

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT MARY OF NAZARETH HOSP. (14-0180) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
	1	2	3
1	HOSPITAL	-1350284	694988
2	SUBPROVIDER I	121961	7840
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY		
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	-1228323	702828

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: 2233 WEST DIVISION STREET P.O.BOX: 1  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 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	SAINT MARY OF NAZARETH HOSP.	14-0180	07/01/1966	N	P	O	2
3	SUBPROVIDER I	ST. MARY OF NAZARETH REHAB UNT	14-T180	01/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 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. 1 N N 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 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. 1 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 IN COL. 2 AND TERMINATION IN COL. 3. 23.01

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? YES 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? YES 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. YES 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, 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) NO NO 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) NO NO 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NUMBER: 40.01
40.02	STREET: 100 NORTH RIVER ROAD	P.O. BOX:	40.02
40.03	CITY:	STATE: IL ZIP CODE: 60016	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?	YES	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 3398467 PAID LOSSES: AND/OR SELF INSURANCE: 126404					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / / Y/N 1 NO LIMIT 2 0.00 Y/N 3 NO FEES 4		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			YES		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)			NO		58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

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

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

MULTICAMPUS

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

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





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4762	5889	16162	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		4762	5889	16162	12
13	RPCH VISITS					13
14	SUBPROVIDER I		223	84	356	14
14.01	SUBPROVIDER II					14.01
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	TOTAL SALARIES	66699140		66699140	2446704.00	27.26		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	573668		573668	7746.00	74.06		4
4.01	TEACHING PHYSICIAN SALARIES	749671		749671	11079.00	67.67		4.01
5	PHYSICIAN - PART B	1349546		1349546	23973.00	56.29		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	1146154		1146154	52624.00	21.78		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	922936		922936	29874.00	30.89		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1186071		1186071	18174.00	65.26		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	269946		269946	2585.00	104.43		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT	155419		155419	1288.00	120.67		10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	11804815		11804815	372218.00	31.71		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	15274906		15274906			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	226928		226928			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	141419		141419			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	184174		184174			CMS 339	18.01
19	PHYSICIAN PART B	332170		332170			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	284483		284483			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	4111727		4111727	166890.00	24.64		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	616274		616274	13613.00	45.27		22.01
23	MAINTENANCE & REPAIRS	1627107		1627107	60069.00	27.09		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1485486		1485486	128278.00	11.58		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1485968	-561074	924894	66284.00	13.95		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	322399	561074	883473	63303.00	13.96		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1727179		1727179	47062.00	36.70		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	2032077		2032077	62941.00	32.29		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1533160		1533160	81110.00	18.90		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
	1	2	3	4	5	6		
1	NET SALARIES	63453769		63453769	2359028.00	26.90		1
2	EXCLUDED AREA SALARIES	922936		922936	29874.00	30.89		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	62530833		62530833	2329154.00	26.85		3
4	SUBTOTAL OTHER WAGES & REL COSTS	13416251		13416251	394265.00	34.03		4
5	SUBTOTAL WAGE-RELATED COSTS	15416325		15416325		24.65%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	91363409		91363409	2723419.00	33.55		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	14941377		14941377	689550.00	21.67		13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	54522021 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	54522021 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.279508 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	181251186 28
29	TOTAL GROSS MEDICAID COST	50661156 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	31932185 30
31	UNCOMPENSATED CARE COST	8925301 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	50661156 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	66699140	98156256	164855396	-62144	164793252	-5557627	159235625	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01	9601 FUND DEVELOPMENT		5741	5741		5741		5741	96.01
96.02	9602 CONVENT		644	644	62144	62788		62788	96.02
96.03	9603 NURSING EDUC BLDG UNUSED SPACE		486	486		486		486	96.03
98	9800 PHYSICIANS' PRIVATE OFFICES		2788	2788		2788		2788	98
101	TOTAL	66699140	98165915	164865055		164865055	-5557627	159307428	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 MORTGAGE INTEREST	A				1
2 MORTGAGE INTEREST	A				2
3 MORTGAGE INTEREST	A				3
4 MORTGAGE INTEREST	A				4
5 HBP COMP.-SALARY	C				5
6 HBP COMP.-SALARY	C				6
7 HBP COMP.-SALARY	C				7
8 HBP COMP.-SALARY	C				8
9 HBP COMP.-SALARY	C				9
10 HBP COMP.-SALARY	C				10
11 HBP COMP.-OTHER	D				11
12 HBP COMP.-OTHER	D				12
13 HBP COMP.-OTHER	D	OPERATING ROOM	37		454000 13
14 HBP COMP.-OTHER	D				14
15 HBP COMP.-OTHER	D				15
16 HBP COMP.-OTHER	D	EMERGENCY	61		1219887 16
17 HBP COMP.-OTHER	D				17
18 HBP COMP.-OTHER	D				18
19 HBP COMP.-OTHER	D				19
20 MAINTENANCE/REPAIR	E	CONVENT	96.02		61972 20
21 MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO P	55		343056 21
22 PATIENT DRUGS	H	DRUGS CHARGED TO PATIENTS	56		5678257 22
23 CONVENT PHONES	I				23
24					24
25 DEPRECIATION	L	OLD CAP REL COSTS-BLDG & FIXT	1		467651 25
26 DEPRECIATION	L	NEW CAP REL COSTS-BLDG & FIXT	3		6416190 26
27 DEPRECIATION	L				27
28 DEPRECIATION	L	CONVENT	96.02		172 28
29 ACCRUED VACATION	M				29
30 CAFETERIA RECLASS	O	CAFETERIA	12	561074	926496 30
31					31
32					32
33					33
34					34
35					35
36 SUBTOTAL				561074	15567681 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1		6	7	8	9	
1 MORTGAGE INTEREST	A					1
2 MORTGAGE INTEREST	A					2
3 MORTGAGE INTEREST	A					3
4 MORTGAGE INTEREST	A					4
5 HBP COMP.-SALARY	C					5
6 HBP COMP.-SALARY	C					6
7 HBP COMP.-SALARY	C					7
8 HBP COMP.-SALARY	C					8
9 HBP COMP.-SALARY	C					9
10 HBP COMP.-SALARY	C					10
11 HBP COMP.-OTHER	D					11
12 HBP COMP.-OTHER	D					12
13 HBP COMP.-OTHER	D					13
14 HBP COMP.-OTHER	D					14
15 HBP COMP.-OTHER	D					15
16 HBP COMP.-OTHER	D					16
17 HBP COMP.-OTHER	D	OTHER ADMINISTRATIVE & GENERA	6.06		454000	17
18 HBP COMP.-OTHER	D	I&R SERVICES-OTHER PRGM COSTS	23		1219887	18
19 HBP COMP.-OTHER	D					19
20 MAINTENANCE/REPAIR	E	MAINTENANCE & REPAIRS	7		61972	20
21 MEDICAL SUPPLIES	G	CENTRAL SERVICES & SUPPLY	15		343056	21
22 PATIENT DRUGS	H	PHARMACY	16		5678257	22
23 CONVENT PHONES	I					23
24						24
25 DEPRECIATION	L					9 25
26 DEPRECIATION	L					14 26
27 DEPRECIATION	L	OTHER ADMINISTRATIVE & GENERA	6.06		6884013	27
28 DEPRECIATION	L					28
29 ACCRUED VACATION	M					29
30 CAFETERIA RECLASS	O	DIETARY	11	561074	926496	30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				561074	15567681	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
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				561074	15567681 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
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				561074	15567681	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	4774770					4774770	1
2 LAND IMPROVEMENTS	1075036					1075036	2
3 BUILDINGS AND FIXTURES	59736137					59736137	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	65585943					65585943	7
8 RECONCILING ITEMS							8
9 TOTAL	65585943					65585943	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							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES	22359497	26842447		26842447		49201944	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	63431678	6999510		6999510		70431188	5
6 MOVABLE EQUIPMENT	144138					144138	6
7 SUBTOTAL	85935313	33841957		33841957		119777270	7
8 RECONCILING ITEMS							8
9 TOTAL	85935313	33841957		33841957		119777270	9



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-32651	TELECOMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-50	OTHER ADMINISTRATIVE & GENERAL	6.06	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3601597			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-628865			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-732049	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A-8-3		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 MISC	B	-8638	ELECTROCARDIOLOGY	53	37
37.01 XEROX BILL COPIES	B	-520	OTHER ADMINISTRATIVE & GENERAL	6.06	37.01
37.02 X-RAY DUPLICATES	B	-5270	OTHER ADMINISTRATIVE & GENERAL	6.06	37.02
37.05 MISCELLANEOUS	B	-190	EMPLOYEE BENEFITS	5	37.05
37.08 MISCELLANEOUS	B	-38156	OTHER ADMINISTRATIVE & GENERAL	6.06	37.08
38 REFERENCE LAB RECEIPTS	B	-323104	LABORATORY	44	38
39 OTHER LAB REVENUE	B	-2391	LABORATORY	44	39
40 ER ASSOCIATION/PAYING FOR USING P	B	-300000	EMERGENCY	61	40
41 MEDICAL STAFF APPLICATIONS	B	-3200	OTHER ADMINISTRATIVE & GENERAL	6.06	41
42 MISC REVENUE	B	-832	ADULTS & PEDIATRICS	25	42
43 DRUG PURCHASES	B	-1388	PHARMACY	16	43
44 LEADERSHIP DEVELOPMENT	B	-96	NURSING ADMINISTRATION	14	44
45 CHA DUES-LOBBYING COMPONENT	A	-1168	OTHER ADMINISTRATIVE & GENERAL	6.06	45
46 CENTRAL SUPPLY AUDIT ADJUSTMENT	A	122538	CENTRAL SERVICES & SUPPLY	15	46
47					47
48					48
49					49
50 TOTAL		-5557627			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
2	5	EMPLOYEE BENEFITS	776835		776835	
3	3	NEW CAP REL COSTS-BLDG & FIXT	1784928		1784928	9 3
4	6.02	INFORMATION MANAGEMENT	4004940		4004940	4
4.01	6.03	PURCHASING	981046		981046	4.01
4.02	6.06	OTHER ADMINISTRATIVE & GENERAL	5069577	17831232	-12761655	4.02
4.03	6.05	PATIENT FINANCIAL SERVICES	2302128		2302128	4.03
4.04	15	CENTRAL SERVICES & SUPPLY	175323		175323	4.04
4.05	26	INTENSIVE CARE UNIT	568422		568422	4.05
4.06	6.04	ADMITTING	1539168		1539168	4.06
5		TOTALS	17202367	17831232	-628865	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME		
1	2	3	4	5	6
B			RESURRECTION HEALTHCARE		SOLE CORPORATE MEMBER
1					1
2					2
3					3
4					4
5					5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	1555138	1436769	118369	177200	30731	2618045	130902
2	26	INTENSIVE CARE UNIT	720181	539908	180272	177200	8169	695936	34797
3	31	SUBPROVIDER I				153400			
4	31.01	SUBPROVIDER II				133400			
5	33	NURSERY	110000	96250	13750	177200	1833	156158	7808
6	37	OPERATING ROOM	127021	27025	99996	208000	1086	108600	5430
7	40	ANESTHESIOLOGY	446370	267821	178549	200300	2700	260005	13000
8	44	LABORATORY				215700			
9	49	RESPIRATORY THERAPY				153400			
10	53	ELECTROCARDIOLOGY	15000		15000	177200	250	21298	1065
11	58	ASC (NON-DISTINCT PART)				208000			
12	59	MENTAL HEALTH OUTPATIENT				133400			
13	60	CLINIC				153400			
14	61	EMERGENCY	1287093	1222738	64355	177200	3432	292380	14619
15	50	PHYSICAL THERAPY	5417	5417		133400	80	5131	257
16	51	OCCUPATIONAL THERAPY	1668	1668		133400	42	2694	135
17	54	ELECTROENCEPHALOGRAPHY	16000	4000	12000	133400	246	15777	789
101		TOTAL	4283888	3601596	682291		48569	4176024	208802

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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
LINE NO.			12	13	14	15	16	17	18
10	11								
1	25	ADULTS & PEDIATRICS	AGGREGATE				2618045		1436769
2	26	INTENSIVE CARE UNIT	AGGREGATE				695936		539909
3	31	SUBPROVIDER I	AGGREGATE						
4	31.01	SUBPROVIDER II	AGGREGATE						
5	33	NURSERY	JOHN H STROGER COOK				156158		96250
6	37	OPERATING ROOM	AGGREGATE				108600		27025
7	40	ANESTHESIOLOGY	DIVISION ANESTHESIA				260005		267821
8	44	LABORATORY	AGGREGATE						
9	49	RESPIRATORY THERAPY	AGGREGATE						
10	53	ELECTROCARDIOLOGY	AGGREGATE				21298		
11	58	ASC (NON-DISTINCT PART)	BLASUIS						
12	59	MENTAL HEALTH OUTPATIENT	AGGREGATE						
13	60	CLINIC	AGGREGATE						
14	61	EMERGENCY	DIVERSIFIED EMER SE				292380		1222738
15	50	PHYSICAL THERAPY	SUH				5131		5417
16	51	OCCUPATIONAL THERAPY	ADVANCE OCCUP MEDIC				2694		1668
17	54	ELECTROENCEPHALOGRAPHY	AGGREGATE				15777		4000
101		TOTAL					4176024		3601597



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP-	NEW CAP-	EMPLOYEE	TELE.COMM.	INFO.MGMT.	PURCHASING	ADMITTING	
	FOR COST	REL COSTS	REL COSTS	BENEFITS					
	ALLOCATION	BLDG&FIXT	BLDG&FIXT		6.01	6.02	6.03	6.04	
	0	1	3	5					
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	159235625	466782	8185889	12558512	231357	4042756	2040706	2254076	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		620	10869						96
96.01 FUND DEVELOPMENT	5741	249	4360		596		582		96.01
96.02 CONVENT	62788				5362				96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	486				993		18		96.03
98 PHYSICIANS' PRIVATE OFFICES	2788					24441	4		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	159307428	467651	8201118	12558512	238308	4067197	2041310	2254076	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	P.F.S.	SUBTOTAL	OTHER	MAINTEN-	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
			ADMIN. & GENERAL	ANCE AND REPAIRS	AND LINEN SERVICE	KEEPING			
	6.05	5A	6.06	7	9	10	11	12	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	3752580	159187531	19055594	10032394	1269259	3143611	2717910	1932122	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		11489	1562	19373		825			96
96.01 FUND DEVELOPMENT		11528	1568	7772					96.01
96.02 CONVENT		68150	9268				8247		96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		1497	204						96.03
98 PHYSICIANS' PRIVATE OFFICES		27233	3704		2122				98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3752580	159307428	19071900	10059539	1271381	3152683	2717910	1932122	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY		I/R-OTHER	
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	VOLUNTEERS 19.01	AND FRINGES 22	PROGRAM COSTS 23	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2974955	751129	3782678	3755018	124955	3013	1591049	1422295	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN						1196			96
96.01 FUND DEVELOPMENT									96.01
96.02 CONVENT									96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		15							96.03
98 PHYSICIANS' PRIVATE OFFICES									98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2974955	751144	3782678	3755018	124955	4209	1591049	1422295	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 TELECOMMUNICATIONS				6.01
6.02 INFORMATION MANAGEMENT				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 PATIENT FINANCIAL SERVICES				6.05
6.06 OTHER ADMINISTRATIVE & GENERAL				6.06
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
19 PART B BILLING				19
19.01 VOLUNTEERS				19.01
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	53720388	-1186763	52533625	25
26 INTENSIVE CARE UNIT	10615974	-123836	10492138	26
31 SUBPROVIDER I	2249347		2249347	31
31.01 SUBPROVIDER II				31.01
33 NURSERY	1047203	-206393	840810	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	15385091	-309590	15075501	37
38 RECOVERY ROOM	1354845		1354845	38
39 DELIVERY ROOM & LABOR ROOM	6487219		6487219	39
40 ANESTHESIOLOGY	1016262	-30959	985303	40
41 RADIOLOGY-DIAGNOSTIC	9179917	-82557	9097360	41
41.01 RADIOLOGY-ULTRASOUND	1044651		1044651	41.01
44 LABORATORY	9168562		9168562	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1548875		1548875	47
49 RESPIRATORY THERAPY	2641763	-103197	2538566	49
50 PHYSICAL THERAPY	1989643		1989643	50
51 OCCUPATIONAL THERAPY	858279		858279	51
52 SPEECH PATHOLOGY	219145		219145	52
53 ELECTROCARDIOLOGY	5869431	-82557	5786874	53
53.01 CARDIAC REHAB	413131		413131	53.01
54 ELECTROENCEPHALOGRAPHY	231197		231197	54
55 MEDICAL SUPPLIES CHARGED TO PAT	461305		461305	55
56 DRUGS CHARGED TO PATIENTS	11060261		11060261	56
57 RENAL DIALYSIS	774789		774789	57
58 ASC (NON-DISTINCT PART)	1716886	-10320	1706566	58
59 MENTAL HEALTH OUTPATIENT	3348792		3348792	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	4712407	-619180	4093227	60
61 EMERGENCY	11356795	-154795	11202000	61
61.01 OBSERVATION BEDS	659517	-103197	556320	61.01
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

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	159131675	-3013344	156118331	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	34445		34445	96
96.01 FUND DEVELOPMENT	20868		20868	96.01
96.02 CONVENT	85665		85665	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	1716		1716	96.03
98 PHYSICIANS' PRIVATE OFFICES	33059		33059	98
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	159307428	-3013344	156294084	103



ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP-	CAP REL	EMPLOYEE	TELE.COMM.	INFO.MGMT.	PURCHASING	ADMITTING	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 1	COST TO BE ALLOC 4A	BENEFITS 5					
					6.01	6.02	6.03	6.04	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	437042	466782	903824	3055	2213	3208	14388	4820	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		620	620						96
96.01 FUND DEVELOPMENT		249	249		6		4		96.01
96.02 CONVENT					51				96.02
96.03 NURSING EDUC BLDG UNUSED SPACE					10				96.03
98 PHYSICIANS' PRIVATE OFFICES						19			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	437042	467651	904693	3055	2280	3227	14392	4820	103



ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	P.F.S. 6.05	OTHER ADMIN. & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1357	453324	130931	6815	16247	15485	15568	13254	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		37	253		4				96
96.01 FUND DEVELOPMENT		37	101						96.01
96.02 CONVENT		220			43				96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		5							96.03
98 PHYSICIANS' PRIVATE OFFICES		88		11					98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1357	453711	131285	6826	16294	15485	15568	13254	103



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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY		I/R-OTHER	SUBTOTAL
	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	VOLUNTEERS 19.01	AND FRINGES 22	PROGRAM COSTS 23	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	20070	20128	21622	2924	11			890347 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					5			919 96
96.01 FUND DEVELOPMENT								397 96.01
96.02 CONVENT								314 96.02
96.03 NURSING EDUC BLDG UNUSED SPACE								15 96.03
98 PHYSICIANS' PRIVATE OFFICES								118 98
101 CROSS FOOT ADJUSTMENTS						5689	5687	11376 101
102 NEGATIVE COST CENTER	1207							1207 102
103 TOTAL	21277	20128	21622	2924	16	5689	5687	904693 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

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
6.01 TELECOMMUNICATIONS			6.01
6.02 INFORMATION MANAGEMENT			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 PATIENT FINANCIAL SERVICES			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
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
19 PART B BILLING			19
19.01 VOLUNTEERS			19.01
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	350133		25
26 INTENSIVE CARE UNIT	45659		26
31 SUBPROVIDER I	17744		31
31.01 SUBPROVIDER II			31.01
33 NURSERY	5987		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	77043		37
38 RECOVERY ROOM	7189		38
39 DELIVERY ROOM & LABOR ROOM	33136		39
40 ANESTHESIOLOGY	4116		40
41 RADIOLOGY-DIAGNOSTIC	47510		41
41.01 RADIOLOGY-ULTRASOUND	3515		41.01
44 LABORATORY	45917		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	5841		47
49 RESPIRATORY THERAPY	9610		49
50 PHYSICAL THERAPY	12035		50
51 OCCUPATIONAL THERAPY	3273		51
52 SPEECH PATHOLOGY	1276		52
53 ELECTROCARDIOLOGY	29940		53
53.01 CARDIAC REHAB	5597		53.01
54 ELECTROENCEPHALOGRAPHY	1819		54
55 MEDICAL SUPPLIES CHARGED TO PAT	2038		55
56 DRUGS CHARGED TO PATIENTS	41458		56
57 RENAL DIALYSIS	3480		57
58 ASC (NON-DISTINCT PART)	16250		58
59 MENTAL HEALTH OUTPATIENT	16393		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	22108		60
61 EMERGENCY	74070		61
61.01 OBSERVATION BEDS			61.01
62 OBSERVATION BEDS (NON-DISTINCT)	7210		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

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS		890347	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		919	96
96.01 FUND DEVELOPMENT		397	96.01
96.02 CONVENT		314	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		15	96.03
98 PHYSICIANS' PRIVATE OFFICES		118	98
101 CROSS FOOT ADJUSTMENTS		11376	101
102 NEGATIVE COST CENTER		1207	102
103 TOTAL		904693	103



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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	CAP REL	EMPLOYEE	TELE.COMM.	INFO.MGMT.	PURCHASING	ADMITTING	
	CAP-REL COSTS 0	REL COSTS BLDG&FIXT 3	COST TO BE ALLOC 4A	BENEFITS 5					
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	6423225	8185889	14609114	53936	87031	85930	304787	92949	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		10869	10869						96
96.01 FUND DEVELOPMENT		4360	4360		224		87		96.01
96.02 CONVENT					2017				96.02
96.03 NURSING EDUC BLDG UNUSED SPACE					374		3		96.03
98 PHYSICIANS' PRIVATE OFFICES						520	1		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6423225	8201118	14624343	53936	89646	86450	304878	92949	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	P.F.S. 6.05	OTHER ADMIN. & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	39145	4263233	2745728	96823	235450	230848	246827	221077	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		350	5302		62				96
96.01 FUND DEVELOPMENT		351	2127						96.01
96.02 CONVENT		2074			618				96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		46							96.03
98 PHYSICIANS' PRIVATE OFFICES		829		162					98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	39145	4266883	2753157	96985	236130	230848	246827	221077	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY		I/R-OTHER	SUBTOTAL
	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	VOLUNTEERS 19.01	AND FRINGES 22	PROGRAM COSTS 23	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	368129	289286	321973	57247	132			14436700 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					53			16636 96
96.01 FUND DEVELOPMENT								7149 96.01
96.02 CONVENT								4709 96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	7							430 96.03
98 PHYSICIANS' PRIVATE OFFICES								1512 98
101 CROSS FOOT ADJUSTMENTS						64717	70340	135057 101
102 NEGATIVE COST CENTER	22150							22150 102
103 TOTAL	390286	289286	321973	57247	185	64717	70340	14624343 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
6.01 TELECOMMUNICATIONS			6.01
6.02 INFORMATION MANAGEMENT			6.02
6.03 PURCHASING			6.03
6.04 ADMITTING			6.04
6.05 PATIENT FINANCIAL SERVICES			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			6.06
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
19 PART B BILLING			19
19.01 VOLUNTEERS			19.01
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	5385600		25
26 INTENSIVE CARE UNIT	662223		26
31 SUBPROVIDER I	280997		31
31.01 SUBPROVIDER II			31.01
33 NURSERY	101401		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1327022		37
38 RECOVERY ROOM	104542		38
39 DELIVERY ROOM & LABOR ROOM	477368		39
40 ANESTHESIOLOGY	182814		40
41 RADIOLOGY-DIAGNOSTIC	975729		41
41.01 RADIOLOGY-ULTRASOUND	45874		41.01
44 LABORATORY	742622		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	75596		47
49 RESPIRATORY THERAPY	135862		49
50 PHYSICAL THERAPY	178766		50
51 OCCUPATIONAL THERAPY	39889		51
52 SPEECH PATHOLOGY	18674		52
53 ELECTROCARDIOLOGY	572992		53
53.01 CARDIAC REHAB	97390		53.01
54 ELECTROENCEPHALOGRAPHY	31776		54
55 MEDICAL SUPPLIES CHARGED TO PAT	26480		55
56 DRUGS CHARGED TO PATIENTS	574391		56
57 RENAL DIALYSIS	56664		57
58 ASC (NON-DISTINCT PART)	270737		58
59 MENTAL HEALTH OUTPATIENT	223601		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	365470		60
61 EMERGENCY	1356780		61
61.01 OBSERVATION BEDS	125440		61.01
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

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS		14436700	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		16636	96
96.01 FUND DEVELOPMENT		7149	96.01
96.02 CONVENT		4709	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		430	96.03
98 PHYSICIANS' PRIVATE OFFICES		1512	98
101 CROSS FOOT ADJUSTMENTS		135057	101
102 NEGATIVE COST CENTER		22150	102
103 TOTAL		14624343	103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP-	NEW CAP-	EMPLOYEE	TELE.COMM.	INFO.MGMT.	PURCHASING	ADMITTING	
	REL COSTS	REL COSTS	BENEFITS					
	BLDG&FIXT	BLDG&FIXT	GROSS	PHONES	(MACHINE	(SUPPLIES	GROSS	
	(SQUARE	SQUARE	SALARIES	(# PHONES)	TIME)	PURCHASED)	REVENUE	
	1	3	5	6.01	6.02	6.03	6.04	
	FEET)	FEET						
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	514393	514393	66699140	1165	7278	20142607	558546608	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	683	683						96
96.01 FUND DEVELOPMENT	274	274			3	5741		96.01
96.02 CONVENT					27			96.02
96.03 NURSING EDUC BLDG UNUSED SPAC					5	177		96.03
98 PHYSICIANS' PRIVATE OFFICES						44	44	98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	467651	8201118	12558512	238308	4067197	2041310	2254076	103
104 UNIT COST MULT-WS B PT I		15.913686		198.590000		.101313		104
104 UNIT COST MULT-WS B PT I	.907443		.188286		555.476236		.004036	104
105 COST TO BE ALLOC PER B PT II			3055	2280	3227	14392	4820	105
106 UNIT COST MULT-WS B PT II				1.900000		.000714		106
106 UNIT COST MULT-WS B PT II			.000046		.440727		.000009	106
107 COST TO BE ALLOC PER B PT III			53936	89646	86450	304878	92949	107
108 UNIT COST MULT-WS B PT III				74.705000		.015131		108
108 UNIT COST MULT-WS B PT III			.000809		11.806883		.000166	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	P.F.S. GROSS REVENUE	RECON- CILIATION	OTHER	MAINTEN-	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
			ADMIN. & GENERAL ACCUM COST	ANCE AND REPAIRS SQUARE FEET	AND LINEN SERVICE (POUNDS OF LAUNDRY)	KEEPING (HOURS OF SERVICE)	(MEALS SERVED)	(MEALS (# FTE'S)	
	6.05	6A.06	6.06	7	9	10	11	12	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	558546608	-19071900	140115631	353691	1858989	99110	254659	939	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C			11489	683		26			96
96.01 FUND DEVELOPMENT			11528	274					96.01
96.02 CONVENT			68150			260			96.02
96.03 NURSING EDUC BLDG UNUSED SPAC			1497						96.03
98 PHYSICIANS' PRIVATE OFFICES			27233		3108				98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	3752580		19071900	10059539	1271381	3152683	2717910	1932122	103
104 UNIT COST MULT-WS B PT I	.006718		.135999		.682768		10.672743		104
104 UNIT COST MULT-WS B PT I				28.364855		31.718409		2057.637913	104
105 COST TO BE ALLOC PER B PT II	1357		453711	131285	6826	16294	15485	15568	105
106 UNIT COST MULT-WS B PT II	.000002		.003235		.003666		.060807		106
106 UNIT COST MULT-WS B PT II				.370184		.163930		16.579340	106
107 COST TO BE ALLOC PER B PT III	39145		4266883	2753157	96985	236130	230848	246827	107
108 UNIT COST MULT-WS B PT III	.000070		.030427		.052084		.906498		108
108 UNIT COST MULT-WS B PT III				7.763069		2.375649		262.861555	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY		I/R-OTHER	
	ADMINI- STRATION (DIRECT NRSG HRS)	SERVICES & SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS & LIBRARY 3 TIME STUDY	SERVICE (TIME SPENT)	VOLUNTEERS (TIME SPENT)	AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	
	14	15	16	17	18	19.01	22	23	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	591	9051265	5802086	75866	8489	1408	292	292	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C						559			96
96.01 FUND DEVELOPMENT									96.01
96.02 CONVENT									96.02
96.03 NURSING EDUC BLDG UNUSED SPAC		177							96.03
98 PHYSICIANS' PRIVATE OFFICES									98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2974955	751144	3782678	3755018	124955	4209	1591049	1422295	103
104 UNIT COST MULT-WS B PT I	5033.764805		.651951		14.719637		5448.797945		104
104 UNIT COST MULT-WS B PT I		.082986		49.495400		2.139807		4870.873288	104
105 COST TO BE ALLOC PER B PT II	13254	20070	20128	21622	2924	16	5689	5687	105
106 UNIT COST MULT-WS B PT II	22.426396		.003469		.344446		19.482877		106
106 UNIT COST MULT-WS B PT II		.002217		.285003		.008134		19.476027	106
107 COST TO BE ALLOC PER B PT III	221077	368136	289286	321973	57247	185	64717	70340	107
108 UNIT COST MULT-WS B PT III	374.072758		.049859		6.743668		221.633562		108
108 UNIT COST MULT-WS B PT III		.040672		4.243970		.094052		240.890411	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.01	TELECOMMUNICATIONS	6.01
6.02	INFORMATION MANAGEMENT	6.02
6.03	PURCHASING	6.03
6.04	ADMITTING	6.04
6.05	PATIENT FINANCIAL SERVICES	6.05
6.06	OTHER ADMINISTRATIVE & GENERA	6.06
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
19	PART B BILLING	19
19.01	VOLUNTEERS	19.01
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
31	SUBPROVIDER I	31
31.01	SUBPROVIDER II	31.01
33	NURSERY	33
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.01	RADIOLOGY-ULTRASOUND	41.01
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
53.01	CARDIAC REHAB	53.01
54	ELECTROENCEPHALOGRAPHY	54
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
58	ASC (NON-DISTINCT PART)	58
59	MENTAL HEALTH OUTPATIENT	59
OUTPATIENT SERVICE COST CENTERS		
60	CLINIC	60
61	EMERGENCY	61
61.01	OBSERVATION BEDS	61.01
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		

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WORKSHEET B-1

COST CENTER DESCRIPTION

85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03
95	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
96	GIFT, FLOWER, COFFEE SHOP & C	96
96.01	FUND DEVELOPMENT	96.01
96.02	CONVENT	96.02
96.03	NURSING EDUC BLDG UNUSED SPAC	96.03
98	PHYSICIANS' PRIVATE OFFICES	98
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	52533625		52533625		52533625	25
26 INTENSIVE CARE UNIT	10492138		10492138		10492138	26
31 SUBPROVIDER I	2249347		2249347		2249347	31
31.01 SUBPROVIDER II						31.01
33 NURSERY	840810		840810		840810	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15075501		15075501		15075501	37
38 RECOVERY ROOM	1354845		1354845		1354845	38
39 DELIVERY ROOM & LABOR ROOM	6487219		6487219		6487219	39
40 ANESTHESIOLOGY	985303		985303		985303	40
41 RADIOLOGY-DIAGNOSTIC	9097360		9097360		9097360	41
41.01 RADIOLOGY-ULTRASOUND	1044651		1044651		1044651	41.01
44 LABORATORY	9168562		9168562		9168562	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1548875		1548875		1548875	47
49 RESPIRATORY THERAPY	2538566		2538566		2538566	49
50 PHYSICAL THERAPY	1989643		1989643		1989643	50
51 OCCUPATIONAL THERAPY	858279		858279		858279	51
52 SPEECH PATHOLOGY	219145		219145		219145	52
53 ELECTROCARDIOLOGY	5786874		5786874		5786874	53
53.01 CARDIAC REHAB	413131		413131		413131	53.01
54 ELECTROENCEPHALOGRAPHY	231197		231197		231197	54
55 MEDICAL SUPPLIES CHARGED TO	461305		461305		461305	55
56 DRUGS CHARGED TO PATIENTS	11060261		11060261		11060261	56
57 RENAL DIALYSIS	774789		774789		774789	57
58 ASC (NON-DISTINCT PART)	1706566		1706566		1706566	58
59 MENTAL HEALTH OUTPATIENT	3348792		3348792		3348792	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4093227		4093227		4093227	60
61 EMERGENCY	11202000		11202000		11202000	61
61.01 OBSERVATION BEDS	556320		556320		556320	61.01
62 OBSERVATION BEDS (NON-DISTI	176419		176419		176419	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	156294750		156294750		156294750	101
102 LESS OBSERVATION BEDS	176419		176419		176419	102
103 TOTAL	156118331		156118331		156118331	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	118210235		118210235			25
26 INTENSIVE CARE UNIT	18996515		18996515			26
31 SUBPROVIDER I	5232646		5232646			31
31.01 SUBPROVIDER II						31.01
33 NURSERY	2454605		2454605			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	31646957	10485409	42132366	.357813	.357813	.357813 37
38 RECOVERY ROOM	4752728	2683758	7436486	.182189	.182189	.182189 38
39 DELIVERY ROOM & LABOR ROOM	8146549	1308527	9455076	.686110	.686110	.686110 39
40 ANESTHESIOLOGY	5778954	1959728	7738682	.127322	.127322	.127322 40
41 RADIOLOGY-DIAGNOSTIC	21348134	31636790	52984924	.171697	.171697	.171697 41
41.01 RADIOLOGY-ULTRASOUND	2080639	5008828	7089467	.147353	.147353	.147353 41.01
44 LABORATORY	44274223	24143855	68418078	.134008	.134008	.134008 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	4347043	600840	4947883	.313038	.313038	.313038 47
49 RESPIRATORY THERAPY	22573339	1235297	23808636	.106624	.106624	.106624 49
50 PHYSICAL THERAPY	2423691	1881851	4305542	.462112	.462112	.462112 50
51 OCCUPATIONAL THERAPY	1888715	480846	2369561	.362210	.362210	.362210 51
52 SPEECH PATHOLOGY	441473	38413	479886	.456661	.456661	.456661 52
53 ELECTROCARDIOLOGY	30813898	13017362	43831260	.132026	.132026	.132026 53
53.01 CARDIAC REHAB	26282	192425	218707	1.888970	1.888970	1.888970 53.01
54 ELECTROENCEPHALOGRAPHY	360429	644387	1004816	.230089	.230089	.230089 54
55 MEDICAL SUPPLIES CHARGED TO	2482618	774633	3257251	.141624	.141624	.141624 55
56 DRUGS CHARGED TO PATIENTS	71491305	5649198	77140503	.143378	.143378	.143378 56
57 RENAL DIALYSIS	2542751	20025	2562776	.302324	.302324	.302324 57
58 ASC (NON-DISTINCT PART)	34056	1338633	1372689	1.243228	1.243228	1.243228 58
59 MENTAL HEALTH OUTPATIENT	2131	2872278	2874409	1.165037	1.165037	1.165037 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3031941	5915795	8947736	.457460	.457460	.457460 60
61 EMERGENCY	13732926	23769887	37502813	.298698	.298698	.298698 61
61.01 OBSERVATION BEDS		3773060	3773060	.147445	.147445	.147445 61.01
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	419114783	139431825	558546608			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	419114783	139431825	558546608			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	350133		350133	5385600		5385600	26
27 INTENSIVE CARE UNIT	45659		45659	662223		662223	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I	17744		17744	280997		280997	31
31.01 SUBPROVIDER II							31.01
33 NURSERY	5987		5987	101401		101401	33
101 TOTAL	419523		419523	6430221		6430221	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	79209	28655	4.42	126655	67.99	1948253	26
27 INTENSIVE CARE UNIT	7240	4169	6.31	26306	91.47	381338	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I	4225	2722	4.20	11432	66.51	181040	31
31.01 SUBPROVIDER II							31.01
33 NURSERY	3689		1.62		27.49		33
101 TOTAL	94363	35546		164393		2510631	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] 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	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	77043	1327022	42132366	17145314	.001829	31359	.031496	540009	37
38 RECOVERY ROOM	7189	104542	7436486	2024507	.000967	1958	.014058	28461	38
39 DELIVERY ROOM & LABOR ROOM	33136	477368	9455076	3560	.003505	12	.050488	180	39
40 ANESTHESIOLOGY	4116	182814	7738682	1493229	.000532	794	.023623	35275	40
41 RADIOLOGY-DIAGNOSTIC	47510	975729	52984924	13082702	.000897	11735	.018415	240918	41
41.01 RADIOLOGY-ULTRASOUND	3515	45874	7089467	509413	.000496	253	.006471	3296	41.01
44 LABORATORY	45917	742622	68418078	20320851	.000671	13635	.010854	220563	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	5841	75596	4947883	1008985	.001181	1192	.015278	15415	47
49 RESPIRATORY THERAPY	9610	135862	23808636	7109961	.000404	2872	.005706	40569	49
50 PHYSICAL THERAPY	12035	178766	4305542	598095	.002795	1672	.041520	24833	50
51 OCCUPATIONAL THERAPY	3273	39889	2369561	240597	.001381	332	.016834	4050	51
52 SPEECH PATHOLOGY	1276	18674	479886	190103	.002659	505	.038913	7397	52
53 ELECTROCARDIOLOGY	29940	572992	43831260	10629821	.000683	7260	.013073	138964	53
53.01 CARDIAC REHAB	5597	97390	218707		.025591		.445299		53.01
54 ELECTROENCEPHALOGRAPHY	1819	31776	1004816	152444	.001810	276	.031624	4821	54
55 MEDICAL SUPPLIES CHARGED TO P	2038	26480	3257251	1129	.000626	1	.008130	9	55
56 DRUGS CHARGED TO PATIENTS	41458	574391	77140503	33754182	.000537	18126	.007446	251334	56
57 RENAL DIALYSIS	3480	56664	2562776	1384303	.001358	1880	.022110	30607	57
58 ASC (NON-DISTINCT PART)	16250	270737	1372689		.011838		.197231		58
59 MENTAL HEALTH OUTPATIENT	16393	223601	2874409	1549	.005703	9	.077790	120	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	22108	365470	8947736	1550969	.002471	3832	.040845	63349	60
61 EMERGENCY	74070	1356780	37502813	7334424	.001975	14485	.036178	265345	61
61.01 OBSERVATION BEDS	7210	125440	3773060		.001911		.033246		61.01
62 OBSERVATION BEDS (NON-DISTINC	1176	18086							62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	472000	8024565	413652607	118536138		112188		1915515	101

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 11/26/2008 13:59

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 COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST 1	EDUCATION COST 2	ADJUSTMENT AMOUNT 3		PATIENT DAYS 5		PROGRAM DAYS 7	PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					79209		28655	25
26 INTENSIVE CARE UNIT					7240		4169	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					4225		2722	31
31.01 SUBPROVIDER II								31.01
33 NURSERY					3689			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					94363		35546	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY-ULTRASOUND							41.01
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
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 (14-0180) [ ] 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		42132366			17145314		1958031 37
38 RECOVERY ROOM		7436486			2024507		726936 38
39 DELIVERY ROOM & LABOR ROOM		9455076			3560		39
40 ANESTHESIOLOGY		7738682			1493229		323721 40
41 RADIOLOGY-DIAGNOSTIC		52984924			13082702		9002037 41
41.01 RADIOLOGY-ULTRASOUND		7089467			509413		370403 41.01
44 LABORATORY		68418078			20320851		790165 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		4947883			1008985		4226 47
49 RESPIRATORY THERAPY		23808636			7109961		142028 49
50 PHYSICAL THERAPY		4305542			598095		50
51 OCCUPATIONAL THERAPY		2369561			240597		51
52 SPEECH PATHOLOGY		479886			190103		52
53 ELECTROCARDIOLOGY		43831260			10629821		3570139 53
53.01 CARDIAC REHAB		218707					53.01
54 ELECTROENCEPHALOGRAPHY		1004816			152444		48845 54
55 MEDICAL SUPPLIES CHARGED TO P		3257251			1129		764087 55
56 DRUGS CHARGED TO PATIENTS		77140503			33754182		1955348 56
57 RENAL DIALYSIS		2562776			1384303		57
58 ASC (NON-DISTINCT PART)		1372689					58
59 MENTAL HEALTH OUTPATIENT		2874409			1549		582268 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		8947736			1550969		2407472 60
61 EMERGENCY		37502813			7334424		2689671 61
61.01 OBSERVATION BEDS		3773060					1482423 61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		413652607			118536138		26817800 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
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 (14-0180) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.357813	.357813	.357813			37
39 RECOVERY ROOM	.182189	.182189	.182189			38
40 DELIVERY ROOM & LABOR ROOM	.686110	.686110	.686110			39
41 ANESTHESIOLOGY	.127322	.127322	.127322			40
42 RADIOLOGY-DIAGNOSTIC	.171697	.171697	.171697			41
43.01 RADIOLOGY-ULTRASOUND	.147353	.147353	.147353			41.01
44 LABORATORY	.134008	.134008	.134008			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.313038	.313038	.313038			47
49 RESPIRATORY THERAPY	.106624	.106624	.106624			49
50 PHYSICAL THERAPY	.462112	.462112	.462112			50
51 OCCUPATIONAL THERAPY	.362210	.362210	.362210			51
52 SPEECH PATHOLOGY	.456661	.456661	.456661			52
53 ELECTROCARDIOLOGY	.132026	.132026	.132026			53
53.01 CARDIAC REHAB	1.888970	1.888970	1.888970			53.01
54 ELECTROENCEPHALOGRAPHY	.230089	.230089	.230089			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141624	.141624	.141624			55
56 DRUGS CHARGED TO PATIENTS	.143378	.143378	.143378			56
57 RENAL DIALYSIS	.302324	.302324	.302324			57
58 ASC (NON-DISTINCT PART)	1.243228	1.243228	1.243228			58
59 MENTAL HEALTH OUTPATIENT	1.165037	1.165037	1.165037			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.457460	.457460	.457460			60
61 EMERGENCY	.298698	.298698	.298698			61
61.01 OBSERVATION BEDS	.147445	.147445	.147445			61.01
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						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	.143378	1
2 PROGRAM VACCINE CHARGES	2	6591	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		945	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0180) [ ] 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 (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1958031						37
38 RECOVERY ROOM		726936						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		323721						40
41 RADIOLOGY-DIAGNOSTIC		9002037						41
41.01 RADIOLOGY-ULTRASOUND		370403						41.01
44 LABORATORY		790165						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		4226						47
49 RESPIRATORY THERAPY		142028						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		3570139						53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY		48845						54
55 MEDICAL SUPPLIES CHARGED TO PA		764087	1201					55
56 DRUGS CHARGED TO PATIENTS		1955348	11729					56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 MENTAL HEALTH OUTPATIENT		582268						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2407472						60
61 EMERGENCY		2689671						61
61.01 OBSERVATION BEDS		1482423						61.01
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		26817800	12930					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		26817800	12930					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0180) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		700609					37
38 RECOVERY ROOM		132440					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		41217					40
41 RADIOLOGY-DIAGNOSTIC		1545623					41
41.01 RADIOLOGY-ULTRASOUND		54580					41.01
44 LABORATORY		105888					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		1323					47
49 RESPIRATORY THERAPY		15144					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		471351					53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY		11239					54
55 MEDICAL SUPPLIES CHARGED TO PAT		108213	170				55
56 DRUGS CHARGED TO PATIENTS		280354	1682				56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT		678364					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1101322					60
61 EMERGENCY		803399					61
61.01 OBSERVATION BEDS		218576					61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		6269642	1852				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		6269642	1852				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T180) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	77043	1327022	42132366	12829	.001829	23	.031496	404	37
38 RECOVERY ROOM	7189	104542	7436486	5642	.000967	5	.014058	79	38
39 DELIVERY ROOM & LABOR ROOM	33136	477368	9455076		.003505		.050488		39
40 ANESTHESIOLOGY	4116	182814	7738682	3123	.000532	2	.023623	74	40
41 RADIOLOGY-DIAGNOSTIC	47510	975729	52984924	127642	.000897	114	.018415	2351	41
41.01 RADIOLOGY-ULTRASOUND	3515	45874	7089467	3586	.000496	2	.006471	23	41.01
44 LABORATORY	45917	742622	68418078	385711	.000671	259	.010854	4187	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	5841	75596	4947883	5385	.001181	6	.015278	82	47
49 RESPIRATORY THERAPY	9610	135862	23808636	118612	.000404	48	.005706	677	49
50 PHYSICAL THERAPY	12035	178766	4305542	920140	.002795	2572	.041520	38204	50
51 OCCUPATIONAL THERAPY	3273	39889	2369561	965165	.001381	1333	.016834	16248	51
52 SPEECH PATHOLOGY	1276	18674	479886	97627	.002659	260	.038913	3799	52
53 ELECTROCARDIOLOGY	29940	572992	43831260	12881	.000683	9	.013073	168	53
53.01 CARDIAC REHAB	5597	97390	218707		.025591		.445299		53.01
54 ELECTROENCEPHALOGRAPHY	1819	31776	1004816	861	.001810	2	.031624	27	54
55 MEDICAL SUPPLIES CHARGED TO P	2038	26480	3257251	231939	.000626	145	.008130	1886	55
56 DRUGS CHARGED TO PATIENTS	41458	574391	77140503	1103875	.000537	593	.007446	8219	56
57 RENAL DIALYSIS	3480	56664	2562776	30705	.001358	42	.022110	679	57
58 ASC (NON-DISTINCT PART)	16250	270737	1372689		.011838		.197231		58
59 MENTAL HEALTH OUTPATIENT	16393	223601	2874409		.005703		.077790		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	22108	365470	8947736	13104	.002471	32	.040845	535	60
61 EMERGENCY	74070	1356780	37502813		.001975		.036178		61
61.01 OBSERVATION BEDS	7210	125440	3773060		.001911		.033246		61.01
62 OBSERVATION BEDS (NON-DISTINC	1176	18086							62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	472000	8024565	413652607	4038827		5447		77642	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T180) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 RADIOLOGY-ULTRASOUND							41.01
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T180) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		42132366			12829		37
38 RECOVERY ROOM		7436486			5642		38
39 DELIVERY ROOM & LABOR ROOM		9455076					39
40 ANESTHESIOLOGY		7738682			3123		40
41 RADIOLOGY-DIAGNOSTIC		52984924			127642		41
41.01 RADIOLOGY-ULTRASOUND		7089467			3586	12351	41.01
44 LABORATORY		68418078			385711		44
46.30 BLOOD CLOTTING FACTORS ADMIN						536	46.30
47 BLOOD STORING, PROCESSING & T		4947883			5385		47
49 RESPIRATORY THERAPY		23808636			118612		49
50 PHYSICAL THERAPY		4305542			920140		50
51 OCCUPATIONAL THERAPY		2369561			965165		51
52 SPEECH PATHOLOGY		479886			97627		52
53 ELECTROCARDIOLOGY		43831260			12881	1432	53
53.01 CARDIAC REHAB		218707					53.01
54 ELECTROENCEPHALOGRAPHY		1004816			861		54
55 MEDICAL SUPPLIES CHARGED TO P		3257251			231939	1049	55
56 DRUGS CHARGED TO PATIENTS		77140503			1103875	2026	56
57 RENAL DIALYSIS		2562776			30705		57
58 ASC (NON-DISTINCT PART)		1372689					58
59 MENTAL HEALTH OUTPATIENT		2874409					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		8947736			13104		60
61 EMERGENCY		37502813					61
61.01 OBSERVATION BEDS		3773060					61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		413652607			4038827	17394	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T180) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
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 [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T180) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.357813	.357813	.357813			37
39 RECOVERY ROOM	.182189	.182189	.182189			38
40 DELIVERY ROOM & LABOR ROOM	.686110	.686110	.686110			39
41 ANESTHESIOLOGY	.127322	.127322	.127322			40
42 RADIOLOGY-DIAGNOSTIC	.171697	.171697	.171697			41
41.01 RADIOLOGY-ULTRASOUND	.147353	.147353	.147353			41.01
44 LABORATORY	.134008	.134008	.134008			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.313038	.313038	.313038			47
49 RESPIRATORY THERAPY	.106624	.106624	.106624			49
50 PHYSICAL THERAPY	.462112	.462112	.462112			50
51 OCCUPATIONAL THERAPY	.362210	.362210	.362210			51
52 SPEECH PATHOLOGY	.456661	.456661	.456661			52
53 ELECTROCARDIOLOGY	.132026	.132026	.132026			53
53.01 CARDIAC REHAB	1.888970	1.888970	1.888970			53.01
54 ELECTROENCEPHALOGRAPHY	.230089	.230089	.230089			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141624	.141624	.141624			55
56 DRUGS CHARGED TO PATIENTS	.143378	.143378	.143378			56
57 RENAL DIALYSIS	.302324	.302324	.302324			57
58 ASC (NON-DISTINCT PART)	1.243228	1.243228	1.243228			58
59 MENTAL HEALTH OUTPATIENT	1.165037	1.165037	1.165037			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.457460	.457460	.457460			60
61 EMERGENCY	.298698	.298698	.298698			61
61.01 OBSERVATION BEDS	.147445	.147445	.147445			61.01
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						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	.143378	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T180) [ ] 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 (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
38 OPERATING ROOM								38
39 RECOVERY ROOM								39
40 DELIVERY ROOM & LABOR ROOM								40
41 ANESTHESIOLOGY								41
41.01 RADIOLOGY-DIAGNOSTIC		12351						41.01
44 RADIOLOGY-ULTRASOUND								44
44 LABORATORY		536						44.30
46.30 BLOOD CLOTTING FACTORS ADMIN C								47
47 BLOOD STORING, PROCESSING & TR								49
49 RESPIRATORY THERAPY								50
50 PHYSICAL THERAPY								51
51 OCCUPATIONAL THERAPY								52
52 SPEECH PATHOLOGY								53
53 ELECTROCARDIOLOGY		1432						53.01
53.01 CARDIAC REHAB								54
54 ELECTROENCEPHALOGRAPHY								55
55 MEDICAL SUPPLIES CHARGED TO PA		1049						56
56 DRUGS CHARGED TO PATIENTS		2026						57
57 RENAL DIALYSIS								58
58 ASC (NON-DISTINCT PART)								59
59 MENTAL HEALTH OUTPATIENT								60
60 OUTPATIENT SERVICE COST CENTERS								61
61 CLINIC								61.01
61 EMERGENCY								62
61.01 OBSERVATION BEDS								63.50
62 OBSERVATION BEDS (NON-DISTINCT)								63.60
63.50 RHC								65.01
63.60 FQHC								65.02
65.01 OTHER REIMBURSABLE COST CENTERS								65.03
65.01 AMBULANCE CHARGES (S-2 LINE 56)								101
65.02 AMBULANCE CHARGES (S-2 LINE 56)								102
65.03 AMBULANCE CHARGES (S-2 LINE 56)								103
101 SUBTOTAL		17394						104
102 CRNA CHARGES								
103 PBP CLINIC LAB								
104 NET CHARGES		17394						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T180) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		2121					41
41.01 RADIOLOGY-ULTRASOUND							41.01
44 LABORATORY		72					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		189					53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		149					55
56 DRUGS CHARGED TO PATIENTS		290					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OBSERVATION BEDS							61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		2821					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2821					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0180)	(PPS) (14-T180)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	79209	4225					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	79209	4225					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	78051	4225					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1158						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	28655	2722					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)	22483	2722					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) (14-0180)	SUB I (PPS) (14-T180)	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	52533625	2249347					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	52533625	2249347					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	55377911	2528144					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		2528144					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.948639						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							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	52533625	2249347					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) (14-0180)	SUB I (PPS) (14-T180)	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	663.23	532.39				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19004856	1449166				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19004856	1449166				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	10492138	7240	1449.19	4169	6041673	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	22863848	1122159				48
49 TOTAL PROGRAM INPATIENT COSTS	47910377	2571325				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2482552	192472				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2027703	83089				51
52 TOTAL PROGRAM EXCLUDABLE COST	4510255	275561				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	43400122	2295764				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) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
11/26/2008 13:59

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS)  
 (14-0180)(14-T180)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	266	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	663.23	84
85 OBSERVATION BED COST	176419	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	350133	52533625	.006665	176419	1176	86
87 NEW CAPITAL-RELATED COST	5385600	52533625	.102517	176419	18086	87
88 NON PHYSICIAN ANESTHETIST		52533625		176419		88
89 MEDICAL EDUCATION		52533625		176419		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0180)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		44499463		25
26 INTENSIVE CARE UNIT		10892448		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.357813	17145314	6134816	37
38 RECOVERY ROOM	.182189	2024507	368843	38
39 DELIVERY ROOM & LABOR ROOM	.686110	3560	2443	39
40 ANESTHESIOLOGY	.127322	1493229	190121	40
41 RADIOLOGY-DIAGNOSTIC	.171697	13082702	2246261	41
41.01 RADIOLOGY-ULTRASOUND	.147353	509413	75064	41.01
44 LABORATORY	.134008	20320851	2723157	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.313038	1008985	315851	47
49 RESPIRATORY THERAPY	.106624	7109961	758092	49
50 PHYSICAL THERAPY	.462112	598095	276387	50
51 OCCUPATIONAL THERAPY	.362210	240597	87147	51
52 SPEECH PATHOLOGY	.456661	190103	86813	52
53 ELECTROCARDIOLOGY	.132026	10629821	1403413	53
53.01 CARDIAC REHAB	1.888970			53.01
54 ELECTROENCEPHALOGRAPHY	.230089	152444	35076	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141624	1129	160	55
56 DRUGS CHARGED TO PATIENTS	.143378	33754182	4839607	56
57 RENAL DIALYSIS	.302324	1384303	418508	57
58 ASC (NON-DISTINCT PART)	1.243228			58
59 MENTAL HEALTH OUTPATIENT	1.165037	1549	1805	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.457460	1550969	709506	60
61 EMERGENCY	.298698	7334424	2190778	61
61.01 OBSERVATION BEDS	.147445			61.01
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		118536138	22863848	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		118536138		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 checked="" type="checkbox"/> SUB I (14-T180)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		3368251		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.357813	12829	4590	37
38 RECOVERY ROOM	.182189	5642	1028	38
39 DELIVERY ROOM & LABOR ROOM	.686110			39
40 ANESTHESIOLOGY	.127322	3123	398	40
41 RADIOLOGY-DIAGNOSTIC	.171697	127642	21916	41
41.01 RADIOLOGY-ULTRASOUND	.147353	3586	528	41.01
44 LABORATORY	.134008	385711	51688	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.313038	5385	1686	47
49 RESPIRATORY THERAPY	.106624	118612	12647	49
50 PHYSICAL THERAPY	.462112	920140	425208	50
51 OCCUPATIONAL THERAPY	.362210	965165	349592	51
52 SPEECH PATHOLOGY	.456661	97627	44582	52
53 ELECTROCARDIOLOGY	.132026	12881	1701	53
53.01 CARDIAC REHAB	1.888970			53.01
54 ELECTROENCEPHALOGRAPHY	.230089	861	198	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141624	231939	32848	55
56 DRUGS CHARGED TO PATIENTS	.143378	1103875	158271	56
57 RENAL DIALYSIS	.302324	30705	9283	57
58 ASC (NON-DISTINCT PART)	1.243228			58
59 MENTAL HEALTH OUTPATIENT	1.165037			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.457460	13104	5995	60
61 EMERGENCY	.298698			61
61.01 OBSERVATION BEDS	.147445			61.01
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4038827	1122159	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4038827		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0180)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	6562353					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6195060					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	19410558					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	70842					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4363					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	339712					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	1099617					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	345.01					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	24.62					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]	9.90					3.06
3.07	SUM OF LINES 3.04-3.06	0.00	9.90				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	33.14					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	2.00					3.13
3.14	CURRENT YEAR ALLOWABLE FTE	35.14					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	25.12					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	24.92					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	28.39				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0180)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.082287				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.088067				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.082287				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	284949				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	272365				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	867708				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	1425022 1425022	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2047				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.4614				4.01
4.02	SUM OF 4 AND 4.01	0.6661				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4417				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	14208593				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	48901203				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	48901203				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3362344				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1095982				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	53359529				16
17	PRIMARY PAYER PAYMENTS	83674				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	53275855				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2836960				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	737304				20
21	REIMBURSABLE BAD DEBTS	1683338				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1178337				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1533041				21.02
22	SUBTOTAL	50879928				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0180)	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	50879928				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	52230212				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-1350284				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	855668				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 (14-0180) 1	HOSPITAL (14-0180) 1.01	HOSPITAL (14-0180) 1.02	
1 MEDICAL AND OTHER SERVICES	2797			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6269642			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5502924			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.809			1.03
1.04 LINE 1.01 TIMES LINE 1.03	5072140			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	2797			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19521			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	19521			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	19521			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	16724			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2797			17
17.01 TOTAL PPS PAYMENTS	5502924			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0180) 1	HOSPITAL (14-0180) 1.01	HOSPITAL (14-0180) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	240		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1598707		18.01
19 SUBTOTAL	3906774		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	136448		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4043222		23
24 PRIMARY PAYER PAYMENTS	762		24
25 SUBTOTAL	4042460		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	816966		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	571876		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	758123		27.02
28 SUBTOTAL	4614336		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	4614336		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3919348		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	694988		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T180) 1	SUB I (14-T180) 1.01	SUB I (14-T180) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2821			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2608			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.809			1.03
1.04 LINE 1.01 TIMES LINE 1.03	2282			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2608			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T180) 1	SUB I (14-T180) 1.01	SUB I (14-T180) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	705		18.01
19 SUBTOTAL	1903		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	1903		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1903		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	11200		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	7840		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	9743		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	9743		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1903		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	7840		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0180) 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  
(14-0180)  
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  
(14-0180)  
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 (14-0180)

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		51710212		3919348	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/23/2008 520000			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	520000			3.99
4 TOTAL INTERIM PAYMENTS		52230212		3919348	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: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-T180)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4234116		1903	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.	PROGRAM .04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4234116		1903	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV  
 (14-T180)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	3534476				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.1724				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	846772				1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS	4381248				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	11.543716				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	4381248				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	4381248				6
7	DEDUCTIBLES	8064				7
8	SUBTOTAL	4373184				8
9	COINSURANCE	24160				9
10	SUBTOTAL	4349024				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	10076				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	7053				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9124				11.02
12	SUBTOTAL	4356077				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2008.05  
11/26/2008 13:59

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T180)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4356077				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	4234116				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	121961				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	24.29 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	6.40 3.03
3.04	FTE ADJUSTMENT CAP 6.40	30.69 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	27.79 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	27.79 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	33.14 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	33.14 3.09
3.10	SEE INSTRUCTIONS	33.14 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.00 3.11
3.12	SEE INSTRUCTIONS	2.00 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	1.80 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	1.87 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	1.89 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	1.89 3.16
3.17	SEE INSTRUCTIONS	102099.35 3.17
3.18	SEE INSTRUCTIONS	192968 3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS		24.04	3.19
3.20	SEE INSTRUCTIONS		23.87	3.20
3.21	SEE INSTRUCTIONS		27.02	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		27.02	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		107823.51	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		2913391	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3106359	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		35546	4
5	TOTAL INPATIENT DAYS		90408	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.393173	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1221336	0	1221336	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		376	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		90408	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		11094	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2562776	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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DIRECT GRADUATE MEDICAL EDUCATION (GME)  
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	50481702	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	83674	15
16	TOTAL PART A REASONABLE COST	50398028	16
PART B REASONABLE COST			
17	REASONABLE COST	6275260	17
18	PRIMARY PAYER PAYMENTS	762	18
19	TOTAL PART B REASONABLE COST	6274498	19
20	TOTAL REASONABLE COST	56672526	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.889285	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.110715	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	1232430	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1095982	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	136448	25

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	1493305			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	57751558			4
5	OTHER RECEIVABLES	1536264			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-33940272			6
7	INVENTORY	2274762			7
8	PREPAID EXPENSES	67328			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	29182945			11
FIXED ASSETS					
12	LAND	4774770			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1075036			13
13.01	ACCUMULATED DEPRECIATION	-754509			13.01
14	BUILDINGS	109082219			14
14.01	ACCUMULATED DEPRECIATION	-53631656			14.01
15	LEASEHOLD IMPROVEMENTS	9777007			15
15.01	ACCUMULATED AMORTIZATION	-9692734			15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	60654181			18
18.01	ACCUMULATED DEPRECIATION	-41637392			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	79646922			21
OTHER ASSETS					
22	INVESTMENTS	47059647			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	417062			25
26	TOTAL OTHER ASSETS	47476709			26
27	TOTAL ASSETS	156306576			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	12962746			28
29	SALARIES, WAGES & FEES PAYABLE				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				34
35	OTHER CURRENT LIABILITIES	27097000			35
36	TOTAL CURRENT LIABILITIES	40059746			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				41
42	TOTAL LONG TERM LIABILITIES				42
43	TOTAL LIABILITIES	40059746			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	116246830			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	116246830			51
52	TOTAL LIABILITIES AND FUND BALANCES	156306576			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	99194859			1
2 NET INCOME (LOSS)	16988188			2
3 TOTAL	116183047			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	300			4
5				5
6 FUND EQUITY TRANSFER	63483			6
7 NET ASSETS RELEASED FROM RESTRICTIO				7
8				8
9				9
10 TOTAL ADDITIONS	63783			10
11 SUBTOTAL	116246830			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 AUDIT ADJ				13
14 STAMANA RETAINED EARNINGS				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	116246830			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				
2 HOSPITAL	127033102		127033102	1
4 SUBPROVIDER I	5232646		5232646	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	132265748		132265748	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	18996515		18996515	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	18996515		18996515	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	151262263		151262263	16
19 ANCILLARY SERVICES	267870422	139479688	407350110	17
20 OUTPATIENT SERVICES				18
21 18.50 RHC				18.50
22 18.60 FQHC				18.60
23 HOME HEALTH AGENCY				19
24 AMBULANCE				20
25 CORF				21
26 ASC				22
27 HOSPICE				23
28 TOTAL PATIENT REVENUES	419132685	139479688	558612373	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		164865055	26
27 **ADD (SPECIFY)** CAPITATION	26130		27
28 PROVISION FOR BAD DEBT	23305123		28
29 AUDIT ADJUSTMENT-FICA			29
30 MANAGEMENT FEE			30
31			31
32			32
33 TOTAL ADDITIONS		23331253	33
34 DEDUCT (SPECIFY)			34
35 INVESTMENT MANAGEMENT FEES-NON-OPER			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		188196308	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	558612373	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	361529995	2
3	NET PATIENT REVENUES	197082378	3
4	LESS - TOTAL OPERATING EXPENSES	188196308	4
5	NET INCOME FROM SERVICE TO PATIENTS	8886070	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	4205697	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		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	626727	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	1064541	23
24	MISC	2364801	24
24.01	MISC	273	24.01
25	TOTAL OTHER INCOME	8262039	25
26	TOTAL	17148109	26
27			27
28	NON-OPERATING EXPENSE	159921	28
29			29
30	TOTAL OTHER EXPENSES	159921	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	16988188	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0180)	SUB I (14-T180)	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
2					2
3					3
4					4
5					5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 TELECOMMUNICATIONS					6.01
6.02 INFORMATION MANAGEMENT					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT FINANCIAL SERVICES					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
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
19 PART B BILLING					19
19.01 VOLUNTEERS					19.01
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
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OBSERVATION BEDS					61.01
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

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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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
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 FUND DEVELOPMENT					96.01
96.02 CONVENT					96.02
96.03 NURSING EDUC BLDG UNUSED SPACE					96.03
98 PHYSICIANS' PRIVATE OFFICES					98
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	36.18		43.78				79.96 25
26 INTENSIVE CARE UNIT	57.58		36.10				93.68 26
33 NURSERY			42.29				42.29 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	40.69	4.65					45.34 37
38 RECOVERY ROOM	27.22	9.78					37.00 38
39 DELIVERY ROOM & LABOR ROOM	0.04						0.04 39
40 ANESTHESIOLOGY	19.30	4.18					23.48 40
41 RADIOLOGY-DIAGNOSTIC	24.69	16.99					41.68 41
41.01 RADIOLOGY-ULTRASOUND	7.19	5.22					12.41 41.01
44 LABORATORY	29.70	1.15					30.85 44
47 BLOOD STORING, PROCESSING & TRA	20.39	0.09					20.48 47
49 RESPIRATORY THERAPY	29.86	0.60					30.46 49
50 PHYSICAL THERAPY	13.89						13.89 50
51 OCCUPATIONAL THERAPY	10.15						10.15 51
52 SPEECH PATHOLOGY	39.61						39.61 52
53 ELECTROCARDIOLOGY	24.25	8.15					32.40 53
54 ELECTROENCEPHALOGRAPHY	15.17	4.86					20.03 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03	23.46					23.49 55
56 DRUGS CHARGED TO PATIENTS	43.76	2.53					46.29 56
57 RENAL DIALYSIS	54.02						54.02 57
59 MENTAL HEALTH OUTPATIENT	0.05	20.26					20.31 59
60 CLINIC	17.33	26.91					44.24 60
61 EMERGENCY	19.56	7.17					26.73 61
61.01 OBSERVATION BEDS		39.29					39.29 61.01
101 TOTAL CHARGES	21.22	4.80					26.02 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	64.43		23.72				88.15 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
38 RECOVERY ROOM	0.08						0.08 38
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.24	0.02					0.26 41
41.01 RADIOLOGY-ULTRASOUND	0.05						0.05 41.01
44 LABORATORY	0.56						0.56 44
47 BLOOD STORING, PROCESSING & TRA	0.11						0.11 47
49 RESPIRATORY THERAPY	0.50						0.50 49
50 PHYSICAL THERAPY	21.37						21.37 50
51 OCCUPATIONAL THERAPY	40.73						40.73 51
52 SPEECH PATHOLOGY	20.34						20.34 52
53 ELECTROCARDIOLOGY	0.03						0.03 53
54 ELECTROENCEPHALOGRAPHY	0.09						0.09 54
55 MEDICAL SUPPLIES CHARGED TO PAT	7.12	0.03					7.15 55
56 DRUGS CHARGED TO PATIENTS	1.43						1.43 56
57 RENAL DIALYSIS	1.20						1.20 57
60 CLINIC	0.15						0.15 60
101 TOTAL CHARGES	0.72						0.72 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	467651	.29	-467651	-.66			1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	8201118	5.15	-8201118	-11.66			3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS	12501876	7.85	-12501876	-17.77			5
6.01 TELECOMMUNICATIONS	196037	.12	-196037	-.28			6.01
6.02 INFORMATION MANAGEMENT	4004940	2.51	-4004940	-5.69			6.02
6.03 PURCHASING	1770542	1.11	-1770542	-2.52			6.03
6.04 ADMITTING	1706822	1.07	-1706822	-2.43			6.04
6.05 PATIENT FINANCIAL SERVICES	2302128	1.45	-2302128	-3.27			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	17908183	11.24	-17908183	-25.46			6.06
7 MAINTENANCE & REPAIRS	6638466	4.17	-6638466	-9.44			7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE	1007024	.63	-1007024	-1.43			9
10 HOUSEKEEPING	2172604	1.36	-2172604	-3.09			10
11 DIETARY	1929045	1.21	-1929045	-2.74			11
12 CAFETERIA	1110603	.70	-1110603	-1.58			12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2079284	1.31	-2079284	-2.96			14
15 CENTRAL SERVICES & SUPPLY	-45195	-.03	45195	.06			15
16 PHARMACY	2111265	1.33	-2111265	-3.00			16
17 MEDICAL RECORDS & LIBRARY	2202641	1.38	-2202641	-3.13			17
18 SOCIAL SERVICE	5169		-5169	-.01			18
19 PART B BILLING							19
19.01 VOLUNTEERS	2763		-2763				19.01
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES A	1146154	.72	-1146154	-1.63			22
23 I&R SERVICES-OTHER PRGM COSTS A	918944	.58	-918944	-1.31			23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	26943914	16.91	26776474	38.07	53720388	33.72	25
26 INTENSIVE CARE UNIT	6671381	4.19	3944593	5.61	10615974	6.66	26
31 SUBPROVIDER I	1051025	.66	1198322	1.70	2249347	1.41	31
31.01 SUBPROVIDER II							31.01
33 NURSERY	247315	.16	799888	1.14	1047203	.66	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	10392726	6.52	4992365	7.10	15385091	9.66	37
38 RECOVERY ROOM	789846	.50	564999	.80	1354845	.85	38
39 DELIVERY ROOM & LABOR ROOM	4130012	2.59	2357207	3.35	6487219	4.07	39
40 ANESTHESIOLOGY	656422	.41	359840	.51	1016262	.64	40
41 RADIOLOGY-DIAGNOSTIC	5687255	3.57	3492662	4.97	9179917	5.76	41
41.01 RADIOLOGY-ULTRASOUND	713737	.45	330914	.47	1044651	.66	41.01
44 LABORATORY	5579859	3.50	3588703	5.10	9168562	5.76	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1150793	.72	398082	.57	1548875	.97	47

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	1522852	.96	1118911	1.59	2641763	1.66	49
50 PHYSICAL THERAPY	1176166	.74	813477	1.16	1989643	1.25	50
51 OCCUPATIONAL THERAPY	561669	.35	296610	.42	858279	.54	51
52 SPEECH PATHOLOGY	125605	.08	93540	.13	219145	.14	52
53 ELECTROCARDIOLOGY	3591697	2.25	2277734	3.24	5869431	3.68	53
53.01 CARDIAC REHAB	166738	.10	246393	.35	413131	.26	53.01
54 ELECTROENCEPHALOGRAPHY	130515	.08	100682	.14	231197	.15	54
55 MEDICAL SUPPLIES CHARGED TO PAT	343056	.22	118249	.17	461305	.29	55
56 DRUGS CHARGED TO PATIENTS	5678257	3.56	5382004	7.65	11060261	6.94	56
57 RENAL DIALYSIS	488073	.31	286716	.41	774789	.49	57
58 ASC (NON-DISTINCT PART)	829626	.52	887260	1.26	1716886	1.08	58
59 MENTAL HEALTH OUTPATIENT	2446802	1.54	901990	1.28	3348792	2.10	59
60 CLINIC	2006271	1.26	2706136	3.85	4712407	2.96	60
61 EMERGENCY	5815949	3.65	5540846	7.88	11356795	7.13	61
61.01 OBSERVATION BEDS			659517	.94	659517	.41	61.01
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			34445	.05	34445	.02	96
96.01 FUND DEVELOPMENT	5741		15127	.02	20868	.01	96.01
96.02 CONVENT	62788	.04	22877	.03	85665	.05	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	486		1230		1716		96.03
98 PHYSICIANS' PRIVATE OFFICES	2788		30271	.04	33059	.02	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	159307428	100.00	0	.00	159307428	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1404065	42132366	.033325	17145314	571368	37
38 RECOVERY ROOM	111731	7436486	.015025	2024507	30419	38
39 DELIVERY ROOM & LABOR ROOM	510504	9455076	.053993	3560	192	39
40 ANESTHESIOLOGY	186930	7738682	.024155	1493229	36069	40
41 RADIOLOGY-DIAGNOSTIC	1023239	52984924	.019312	13082702	252653	41
41.01 RADIOLOGY-ULTRASOUND	49389	7089467	.006967	509413	3549	41.01
44 LABORATORY	788539	68418078	.011525	20320851	234198	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	81437	4947883	.016459	1008985	16607	47
49 RESPIRATORY THERAPY	145472	23808636	.006110	7109961	43441	49
50 PHYSICAL THERAPY	190801	4305542	.044315	598095	26505	50
51 OCCUPATIONAL THERAPY	43162	2369561	.018215	240597	4382	51
52 SPEECH PATHOLOGY	19950	479886	.041572	190103	7902	52
53 ELECTROCARDIOLOGY	602932	43831260	.013756	10629821	146224	53
53.01 CARDIAC REHAB	102987	218707	.470890			53.01
54 ELECTROENCEPHALOGRAPHY	33595	1004816	.033434	152444	5097	54
55 MEDICAL SUPPLIES CHARGED TO PAT	28518	3257251	.008756	1129	10	55
56 DRUGS CHARGED TO PATIENTS	615849	77140503	.007983	33754182	269460	56
57 RENAL DIALYSIS	60144	2562776	.023468	1384303	32487	57
58 ASC (NON-DISTINCT PART)	286987	1372689	.209069			58
59 MENTAL HEALTH OUTPATIENT	239994	2874409	.083493	1549	129	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	387578	8947736	.043316	1550969	67181	60
61 EMERGENCY	1430850	37502813	.038153	7334424	279830	61
61.01 OBSERVATION BEDS	132650	3773060	.035157			61.01
62 OBSERVATION BEDS (NON-DISTINCT	19262					62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8496565	413652607		118536138	2027703	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	5735733		5735733	79209	72.41	28655	2074908 25
26	INTENSIVE CARE UNIT	707882		707882	7240	97.78	4169	407644 26
101	TOTAL	6443615		6443615			32824	2482552 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2482552	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2027703	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4510255	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						4762		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						32824		
PER DISCHARGE CAPITAL COSTS							947.13	
PER DIEM CAPITAL COSTS							137.41	

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)	43400122
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	173928049
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.250

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2571325
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	7410015
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.347

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)	4510255
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.026

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	6269642
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	26817800
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.234