								206722
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	338546	769337	296058	579087	740548	803697	263796	54020809

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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	5619048		25
26 INTENSIVE CARE UNIT	1458938		26
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	8606482		37
40 ANESTHESIOLOGY	157861		40
41 RADIOLOGY-DIAGNOSTIC	1259020		41
41.10 ULTRASOUND	489595		41.10
41.20 CT SCAN	949970		41.20
41.30 MRI	662591		41.30
41.40 MAMMOGRAPHY	244006		41.40
43 RADIOISOTOPE	591480		43
44 LABORATORY	2370468		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	242748		47
49 RESPIRATORY THERAPY	634666		49
50 PHYSICAL THERAPY	1700685		50
51 OCCUPATIONAL THERAPY	623956		51
52 SPEECH PATHOLOGY	520788		52
53 ELECTROCARDIOLOGY	442255		53
53.10 CARDIAC REHAB	132240		53.10
54.10 EMGS			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	549520		55
56 DRUGS CHARGED TO PATIENTS	1542260		56
59 DIABETES SVC	141305		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	2704132		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	31844014		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	54546		96
98 PHYSICIANS' PRIVATE OFFICES	20727320		98
98.01 CARDIAC PHASE III	1841		98.01
98.02 FUND DEVELOPMENT	989535		98.02
98.03 PULMONARY FUNCTION	34385		98.03
99 NONPAID WORKERS	162446		99
100 CONTRACT NURSING			100
100.01NON-PATIENT DIETARY	206722		100.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	54020809		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS			3309	3309	3309				5
6 ADMINISTRATIVE & GENERAL	653626	173057	432873	1259556	419	1259975			6
7 MAINTENANCE & REPAIRS		17211		17211	8	4375	21594		7
8 OPERATION OF PLANT		79601	28584	108185	62	47783	1361	157391	8
9 LAUNDRY & LINEN SERVICE		41886		41886	3	6050	716	5572	9
10 HOUSEKEEPING		28334	4513	32847	66	16695	485	3769	10
11 DIETARY		35302	521	35823	13	4708	604	4696	11
12 CAFETERIA		20232	1642	21874	40	12289	346	2691	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		4650	26178	30828	66	16591	80	619	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	1264	27663	2607	31539	60	16481	473	3680	17
18 SOCIAL SERVICE		8422	22	8444	21	5444	144	1120	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	7725	159425	55127	222277	364	99638	2726	21207	25
26 INTENSIVE CARE UNIT	3338	31514	15590	50442	88	27642	539	4192	26
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3320	151131	203934	358385	203	181465	2584	20103	37
40 ANESTHESIOLOGY			33014	33014	2	3214			40
41 RADIOLOGY-DIAGNOSTIC		67311		67311	75	23111	1151	8954	41
41.10 ULTRASOUND		4602	48720	53322	30	10567	79	612	41.10
41.20 CT SCAN	333310	10276	8846	352432	18	19196	176	1367	41.20
41.30 MRI					5	14195			41.30
41.40 MAMMOGRAPHY			6710	6710	17	5415			41.40
43 RADIOISOTOPE		1726	3800	5526	20	12906	30	230	43
44 LABORATORY		20184	75664	95848	105	50400	345	2685	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA						5560			47
49 RESPIRATORY THERAPY		6680	11415	18095	48	13513	114	889	49
50 PHYSICAL THERAPY	1552	64675	11650	77877	116	33597	1106	8603	50
51 OCCUPATIONAL THERAPY	29	22549	1674	24252	51	12551	386	2999	51
52 SPEECH PATHOLOGY	25	21638	21971	43634	29	10564	370	2878	52
53 ELECTROCARDIOLOGY		1806	16884	18690	35	9298	31	240	53
53.10 CARDIAC REHAB		18682		18682	6	1893	319	2485	53.10
54.10 EMGS									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	162	27567	5031	32760	15	10549	471	3667	55
56 DRUGS CHARGED TO PATIENTS		16269	1652	17921	66	33501	278	2164	56
59 DIABETES SVC		1646		1646	11	2881	28	219	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	5385	40815	63202	109402	172	53351	698	5429	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1009741	1104854	1085133	3199728	2234	765443	15640	111070	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					2	1272			96
98 PHYSICIANS' PRIVATE OFFICES	50978	273816		324794	1036	465487	4681	36422	98
98.01 CARDIAC PHASE III		272		272		26	5	36	98.01
98.02 FUND DEVELOPMENT		33975		33975	18	21028	581	4519	98.02
98.03 PULMONARY FUNCTION					3	776			98.03
99 NONPAID WORKERS		40176		40176		1121	687	5344	99
100 CONTRACT NURSING									100
100.01NON-PATIENT DIETARY					16	4622			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1060719	1453093	1085133	3598945	3309	1259975	21594	157391	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	54227								9
10 HOUSEKEEPING		53862							10
11 DIETARY	496	1708	48048						11
12 CAFETERIA		979		38219					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		225		1135	49544				14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		1339		1696		55268			17
18 SOCIAL SERVICE		408		572			16153		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	23291	7715	39804	8280	23367	2988	13887	465544	25
26 INTENSIVE CARE UNIT	2781	1525	5680	1594	4499	802	2266	102050	26
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4777	7314	833	4148	11706	11206		602724	37
40 ANESTHESIOLOGY				13	35	1332		37610	40
41 RADIOLOGY-DIAGNOSTIC	5481	3257		1907		2153		113400	41
41.10 ULTRASOUND		223		472		1206		66511	41.10
41.20 CT SCAN		497		367		6527		380580	41.20
41.30 MRI				127		3582		17909	41.30
41.40 MAMMOGRAPHY				331		469		12942	41.40
43 RADIOISOTOPE		84		311		1994		21101	43
44 LABORATORY		977		2719		8003		161082	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA						242		5822	47
49 RESPIRATORY THERAPY		323		1011		1565		35558	49
50 PHYSICAL THERAPY	5190	3130		2372		1717		133708	50
51 OCCUPATIONAL THERAPY		1091		1039		818		43187	51
52 SPEECH PATHOLOGY		1047		570		233		59325	52
53 ELECTROCARDIOLOGY		87		746		1904		31031	53
53.10 CARDIAC REHAB		904		103		90		24482	53.10
54.10 EMGS									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		1334		474		1300		50570	55
56 DRUGS CHARGED TO PATIENTS		787		785		3582		59084	56
59 DIABETES SVC		80		214	604	87		5770	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	11431	1975		3307	9333	3468		198566	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	53447	37009	46317	34293	49544	55268	16153	2628556	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN								1274	96
98 PHYSICIANS' PRIVATE OFFICES	780	13252		3832				850284	98
98.01 CARDIAC PHASE III		13		2				354	98.01
98.02 FUND DEVELOPMENT		1644		19				61784	98.02
98.03 PULMONARY FUNCTION				73				852	98.03
99 NONPAID WORKERS		1944	1731					51003	99
100 CONTRACT NURSING									100
100.01NON-PATIENT DIETARY								4838	100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	54227	53862	48048	38219	49544	55268	16153	3598945	103

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	465544		25
26 INTENSIVE CARE UNIT	102050		26
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	602724		37
40 ANESTHESIOLOGY	37610		40
41 RADIOLOGY-DIAGNOSTIC	113400		41
41.10 ULTRASOUND	66511		41.10
41.20 CT SCAN	380580		41.20
41.30 MRI	17909		41.30
41.40 MAMMOGRAPHY	12942		41.40
43 RADIOISOTOPE	21101		43
44 LABORATORY	161082		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	5822		47
49 RESPIRATORY THERAPY	35558		49
50 PHYSICAL THERAPY	133708		50
51 OCCUPATIONAL THERAPY	43187		51
52 SPEECH PATHOLOGY	59325		52
53 ELECTROCARDIOLOGY	31031		53
53.10 CARDIAC REHAB	24482		53.10
54.10 EMGS			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	50570		55
56 DRUGS CHARGED TO PATIENTS	59084		56
59 DIABETES SVC	5770		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	198566		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	2628556		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	1274		96
98 PHYSICIANS' PRIVATE OFFICES	850284		98
98.01 CARDIAC PHASE III	354		98.01
98.02 FUND DEVELOPMENT	61784		98.02
98.03 PULMONARY FUNCTION	852		98.03
99 NONPAID WORKERS	51003		99
100 CONTRACT NURSING			100
100.01NON-PATIENT DIETARY	4838		100.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	3598945		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS FTES 12	NURSING ADMINI-STRATION MEALS FTES 14	MEDICAL RECORDS + LIBRARY CHARGES 17	SOCIAL SERVICE TIME SPENT 18	
100.01 NON-PATIENT DIETARY								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	338546	769337	296058	579087	740548	803697	263796	103
104 UNIT COST MULT-WS B PT I	1.178954		13.655812		65.906111		45.639446	104
104 UNIT COST MULT-WS B PT I		11.046392		23.680666		.008196		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	54227	53862	48046	38219	49544	55268	16153	107
108 UNIT COST MULT-WS B PT III	.188840		2.216236		4.410576		2.794637	108
108 UNIT COST MULT-WS B PT III		.773368		1.562894		.000564		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	5819048		5819048		5819048	25
36 INTENSIVE CARE UNIT	1458938		1458938		1458938	26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8606482		8606482		8606482	37
40 ANESTHESIOLOGY	157861		157861	392253	550114	40
41 RADIOLOGY-DIAGNOSTIC	1259020		1259020		1259020	41
41.10 ULTRASOUND	489595		489595		489595	41.10
41.20 CT SCAN	949970		949970	3125	953095	41.20
41.30 MRI	662591		662591		662591	41.30
41.40 MAMMOGRAPHY	244006		244006		244006	41.40
43 RADIOISOTOPE	591480		591480		591480	43
44 LABORATORY	2370468		2370468	10854	2381322	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	242748		242748		242748	47
49 RESPIRATORY THERAPY	634666		634666		634666	49
50 PHYSICAL THERAPY	1700685		1700685		1700685	50
51 OCCUPATIONAL THERAPY	623956		623956		623956	51
52 SPEECH PATHOLOGY	520788		520788		520788	52
53 ELECTROCARDIOLOGY	442255		442255		442255	53
53.10 CARDIAC REHAB	132240		132240	4928	137168	53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO	549520		549520		549520	55
56 DRUGS CHARGED TO PATIENTS	1542260		1542260		1542260	56
59 DIABETES SVC	141305		141305		141305	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2704132		2704132	172289	2876421	61
62 OBSERVATION BEDS (NON-DISTI	1363075		1363075		1363075	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	33207089		33207089	583449	33790538	101
102 LESS OBSERVATION BEDS	1363075		1363075		1363075	102
103 TOTAL	31844014		31844014	583449	32427463	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	4939905		4939905			25
26 INTENSIVE CARE UNIT	1399679		1399679			26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8130247	11803670	19933917	.431751	.431751	.431751 37
40 ANESTHESIOLOGY	1028492	1333581	2362073	.066432	.066832	.232895 40
41 RADIOLOGY-DIAGNOSTIC	573738	3243472	3817210	.329827	.329827	.329827 41
41.10 ULTRASOUND	110817	2027089	2137906	.229007	.229007	.229007 41.10
41.20 CT SCAN	1030830	10542262	11573092	.082084	.082084	.082354 41.20
41.30 MRI	273743	6078050	6351793	.104316	.104316	.104316 41.30
41.40 MAMMOGRAPHY	598	831815	832413	.293131	.293131	.293131 41.40
43 RADIOISOTOPE	221049	3314279	3535328	.167306	.167306	.167306 43
44 LABORATORY	2816691	11373465	14190156	.167050	.167050	.167815 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	214516	214270	428786	.566129	.566129	.566129 47
49 RESPIRATORY THERAPY	1843965	931514	2775479	.228669	.228669	.228669 49
50 PHYSICAL THERAPY	389762	2654887	3044649	.558582	.558582	.558582 50
51 OCCUPATIONAL THERAPY	188659	1261557	1450216	.430250	.430250	.430250 51
52 SPEECH PATHOLOGY	11602	401471	413073	1.260765	1.260765	1.260765 52
53 ELECTROCARDIOLOGY	522213	2853036	3375249	.131029	.131029	.131029 53
53.10 CARDIAC REHAB		160192	160192	.825509	.825509	.856272 53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO	1105961	1198172	2304133	.238493	.238493	.238493 55
56 DRUGS CHARGED TO PATIENTS	3358996	2992420	6351416	.242821	.242821	.242821 56
59 DIABETES SVC		153801	153801	.918752	.918752	.918752 59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	535339	5613301	6148640	.439794	.439794	.467814 61
62 OBSERVATION BEDS (NON-DISTI	278593	1630127	1908720	.714130	.714130	.714130 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	28975395	70612431	99587826			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	28975395	70612431	99587826			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII-PT A
 BOXES TITLE XIX

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				465544		465544
26 INTENSIVE CARE UNIT				102050		102050
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				567594		567594

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	6489	2434			71.74	174615
26 INTENSIVE CARE UNIT	811	493			125.83	62034
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	538					
101 TOTAL	7838	2927				236649

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		602724	19933917	3005059			.030236	90861	37
40 ANESTHESIOLOGY		37610	2362073	346720			.015922	5520	40
41 RADIOLOGY-DIAGNOSTIC		113400	3817210	365373			.029708	10855	41
41.10 ULTRASOUND		66511	2137906	66583			.031110	2071	41.10
41.20 CT SCAN		380580	11573092	676396			.032885	22243	41.20
41.30 MRI		17909	6351793	192305			.002820	542	41.30
41.40 MAMMOGRAPHY		12942	832413				.015548		41.40
43 RADIOISOTOPE		21101	3535328	101893			.005969	608	43
44 LABORATORY		161082	14190156	1803037			.011352	20468	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		5822	428786	132526			.013578	1799	47
49 RESPIRATORY THERAPY		35558	2775479	1149737			.012811	14729	49
50 PHYSICAL THERAPY		133708	3044649	254546			.043916	11179	50
51 OCCUPATIONAL THERAPY		43187	1450216	103976			.029780	3096	51
52 SPEECH PATHOLOGY		59325	413073	11602			.143619	1666	52
53 ELECTROCARDIOLOGY		31031	3375249	418380			.009194	3847	53
53.10 CARDIAC REHAB		24482	160192				.152829		53.10
54.10 EMGS									54.10
55 MEDICAL SUPPLIES CHARGED TO P		50570	2304133	459406			.021948	10083	55
56 DRUGS CHARGED TO PATIENTS		59084	6351416	1747570			.009302	16256	56
59 DIABETES SVC		5770	153801				.037516		59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		198566	6148640	437798			.032294	14138	61
62 OBSERVATION BEDS (NON-DISTINC		109050	1908720	153521			.057133	8771	62
63.50 RHC									63.50
63.60 FOHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		2170012	93248242	11426428				238732	101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 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 07:55

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					6489		2434	25
26	INTENSIVE CARE UNIT					811		493	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					538			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					7838		2927	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0161)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 ULTRASOUND							41.10
41.20 CT SCAN							41.20
41.30 MRI							41.30
41.40 MAMMOGRAPHY							41.40
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 DIABETES SVC							59
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 (14-0161) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		19933917			3005059		2685142 37
40 ANESTHESIOLOGY		2362073			346720		178209 40
41 RADIOLOGY-DIAGNOSTIC		3817210			365373		816878 41
41.10 ULTRASOUND		2137906			66583		381375 41.10
41.20 CT SCAN		11573092			676396		2786517 41.20
41.30 MRI		6351793			192305		1317942 41.30
41.40 MAMMOGRAPHY		832413					45406 41.40
43 RADIOISOTOPE		3535328			101893		1105195 43
44 LABORATORY		14190156			1803037		409865 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		428786			132526		104934 47
49 RESPIRATORY THERAPY		2775479			1149737		237687 49
50 PHYSICAL THERAPY		3044649			254546		50
51 OCCUPATIONAL THERAPY		1450216			103976		51
52 SPEECH PATHOLOGY		413073			11602		48144 52
53 ELECTROCARDIOLOGY		3375249			418380		973340 53
53.10 CARDIAC REHAB		160192					85591 53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P		2304133			459406		252478 55
56 DRUGS CHARGED TO PATIENTS		6351416			1747570		889027 56
59 DIABETES SVC		153801					7505 59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6148640			437798		1019160 61
62 OBSERVATION BEDS (NON-DISTINC		1908720			153521		504896 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		93248242			11426428		13849291 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	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
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 ULTRASOUND						41.10
41.20 CT SCAN						41.20
41.30 MRI						41.30
41.40 MAMMOGRAPHY						41.40
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC REHAB						53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
59 DIABETES SVC						59
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 (14-0161) [] 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	.431751	.431751	.431751			37
40 ANESTHESIOLOGY	.066832	.066832	.066832			40
41 RADIOLOGY-DIAGNOSTIC	.329827	.329827	.329827			41
41.10 ULTRASOUND	.229007	.229007	.229007			41.10
41.20 CT SCAN	.082084	.082084	.082084			41.20
41.30 MRI	.104316	.104316	.104316			41.30
41.40 MAMMOGRAPHY	.293131	.293131	.293131			41.40
43 RADIOISOTOPE	.167306	.167306	.167306			43
44 LABORATORY	.167050	.167050	.167050			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.566129	.566129	.566129			47
49 RESPIRATORY THERAPY	.228669	.228669	.228669			49
50 PHYSICAL THERAPY	.558582	.558582	.558582			50
51 OCCUPATIONAL THERAPY	.430250	.430250	.430250			51
52 SPEECH PATHOLOGY	1.260765	1.260765	1.260765			52
53 ELECTROCARDIOLOGY	.131029	.131029	.131029			53
53.10 CARDIAC REHAB	.825509	.825509	.825509			53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.238493	.238493	.238493			55
56 DRUGS CHARGED TO PATIENTS	.242821	.242821	.242821			56
59 DIABETES SVC	.918752	.918752	.918752			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.439794	.439794	.439794			61
62 OBSERVATION BEDS (NON-DISTINCT	.714130	.714130	.714130			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	.242821	1
2 PROGRAM VACCINE CHARGES	2	137	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	33	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 (14-0161) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	SURGICAL CENTER	7	8
	5	5.01	5.02	5.03	5.04	6		
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2685142						37
40 ANESTHESIOLOGY		178209						40
41 RADIOLOGY-DIAGNOSTIC		816878						41
41.10 ULTRASOUND		381375						41.10
41.20 CT SCAN		2786517						41.20
41.30 MRI		1317942						41.30
41.40 MAMMOGRAPHY		45406						41.40
43 RADIOISOTOPE		1105195						43
44 LABORATORY		409865						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		104934						47
49 RESPIRATORY THERAPY		237687						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		48144						52
53 ELECTROCARDIOLOGY		973340						53
53.10 CARDIAC REHAB		85591						53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		252478						55
56 DRUGS CHARGED TO PATIENTS		889027						56
59 DIABETES SVC		7505						59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1019160						61
62 OBSERVATION BEDS (NON-DISTINCT		504896						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		13849291						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		13849291						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0161) [] 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 I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.00x10)
	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)		
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1159313					37
40 ANESTHESIOLOGY		11910					40
41 RADIOLOGY-DIAGNOSTIC		269428					41
41.10 ULTRASOUND		87338					41.10
41.20 CT SCAN		228728					41.20
41.30 MRI		137482					41.30
41.40 MAMMOGRAPHY		13310					41.40
43 RADIOISOTOPE		184906					43
44 LABORATORY		62468					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		59406					47
49 RESPIRATORY THERAPY		54352					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		60698					52
53 ELECTROCARDIOLOGY		127536					53
53.10 CARDIAC REHAB		70656					53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		60214					55
56 DRUGS CHARGED TO PATIENTS		215874					56
59 DIABETES SVC		6895					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		442220					61
62 OBSERVATION BEDS (NON-DISTINCT		360561					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		3625295					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3625295					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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				465544		465544
26 INTENSIVE CARE UNIT				102050		102050
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				567594		567594

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	6489	672			71.74	48209
26 INTENSIVE CARE UNIT	811	80			125.83	10066
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	538	354				
101 TOTAL	7838	1106				58275

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] 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	CAPITAL
	COST	COST		CHARGES	CHARGES		CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		602724	19933917				.030236	37
40 ANESTHESIOLOGY		37610	2362073				.015922	40
41 RADIOLOGY-DIAGNOSTIC		113400	3817210				.029708	41
41.10 ULTRASOUND		66511	2137906				.031110	41.10
41.20 CT SCAN		380560	11573092				.032885	41.20
41.30 MRI		17909	6351793				.002820	41.30
41.40 MAMMOGRAPHY		12942	832413				.015548	41.40
43 RADIOISOTOPE		21101	3535328				.005969	43
44 LABORATORY		161082	14190156				.011352	44
46.30 BLOOD CLOTting FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		5822	428786				.013578	47
49 RESPIRATORY THERAPY		35558	2775479				.012811	49
50 PHYSICAL THERAPY		133708	3044649				.043916	50
51 OCCUPATIONAL THERAPY		43187	1450216				.029780	51
52 SPEECH PATHOLOGY		59325	413073				.143619	52
53 ELECTROCARDIOLOGY		31031	3375249				.009194	53
53.10 CARDIAC REHAB		24482	160192				.152829	53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO P		50570	2304133				.021948	55
56 DRUGS CHARGED TO PATIENTS		59084	6351416				.009302	56
59 DIABETES SVC		5770	153801				.037516	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		198566	6148640				.032294	61
62 OBSERVATION BEDS (NON-DISTINC		109050	1908720				.057133	62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2170012	93246242					101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 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 07:55

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		PATIENT		PROGRAM	PASS THRU
		COST	COST	AMOUNT	COSTS	DAYS	DIEM	DAYS	COSTS
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					6489		672	25
26	INTENSIVE CARE UNIT					811		80	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					538		354	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					7838		1106	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] 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 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
37 ANCILLARY SERVICE COST CENTERS							37
40 OPERATING ROOM							40
41 ANESTHESIOLOGY							41
41.10 RADIOLOGY-DIAGNOSTIC							41.10
41.20 ULTRASOUND							41.20
41.30 CT SCAN							41.30
41.40 MRI							41.40
43 MAMMOGRAPHY							43
44 RADIOISOTOPE							44
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 DIABETES SVC							59
61 OUTPATIENT SERVICE COST CENTERS							61
62 EMERGENCY							62
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
101 OTHER REIMBURSABLE COST CENTERS							101
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		19933917					37
40 ANESTHESIOLOGY		2362073					40
41 RADIOLOGY-DIAGNOSTIC		3817210					41
41.10 ULTRASOUND		2137906					41.10
41.20 CT SCAN		11573092					41.20
41.30 MRI		6351793					41.30
41.40 MAMMOGRAPHY		832413					41.40
43 RADIOISOTOPE		3535328					43
44 LABORATORY		14190156					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		428786					47
49 RESPIRATORY THERAPY		2775479					49
50 PHYSICAL THERAPY		3044649					50
51 OCCUPATIONAL THERAPY		1450216					51
52 SPEECH PATHOLOGY		413073					52
53 ELECTROCARDIOLOGY		3375249					53
53.10 CARDIAC REHAB		160192					53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P		2304133					55
56 DRUGS CHARGED TO PATIENTS		6351416					56
59 DIABETES SVC		153801					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6148640					61
62 OBSERVATION BEDS (NON-DISTINC		1908720					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		93248242					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0161)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 ULTRASOUND					41.10
41.20 CT SCAN					41.20
41.30 MRI					41.30
41.40 MAMMOGRAPHY					41.40
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
54.10 EMGS					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 DIABETES SVC					59
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) (14-0161)	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)	6614						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6489						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6439						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	92						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	33						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)	2434						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	41						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	15						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) (14-0161)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5819048						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	5819048						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5923921						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40000						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5883921						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.982297						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	800.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	913.79						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	5819048						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0161)	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	896.76					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2182714					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2182714					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
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	1458938	811	1798.94	493	886677	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) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3351990					48
49 TOTAL PROGRAM INPATIENT COSTS	6421581					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	236649					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	238732					51
52 TOTAL PROGRAM EXCLUDABLE COST	475381					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	5946200					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) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES	1	1	1	1	
55	TARGET AMOUNT PER DISCHARGE					54
56	TARGET AMOUNT					55
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					56
58	BONUS PAYMENT					57
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
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.01
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					58.02
58.04	RELIEF PAYMENT					58.03
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					58.04
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.01
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.02
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.03
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.04
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.05
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.06
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.07
						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 (PPS) (14-0161)
 SUB I SUB II SUB III SUB IV
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1520	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	896.76	84
85 OBSERVATION BED COST	1363075	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL 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		5819048		1363075		86
87 NEW CAPITAL-RELATED COST	465544	5819048	.080003	1363075	109050	87
88 NON PHYSICIAN ANESTHETIST		5819048		1363075		88
89 MEDICAL EDUCATION		5819048		1363075		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) (14-0161)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1]	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	6614						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6469						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6439						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	92						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	33						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)	672						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	538						15
16 TITLE V OR XIX NURSERY DAYS	354						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) (14-0161)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
17		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
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	5819048						21
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
26 TOTAL SWING-BED COST							
27	5819048						27
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	5923921						28
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29	40000						29
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	5883921						30
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.982297						31
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32	800.00						32
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	913.79						33
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	5819048						37
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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
3*	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	896.76						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	602623						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	602623						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS			538		354		42
43	INTENSIVE CARE UNIT	1458938		811	1798.94	80	143915	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) (14-0161)	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	746538						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	58275						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	58275						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) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES	1	1	1	1	
55	TARGET AMOUNT PER DISCHARGE					54
56	TARGET AMOUNT					55
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					56
58	BONUS PAYMENT					57
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
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.01
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					58.02
58.04	RELIEF PAYMENT					58.03
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					58.04
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.01
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.02
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.03
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.04
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.05
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.06
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.07
						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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

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

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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
05/26/2009 07:55

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

<input type="checkbox"/> TITLE V-INPT	<input type="checkbox"/> TITLE XVIII-PART A	<input checked="" type="checkbox"/> TITLE XIX-INPT			
	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1520	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	896.76	84
85 OBSERVATION BED COST	1363075	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0161) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		2113125		25
26 INTENSIVE CARE UNIT		824900		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.431751	3005059	1297437	37
40 ANESTHESIOLOGY	.232895	346720	80749	40
41 RADIOLOGY-DIAGNOSTIC	.329827	365373	120510	41
41.10 ULTRASOUND	.229007	66583	15248	41.10
41.20 CT SCAN	.082354	676396	55704	41.20
41.30 MRI	.104316	192305	20060	41.30
41.40 MAMMOGRAPHY	.293131			41.40
43 RADIOISOTOPE	.167306	101893	17047	43
44 LABORATORY	.167815	1803037	302577	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.566129	132526	75027	47
49 RESPIRATORY THERAPY	.228669	1149737	262909	49
50 PHYSICAL THERAPY	.558582	254546	142185	50
51 OCCUPATIONAL THERAPY	.430250	103976	44736	51
52 SPEECH PATHOLOGY	1.260765	11602	14627	52
53 ELECTROCARDIOLOGY	.131029	418380	54820	53
53.10 CARDIAC REHAB	.856272			53.10
54.10 EMGS				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.238493	459406	109565	55
56 DRUGS CHARGED TO PATIENTS	.242821	1747570	424347	56
59 DIABETES SVC	.918752			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.467814	437798	204808	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.714130	153521	109634	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		11426428	3351990	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		11426428		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-U161)	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.431751	4984	2152	37
40 ANESTHESIOLOGY	.066832	389	26	40
41 RADIOLOGY-DIAGNOSTIC	.329827	374	123	41
41.10 ULTRASOUND	.229007			41.10
41.20 CT SCAN	.082084			41.20
41.30 MRI	.104316			41.30
41.40 MAMMOGRAPHY	.293131			41.40
43 RADIOISOTOPE	.167306			43
44 LABORATORY	.167050	8873	1482	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.566129			47
49 RESPIRATORY THERAPY	.228669	3693	844	49
50 PHYSICAL THERAPY	.558582	10445	5834	50
51 OCCUPATIONAL THERAPY	.430250	4137	1780	51
52 SPEECH PATHOLOGY	1.260765			52
53 ELECTROCARDIOLOGY	.131029	163	21	53
53.10 CARDIAC REHAB	.825509			53.10
54.10 EMGS				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.238493	1184	282	55
56 DRUGS CHARGED TO PATIENTS	.242821	18545	4503	56
59 DIABETES SVC	.918752			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.439794			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.714130			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		52787	17047	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		52787		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0161) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INFATIENT
	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	.431751		37
40 ANESTHESIOLOGY	.066832		40
41 RADIOLOGY-DIAGNOSTIC	.329827		41
41.10 ULTRASOUND	.229007		41.10
41.20 CT SCAN	.082084		41.20
41.30 MRI	.104316		41.30
41.40 MAMMOGRAPHY	.293131		41.40
43 RADIOISOTOPE	.167306		43
44 LABORATORY	.167050		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.566129		47
49 RESPIRATORY THERAPY	.228669		49
50 PHYSICAL THERAPY	.558582		50
51 OCCUPATIONAL THERAPY	.430250		51
52 SPEECH PATHOLOGY	1.260765		52
53 ELECTROCARDIOLOGY	.131029		53
53.10 CARDIAC REHAB	.825509		53.10
54.10 EMGS			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.238493		55
56 DRUGS CHARGED TO PATIENTS	.242821		56
59 DIABETES SVC	.918752		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.439794		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.714130		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0161)	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	1256552					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	3617897					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	66666					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	38.15					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 (14-0161)	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	0.0213					4
4.01	0.1721					4.01
4.02	0.1934					4.02
4.03	0.0532					4.03
4.04	259321					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	5200436					6
7	5502557					7
7.01						7.01
8	5502557					8
9	425278					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	5927835					16
17						17
18	5927835					18
19	593751					19
20						20
21	98658					21
21.01	69061					21.01
21.02						21.02
22	5403145					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0161)	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	5403145				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	5110933				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	292212				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 (14-0161) 1	HOSPITAL (14-0161) 1.01	HOSPITAL (14-0161) 1.02	
1 MEDICAL AND OTHER SERVICES	33			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3625295			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3491785			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	33			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	137			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	137			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	137			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	104			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	33			17
17.01 TOTAL PPS PAYMENTS	3491785			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0161) 1	HOSPITAL (14-0161) 1.01	HOSPITAL (14-0161) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1004572		18.01
19 SUBTOTAL	2487246		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	2487246		23
24 PRIMARY PAYER PAYMENTS	317		24
25 SUBTOTAL	2486929		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	67114		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	60980		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2547909		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)	-42		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2547951		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2594111		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-46160		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0161)
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
(14-0161)
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
(14-0161)
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 (14-0161)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5110933		2594111	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		5110933		2594111	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				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
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: MUTUAL OF OMAHA

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-0161)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14746		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 TO .53 PROGRAM .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		14746		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: MUTUAL OF OMAHA

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
		PART A	PART B	(14-U161)		
	1	1	2	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	16856				1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES					3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS	56				5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL	16856				8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL	16856				10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL	16856				12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	2108				13
14	80% OF PART B COSTS					14
15	SUBTOTAL	14748				15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL	14748				18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS	14748				20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM					21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2					22

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 (14-0161) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	746538				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	746538				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	746538				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES					11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES					16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES					20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	746538				22
28	COST OF COVERED SERVICES	746538				23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL	746538				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
38	LESSER OF LINES 30 OR 31	746538				32
39	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		NF I
	HOSPITAL (14-0161) (OTHER)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST	746538			34
36	SUBTOTAL				35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				37
38.01	REIMBURSABLE BAD DEBTS				38
38.02	REDUCED REIMBURSABLE BAD DEBTS				38.01
	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	702322	90192	882700	1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	21130995			4
5	OTHER RECEIVABLES	309375			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11976907			6
7	INVENTORY	557218			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	73896			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	10796899	90192	882700	11
FIXED ASSETS					
12	LAND	749404			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2287903			13
13.01	ACCUMULATED DEPRECIATION	-1234409			13.01
14	BUILDINGS	34873183			14
14.01	ACCUMULATED DEPRECIATION	-10694098			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	97230			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	24433796			18
18.01	ACCUMULATED DEPRECIATION	-19291271			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	31221738			21
OTHER ASSETS					
22	INVESTMENTS	16774229			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	500000			25
26	TOTAL OTHER ASSETS	17274229			26
27	TOTAL ASSETS	59292866	90192	882700	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1432137			28
29	SALARIES, WAGES & FEES PAYABLE	3490616			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	480979			34
35	OTHER CURRENT LIABILITIES	644585			35
36	TOTAL CURRENT LIABILITIES	6048317			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	39000			41
42	TOTAL LONG TERM LIABILITIES	39000			42
43	TOTAL LIABILITIES	6087317			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	53205549			44
45	SPECIFIC PURPOSE FUND BALANCE		90192		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			882700	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	53205549	90192	882700	51
52	TOTAL LIABILITIES AND FUND BALANCES	59292866	90192	882700	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	53434950	333327	882700	1
2 NET INCOME (LOSS)	-229401			2
3 TOTAL	53205549	333327	882700	3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 RESTRICTED ASSETS		-243135		5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS		-243135		10
11 SUBTOTAL	53205549	90192	882700	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	53205549	90192	882700	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	4516090		4516090	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	4516090		4516090	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	1407831		1407831	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	1407831		1407831	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	5923921		5923921	18
19 ANCILLARY SERVICES	23052248	75267771	98320019	19
20 OUTPATIENT SERVICES		22302304	22302304	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 CORF				25
26 ASC				26
27 HOSPICE				27
28 TOTAL PATIENT REVENUES	28976169	97570075	126546244	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		56579589	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	3006828		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3006828	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		59586417	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES		1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	126546244	2
3	NET PATIENT REVENUES	69174870	3
4	LESS - TOTAL OPERATING EXPENSES	57371374	4
5	NET INCOME FROM SERVICE TO PATIENTS	59586417	5
		-2215043	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	228835	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1001788	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		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		24
25	TOTAL OTHER INCOME	755019	25
26	TOTAL	1985642	26
27		-229401	27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-229401	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0161)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
2	CAPITAL FEDERAL AMOUNT				2
3	CAPITAL DRG OTHER THAN OUTLIER	415901			3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	9377			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3, PT VI, LN.18]				4
	[E, PT A, LN.3.17] [x E-3, PT VI, LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	425278			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

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
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 ULTRASOUND						41.10
41.20 CT SCAN						41.20
41.30 MRI						41.30
41.40 MAMMOGRAPHY						41.40
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
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC REHAB						53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS						56
59 DIABETES SVC						59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN						96
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 CARDIAC PHASE III						98.01
98.02 FUND DEVELOPMENT						98.02
98.03 PULMONARY FUNCTION						98.03
99 NONPAID WORKERS						99
00 CONTRACT NURSING						00
00.01 NON-PATIENT DIETARY						00.01

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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 07:55

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	37.51		10.36				47.87 25
26 INTENSIVE CARE UNIT	60.79		9.86				70.65 26
33 NURSERY			65.80				65.80 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	15.08	13.47					28.55 37
40 ANESTHESIOLOGY	14.68	7.54					22.22 40
41 RADIOLOGY-DIAGNOSTIC	9.57	21.40					30.97 41
41.10 ULTRASOUND	3.11	17.84					20.95 41.10
41.20 CT SCAN	5.84	24.08					29.92 41.20
41.30 MRI	3.03	29.75					23.78 41.30
41.40 MAMMOGRAPHY		5.45					5.45 41.40
43 RADIOISOTOPE	2.88	31.26					34.14 43
44 LABORATORY	12.71	2.89					15.60 44
47 BLOOD STORING, PROCESSING & TRA	30.91	24.47					55.38 47
49 RESPIRATORY THERAPY	41.42	8.56					49.98 49
50 PHYSICAL THERAPY	8.36						8.36 50
51 OCCUPATIONAL THERAPY	7.17						7.17 51
52 SPEECH PATHOLOGY	2.81	11.66					14.47 52
53 ELECTROCARDIOLOGY	12.40	28.84					41.24 53
53.10 CARDIAC REHAB		53.43					53.43 53.10
55 MEDICAL SUPPLIES CHARGED TO PAT	19.94	10.96					30.90 55
56 DRUGS CHARGED TO PATIENTS	27.51	14.00					41.51 56
59 DIABETES SVC		4.88					4.88 59
61 EMERGENCY	7.12	16.58					23.70 61
62 OBSERVATION BEDS (NON-DISTINCT	8.04	26.45					34.49 62
101 TOTAL CHARGES	11.47	13.91					25.38 101

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	1453093	2.69	-1453093	-7.17		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1085133	2.01	-1085133	-5.35		4
5	EMPLOYEE BENEFITS	6723450	12.45	-6723450	-33.16		5
6	ADMINISTRATIVE & GENERAL	7350239	13.61	-7350239	-36.25		6
7	MAINTENANCE & REPAIRS	124027	.23	-124027	-.61		7
8	OPERATION OF PLANT	1480202	2.74	-1480202	-7.30		8
9	LAUNDRY & LINEN SERVICE	169637	.31	-169637	-.84		9
10	HOUSEKEEPING	431473	.80	-431473	-2.13		10
11	DIETARY	107574	.20	-107574	-.53		11
12	CAFETERIA	338691	.63	-338691	-1.67		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	430943	.80	-430943	-2.13		14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	438714	.81	-438714	-2.16		17
18	SOCIAL SERVICE	143315	.27	-143315	-.71		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	2620728	4.85	3198320	15.77	5819048	10.77
26	INTENSIVE CARE UNIT	766892	1.42	692046	3.41	1458938	2.70
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	5744224	10.63	2862258	14.12	8606482	15.93
40	ANESTHESIOLOGY	77587	.14	80274	.40	157861	.29
41	RADIOLOGY-DIAGNOSTIC	609030	1.13	649990	3.21	1259020	2.33
41.10	ULTRASOUND	265013	.49	224582	1.11	489595	.91
41.20	CT SCAN	632687	1.17	317283	1.56	949970	1.76
41.30	MRI	499447	.92	163144	.80	662591	1.23
41.40	MAMMOGRAPHY	153189	.28	90817	.45	244006	.45
43	RADIOISOTOPE	417426	.77	174054	.86	591480	1.09
44	LABORATORY	1499541	2.78	870927	4.30	2370468	4.39
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	200224	.37	42524	.21	242748	.45
49	RESPIRATORY THERAPY	369365	.68	265301	1.31	634666	1.17
50	PHYSICAL THERAPY	894431	1.66	806254	3.98	1700685	3.15
51	OCCUPATIONAL THERAPY	322331	.60	301625	1.49	623956	1.16
52	SPEECH PATHOLOGY	276784	.51	244004	1.20	520788	.96
53	ELECTROCARDIOLOGY	244144	.45	198111	.98	442255	.82
53.10	CARDIAC REHAB	36780	.07	95460	.47	132240	.24
54.10	EMGS						54.10

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	315252	.58	234266	1.16	549520	1.02	55
56 DRUGS CHARGED TO PATIENTS	1049256	1.94	493004	2.43	1542260	2.85	56
59 DIABETES SVC	78896	.15	62409	.31	141305	.26	59
61 EMERGENCY	1460407	2.70	1243725	6.13	2704132	5.01	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FOHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							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	40578	.08	13968	.07	54546	.10	96
98 PHYSICIANS' PRIVATE OFFICES	14323448	26.51	6403872	31.58	20727320	38.37	98
98.01 CARDIAC PHASE III	511		1330	.01	1841		98.01
98.02 FUND DEVELOPMENT	684682	1.27	304853	1.50	989535	1.83	98.02
98.03 PULMONARY FUNCTION	21576	.04	12809	.06	34385	.06	98.03
99 NONPAID WORKERS	63		162383	.80	162446	.30	99
100 CONTRACT NURSING							100
100.01 NON-PATIENT DIETARY	139826	.26	66896	.33	206722	.38	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	54020809	100.00	0	.00	54020809	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	602724	19933917	.030236	3005059	90861	37
40 ANESTHESIOLOGY	37610	2362073	.015922	346720	5520	40
41 RADIOLOGY-DIAGNOSTIC	113400	3817210	.029708	365373	10855	41
41.10 ULTRASOUND	66511	2137906	.031110	66583	2071	41.10
41.20 CT SCAN	340580	11573092	.032885	676396	22243	41.20
41.30 MRI	17909	6351793	.002820	192305	542	41.30
41.40 MAMMOGRAPHY	12942	832413	.015548			41.40
43 RADIOISOTOPE	21101	3535328	.005969	101893	608	43
44 LABORATORY	161082	14190156	.011352	1403037	20468	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	5822	429786	.013578	132526	1799	47
49 RESPIRATORY THERAPY	35558	2775479	.012811	1149737	14729	49
50 PHYSICAL THERAPY	133708	3044649	.043916	254546	11179	50
51 OCCUPATIONAL THERAPY	43167	1450216	.029780	103976	3096	51
52 SPEECH PATHOLOGY	59325	413073	.143619	11602	1666	52
53 ELECTROCARDIOLOGY	31031	3375249	.009194	418380	3847	53
53.10 CARDIAC REHAB	24482	160192	.152829			53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	50570	2304133	.021948	459406	10083	55
56 DRUGS CHARGED TO PATIENTS	59084	6351416	.009302	1747570	16256	56
59 DIABETES SVC	5770	153801	.037516			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	198566	6148640	.032294	437798	14138	61
62 OBSERVATION BEDS (NON-DISTINCT	109050	1908720	.057133	153521	8771	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	2170012	93248242		11426428	238732	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	465544		465544	6489	71.74	2434	174615 25
26	INTENSIVE CARE UNIT	102050		102050	811	125.83	493	62034 26
101	TOTAL	567594		567594			2927	236649 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							236649	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							238732	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							475381	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						775		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						2927		
PER DISCHARGE CAPITAL COSTS							613.39	
PER DIEM CAPITAL COSTS							162.41	

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)	5946200
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	14364453
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.414

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)	475381
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.033

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	3564597
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	13801147
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.258

 COMPU-MAX CMS-2552-96 EDIT REPORT

I. OPTIONS SELECTED:
 OPTION 16
 OPTION 20, 6
 OPTION 21,10
 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	292212	-46160		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	O/P REHAB PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	292212	-46160		100

II. REMARKS (from 'CR' data file)

R WORKSHEET B-1 OFFSETS BEGIN HERE
 R END OF WORKSHEET B-1 OFFSETS

 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.

III. 1000 LEVEL ERRORS

IV. 2000 LEVEL ERRORS

V. KPMG LEVEL ERRORS

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

- **** - 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 = \$175.32
- **** - IF WKST S-3, PART III, LINE 2, COL 3 IS GREATER THAN ZERO,
 COL 5 SHOULD BE >= \$5 AND <= \$45
 AVE HOURLY WAGE FOR EXCLUDED SERVICES = \$80.30

VI. INFORMATIONAL MESSAGES

- (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 \$341,640
- (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 \$1,896,693