

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 JOSEPH HOSPITAL (14-0224) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL				1
2	SUBPROVIDER I	-1659098	995733		2
2.01	SUBPROVIDER II	372084			2.01
3	SWING BED - SNF	-22631	5581		3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	157			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-1309488	1001314		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO							25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO							25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES						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
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:								26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:								26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO							27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO							28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	1.0790	1.0790					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.	1	1600						28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>									
28.03	STAFFING	0.00	N						28.03
28.04	RECRUITMENT	0.00	N						28.04
28.05	RETENTION OF EMPLOYEES	0.00	N						28.05
28.06	TRAINING	0.00	N						28.06
28.07	OTHER (SPECIFY)								28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO							29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO							30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.								30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?								30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)								30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.								30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO							31
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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO							31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	14H082		40
----	--	-----	--------	--	----

40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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 NHCMDQ 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
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	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:				54
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:	
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		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	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES	NO		60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO		60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5

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		4894	2201	12784	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		4894	2201	12784	12
13	RPCH VISITS					13
14	SUBPROVIDER I		636	400	1324	14
14.01	SUBPROVIDER II		376	31	518	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

WORKSHEET S-3
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
		A-6	3	IN COL.3	COL.4)		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	79471690	-5813249	73658441	2779439.00	26.50		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	287227		287227	8008.00	35.87		4
4.01 TEACHING PHYSICIAN SALARIES	1073543		1073543	5471.00	196.22		4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	13096435	-7394416	5702019	253136.00	22.53		6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	1483438		1483438	54757.00	27.09		8
8.01 EXCLUDED AREA SALARIES	7857849	266426	8124275	357498.00	22.73		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2249372		2249372	41195.00	54.60	INVOICES	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	9295624		9295624	269945.00	34.44	HOME OFFICE CR	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	14460439		14460439			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	2188417		2188417			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS							21
22 ADMINISTRATIVE & GENERAL	4889515	241198	5130713	173050.00	29.65		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	679725		679725	24239.00	28.04		23
24 OPERATION OF PLANT	775121		775121	23577.00	32.88		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	1479565		1479565	116755.00	12.67		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2172286	-851444	1320842	90011.00	14.67		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		851444	851444	58042.00	14.67		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1779164		1779164	46036.00	38.65		30
31 CENTRAL SERVICES AND SUPPLY	11		11	1.00	11.00		31
32 PHARMACY	2463664		2463664	70316.00	35.04		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1148388		1148388	55778.00	20.59		33
34 SOCIAL SERVICE	404648		404648	14515.00	27.88		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		A-6	3	IN COL.3	COL.4)	
1 NET SALARIES	65301712	1581167	66882879	2520832.00	26.53	1
2 EXCLUDED AREA SALARIES	9341287	266426	9607713	412255.00	23.31	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	55960425	1314741	57275166	2108577.00	27.16	3
4 SUBTOTAL OTHER WAGES & REL COSTS	11544996		11544996	311140.00	37.11	4
5 SUBTOTAL WAGE-RELATED COSTS	14460439		14460439		25.25%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	81965860	1314741	83280601	2419717.00	34.42	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	15792087	241198	16033285	672320.00	23.85	13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC		25						4
5	RVB		22						5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		266						7
8	RHB		106						8
9	RHA		14						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		111						10
11	RMB		356						11
12	RMA		52						12
12.01	RMX		1326						12.01
12.02	RML		1458						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		375						15
16	SE2		791						16
17	SE1		38						17
18	SSC								18
19	SSB		4						19
20	SSA		230						20
21	CC2		4						21
22	CC1								22
23	CB2								23
24	CB1		16						24
25	CA2								25
26	CA1		19						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		14						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		5227						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	5178675 17
17.01	GROSS MEDICAID REVENUES	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	5178675 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.298326 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	56512759 28
29	TOTAL GROSS MEDICAID COST	16859225 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	8271225 30
31	UNCOMPENSATED CARE COST	2467521 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16859225 32

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

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
98	9800 PHYSICIANS' PRIVATE OFFICES	249943	1466801	1716744	-6097	1710647		1710647 98
99	9900 NONPAID WORKERS							99
100	7950 OTHER	3624960	2155623	5780583	-461852	5318731	-1583817	3734914 100
100.01	7951 LAKESHORE GUEST UNIT							100.01
101	TOTAL	79471690	96799161	176270851		176270851	-1406588	174864263 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
		COST CENTER	LINE #		
1		2	3	4	5
1 CHARGEABLE SUPPLIES	A	ADMINISTRATION & GENERAL	6.06		593136 1
2	A	MEDICAL SUPPLIES CHARGED TO P	55		6358439 2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A				12
13	A				13
14	A				14
15	A				15
16	A				16
17	A				17
18	A				18
19	A				19
20	A				20
21	A				21
22	A				22
23	A				23
24	A				24
25	A				25
26	A				26
27	A				27
28	A				28
29	A				29
30	A				30
31	A				31
32	A				32
33	A				33
34 IMPLANTABLES AND DEVICES	B	DEVICES AND IMPLANTABLES	55.01		5473830 34
35	B				35
36 SUBTOTAL					12425405 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE	SALARY	OTHER	WKST A-7
			LINE #			REF.
	1	6	7	8	9	10
1 CHARGEABLE SUPPLIES	A	MAINTENANCE & REPAIRS	7		1533	1
2	A	OPERATION OF PLANT	8		1970	2
3	A	LAUNDRY & LINEN SERVICE	9		68	3
4	A	HOUSEKEEPING	10		33067	4
5	A	DIETARY	11		7469	5
6	A	NURSING ADMINISTRATION	14		276	6
7	A	CENTRAL SERVICES & SUPPLY	15		375144	7
8	A	PHARMACY	16		73551	8
9	A	MEDICAL RECORDS & LIBRARY	17		181	9
10	A	I&R SERVICES-SALARY & FRINGES	22		861	10
11	A	ADULTS & PEDIATRICS	25		664937	11
12	A	INTENSIVE CARE UNIT	26		108567	12
13	A	CORONARY CARE UNIT	27		46319	13
14	A	SUBPROVIDER I	31		11432	14
15	A	SUBPROVIDER II	31.01		19768	15
16	A	NURSERY	33		60246	16
17	A	SKILLED NURSING FACILITY	34		41348	17
18	A	OPERATING ROOM	37		3332047	18
19	A	RECOVERY ROOM	38		16505	19
20	A	ANESTHESIOLOGY	40		232376	20
21	A	RADIOLOGY-DIAGNOSTIC	41		739609	21
22	A	RADIOLOGY-THERAPEUTIC	42		8865	22
23	A	LABORATORY	44		162718	23
24	A	RESPIRATORY THERAPY	49		220378	24
25	A	PHYSICAL THERAPY	50		45767	25
26	A	ELECTROCARDIOLOGY	53		548923	26
27	A	ELECTROENCEPHALOGRAPHY	54		5238	27
28	A	CARDIAC REHAB	59		1234	28
29	A	CLINIC	60		5753	29
30	A	EMERGENCY	61		87956	30
31	A	PHYSICIANS' PRIVATE OFFICES	98		5968	31
32	A	OTHER	100		91501	32
33						33
34 IMPLANTABLES AND DEVICES	B	CENTRAL SERVICES & SUPPLY	15		7084	34
35	B	ADULTS & PEDIATRICS	25		63	35
36 SUBTOTAL					6958722	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
1	1	2	3	4	5
1	B				1
2	B				2
3	B				3
4	B				4
5	B				5
6					6
7					7
8 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		6329574 8
9	C				9
10	C				10
11	C				11
12	C				12
13					13
14 IV SOLUTIONS	D	DRUGS CHARGED TO PATIENTS	56		992854 14
15	D	I&R SERVICES-SALARY & FRINGES	22		334 15
16	D				16
17	D				17
18	D				18
19	D				19
20	D				20
21	D				21
22	D				22
23	D				23
24	D				24
25	D				25
26	D				26
27	D				27
28	D				28
29	D				29
30	D				30
31	D				31
32	D				32
33	D				33
34	D				34
35	D				35
36 SUBTOTAL					19748167 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE	SALARY	OTHER	WKST A-7
			LINE #			REF.
	1	6	7	8	9	10
1	B	OPERATING ROOM	37		3762608	1
2	B	ANESTHESIOLOGY	40		758	2
3	B	RADIOLOGY-DIAGNOSTIC	41		84004	3
4	B	PHYSICAL THERAPY	50		384	4
5	B	ELECTROCARDIOLOGY	53		1618929	5
6						6
7						7
8 CHARGEABLE DRUGS	C	ADMINISTRATION & GENERAL	6.06		16850	8
9	C	CENTRAL SERVICES & SUPPLY	15		3	9
10	C	PHARMACY	16		5940211	10
11	C	LABORATORY	44		2268	11
12	C	OTHER	100		370243	12
13						13
14 IV SOLUTIONS	D	DIETARY	11		648	14
15	D	NURSING ADMINISTRATION	14		32	15
16	D	CENTRAL SERVICES & SUPPLY	15		436	16
17	D	PHARMACY	16		205869	17
18	D	MEDICAL RECORDS & LIBRARY	17		17	18
19	D	ADULTS & PEDIATRICS	25		312246	19
20	D	INTENSIVE CARE UNIT	26		42960	20
21	D	CORONARY CARE UNIT	27		14945	21
22	D	SUBPROVIDER I	31		178	22
23	D	SUBPROVIDER II	31.01		2987	23
24	D	NURSERY	33		28615	24
25	D	SKILLED NURSING FACILITY	34		16447	25
26	D	OPERATING ROOM	37		91400	26
27	D	RECOVERY ROOM	38		19122	27
28	D	ANESTHESIOLOGY	40		71842	28
29	D	RADIOLOGY-DIAGNOSTIC	41		25150	29
30	D	RADIOLOGY-THERAPEUTIC	42		3038	30
31	D	LABORATORY	44		27575	31
32	D	RESPIRATORY THERAPY	49		449	32
33	D	ELECTROCARDIOLOGY	53		32905	33
34	D	CARDIAC REHAB	59		13	34
35	D	EMERGENCY	61		96076	35
36 SUBTOTAL					19747930	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1	D				1
2	D				2
3					3
4	E	CAFETERIA	12	851444	651258
5					5
6	F	SUBPROVIDER I	31	186221	
7	F	SUBPROVIDER II	31.01	80205	
8					8
9	G	ADULTS & PEDIATRICS	25	1073543	
10	G	ADMINISTRATION & GENERAL	6.06	241198	
11					11
12	H	I&R SERVICES-OTHER PRGM COSTS	23	26142	
13					13
14	I	I&R SERVICES-SALARY & FRINGES	22		5813249
15					15
16	J	I&R SERVICES-OTHER PRGM COSTS	23	20800	
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		2479553	26212674

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE	SALARY	OTHER	WKST A-7
				LINE #			REF.
2		1	6	7	8	9	10
1		D	PHYSICIANS' PRIVATE OFFICES	98		129	1
2		D	OTHER	100		108	2
3							3
4	CAFETERIA	E	DIETARY	11	851444	651258	4
5							5
6	PHYSICIAN DEPARTMENT CHAIRMAN	F	I&R SERVICES-SALARY & FRINGES	22	266426		6
7		F					7
8							8
9	ADMIN PORTION OF TEACHING PHYSICI	G	I&R SERVICES-SALARY & FRINGES	22	1314741		9
10		G					10
11							11
12	DR. BALDINGER	H	ADULTS & PEDIATRICS	25	26142		12
13							13
14	TEACHING PHYSICIANS	I	I&R SERVICES-SALARY & FRINGES	22	5813249		14
15							15
16	DR. ERICKSON	J	PARTIAL HOSPITALIZATION	61.01	20800		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				8292802	20399425	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	7327665					7327665		1
2 LAND IMPROVEMENTS	11980239					11980239		2
3 BUILDINGS AND FIXTURES	46022997	7772001		7772001		53794998		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	28375562	5250981		5250981		33626543		6
7 SUBTOTAL	93706463	13022982		13022982		106729445		7
8 RECONCILING ITEMS								8
9 TOTAL	93706463	13022982		13022982		106729445		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	13253910						13253910 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	13253910						13253910 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	7336091						7336091 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	7336091						7336091 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO.	WKST A-7 REF
			COST CENTER			
	1	2	3		4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B		NEW CAP REL COSTS-BLDG & FIXT		3	11 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)						9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-401863				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	-61109				14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1102663	CAFETERIA		12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS						19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-8069	MEDICAL RECORDS & LIBRARY		17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES						22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY		49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY		50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY		71	27
	A-8-3				89	28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF		1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT		2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP		3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT		4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP		20	33
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS			34
34 PHYSICIANS' ASSISTANT						
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					35
	WKST A-8-4					
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4					36
37 MISC REVENUE	B	-691	ADULTS & PEDIATRICS		25	37
38 MISC REVENUE	B	-11532	RADIOLOGY-DIAGNOSTIC		41	38
39 MISC REVENUE	B	-1410	NURSERY		33	39
39.01 MISC REVENUE	B	-370178	ADMINISTRATION & GENERAL		6.06	39.01
39.02 MISC INCOME	B	-6354	ELECTROCARDIOLOGY		53	39.02
40 PARKING GARAGE	B	-886133	ADMINISTRATION & GENERAL		6.06	40
41 MISC INCOME	B	-29543	NONPATIENT TELEPHONES		6.01	41
42 ASBESTOS AMORTIZATION	A	360796	OPERATION OF PLANT		8	42
43 MOONLIGHTERS	A	-239314	I&R SERVICES-SALARY & FRINGES A		22	43
44 MEDICARE TO BOOK DEPRECIATION	A	2936540	NEW CAP REL COSTS-BLDG & FIXT		3	9 44
45						45
46 PHYS FEES	A	-1583817	OTHER		100	46
47 CHA LOBBYING	A	-1248	ADMINISTRATION & GENERAL		6.06	47
48						48
49						49
50 TOTAL		-1406588				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMINISTRATION & GENERAL	ADMIN ALLOCATIONS	15349912	18392300	-3042388	1
2							2
3							3
4							4
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	ADMIN ALLOCATIONS	2981279		2981279	9 4.04
5		TOTALS		18331191	18392300	-61109	5

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

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

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

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

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1		2		3	4	5	6	7	8	9
2	31	SUBPROVIDER I	AGGREGATE	186221		186221	154100	1560	115575	5779
3	31.01	SUBPROVIDER II	AGGREGATE	80205		80205	177200	2080	177200	8860
4	25	ADULTS & PEDIATRICS	DIAMOND	325827			177200	4160	354400	17720
5	61.01	PARTIAL HOSPITALIZATION	ERICKSON	20800		20800	154100	208	15410	771
101		TOTAL		613053		287226		8008	662585	33130

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

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									
2	31	SUBPROVIDER I	AGGREGATE					115575	70646	70646
3	31.01	SUBPROVIDER II	AGGREGATE					177200		
4	25	ADULTS & PEDIATRICS	DIAMOND					354400		325827
5	61.01	PARTIAL HOSPITALIZATION	ERICKSON					15410	5390	5390
101		TOTAL						662585	76036	401863

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP-REL COSTS BLDG&FIXT 3	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING STORES 6.03	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	
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	13253910	13253910							3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	13876121	117926	13994047						5
6.01 NONPATIENT TELEPHONES	210775	30662		241437					6.01
6.02 DATA PROCESSING		281336			281336				6.02
6.03 PURCHASING,RECEIVING&STORES		299821		3905		303726			6.03
6.04 ADMITTING	182840	45419	32042	6942			267243		6.04
6.05 CASHIERING/ACCTS RECEIVABLE		53589		10846		8		64443	6.05
6.06 ADMINISTRATION & GENERAL	26697001	3504887	942722	29500	281336				6.06
7 MAINTENANCE & REPAIRS	1389433	170952	129138			32			7
8 OPERATION OF PLANT	5390548	1008243	147262	9979		70			8
9 LAUNDRY & LINEN SERVICE	957471			868		11221			9
10 HOUSEKEEPING	2184477	237629	281097	1302		2673			10
11 DIETARY	2071028	378806	250941	1735		3101			11
12 CAFETERIA	400039		161762	2603					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1775208	41909	338016	10412		346			14
15 CENTRAL SERVICES & SUPPLY	320055	134763	2	1085		4040			15
16 PHARMACY	2352289	79419	468062	4338		66795			16
17 MEDICAL RECORDS & LIBRARY	2146690	153334	218178	8243		394			17
18 SOCIAL SERVICE	461983		76877	3254					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	11275427		1083304	11497					22
23 I&R SERVICES-OTHER PRGM COSTS A	1474747	255593	8918			2680			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	20224021	2327164	3296087	29502		11204	59657	10467	25
26 INTENSIVE CARE UNIT	2539377	131665	432992	4555		1435	5864	992	26
27 CORONARY CARE UNIT	1218429	177561	197511	3905		670	3453	584	27
31 SUBPROVIDER I	2959382	422557	523388	7375		353	10617	1795	31
31.01 SUBPROVIDER II	1639990	138209	283933	4989		369	5121	866	31.01
33 NURSERY	1419516	96885	248474	1735		753	4251	719	33
34 SKILLED NURSING FACILITY	1686415	391938	281832	2603		765	2528	427	34
36 OTHER LONG TERM CARE									36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	7230547	817421	863509	17788		48925	11844	5040	37
38 RECOVERY ROOM	974402		150455			226	2465	870	38
40 ANESTHESIOLOGY	347500	15602	34741	434		4227	4033	1681	40
41 RADIOLOGY-DIAGNOSTIC	6137557	595546	722905	17571		11947	20452	8495	41
42 RADIOLOGY-THERAPEUTIC	1032698	160723	109350			242	347	825	42
44 LABORATORY	6691537	349162	627488	12582		28281	35917	8234	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1505861	60176	237001	3037		3890	8857	1608	49
50 PHYSICAL THERAPY	3352866	125120	439315	6074		687	5027	1472	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	1818725	179164	258274	3471		4948	12496	3472	53
54 ELECTROENCEPHALOGRAPHY	123730	56428	21288	2820		81	375	128	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6358439						14132	3311	55
55.01 DEVICES AND IMPLANTABLES	5473830						72757	6355	55.01
56 DRUGS CHARGED TO PATIENTS	7322428						11635	44601	56
57 RENAL DIALYSIS	567974	28214		1302		1	1944	333	57
59 CARDIAC REHAB	107541	55474	18341	651		30	15	20	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	104174	32786	15852	9111		180		4	60
61 EMERGENCY	2016491	120526	332828	5423		1436	6689	2695	61
61.01 PARTIAL HOSPITALIZATION	145230		23984			20	203	230	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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	169418702	13076609	13257869	241437	281336	296422	267243	64443	95
NONREIMBURSABLE COST CENTERS									

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05
 11/26/2008 13:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE
	0	3	5	6.01	6.02	6.03	6.04	6.05
98 PHYSICIANS' PRIVATE OFFICES	1710647	112834	47486			249		98
99 NONPAID WORKERS								99
100 OTHER	3734914		688692			7055		100
100.01LAKESHORE GUEST UNIT		64467						100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	174864263	13253910	13994047	241437	281336	303726	267243	64443 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINIST.	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
		&GENERAL	TENANCE & REPAIRS	OF PLANT	AND LINEN SERVICE	KEEPING		
	5A	6.06	7	8	9	10	11	12
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 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING,RECEIVING&STORES								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCTS RECEIVABLE								6.05
6.06 ADMINISTRATION & GENERAL	31455446	31455446						6.06
7 MAINTENANCE & REPAIRS	1689555	370589	2060144					7
8 OPERATION OF PLANT	6556102	1438022	237404	8231528				8
9 LAUNDRY & LINEN SERVICE	969560	212664			1182224			9
10 HOUSEKEEPING	2707178	593795	55953	252684		3609610		10
11 DIETARY	2705611	593451	89195	402806		182229	3973292	11
12 CAFETERIA	564404	123797						12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2165891	475069	9868	44564		20161		14
15 CENTRAL SERVICES & SUPPLY	459945	100885	31732	143301	675	64829		15
16 PHARMACY	2970903	651641	18700	84451		38205		16
17 MEDICAL RECORDS & LIBRARY	2526839	554239	36105	163049		73763		17
18 SOCIAL SERVICE	542114	118908						18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	12370228	2713298						22
23 I&R SERVICES-OTHER PRGM COSTS A	1741938	382078	60183	271787		122956		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	25958102	5693689	547961	2474608	592425	1119504	2550074	172808
26 INTENSIVE CARE UNIT	3116880	683660	31002	140006	43471	63339	106602	20711
27 CORONARY CARE UNIT	1602113	351409	41809	188810	21964	85417	76682	9648
31 SUBPROVIDER I	3925467	861016	99497	449329	49960	203276	587745	27352
31.01 SUBPROVIDER II	2073477	454799	32543	146965	65075	66487	297091	16501
33 NURSERY	1772333	388745	22813	103023		46607		12398
34 SKILLED NURSING FACILITY	2366508	519072	92287	416770	71218	188546	355098	16426
36 OTHER LONG TERM CARE								36
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8995074	1972989	192473	869210	136395	393229		46829
38 RECOVERY ROOM	1128418	247508			18501			6622
40 ANESTHESIOLOGY	408218	89539	3674	16591		7506		2462
41 RADIOLOGY-DIAGNOSTIC	7514473	1648232	140229	633278	67879	286493		33867
42 RADIOLOGY-THERAPEUTIC	1304185	286061	37844	170906	6428	77318		3778
44 LABORATORY	7753201	1700595	82215	371284	192	167968		37720
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1820430	399295	14169	63989		28949		14478
50 PHYSICAL THERAPY	3930561	862133	29461	133048	6667	60190		21244
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	2280550	500218	42187	190516	28032	86189		12034
54 ELECTROENCEPHALOGRAPHY	204850	44932	13287	60003	3472	27145		1648
55 MEDICAL SUPPLIES CHARGED TO PAT	6375882	1398492						55
55.01 DEVICES AND IMPLANTABLES	5554253	1218275						55.01
56 DRUGS CHARGED TO PATIENTS	7387528	1620388						56
57 RENAL DIALYSIS	599768	131554	6643	30001		13573		57
59 CARDIAC REHAB	182072	39936	13062	58989	722	26686		890
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	162107	35557	7720	34863	2173	15772		1579
61 EMERGENCY	2486088	545301	28380	128163	63573	57980		17541
61.01 PARTIAL HOSPITALIZATION	169667	37215						1366
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
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	168497919	30059046	2018396	8042994	1178822	3524317	3973292	624796
NONREIMBURSABLE COST CENTERS								

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05
 11/26/2008 13:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINIST. &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
	5A	6.06	7	8	9	10	11	12
98 PHYSICIANS' PRIVATE OFFICES	1871216	410434	26568	119982		54280		1510 98
99 NONPAID WORKERS								61895 99
100 OTHER	4430661	971826			3402			100
100.01LAKESHORE GUEST UNIT	64467	14140	15180	68552		31013		100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	174864263	31455446	2060144	8231528	1182224	3609610	3973292	688201 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER	SUBTOTAL
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	AND FRINGES 22	PROGRAM COSTS 23	
								25
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
6.06								6.06
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14	2729367							14
15		801367						15
16			3784999					16
17		8	13	3370749				17
18					665376			18
20								20
21								21
22						15174420		22
23		36					2578978	23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	1344505	27309	1160	545592	426275	10464116	1778435	53696563 25
26	161117	4238	28	51896	28238	1187268	201783	5840239 26
27	75055	1817	28	30559	19103	1319725	224295	4048434 27
31	212815	472	214	93955	85883			6596981 31
31.01	127820	777	92	45321	51821			3378769 31.01
33	96461	2311	159	37614				2482464 33
34	127820	1674	266	22367	54056			4232108 34
36								36
ANCILLARY SERVICE COST CENTERS								
37	364356	113945	3961	263777		607364	103225	14062827 37
38	51509	642	55	45559				1498814 38
40	19158	9538	62372	87998				707056 40
41		17835	52	444616		329528	56005	11172487 41
42		353	102	43165				1930140 42
44		6732	1304	430953		132457	22512	10707133 44
46.30								46.30
49		9109	30420	84171		263299	44749	2773058 49
50		1894	247	77053		263299	44749	5430546 50
51								51
52								52
53		13318	1409	181719				3336172 53
54		217		6722		607364	103225	1072865 54
55		283434		173318				8231126 55
55.01		256837		68629				7097994 55.01
56		41078	3648704	463963				13161661 56
57				17435				798974 57
59	12264	51		1066				335738 59
OUTPATIENT SERVICE COST CENTERS								
60		238	82	209				260300 60
61	136487	3475	224	141052				3608264 61
61.01				12040				220288 61.01
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95	2729367	797338	3750892	3370749	665376	15174420	2578978	166681001 95
NONREIMBURSABLE COST CENTERS								

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05
 11/26/2008 13:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL	
98 PHYSICIANS' PRIVATE OFFICES		245	688					2484923	98
99 NONPAID WORKERS								61895	99
100 OTHER		3784	33419					5443092	100
100.01LAKESHORE GUEST UNIT								193352	100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2729367	801367	3784999	3370749	665376	15174420	2578978	174864263	103

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05
11/26/2008 13:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
98 PHYSICIANS' PRIVATE OFFICES		2484923	98
99 NONPAID WORKERS		61895	99
100 OTHER		5443092	100
100.01LAKESHORE GUEST UNIT		193352	100.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-17753398	157110865	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT DATA TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING STORES 6.03	ADMITTING 6.04	
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	628	117926	118554	118554					5
6.01 NONPATIENT TELEPHONES		30662	30662		30662				6.01
6.02 DATA PROCESSING	249685	281336	531021			531021			6.02
6.03 PURCHASING,RECEIVING&STORES	394	299821	300215		496		300711		6.03
6.04 ADMITTING	2458	45419	47877	272	882			49031	6.04
6.05 CASHIERING/ACCTS RECEIVABLE		53589	53589		1377		8		6.05
6.06 ADMINISTRATION & GENERAL	58934	3504887	3563821	7989	3746	531021			6.06
7 MAINTENANCE & REPAIRS		170952	170952	1094			32		7
8 OPERATION OF PLANT	12095	1008243	1020338	1248	1267		70		8
9 LAUNDRY & LINEN SERVICE	91		91		110		11110		9
10 HOUSEKEEPING	2658	237629	240287	2382	165		2646		10
11 DIETARY	1987	378806	380793	2127	220		3070		11
12 CAFETERIA	3244		3244	1371	331				12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2191	41909	44100	2864	1322		342		14
15 CENTRAL SERVICES & SUPPLY	216600	134763	351363		138		4000		15
16 PHARMACY	27776	79419	107195	3966	551		66134		16
17 MEDICAL RECORDS & LIBRARY	30342	153334	183676	1849	1047		390		17
18 SOCIAL SERVICE	2250		2250	651	413				18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A				9180	1460				22
23 I&R SERVICES-OTHER PRGM COSTS A	45255	255593	300848	76			2653		23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	46047	2327164	2373211	27899	3747		11094	10941	25
26 INTENSIVE CARE UNIT	3677	131665	135342	3669	579		1421	1076	26
27 CORONARY CARE UNIT	-261	177561	177300	1674	496		663	634	27
31 SUBPROVIDER I	8778	422557	431335	4435	937		349	1948	31
31.01 SUBPROVIDER II		138209	138209	2406	634		366	940	31.01
33 NURSERY	4796	96885	101681	2106	220		746	780	33
34 SKILLED NURSING FACILITY	13669	391938	405607	2388	331		757	464	34
36 OTHER LONG TERM CARE	2212		2212						36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	108157	817421	925578	7318	2259		48441	2173	37
38 RECOVERY ROOM	104		104	1275			224	452	38
40 ANESTHESIOLOGY	516	15602	16118	294	55		4185	740	40
41 RADIOLOGY-DIAGNOSTIC	135169	595546	730715	6126	2231		11828	3753	41
42 RADIOLOGY-THERAPEUTIC		160723	160723	927			240	64	42
44 LABORATORY	7523	349162	356685	5318	1598		28001	6590	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	5433	60176	65609	2008	386		3851	1625	49
50 PHYSICAL THERAPY	3534	125120	128654	3723	771		680	922	50
51 OCCUPATIONAL THERAPY	247		247						51
52 SPEECH PATHOLOGY	97		97						52
53 ELECTROCARDIOLOGY	1857	179164	181021	2189	441		4899	2293	53
54 ELECTROENCEPHALOGRAPHY	405	56428	56833	180	358		80	69	54
55 MEDICAL SUPPLIES CHARGED TO PAT								2593	55
55.01 DEVICES AND IMPLANTABLES							72031	1166	55.01
56 DRUGS CHARGED TO PATIENTS							11520	8184	56
57 RENAL DIALYSIS		28214	28214		165		1	357	57
59 CARDIAC REHAB	130	55474	55604	155	83		29	3	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1405	32786	34191	134	1157		179		60
61 EMERGENCY	3936	120526	124462	2820	689		1421	1227	61
61.01 PARTIAL HOSPITALIZATION				203			19	37	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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1004019	13076609	14080628	112316	30662	531021	293480	49031	95
NONREIMBURSABLE COST CENTERS									

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT DATA TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING STORES 6.03	ADMITTING 6.04
98	PHYSICIANS' PRIVATE OFFICES	114788	112834	227622	402			246	98
99	NONPAID WORKERS								99
100	OTHER				5836			6985	100
100.01	LAKESHORE GUEST UNIT		64467	64467					100.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	1118807	13253910	14372717	118554	30662	531021	300711	49031 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.05	ADMINIST. &GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	
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 NONPATIENT TELEPHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING,RECEIVING&STORES									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCTS RECEIVABLE	54974								6.05
6.06 ADMINISTRATION & GENERAL		4106577							6.06
7 MAINTENANCE & REPAIRS		48380	220458						7
8 OPERATION OF PLANT		187734	25405	1236062					8
9 LAUNDRY & LINEN SERVICE		27763			39074				9
10 HOUSEKEEPING		77520	5988	37944		366932			10
11 DIETARY		77475	9545	60486		18524	552240		11
12 CAFETERIA		16162						21108	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		62020	1056	6692		2049		424	14
15 CENTRAL SERVICES & SUPPLY		13171	3396	21518	22	6590			15
16 PHARMACY		85072	2001	12681		3884		647	16
17 MEDICAL RECORDS & LIBRARY		72356	3864	24484		7498		513	17
18 SOCIAL SERVICE		15523						134	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		354221						2788	22
23 I&R SERVICES-OTHER PRGM COSTS A		49880	6440	40812		12499			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8950	743377	58637	371591	19583	113802	354431	5300	25
26 INTENSIVE CARE UNIT	845	89252	3318	21024	1437	6439	14816	635	26
27 CORONARY CARE UNIT	498	45877	4474	28352	726	8683	10658	296	27
31 SUBPROVIDER I	1531	112406	10647	67472	1651	20664	81689	839	31
31.01 SUBPROVIDER II	738	59374	3482	22069	2151	6759	41292	506	31.01
33 NURSERY	613	50751	2441	15470		4738		380	33
34 SKILLED NURSING FACILITY	364	67765	9876	62583	2354	19166	49354	504	34
36 OTHER LONG TERM CARE									36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4297	257574	20597	130522	4508	39973		1436	37
38 RECOVERY ROOM	742	32312			611			203	38
40 ANESTHESIOLOGY	1434	11689	393	2491		763		76	40
41 RADIOLOGY-DIAGNOSTIC	7243	215177	15006	95094	2243	29123		1039	41
42 RADIOLOGY-THERAPEUTIC	703	37345	4050	25664	212	7860		116	42
44 LABORATORY	7021	222013	8798	55753	6	17075		1157	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1371	52128	1516	9609		2943		444	49
50 PHYSICAL THERAPY	1255	112552	3153	19979	220	6119		652	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	2960	65304	4514	28608	926	8761		369	53
54 ELECTROENCEPHALOGRAPHY	110	5866	1422	9010	115	2759		51	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2824	182573							55
55.01 DEVICES AND IMPLANTABLES	1118	159046							55.01
56 DRUGS CHARGED TO PATIENTS	7559	211542							56
57 RENAL DIALYSIS	284	17174	711	4505		1380			57
59 CARDIAC REHAB	17	5214	1398	8858	24	2713		27	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3	4642	826	5235	72	1603		48	60
61 EMERGENCY	2298	71189	3037	19245	2101	5894		538	61
61.01 PARTIAL HOSPITALIZATION	196	4858						42	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
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	54974	3924277	215991	1207751	38962	358261	552240	19164	95
NONREIMBURSABLE COST CENTERS									

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		CASHIERING ACCOUNTS RECEIVABLE 6.05	ADMINIST. &GENERAL 6.06	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12
98	PHYSICIANS' PRIVATE OFFICES		53582	2843	18017		5518		46 98
99	NONPAID WORKERS								1898 99
100	OTHER		126872			112			100
100.01	LAKESHORE GUEST UNIT		1846	1624	10294		3153		100.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	54974	4106577	220458	1236062	39074	366932	552240	21108 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER	SUBTOTAL
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	AND FRINGES 22	PROGRAM COSTS 23	
								25
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
6.06								6.06
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14	120869							14
15		400198						15
16			282131					16
17		4	1	295682				17
18					18971			18
20								20
21								21
22						367649		22
23		18					413226	23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	59543	13638	86	47979	12153			4235962 25
26	7135	2117	2	4550	805			294462 26
27	3324	907	2	2679	545			287788 27
31	9424	236	16	8238	2449			756266 31
31.01	5660	388	7	3974	1478			290433 31.01
33	4272	1154	12	3298				188662 33
34	5660	836	20	1961	1541			631531 34
36								2212 36
ANCILLARY SERVICE COST CENTERS								
37	16135	56904	295	23127				1541137 37
38	2281	320	4	3994				42522 38
40	848	4763	4649	7715				56213 40
41		8907	4	38983				1167472 41
42		177	8	3785				241874 42
44		3362	97	37785				751259 44
46.30								46.30
49		4549	2267	7380				155686 49
50		946	18	6756				286400 50
51								247 51
52								97 52
53		6651	105	15933				324974 53
54		108		589				77550 54
55		141544		15196				344730 55
55.01		128263		6017				367641 55.01
56		20514	271973	40679				571971 56
57				1529				54320 57
59	543	25		94				74787 59
OUTPATIENT SERVICE COST CENTERS								
60		119	6	18				48233 60
61	6044	1736	17	12367				255085 61
61.01				1056				6411 61.01
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95	120869	398186	279589	295682	18971			13055925 95
NONREIMBURSABLE COST CENTERS								

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER	SUBTOTAL
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	AND FRINGES 22	PROGRAM COSTS 23	
98 PHYSICIANS' PRIVATE OFFICES		122	51					308449 98
99 NONPAID WORKERS								1898 99
100 OTHER		1890	2491					144186 100
100.01LAKESHORE GUEST UNIT								81384 100.01
101 CROSS FOOT ADJUSTMENTS						367649	413226	780875 101
102 NEGATIVE COST CENTER								102
103 TOTAL	120869	400198	282131	295682	18971	367649	413226	14372717 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 NONPATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING,RECEIVING&STORES			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS RECEIVABLE			6.05
6.06 ADMINISTRATION & 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
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	4235962		25
26 INTENSIVE CARE UNIT	294462		26
27 CORONARY CARE UNIT	287788		27
31 SUBPROVIDER I	756266		31
31.01 SUBPROVIDER II	290433		31.01
33 NURSERY	188662		33
34 SKILLED NURSING FACILITY	631531		34
36 OTHER LONG TERM CARE	2212		36
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1541137		37
38 RECOVERY ROOM	42522		38
40 ANESTHESIOLOGY	56213		40
41 RADIOLOGY-DIAGNOSTIC	1167472		41
42 RADIOLOGY-THERAPEUTIC	241874		42
44 LABORATORY	751259		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	155686		49
50 PHYSICAL THERAPY	286400		50
51 OCCUPATIONAL THERAPY	247		51
52 SPEECH PATHOLOGY	97		52
53 ELECTROCARDIOLOGY	324974		53
54 ELECTROENCEPHALOGRAPHY	77550		54
55 MEDICAL SUPPLIES CHARGED TO PAT	344730		55
55.01 DEVICES AND IMPLANTABLES	367641		55.01
56 DRUGS CHARGED TO PATIENTS	571971		56
57 RENAL DIALYSIS	54320		57
59 CARDIAC REHAB	74787		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	48233		60
61 EMERGENCY	255085		61
61.01 PARTIAL HOSPITALIZATION	6411		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
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	13055925		95
NONREIMBURSABLE COST CENTERS			

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 13:08

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
98 PHYSICIANS' PRIVATE OFFICES		308449	98
99 NONPAID WORKERS		1898	99
100 OTHER		144186	100
100.01LAKESHORE GUEST UNIT		81384	100.01
101 CROSS FOOT ADJUSTMENTS		780875	101
102 NEGATIVE COST CENTER			102
103 TOTAL		14372717	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	NONPATIENT DATA		PURCHASING	
	REL COSTS BLDG&FIXT (SQUARE FEET)	REL COSTS BLDG&FIXT SQUARE FEET	REL COSTS MOV EQUIP SQUARE FEET	BENEFITS GROSS SALARIES	TELEPHONES NUMBER OF PHONES	PROCESSING TIME SPENT	RECEIVING STORES SUPPLY EXPENSE	
	1	3	4	5	6.01	6.02	6.03	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	603454	603454	603454	69783538	1113	100	25293363	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	5207	5207	5207	249943			21212	98
99 NONPAID WORKERS								99
100 OTHER				3624960			602030	100
100.01 LAKESHORE GUEST UNIT	2975	2975	2975					100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		13253910		13994047	241437	281336	303726	103
104 UNIT COST MULT-WS B PT I		21.669604		.189986		2813.360000		104
104 UNIT COST MULT-WS B PT I					216.924528		.011719	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				118554	30662	531021	300711	107
108 UNIT COST MULT-WS B PT III				.001610		5310.210000		108
108 UNIT COST MULT-WS B PT III					27.548967		.011603	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON- CILIATION	ADMINIST. &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	
	INPATIENT REVENUE	RECEIVABLE GROSS REVENUE		ACCUM COST	SQUARE FEET	SQUARE FEET	SQUARE FEET	SQUARE FEET	
	6.04	6.05	6A.06	6.06	7	8	9	10	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	350397944	499211041	-31455446	137042473	395578	349050	1738959	338084	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES				1871216	5207	5207		5207	98
99 NONPAID WORKERS									99
100 OTHER				4430661			5018		100
100.01 LAKESHORE GUEST UNIT				64467	2975	2975		2975	100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	267243	64443		31455446	2060144	8231528	1182224	3609610	103
104 UNIT COST MULT-WS B PT I	.000763				5.102397		.677890		104
104 UNIT COST MULT-WS B PT I		.000129		.219341		23.042527		10.424385	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	49031	54974		4106577	220458	1236062	39074	366932	107
108 UNIT COST MULT-WS B PT III	.000140				.546012		.022405		108
108 UNIT COST MULT-WS B PT III		.000110		.028635		3.460110		1.059682	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY
	(MEALS SERVED) 11	(MEALS SERVED) 12	ADMINI-STRATION (DIRECT NRSG HRS) 14	SERVICES & SUPPLY EXPENSE 15	(COSTED REQUIS) 16	RECORDS & LIBRARY GROSS REVENUE 17	SERVICE PATIENT DAYS 18	AND FRINGES (ASSIGNED TIME) 22
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	212339	99733	1169238	19271336	7042293	499211041	79171	9394 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		241		5916	1292			98
99 NONPAID WORKERS		9880						99
100 OTHER				91458	62745			100
100.01 LAKESHORE GUEST UNIT								100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3973292	688201	2729367	801367	3784999	3370749	665376	15174420 103
104 UNIT COST MULT-WS B PT I	18.712022		2.334313		.532624		8.404289	104
104 UNIT COST MULT-WS B PT I		6.264688		.041374		.006752		1615.331062 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	552240	21108	120869	400198	282131	295682	18971	367649 107
108 UNIT COST MULT-WS B PT III	2.600747		.103374		.039701		.239621	108
108 UNIT COST MULT-WS B PT III		.192146		.020662		.000592		39.136577 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	23	
GENERAL SERVICE COST CENTERS		
1		1
2		2
3		3
4		4
5		5
6.01		6.01
6.02		6.02
6.03		6.03
6.04		6.04
6.05		6.05
6.06		6.06
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
20		20
21		21
22		22
23	9394	23
24		24
INPATIENT ROUTINE SERV COST CENTERS		
25	6478	25
26	735	26
27	817	27
31		31
31.01		31.01
33		33
34		34
36		36
ANCILLARY SERVICE COST CENTERS		
37	376	37
38		38
40		40
41	204	41
42		42
44	82	44
46.30		46.30
49	163	49
50	163	50
51		51
52		52
53		53
54	376	54
55		55
55.01		55.01
56		56
57		57
59		59
OUTPATIENT SERVICE COST CENTERS		
60		60
61		61
61.01		61.01
62		62
63.50		63.50
63.60		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10		69.10
69.20		69.20
69.30		69.30
69.40		69.40
71		71
SPECIAL PURPOSE COST CENTERS		
85.01		85.01
85.02		85.02

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2008.05
11/26/2008 13:08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	9394	95
NONREIMBURSABLE COST CENTERS		
98 PHYSICIANS' PRIVATE OFFICES		98
99 NONPAID WORKERS		99
100 OTHER		100
100.01 LAKESHORE GUEST UNIT		100.01
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	2578978	103
104 UNIT COST MULT-WS B PT I	274.534597	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	413226	107
108 UNIT COST MULT-WS B PT III	43.988290	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	41454012		41454012		41454012	25
26 INTENSIVE CARE UNIT	4451188		4451188		4451188	26
27 CORONARY CARE UNIT	2504414		2504414		2504414	27
31 SUBPROVIDER I	6596981		6596981	70646	6667627	31
31.01 SUBPROVIDER II	3378769		3378769		3378769	31.01
33 NURSERY	2482464		2482464		2482464	33
34 SKILLED NURSING FACILITY	4232108		4232108		4232108	34
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	13352238		13352238		13352238	37
38 RECOVERY ROOM	1498814		1498814		1498814	38
40 ANESTHESIOLOGY	707056		707056		707056	40
41 RADIOLOGY-DIAGNOSTIC	10786954		10786954		10786954	41
42 RADIOLOGY-THERAPEUTIC	1930140		1930140		1930140	42
44 LABORATORY	10552164		10552164		10552164	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2465010		2465010		2465010	49
50 PHYSICAL THERAPY	5122498		5122498		5122498	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	3336172		3336172		3336172	53
54 ELECTROENCEPHALOGRAPHY	362276		362276		362276	54
55 MEDICAL SUPPLIES CHARGED TO	8231126		8231126		8231126	55
55.01 DEVICES AND IMPLANTABLES	7097994		7097994		7097994	55.01
56 DRUGS CHARGED TO PATIENTS	13161661		13161661		13161661	56
57 RENAL DIALYSIS	798974		798974		798974	57
59 CARDIAC REHAB	335738		335738		335738	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	260300		260300		260300	60
61 EMERGENCY	3608264		3608264		3608264	61
61.01 PARTIAL HOSPITALIZATION	220288		220288	5390	225678	61.01
62 OBSERVATION BEDS (NON-DISTI	1203160		1203160		1203160	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	150130763		150130763	76036	150206799	101
102 LESS OBSERVATION BEDS	1203160		1203160		1203160	102
103 TOTAL	148927603		148927603	76036	149003639	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	78329997		78329997			25
26 INTENSIVE CARE UNIT	7686048		7686048			26
27 CORONARY CARE UNIT	4525977		4525977			27
31 SUBPROVIDER I	13915204		13915204			31
31.01 SUBPROVIDER II	6712198		6712198			31.01
33 NURSERY	5570777		5570777			33
34 SKILLED NURSING FACILITY	3312716		3312716			34
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15523510	23542925	39066435	.341783	.341783	.341783 37
38 RECOVERY ROOM	3231098	3516334	6747432	.222131	.222131	.222131 38
40 ANESTHESIOLOGY	5285783	7747070	13032853	.054252	.054252	.054252 40
41 RADIOLOGY-DIAGNOSTIC	26804666	39044796	65849462	.163812	.163812	.163812 41
42 RADIOLOGY-THERAPEUTIC	455006	5937917	6392923	.301918	.301918	.301918 42
44 LABORATORY	47073764	16752163	63825927	.165327	.165327	.165327 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	11607548	858536	12466084	.197737	.197737	.197737 49
50 PHYSICAL THERAPY	6588767	4823041	11411808	.448877	.448877	.448877 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	16377425	10535965	26913390	.123960	.123960	.123960 53
54 ELECTROENCEPHALOGRAPHY	491370	504203	995573	.363887	.363887	.363887 54
55 MEDICAL SUPPLIES CHARGED TO	18522239	7146838	25669077	.320663	.320663	.320663 55
55.01 DEVICES AND IMPLANTABLES	8328870	1835366	10164236	.698330	.698330	.698330 55.01
56 DRUGS CHARGED TO PATIENTS	58455024	10259858	68714882	.191540	.191540	.191540 56
57 RENAL DIALYSIS	2547659	34483	2582142	.309423	.309423	.309423 57
59 CARDIAC REHAB	19304	138649	157953	2.125556	2.125556	2.125556 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	391	30540	30931	8.415505	8.415505	8.415505 60
61 EMERGENCY	8766721	12123667	20890388	.172724	.172724	.172724 61
61.01 PARTIAL HOSPITALIZATION	265882	1517250	1783132	.123540	.123540	.126563 61.01
62 OBSERVATION BEDS (NON-DISTI		2463496	2463496	.488395	.488395	.488395 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	350397944	148813097	499211041			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	350397944	148813097	499211041			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	CAPITAL RELATED COST	SWING-BED ADJUSTMENT			
	1	2	3	4		5	6
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				4235962		4235962	25
26 INTENSIVE CARE UNIT				294462		294462	26
27 CORONARY CARE UNIT				287788		287788	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				756266		756266	31
31.01 SUBPROVIDER II				290433		290433	31.01
33 NURSERY				188662		188662	33
101 TOTAL				6053573		6053573	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 ADULTS & PEDIATRICS	48753	20737			86.89	1801838	25
26 INTENSIVE CARE UNIT	3135	1913			93.93	179688	26
27 CORONARY CARE UNIT	1584	1113			181.68	202210	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	10243	5952			73.83	439436	31
31.01 SUBPROVIDER II	5121	4006			56.71	227180	31.01
33 NURSERY	5477				34.45		33
101 TOTAL	74313	33721				2850352	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1541137	39066435	7180549			.039449	283265
38 RECOVERY ROOM		42522	6747432	484616			.006302	3054
40 ANESTHESIOLOGY		56213	13032853	1982750			.004313	8552
41 RADIOLOGY-DIAGNOSTIC		1167472	65849462	14108115			.017729	250123
42 RADIOLOGY-THERAPEUTIC		241874	6392923	189732			.037835	7179
44 LABORATORY		751259	63825927	23773269			.011770	279811
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		155686	12466084	7100221			.012489	88675
50 PHYSICAL THERAPY		286400	11411808	1273952			.025097	31972
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		324974	26913390	8914575			.012075	107643
54 ELECTROENCEPHALOGRAPHY		77550	995573	278788			.077895	21716
55 MEDICAL SUPPLIES CHARGED TO P		344730	25669077	10149231			.013430	136304
55.01 DEVICES AND IMPLANTABLES		367641	10164236	4284968			.036170	154987
56 DRUGS CHARGED TO PATIENTS		571971	68714882	21957180			.008324	182772
57 RENAL DIALYSIS		54320	2582142	1408977			.021037	29641
59 CARDIAC REHAB		74787	157953	9736			.473476	4610
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		48233	30931				1.559374	60
61 EMERGENCY		255085	20890388	4454176			.012211	54390
61.01 PARTIAL HOSPITALIZATION		6411	1783132	212			.003595	1
62 OBSERVATION BEDS (NON-DISTINC		122945	2463496				.049907	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6491554	379158124	107551047				1644695

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 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 13:08

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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					48753		20737	25
26	INTENSIVE CARE UNIT					3135		1913	26
27	CORONARY CARE UNIT					1584		1113	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					10243		5952	31
31.01	SUBPROVIDER II					5121		4006	31.01
33	NURSERY					5477			33
34	SKILLED NURSING FACILITY					6147		5227	34
35	NURSING FACILITY								35
101	TOTAL					80460		38948	101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0224)	[]	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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] 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		PROGRAM	
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		39066435			7180549		4818942 37
38 RECOVERY ROOM		6747432			484616		672147 38
40 ANESTHESIOLOGY		13032853			1982750		1615813 40
41 RADIOLOGY-DIAGNOSTIC		65849462			14108115		10948432 41
42 RADIOLOGY-THERAPEUTIC		6392923			189732		2387787 42
44 LABORATORY		63825927			23773269		1552060 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12466084			7100221		153094 49
50 PHYSICAL THERAPY		11411808			1273952		78899 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		26913390			8914575		3762736 53
54 ELECTROENCEPHALOGRAPHY		995573			278788		146151 54
55 MEDICAL SUPPLIES CHARGED TO P		25669077			10149231		1733827 55
55.01 DEVICES AND IMPLANTABLES		10164236			4284968		796601 55.01
56 DRUGS CHARGED TO PATIENTS		68714882			21957180		2920656 56
57 RENAL DIALYSIS		2582142			1408977		57
59 CARDIAC REHAB		157953			9736		56255 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30931					7938 60
61 EMERGENCY		20890388			4454176		2154066 61
61.01 PARTIAL HOSPITALIZATION		1783132			212		149481 61.01
62 OBSERVATION BEDS (NON-DISTINC		2463496					742603 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		379158124			107551047		34697488 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					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 (14-0224) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.341783	.341783	.341783			37
38 RECOVERY ROOM	.222131	.222131	.222131			38
40 ANESTHESIOLOGY	.054252	.054252	.054252			40
41 RADIOLOGY-DIAGNOSTIC	.163812	.163812	.163812			41
42 RADIOLOGY-THERAPEUTIC	.301918	.301918	.301918			42
44 LABORATORY	.165327	.165327	.165327			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.197737	.197737	.197737			49
50 PHYSICAL THERAPY	.448877	.448877	.448877			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.123960	.123960	.123960			53
54 ELECTROENCEPHALOGRAPHY	.363887	.363887	.363887			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663	.320663	.320663			55
55.01 DEVICES AND IMPLANTABLES	.698330	.698330	.698330			55.01
56 DRUGS CHARGED TO PATIENTS	.191540	.191540	.191540			56
57 RENAL DIALYSIS	.309423	.309423	.309423			57
59 CARDIAC REHAB	2.125556	2.125556	2.125556			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	8.415505	8.415505	8.415505			60
61 EMERGENCY	.172724	.172724	.172724			61
61.01 PARTIAL HOSPITALIZATION	.123540	.123540	.123540			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.488395	.488395	.488395			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE 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	.191540	1
2 PROGRAM VACCINE CHARGES			15141	2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS			2900	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 (14-0224) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4818942						37
38 RECOVERY ROOM		672147						38
40 ANESTHESIOLOGY		1615813						40
41 RADIOLOGY-DIAGNOSTIC		10948432						41
42 RADIOLOGY-THERAPEUTIC		2387787						42
44 LABORATORY		1552060						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		153094						49
50 PHYSICAL THERAPY		78899						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		3762736						53
54 ELECTROENCEPHALOGRAPHY		146151						54
55 MEDICAL SUPPLIES CHARGED TO PA		1733827						55
55.01 DEVICES AND IMPLANTABLES		796601						55.01
56 DRUGS CHARGED TO PATIENTS		2920656						56
57 RENAL DIALYSIS								57
59 CARDIAC REHAB		56255						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		7938						60
61 EMERGENCY		2154066						61
61.01 PARTIAL HOSPITALIZATION		149481						61.01
62 OBSERVATION BEDS (NON-DISTINCT)		742603						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		34697488						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		34697488						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] 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		1647032					37
38 RECOVERY ROOM		149305					38
40 ANESTHESIOLOGY		87661					40
41 RADIOLOGY-DIAGNOSTIC		1793485					41
42 RADIOLOGY-THERAPEUTIC		720916					42
44 LABORATORY		256597					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		30272					49
50 PHYSICAL THERAPY		35416					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		466429					53
54 ELECTROENCEPHALOGRAPHY		53182					54
55 MEDICAL SUPPLIES CHARGED TO PAT		555974					55
55.01 DEVICES AND IMPLANTABLES		556290					55.01
56 DRUGS CHARGED TO PATIENTS		559422					56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB		119573					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		66802					60
61 EMERGENCY		372059					61
61.01 PARTIAL HOSPITALIZATION		18467					61.01
62 OBSERVATION BEDS (NON-DISTINCT)		362684					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		7851566					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		7851566					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1541137	39066435	1467			.039449	58	37
38 RECOVERY ROOM		42522	6747432	110211			.006302	695	38
40 ANESTHESIOLOGY		56213	13032853				.004313		40
41 RADIOLOGY-DIAGNOSTIC		1167472	65849462	119164			.017729	2113	41
42 RADIOLOGY-THERAPEUTIC		241874	6392923				.037835		42
44 LABORATORY		751259	63825927	684971			.011770	8062	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		155686	12466084	83867			.012489	1047	49
50 PHYSICAL THERAPY		286400	11411808	65755			.025097	1650	50
51 OCCUPATIONAL THERAPY		247							51
52 SPEECH PATHOLOGY		97							52
53 ELECTROCARDIOLOGY		324974	26913390	42874			.012075	518	53
54 ELECTROENCEPHALOGRAPHY		77550	995573	9882			.077895	770	54
55 MEDICAL SUPPLIES CHARGED TO P		344730	25669077	26411			.013430	355	55
55.01 DEVICES AND IMPLANTABLES		367641	10164236				.036170		55.01
56 DRUGS CHARGED TO PATIENTS		571971	68714882	1775561			.008324	14780	56
57 RENAL DIALYSIS		54320	2582142	452009			.021037	9509	57
59 CARDIAC REHAB		74787	157953				.473476		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		48233	30931				1.559374		60
61 EMERGENCY		255085	20890388	210644			.012211	2572	61
61.01 PARTIAL HOSPITALIZATION		6411	1783132	210644			.003595	757	61.01
62 OBSERVATION BEDS (NON-DISTINC		122945	2463496				.049907		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6491554	379158124	3793460				42886	101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

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-S224)	[]	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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

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-S224) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		39066435			1467		37
38 RECOVERY ROOM		6747432			110211		38
40 ANESTHESIOLOGY		13032853					40
41 RADIOLOGY-DIAGNOSTIC		65849462			119164	8696	41
42 RADIOLOGY-THERAPEUTIC		6392923					42
44 LABORATORY		63825927			684971	500	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12466084			83867	100	49
50 PHYSICAL THERAPY		11411808			65755		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		26913390			42874	1611	53
54 ELECTROENCEPHALOGRAPHY		995573			9882	1098	54
55 MEDICAL SUPPLIES CHARGED TO P		25669077			26411		55
55.01 DEVICES AND IMPLANTABLES		10164236					55.01
56 DRUGS CHARGED TO PATIENTS		68714882			1775561	27	56
57 RENAL DIALYSIS		2582142			452009		57
59 CARDIAC REHAB		157953					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30931					60
61 EMERGENCY		20890388			210644	1088	61
61.01 PARTIAL HOSPITALIZATION		1783132			210644		61.01
62 OBSERVATION BEDS (NON-DISTINC		2463496					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		379158124			3793460	13120	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-S224) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					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-S224) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.341783	.341783	.341783			37
38 RECOVERY ROOM	.222131	.222131	.222131			38
40 ANESTHESIOLOGY	.054252	.054252	.054252			40
41 RADIOLOGY-DIAGNOSTIC	.163812	.163812	.163812			41
42 RADIOLOGY-THERAPEUTIC	.301918	.301918	.301918			42
44 LABORATORY	.165327	.165327	.165327			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.197737	.197737	.197737			49
50 PHYSICAL THERAPY	.448877	.448877	.448877			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.123960	.123960	.123960			53
54 ELECTROENCEPHALOGRAPHY	.363887	.363887	.363887			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663	.320663	.320663			55
55.01 DEVICES AND IMPLANTABLES	.698330	.698330	.698330			55.01
56 DRUGS CHARGED TO PATIENTS	.191540	.191540	.191540			56
57 RENAL DIALYSIS	.309423	.309423	.309423			57
59 CARDIAC REHAB	2.125556	2.125556	2.125556			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	8.415505	8.415505	8.415505			60
61 EMERGENCY	.172724	.172724	.172724			61
61.01 PARTIAL HOSPITALIZATION	.123540	.123540	.123540			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.488395	.488395	.488395			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE 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	.191540	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-S224)	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		8696						41
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY		500						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		100						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1611						53
54 ELECTROENCEPHALOGRAPHY		1098						54
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.01 DEVICES AND IMPLANTABLES								55.01
56 DRUGS CHARGED TO PATIENTS		27						56
57 RENAL DIALYSIS								57
59 CARDIAC REHAB								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY		1088						61
61.01 PARTIAL HOSPITALIZATION								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 SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		13120						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		13120						104

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-S224) [] 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							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		1425					41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY		83					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		20					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		200					53
54 ELECTROENCEPHALOGRAPHY		400					54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS		5					56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		188					61
61.01 PARTIAL HOSPITALIZATION							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 SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)							65.03
101 SUBTOTAL		2321					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2321					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 [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T224)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1541137	39066435	21215			.039449	837 37
38 RECOVERY ROOM		42522	6747432	2609			.006302	16 38
40 ANESTHESIOLOGY		56213	13032853	5754			.004313	25 40
41 RADIOLOGY-DIAGNOSTIC		1167472	65849462	514352			.017729	9119 41
42 RADIOLOGY-THERAPEUTIC		241874	6392923	16224			.037835	614 42
44 LABORATORY		751259	63825927	859018			.011770	10111 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		155686	12466084	268729			.012489	3356 49
50 PHYSICAL THERAPY		286400	11411808	2400170			.025097	60237 50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		324974	26913390	46933			.012075	567 53
54 ELECTROENCEPHALOGRAPHY		77550	995573	10580			.077895	824 54
55 MEDICAL SUPPLIES CHARGED TO P		344730	25669077	377857			.013430	5075 55
55.01 DEVICES AND IMPLANTABLES		367641	10164236	468			.036170	17 55.01
56 DRUGS CHARGED TO PATIENTS		571971	68714882	1519907			.008324	12652 56
57 RENAL DIALYSIS		54320	2582142	254668			.021037	5357 57
59 CARDIAC REHAB		74787	157953				.473476	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		48233	30931				1.559374	60
61 EMERGENCY		255085	20890388	1144			.012211	14 61
61.01 PARTIAL HOSPITALIZATION		6411	1783132				.003595	61.01
62 OBSERVATION BEDS (NON-DISTINC		122945	2463496				.049907	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6491554	379158124	6299628				108821 101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T224) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T224) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		39066435			21215		37
38 RECOVERY ROOM		6747432			2609		38
40 ANESTHESIOLOGY		13032853			5754		40
41 RADIOLOGY-DIAGNOSTIC		65849462			514352	2028	41
42 RADIOLOGY-THERAPEUTIC		6392923			16224		42
44 LABORATORY		63825927			859018		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12466084			268729		49
50 PHYSICAL THERAPY		11411808			2400170		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		26913390			46933		53
54 ELECTROENCEPHALOGRAPHY		995573			10580	17689	54
55 MEDICAL SUPPLIES CHARGED TO P		25669077			377857		55
55.01 DEVICES AND IMPLANTABLES		10164236			468		55.01
56 DRUGS CHARGED TO PATIENTS		68714882			1519907		56
57 RENAL DIALYSIS		2582142			254668		57
59 CARDIAC REHAB		157953					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30931					60
61 EMERGENCY		20890388			1144		61
61.01 PARTIAL HOSPITALIZATION		1783132					61.01
62 OBSERVATION BEDS (NON-DISTINC		2463496					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		379158124			6299628	19717	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T224) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T224) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.341783	.341783	.341783			37
38 RECOVERY ROOM	.222131	.222131	.222131			38
40 ANESTHESIOLOGY	.054252	.054252	.054252			40
41 RADIOLOGY-DIAGNOSTIC	.163812	.163812	.163812			41
42 RADIOLOGY-THERAPEUTIC	.301918	.301918	.301918			42
44 LABORATORY	.165327	.165327	.165327			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.197737	.197737	.197737			49
50 PHYSICAL THERAPY	.448877	.448877	.448877			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.123960	.123960	.123960			53
54 ELECTROENCEPHALOGRAPHY	.363887	.363887	.363887			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663	.320663	.320663			55
55.01 DEVICES AND IMPLANTABLES	.698330	.698330	.698330			55.01
56 DRUGS CHARGED TO PATIENTS	.191540	.191540	.191540			56
57 RENAL DIALYSIS	.309423	.309423	.309423			57
59 CARDIAC REHAB	2.125556	2.125556	2.125556			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	8.415505	8.415505	8.415505			60
61 EMERGENCY	.172724	.172724	.172724			61
61.01 PARTIAL HOSPITALIZATION	.123540	.123540	.123540			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.488395	.488395	.488395			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE 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	.191540	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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T224) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SERVICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SERVICES (SEE INSTRU.) 5.03	PPS SERVICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		2028						41
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		17689						53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.01 DEVICES AND IMPLANTABLES								55.01
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
59 CARDIAC REHAB								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
61.01 PARTIAL HOSPITALIZATION								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 SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		19717						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		19717						104

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 [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T224) [] 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							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		332					41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		2193					53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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 SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)							65.03
101 SUBTOTAL		2525					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2525					104

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5568)	[]	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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 [] SUB I [XX] SNF (14-5568) [] 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		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		39066435			4902		37
38 RECOVERY ROOM		6747432			568		38
40 ANESTHESIOLOGY		13032853			9813		40
41 RADIOLOGY-DIAGNOSTIC		65849462			117432		41
42 RADIOLOGY-THERAPEUTIC		6392923			37354		42
44 LABORATORY		63825927			1128676		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12466084			647543		49
50 PHYSICAL THERAPY		11411808			1082875		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		26913390			52429		53
54 ELECTROENCEPHALOGRAPHY		995573			5223		54
55 MEDICAL SUPPLIES CHARGED TO P		25669077			732113		55
55.01 DEVICES AND IMPLANTABLES		10164236					55.01
56 DRUGS CHARGED TO PATIENTS		68714882			2554621		56
57 RENAL DIALYSIS		2582142					57
59 CARDIAC REHAB		157953					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30931					60
61 EMERGENCY		20890388					61
61.01 PARTIAL HOSPITALIZATION		1783132					61.01
62 OBSERVATION BEDS (NON-DISTINC		2463496					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		379158124			6373549		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5568) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					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 ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				4235962		4235962
26 INTENSIVE CARE UNIT				294462		294462
27 CORONARY CARE UNIT				287788		287788
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				756266		756266
31.01 SUBPROVIDER II				290433		290433
33 NURSERY				188662		188662
101 TOTAL				6053573		6053573

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 ADULTS & PEDIATRICS	48753	6687			86.89	581033
26 INTENSIVE CARE UNIT	3135	250			93.93	23483
27 CORONARY CARE UNIT	1584	217			181.68	39425
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	10243	3053			73.83	225403
31.01 SUBPROVIDER II	5121	297			56.71	16843
33 NURSERY	5477	2755			34.45	94910
101 TOTAL	74313	13259				981097

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1541137	39066435				.039449	37
38 RECOVERY ROOM		42522	6747432				.006302	38
40 ANESTHESIOLOGY		56213	13032853				.004313	40
41 RADIOLOGY-DIAGNOSTIC		1167472	65849462				.017729	41
42 RADIOLOGY-THERAPEUTIC		241874	6392923				.037835	42
44 LABORATORY		751259	63825927				.011770	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		155686	12466084				.012489	49
50 PHYSICAL THERAPY		286400	11411808				.025097	50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		324974	26913390				.012075	53
54 ELECTROENCEPHALOGRAPHY		77550	995573				.077895	54
55 MEDICAL SUPPLIES CHARGED TO P		344730	25669077				.013430	55
55.01 DEVICES AND IMPLANTABLES		367641	10164236				.036170	55.01
56 DRUGS CHARGED TO PATIENTS		571971	68714882				.008324	56
57 RENAL DIALYSIS		54320	2582142				.021037	57
59 CARDIAC REHAB		74787	157953				.473476	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		48233	30931				1.559374	60
61 EMERGENCY		255085	20890388				.012211	61
61.01 PARTIAL HOSPITALIZATION		6411	1783132				.003595	61.01
62 OBSERVATION BEDS (NON-DISTINC		122945	2463496				.049907	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6491554	379158124					101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 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 13:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					48753		6687	25
26	INTENSIVE CARE UNIT					3135		250	26
27	CORONARY CARE UNIT					1584		217	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					10243		3053	31
31.01	SUBPROVIDER II					5121		297	31.01
33	NURSERY					5477		2755	33
34	SKILLED NURSING FACILITY					6147			34
35	NURSING FACILITY								35
101	TOTAL					80460		13259	101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0224)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		39066435					37
38 RECOVERY ROOM		6747432					38
40 ANESTHESIOLOGY		13032853					40
41 RADIOLOGY-DIAGNOSTIC		65849462					41
42 RADIOLOGY-THERAPEUTIC		6392923					42
44 LABORATORY		63825927					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12466084					49
50 PHYSICAL THERAPY		11411808					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		26913390					53
54 ELECTROENCEPHALOGRAPHY		995573					54
55 MEDICAL SUPPLIES CHARGED TO P		25669077					55
55.01 DEVICES AND IMPLANTABLES		10164236					55.01
56 DRUGS CHARGED TO PATIENTS		68714882					56
57 RENAL DIALYSIS		2582142					57
59 CARDIAC REHAB		157953					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30931					60
61 EMERGENCY		20890388					61
61.01 PARTIAL HOSPITALIZATION		1783132					61.01
62 OBSERVATION BEDS (NON-DISTINC		2463496					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		379158124					101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0224)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1541137	39066435				.039449	37
38 RECOVERY ROOM		42522	6747432				.006302	38
40 ANESTHESIOLOGY		56213	13032853				.004313	40
41 RADIOLOGY-DIAGNOSTIC		1167472	65849462				.017729	41
42 RADIOLOGY-THERAPEUTIC		241874	6392923				.037835	42
44 LABORATORY		751259	63825927				.011770	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		155686	12466084				.012489	49
50 PHYSICAL THERAPY		286400	11411808				.025097	50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		324974	26913390				.012075	53
54 ELECTROENCEPHALOGRAPHY		77550	995573				.077895	54
55 MEDICAL SUPPLIES CHARGED TO P		344730	25669077				.013430	55
55.01 DEVICES AND IMPLANTABLES		367641	10164236				.036170	55.01
56 DRUGS CHARGED TO PATIENTS		571971	68714882				.008324	56
57 RENAL DIALYSIS		54320	2582142				.021037	57
59 CARDIAC REHAB		74787	157953				.473476	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		48233	30931				1.559374	60
61 EMERGENCY		255085	20890388				.012211	61
61.01 PARTIAL HOSPITALIZATION		6411	1783132				.003595	61.01
62 OBSERVATION BEDS (NON-DISTINC		122945	2463496				.049907	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6491554	379158124					101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S224)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S224)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		39066435					37
38 RECOVERY ROOM		6747432					38
40 ANESTHESIOLOGY		13032853					40
41 RADIOLOGY-DIAGNOSTIC		65849462					41
42 RADIOLOGY-THERAPEUTIC		6392923					42
44 LABORATORY		63825927					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12466084					49
50 PHYSICAL THERAPY		11411808					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		26913390					53
54 ELECTROENCEPHALOGRAPHY		995573					54
55 MEDICAL SUPPLIES CHARGED TO P		25669077					55
55.01 DEVICES AND IMPLANTABLES		10164236					55.01
56 DRUGS CHARGED TO PATIENTS		68714882					56
57 RENAL DIALYSIS		2582142					57
59 CARDIAC REHAB		157953					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30931					60
61 EMERGENCY		20890388					61
61.01 PARTIAL HOSPITALIZATION		1783132					61.01
62 OBSERVATION BEDS (NON-DISTINC		2463496					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		379158124					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S224)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1541137	39066435				.039449	37
38 RECOVERY ROOM		42522	6747432				.006302	38
40 ANESTHESIOLOGY		56213	13032853				.004313	40
41 RADIOLOGY-DIAGNOSTIC		1167472	65849462				.017729	41
42 RADIOLOGY-THERAPEUTIC		241874	6392923				.037835	42
44 LABORATORY		751259	63825927				.011770	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		155686	12466084				.012489	49
50 PHYSICAL THERAPY		286400	11411808				.025097	50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		324974	26913390				.012075	53
54 ELECTROENCEPHALOGRAPHY		77550	995573				.077895	54
55 MEDICAL SUPPLIES CHARGED TO P		344730	25669077				.013430	55
55.01 DEVICES AND IMPLANTABLES		367641	10164236				.036170	55.01
56 DRUGS CHARGED TO PATIENTS		571971	68714882				.008324	56
57 RENAL DIALYSIS		54320	2582142				.021037	57
59 CARDIAC REHAB		74787	157953				.473476	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		48233	30931				1.559374	60
61 EMERGENCY		255085	20890388				.012211	61
61.01 PARTIAL HOSPITALIZATION		6411	1783132				.003595	61.01
62 OBSERVATION BEDS (NON-DISTINC		122945	2463496				.049907	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6491554	379158124					101

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/26/2008 13:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		39066435					37
38 RECOVERY ROOM		6747432					38
40 ANESTHESIOLOGY		13032853					40
41 RADIOLOGY-DIAGNOSTIC		65849462					41
42 RADIOLOGY-THERAPEUTIC		6392923					42
44 LABORATORY		63825927					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		12466084					49
50 PHYSICAL THERAPY		11411808					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		26913390					53
54 ELECTROENCEPHALOGRAPHY		995573					54
55 MEDICAL SUPPLIES CHARGED TO P		25669077					55
55.01 DEVICES AND IMPLANTABLES		10164236					55.01
56 DRUGS CHARGED TO PATIENTS		68714882					56
57 RENAL DIALYSIS		2582142					57
59 CARDIAC REHAB		157953					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		30931					60
61 EMERGENCY		20890388					61
61.01 PARTIAL HOSPITALIZATION		1783132					61.01
62 OBSERVATION BEDS (NON-DISTINC		2463496					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		379158124					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

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) (14-0224)	(TEFRA) (14-S224)	(PPS) (14-T224)			(PPS) (14-5568)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	48753	10243	5121			6147	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	48753	10243	5121			6147	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48753	10243	5121			6147	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)	20737	5952	4006			5227	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0224)	SUB I (TEFRA) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	SNF (PPS) (14-5568)	
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	41454012	6596981	3378769			4232108	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	41454012	6596981	3378769			4232108	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919			3272635	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919			3272635	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.529223	.817142	.729768			1.293181	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1606.67	788.17	904.10			532.40	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	41454012	6596981	3378769			4232108	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) (14-0224)	SUB I (TEFRA) (14-S224)	SUB II (PPS) (14-T224)	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	850.29	644.05	659.79			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17632464	3833386	2643119			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17632464	3833386	2643119			41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4451188	3135	1419.84	1913	2716154	43
44 CORONARY CARE UNIT	2504414	1584	1581.07	1113	1759731	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0224)	SUB I (TEFRA) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	23828971	763585	1871117			48
49 TOTAL PROGRAM INPATIENT COSTS	45937320	4596971	4514236			49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2183736	439436	227180			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1644695	42886	108821			51
52 TOTAL PROGRAM EXCLUDABLE COST	3828431	482322	336001			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	42108889	4114649	4178235			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) (14-0224)	SUB I (TEFRA) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES		636				54
55 TARGET AMOUNT PER DISCHARGE		10067.74				55
56 TARGET AMOUNT		6403083				56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		2288434				57
58 BONUS PAYMENT		128062				58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT		4725033				59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

	SNF (PPS) (14-5568)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	4232108	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	688.48	67
68 PROGRAM ROUTINE SERVICE COST	3598685	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3598685	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	631531	71
72 PER DIEM CAPITAL RELATED COSTS	102.74	72
73 PROGRAM CAPITAL RELATED COSTS	537022	73
74 INPATIENT ROUTINE SERVICE COST	3061663	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	3061663	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	3598685	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1566044	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	5164729	82

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 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 13:08

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) (TEFRA) (PPS)
 (14-0224)(14-S224)(14-T224)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1415	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	850.29	84
85 OBSERVATION BED COST	1203160	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		41454012		1203160		86
87 NEW CAPITAL-RELATED COST	4235962	41454012	.102185	1203160	122945	87
88 NON PHYSICIAN ANESTHETIST		41454012		1203160		88
89 MEDICAL EDUCATION		41454012		1203160		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	48753	10243	5121			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	48753	10243	5121			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48753	10243	5121			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)	6687	3053	297			9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	5477					15
16 TITLE V OR XIX NURSERY DAYS	2755					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	41454012	6596981	3378769				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	41454012	6596981	3378769				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.529223	.817142	.729768				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1606.67	788.17	904.10				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	41454012	6596981	3378769				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	850.29	644.05	659.79			38
39	5685889	1966285	195958			39
40						40
41	5685889	1966285	195958			41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	2482464	5477	453.25	2755	1248704	42
NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	4451188	3135	1419.84	250	354960	43
44	2504414	1584	1581.07	217	343092	44
45						45
46						46
47						47
	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	
	1	1	1	1	1	
48						48
49	7632645	1966285	195958			49
PASS THROUGH COST ADJUSTMENTS						
50	738851	225403	16843			50
51						51
52	738851	225403	16843			52
53						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		400	31			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. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1415	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	850.29	84
85 OBSERVATION BED COST	1203160	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0224) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		30998842		25
26 INTENSIVE CARE UNIT		4979194		26
27 CORONARY CARE UNIT		2888495		27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.341783	7180549	2454190	37
38 RECOVERY ROOM	.222131	484616	107648	38
40 ANESTHESIOLOGY	.054252	1982750	107568	40
41 RADIOLOGY-DIAGNOSTIC	.163812	14108115	2311079	41
42 RADIOLOGY-THERAPEUTIC	.301918	189732	57284	42
44 LABORATORY	.165327	23773269	3930363	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.197737	7100221	1403976	49
50 PHYSICAL THERAPY	.448877	1273952	571848	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.123960	8914575	1105051	53
54 ELECTROENCEPHALOGRAPHY	.363887	278788	101447	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663	10149231	3254483	55
55.01 DEVICES AND IMPLANTABLES	.698330	4284968	2992322	55.01
56 DRUGS CHARGED TO PATIENTS	.191540	21957180	4205678	56
57 RENAL DIALYSIS	.309423	1408977	435970	57
59 CARDIAC REHAB	2.125556	9736	20694	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.415505			60
61 EMERGENCY	.172724	4454176	769343	61
61.01 PARTIAL HOSPITALIZATION	.126563	212	27	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488395			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		107551047	23828971	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		107551047		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S224)	<input type="checkbox"/> NF	<input checked="" 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
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		8073237		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.341783	1467	501	37
38 RECOVERY ROOM	.222131	110211	24481	38
40 ANESTHESIOLOGY	.054252			40
41 RADIOLOGY-DIAGNOSTIC	.163812	119164	19520	41
42 RADIOLOGY-THERAPEUTIC	.301918			42
44 LABORATORY	.165327	684971	113244	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.197737	83867	16584	49
50 PHYSICAL THERAPY	.448877	65755	29516	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.123960	42874	5315	53
54 ELECTROENCEPHALOGRAPHY	.363887	9882	3596	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663	26411	8469	55
55.01 DEVICES AND IMPLANTABLES	.698330			55.01
56 DRUGS CHARGED TO PATIENTS	.191540	1775561	340091	56
57 RENAL DIALYSIS	.309423	452009	139862	57
59 CARDIAC REHAB	2.125556			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.415505			60
61 EMERGENCY	.172724	210644	36383	61
61.01 PARTIAL HOSPITALIZATION	.123540	210644	26023	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488395			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3793460	763585	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3793460		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T224)	<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
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		4629919		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.341783	21215	7251	37
38 RECOVERY ROOM	.222131	2609	580	38
40 ANESTHESIOLOGY	.054252	5754	312	40
41 RADIOLOGY-DIAGNOSTIC	.163812	514352	84257	41
42 RADIOLOGY-THERAPEUTIC	.301918	16224	4898	42
44 LABORATORY	.165327	859018	142019	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.197737	268729	53138	49
50 PHYSICAL THERAPY	.448877	2400170	1077381	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.123960	46933	5818	53
54 ELECTROENCEPHALOGRAPHY	.363887	10580	3850	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663	377857	121165	55
55.01 DEVICES AND IMPLANTABLES	.698330	468	327	55.01
56 DRUGS CHARGED TO PATIENTS	.191540	1519907	291123	56
57 RENAL DIALYSIS	.309423	254668	78800	57
59 CARDIAC REHAB	2.125556			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.415505			60
61 EMERGENCY	.172724	1144	198	61
61.01 PARTIAL HOSPITALIZATION	.126563			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488395			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		6299628	1871117	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6299628		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5568)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.341783	4902	1675	37
38 RECOVERY ROOM	.222131	568	126	38
40 ANESTHESIOLOGY	.054252	9813	532	40
41 RADIOLOGY-DIAGNOSTIC	.163812	117432	19237	41
42 RADIOLOGY-THERAPEUTIC	.301918	37354	11278	42
44 LABORATORY	.165327	1128676	186601	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.197737	647543	128043	49
50 PHYSICAL THERAPY	.448877	1082875	486078	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.123960	52429	6499	53
54 ELECTROENCEPHALOGRAPHY	.363887	5223	1901	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663	732113	234762	55
55.01 DEVICES AND IMPLANTABLES	.698330			55.01
56 DRUGS CHARGED TO PATIENTS	.191540	2554621	489312	56
57 RENAL DIALYSIS	.309423			57
59 CARDIAC REHAB	2.125556			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.415505			60
61 EMERGENCY	.172724			61
61.01 PARTIAL HOSPITALIZATION	.123540			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488395			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		6373549	1566044	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6373549		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0224)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.341783		37
38 RECOVERY ROOM	.222131		38
40 ANESTHESIOLOGY	.054252		40
41 RADIOLOGY-DIAGNOSTIC	.163812		41
42 RADIOLOGY-THERAPEUTIC	.301918		42
44 LABORATORY	.165327		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.197737		49
50 PHYSICAL THERAPY	.448877		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.123960		53
54 ELECTROENCEPHALOGRAPHY	.363887		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663		55
55.01 DEVICES AND IMPLANTABLES	.698330		55.01
56 DRUGS CHARGED TO PATIENTS	.191540		56
57 RENAL DIALYSIS	.309423		57
59 CARDIAC REHAB	2.125556		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	8.415505		60
61 EMERGENCY	.172724		61
61.01 PARTIAL HOSPITALIZATION	.123540		61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488395		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S224)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.341783		37
38 RECOVERY ROOM	.222131		38
40 ANESTHESIOLOGY	.054252		40
41 RADIOLOGY-DIAGNOSTIC	.163812		41
42 RADIOLOGY-THERAPEUTIC	.301918		42
44 LABORATORY	.165327		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.197737		49
50 PHYSICAL THERAPY	.448877		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.123960		53
54 ELECTROENCEPHALOGRAPHY	.363887		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663		55
55.01 DEVICES AND IMPLANTABLES	.698330		55.01
56 DRUGS CHARGED TO PATIENTS	.191540		56
57 RENAL DIALYSIS	.309423		57
59 CARDIAC REHAB	2.125556		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	8.415505		60
61 EMERGENCY	.172724		61
61.01 PARTIAL HOSPITALIZATION	.123540		61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488395		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T224)	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.341783		37
38 RECOVERY ROOM	.222131		38
40 ANESTHESIOLOGY	.054252		40
41 RADIOLOGY-DIAGNOSTIC	.163812		41
42 RADIOLOGY-THERAPEUTIC	.301918		42
44 LABORATORY	.165327		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.197737		49
50 PHYSICAL THERAPY	.448877		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.123960		53
54 ELECTROENCEPHALOGRAPHY	.363887		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.320663		55
55.01 DEVICES AND IMPLANTABLES	.698330		55.01
56 DRUGS CHARGED TO PATIENTS	.191540		56
57 RENAL DIALYSIS	.309423		57
59 CARDIAC REHAB	2.125556		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	8.415505		60
61 EMERGENCY	.172724		61
61.01 PARTIAL HOSPITALIZATION	.123540		61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488395		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0224)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	7742247					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7742247					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	15484493					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	106530					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	106530					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	213059					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	931775					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	265.13					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	139.15					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)						3.06
[FOR CR PERIODS ENDING]						
[ON OR AFTER 7/1/2005]						
[E-3,PT.VI,LN.15][PLUS LN.3.06]						
3.07 SUM OF LINES 3.04-3.06	116.37	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	121.70					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	9.97					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	126.34					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	122.97					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..	122.09					3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	123.80				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0224)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.466941				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.460471				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	0.460471				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1717626				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1756666				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]	3513332				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	6987624 0	6987624			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0796				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1892				4.01
4.02	SUM OF 4 AND 4.01	0.2688				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1047				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	3242453				4.04
5	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					5
5.01	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5.01
5.02	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.02
5.03	DIVIDE LINE 5.01 BY LINE 5					5.03
5.04	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.04
5.05	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.05
5.06	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.06
6	TOTAL ADDITIONAL PAYMENT					6
7	SUBTOTAL	42130839				7
7.01	HOSPITAL SPECIFIC PAYMENTS					7.01
8	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					8
9	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	42130839				9
10	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3630170				10
11	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					11
11.01	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6179602				11.01
11.02	NURSING AND ALLIED HEALTH MANAGED CARE					11.02
12	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					12
13	NET ORGAN ACQUISITION COST					13
14	COST OF TEACHING PHYSICIANS					14
15	ROUTINE SERVICE OTHER PASS THROUGH COSTS					15
16	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					16
17	TOTAL	51940611				17
18	PRIMARY PAYER PAYMENTS	77178				18
19	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	51863433				19
20	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2827288				20
21	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	249888				21
21.01	REIMBURSABLE BAD DEBTS	892517				21.01
21.02	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	624762				21.02
22	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	822552				22
	SUBTOTAL	49411019				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0224)	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	49411019				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	51070117				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-1659098				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					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 (14-0224) 1	HOSPITAL (14-0224) 1.01	HOSPITAL (14-0224) 1.02	
1 MEDICAL AND OTHER SERVICES	2900			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7851566			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7592367			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2900			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	15141			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	15141			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	15141			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	12241			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2900			17
17.01 TOTAL PPS PAYMENTS	7592367			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0224) 1	HOSPITAL (14-0224) 1.01	HOSPITAL (14-0224) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2130002		18.01
19 SUBTOTAL	5465265		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	828410		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6293675		23
24 PRIMARY PAYER PAYMENTS	7814		24
25 SUBTOTAL	6285861		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	484657		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	339260		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	435740		27.02
28 SUBTOTAL	6625121		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	6625121		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5629388		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	995733		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-S224) 1	SUB I (14-S224) 1.01	SUB I (14-S224) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2321			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2515			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2515			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S224) 1	SUB I (14-S224) 1.01	SUB I (14-S224) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	709		18.01
19 SUBTOTAL	1806		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	1806		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1806		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	1806		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	1806		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1806		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T224) 1	SUB II (14-T224) 1.01	SUB II (14-T224) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2525			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2610			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2610			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T224) 1	SUB II (14-T224) 1.01	SUB II (14-T224) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
	1549		
19			19
20			20
21			21
22			22
23	1061		23
24			24
25	1061		25
26			26
27	10186		27
27.01	7130		27.01
27.02	8520		27.02
28			28
29			29
30			30
30.99			30.99
31			31
32	8191		32
33			33
34	2610		34
34.01			34.01
35	5581		35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5568) 1	SNF (14-5568) 1.01	SNF (14-5568) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5568)	SNF (14-5568)	SNF (14-5568)	
	1	1.01	1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0224)
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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0224)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVALLING 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
(14-0224)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVALLING 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 (14-0224)

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		42991966		5547718
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.		7924758		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 .54	09/14/2007 153393	09/14/2007	81670
SUBTOTAL	.99	153393		81670
4 TOTAL INTERIM PAYMENTS		51070117		5629388
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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			NONE
SUBTOTAL	.99			NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			995733
7 TOTAL MEDICARE PROGRAM LIABILITY		49411019		6625121

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S224)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3971896		1806	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		3971896		1806	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	372084			6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		4343980		1806	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T224)

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		5916477		2610
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53		NONE	3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		5916477		2610
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			5581
	PROVIDER TO .02	-22631		6.01
	PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		5893846		8191

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5568)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1865703		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1865703		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	157		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1865860		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 (14-S224)	SUB II (14-T224)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	4725033				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	1181258				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		5610778			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0420			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		343178			1.04
1.05	OUTLIER PAYMENTS		31858			1.05
1.06	TOTAL PPS PAYMENTS		5985814			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)	3318493				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS	48272				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)	27.986339				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	3366765				1.19
1.20	STOP LESS PAYMENT FLOOR	3307523				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	2480642				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	4548023				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)		13.991803			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	4548023	5985814			4
5	PRIMARY PAYER PAYMENTS	889				5
6	SUBTOTAL	4547134	5985814			6
7	DEDUCTIBLES	255584	14619			7
8	SUBTOTAL	4291550	5971195			8
9	COINSURANCE	155320	84479			9
10	SUBTOTAL	4136230	5886716			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	296786	10186			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	207750	7130			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	287466				11.02
12	SUBTOTAL	4343980	5893846			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S224)	SUB II (14-T224)	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		4343980	5893846			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3971896	5916477			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		372084	-22631			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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5568) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		9
COMPUTATION OF LESSER OF COST OR CHARGES			
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	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)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS	1977536	24
25	OUTLIER PAYMENTS		25
26	PROGRAM CAPITAL PAYMENTS		26
27	CAPITAL EXCEPTION PAYMENTS		27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		29
30	SUBTOTAL	1977536	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	1977536	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5568) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	1977536	35
36	COINSURANCE	111833	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	157	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	157	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	157	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	1865860	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	LOSS ON SALE OF ASSETS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	1865860	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1865860	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	1865703	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	157	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0224) (OTHER)	SUB I (14-S224) (OTHER)	SUB II (14-T224) (OTHER)	SUB III SUB IV NF I (PPS)
	1	1	1	1
1	7632645	1966285	195958	1
2				2
3				3
4				4
5				5
6	7632645	1966285	195958	6
7				7
8				8
9	7632645	1966285	195958	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	7632645	1966285	195958	22
23	7632645	1966285	195958	23
24				24
25				25
26				26
27				27
28				28
29				29
30	7632645	1966285	195958	30
31	7632645	1966285	195958	31
32				32
33				33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0224) (OTHER)	SUB I (14-S224) (OTHER)	SUB II (14-T224) (OTHER)	SUB III SUB IV NF I
	1	1	1	1 1 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	7632645	1966285	195958	34
36				35
37				36
38				37
38.01				38
38.02				38.01
39				38.02
40				
41				39
42				40
43				41
44				42
45				43
46				44
47				
48				45
49				46
50				47
51				48
52				49
53				
54				50
55				51
56				
57				52
57.01				53
58				54
59				55
				56
				57
				57.01
				58
				59

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	142.44	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]	-3.60	3.03
3.04	FTE ADJUSTMENT CAP 118.83 -3.60	115.23	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	121.70	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	115.23	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	93.89	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	27.81	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	121.70	3.09
3.10	SEE INSTRUCTIONS	115.23	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	9.97	3.11
3.12	SEE INSTRUCTIONS	36.30	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	23.78	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	28.49	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	29.52	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	29.52	3.16
3.17	SEE INSTRUCTIONS	110869.52	3.17
3.18	SEE INSTRUCTIONS	3272868	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		96.48	3.19
3.20	SEE INSTRUCTIONS		91.67	3.20
3.21	SEE INSTRUCTIONS		92.35	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		92.35	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		115026.75	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		10622720	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		13895588	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		33721	4
5	TOTAL INPATIENT DAYS		67421	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]		.500156	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6949962	0	6949962	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		328	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		67421	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		58050	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
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		2582142	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. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	58647212	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	78067	15
16	TOTAL PART A REASONABLE COST	58569145	16
PART B REASONABLE COST			
17	REASONABLE COST	7859312	17
18	PRIMARY PAYER PAYMENTS	7814	18
19	TOTAL PART B REASONABLE COST	7851498	19
20	TOTAL REASONABLE COST	66420643	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.881791	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.118209	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	7008012	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6179602	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	828410	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] 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	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]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	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	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	3.09
3.10	SEE INSTRUCTIONS	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	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	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	0.00	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		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		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	10504	4
5	TOTAL INPATIENT DAYS	67421	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.155797	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0	0	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	67421	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		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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12]	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		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. 14-0224 SAINT JOSEPH HOSPITAL
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 13:08

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	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	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD		1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		118.83	2
3	UNADJUSTED DIRECT GME FTE CAP		142.44	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		118.83	4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)			5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS			5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			8
9	LINE 7 TIMES LINE 8			9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6			10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS			11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS			12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		116.37	13
14	UNADJUSTED IME FTE CAP		139.15	14
15	PRORATED REDUCED ALLOWABLE FTE CAP		116.37	15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)			16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			17
18	SEE INSTRUCTIONS			18
19	RESIDENT TO BED COUNT			19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005			22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			23

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

1	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS	1.000000	1
	IN THE COST REPORTING PERIOD		
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME		5
	FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP		5.01
	SLOTS		
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT		8
	(SEE INSTRUCTIONS)		
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE		16
	RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER		21
	JULY 1, 2005		
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON		22
	OR AFTER JULY 1, 2005		
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

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	1040276			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	19747791			4
5	OTHER RECEIVABLES	1549652			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3854401			7
8	PREPAID EXPENSES	432368			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	26624488			11
FIXED ASSETS					
12	LAND	7327666			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	11980239			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	53794998			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	33626543			18
18.01	ACCUMULATED DEPRECIATION	-29561252			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	77168194			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS				26
27	TOTAL ASSETS	103792682			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1435000			28
29	SALARIES, WAGES & FEES PAYABLE	1052640			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	27806573			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	27117109			35
36	TOTAL CURRENT LIABILITIES	57411322			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	18880000			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	18880000			42
43	TOTAL LIABILITIES	76291322			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	27501360			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	27501360			51
52	TOTAL LIABILITIES AND FUND BALANCES	103792682			52

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 13:08

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	20566278			1
2 NET INCOME (LOSS)	-2082630			2
3 TOTAL	18483648			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 RELEASED FROM RESTRICTIONS				6
7 TRANSFER FROM TEMP RESTRICTED ASSET				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	18483648			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATE				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	18483648			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	81417534		81417534	1
2 SUBPROVIDER I	13899968		13899968	2
2.01 SUBPROVIDER II	5929359		5929359	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	3848064		3848064	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	105094925		105094925	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	8149808		8149808	10
11 CORONARY CARE UNIT	4133349		4133349	11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	12283157		12283157	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	117378082		117378082	16
17 ANCILLARY SERVICES	228179282	158123649	386302931	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	345557364	158123649	503681013	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		176270851	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	8271225		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		8271225	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		184542076	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	503681013	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	321221567	2
3	NET PATIENT REVENUES	182459446	3
4	LESS - TOTAL OPERATING EXPENSES	184542076	4
5	NET INCOME FROM SERVICE TO PATIENTS	-2082630	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		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		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET ASSETS RELEASED		24
24.01	OTHER INCOME		24.01
24.02	GRANT REC-RECLASSED TO B/S FY08		24.02
25	TOTAL OTHER INCOME		25
26	TOTAL	-2082630	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2082630	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0224)	SUB I	SUB II (14-T224)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	2679654			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	54707			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	142.23			4
4.01	NO. OF INTERNS & RESIDENTS	123.80	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	27.84			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	746016			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0796			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1892			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2688			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0559			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	149793			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3630170			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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 NONPATIENT TELEPHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING,RECEIVING&STORES					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCTS RECEIVABLE					6.05
6.06 ADMINISTRATION & 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
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
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
36 OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.01 DEVICES AND IMPLANTABLES					55.01
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					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
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/26/2008 13:08

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	
98 PHYSICIANS' PRIVATE OFFICES						98
99 NONPAID WORKERS						99
00 OTHER						00
00.01 LAKESHORE GUEST UNIT						00.01
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	42.53		13.72				56.25 25
26 INTENSIVE CARE UNIT	61.02		7.97				68.99 26
27 CORONARY CARE UNIT	70.27		13.70				83.97 27
33 NURSERY			50.30				50.30 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.38	12.34					30.72 37
38 RECOVERY ROOM	7.18	9.96					17.14 38
40 ANESTHESIOLOGY	15.21	12.40					27.61 40
41 RADIOLOGY-DIAGNOSTIC	21.42	16.63					38.05 41
42 RADIOLOGY-THERAPEUTIC	2.97	37.35					40.32 42
44 LABORATORY	37.25	2.43					39.68 44
49 RESPIRATORY THERAPY	56.96	1.23					58.19 49
50 PHYSICAL THERAPY	11.16	0.69					11.85 50
53 ELECTROCARDIOLOGY	33.12	13.98					47.10 53
54 ELECTROENCEPHALOGRAPHY	28.00	14.68					42.68 54
55 MEDICAL SUPPLIES CHARGED TO PAT	39.54	6.75					46.29 55
55.01 DEVICES AND IMPLANTABLES	42.16	7.84					50.00 55.01
56 DRUGS CHARGED TO PATIENTS	31.95	4.25					36.20 56
57 RENAL DIALYSIS	54.57						54.57 57
59 CARDIAC REHAB	6.16	35.62					41.78 59
60 CLINIC		25.66					25.66 60
61 EMERGENCY	21.32	10.31					31.63 61
61.01 PARTIAL HOSPITALIZATION	0.01	8.38					8.39 61.01
62 OBSERVATION BEDS (NON-DISTINCT)		30.14					30.14 62
101 TOTAL CHARGES	21.54	6.95					28.49 101

***** 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	58.11		29.81				87.92 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	1.63						1.63 38
41 RADIOLOGY-DIAGNOSTIC	0.18	0.01					0.19 41
44 LABORATORY	1.07						1.07 44
49 RESPIRATORY THERAPY	0.67						0.67 49
50 PHYSICAL THERAPY	0.58						0.58 50
53 ELECTROCARDIOLOGY	0.16	0.01					0.17 53
54 ELECTROENCEPHALOGRAPHY	0.99	0.11					1.10 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.10						0.10 55
56 DRUGS CHARGED TO PATIENTS	2.58						2.58 56
57 RENAL DIALYSIS	17.51						17.51 57
61 EMERGENCY	1.01	0.01					1.02 61
61.01 PARTIAL HOSPITALIZATION	11.81						11.81 61.01
101 TOTAL CHARGES	0.76						0.76 101

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

SUBPROVIDER II

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							
31.01 SUBPROVIDER II	78.23		5.80				84.03 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.05						0.05 37
38 RECOVERY ROOM	0.04						0.04 38
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.78						0.78 41
42 RADIOLOGY-THERAPEUTIC	0.25						0.25 42
44 LABORATORY	1.35						1.35 44
49 RESPIRATORY THERAPY	2.16						2.16 49
50 PHYSICAL THERAPY	21.03						21.03 50
53 ELECTROCARDIOLOGY	0.17	0.07					0.24 53
54 ELECTROENCEPHALOGRAPHY	1.06						1.06 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.47						1.47 55
56 DRUGS CHARGED TO PATIENTS	2.21						2.21 56
57 RENAL DIALYSIS	9.86						9.86 57
61 EMERGENCY	0.01						0.01 61
101 TOTAL CHARGES	1.26						1.26 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	85.03						85.03	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	0.01						0.01	37
38 RECOVERY ROOM	0.01						0.01	38
40 ANESTHESIOLOGY	0.08						0.08	40
41 RADIOLOGY-DIAGNOSTIC	0.18						0.18	41
42 RADIOLOGY-THERAPEUTIC	0.58						0.58	42
44 LABORATORY	1.77						1.77	44
49 RESPIRATORY THERAPY	5.19						5.19	49
50 PHYSICAL THERAPY	9.49						9.49	50
53 ELECTROCARDIOLOGY	0.19						0.19	53
54 ELECTROENCEPHALOGRAPHY	0.52						0.52	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2.85						2.85	55
56 DRUGS CHARGED TO PATIENTS	3.72						3.72	56
101 TOTAL CHARGES	1.28						1.28	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	13253910	7.58	-13253910	-15.34		3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS	13876121	7.94	-13876121	-16.06		5
6.01	NONPATIENT TELEPHONES	210775	.12	-210775	-.24		6.01
6.02	DATA PROCESSING						6.02
6.03	PURCHASING,RECEIVING&STORES						6.03
6.04	ADMITTING	182840	.10	-182840	-.21		6.04
6.05	CASHIERING/ACCTS RECEIVABLE						6.05
6.06	ADMINISTRATION & GENERAL	26697001	15.27	-26697001	-30.89		6.06
7	MAINTENANCE & REPAIRS	1389433	.79	-1389433	-1.61		7
8	OPERATION OF PLANT	5390548	3.08	-5390548	-6.24		8
9	LAUNDRY & LINEN SERVICE	957471	.55	-957471	-1.11		9
10	HOUSEKEEPING	2184477	1.25	-2184477	-2.53		10
11	DIETARY	2071028	1.18	-2071028	-2.40		11
12	CAFETERIA	400039	.23	-400039	-.46		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1775208	1.02	-1775208	-2.05		14
15	CENTRAL SERVICES & SUPPLY	320055	.18	-320055	-.37		15
16	PHARMACY	2352289	1.35	-2352289	-2.72		16
17	MEDICAL RECORDS & LIBRARY	2146690	1.23	-2146690	-2.48		17
18	SOCIAL SERVICE	461983	.26	-461983	-.53		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	11275427	6.45	-11275427	-13.05		22
23	I&R SERVICES-OTHER PRGM COSTS A	1474747	.84	-1474747	-1.71		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	20224021	11.57	33472542	38.73	53696563	30.71
26	INTENSIVE CARE UNIT	2539377	1.45	3300862	3.82	5840239	3.34
27	CORONARY CARE UNIT	1218429	.70	2830005	3.27	4048434	2.32
31	SUBPROVIDER I	2959382	1.69	3637599	4.21	6596981	3.77
31.01	SUBPROVIDER II	1639990	.94	1738779	2.01	3378769	1.93
33	NURSERY	1419516	.81	1062948	1.23	2482464	1.42
34	SKILLED NURSING FACILITY	1686415	.96	2545693	2.95	4232108	2.42
36	OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	7230547	4.13	6832280	7.91	14062827	8.04
38	RECOVERY ROOM	974402	.56	524412	.61	1498814	.86
40	ANESTHESIOLOGY	347500	.20	359556	.42	707056	.40
41	RADIOLOGY-DIAGNOSTIC	6137557	3.51	5034930	5.83	11172487	6.39
42	RADIOLOGY-THERAPEUTIC	1032698	.59	897442	1.04	1930140	1.10
44	LABORATORY	6691537	3.83	4015596	4.65	10707133	6.12
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1505861	.86	1267197	1.47	2773058	1.59

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
50 PHYSICAL THERAPY	3352866	1.92	2077680	2.40	5430546	3.11	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	1818725	1.04	1517447	1.76	3336172	1.91	53
54 ELECTROENCEPHALOGRAPHY	123730	.07	949135	1.10	1072865	.61	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6358439	3.64	1872687	2.17	8231126	4.71	55
55.01 DEVICES AND IMPLANTABLES	5473830	3.13	1624164	1.88	7097994	4.06	55.01
56 DRUGS CHARGED TO PATIENTS	7322428	4.19	5839233	6.76	13161661	7.53	56
57 RENAL DIALYSIS	567974	.32	231000	.27	798974	.46	57
59 CARDIAC REHAB	107541	.06	228197	.26	335738	.19	59
60 CLINIC	104174	.06	156126	.18	260300	.15	60
61 EMERGENCY	2016491	1.15	1591773	1.84	3608264	2.06	61
61.01 PARTIAL HOSPITALIZATION	145230	.08	75058	.09	220288	.13	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							
98 PHYSICIANS' PRIVATE OFFICES	1710647	.98	774276	.90	2484923	1.42	98
99 NONPAID WORKERS			61895	.07	61895	.04	99
100 OTHER	3734914	2.14	1708178	1.98	5443092	3.11	100
100.01 LAKESHORE GUEST UNIT			193352	.22	193352	.11	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	174864263	100.00	0	.00	174864263	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1541137	39066435	.039449	7180549	283265	37
38 RECOVERY ROOM	42522	6747432	.006302	484616	3054	38
40 ANESTHESIOLOGY	56213	13032853	.004313	1982750	8552	40
41 RADIOLOGY-DIAGNOSTIC	1167472	65849462	.017729	14108115	250123	41
42 RADIOLOGY-THERAPEUTIC	241874	6392923	.037835	189732	7179	42
44 LABORATORY	751259	63825927	.011770	23773269	279811	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	155686	12466084	.012489	7100221	88675	49
50 PHYSICAL THERAPY	286400	11411808	.025097	1273952	31972	50
51 OCCUPATIONAL THERAPY	247					51
52 SPEECH PATHOLOGY	97					52
53 ELECTROCARDIOLOGY	324974	26913390	.012075	8914575	107643	53
54 ELECTROENCEPHALOGRAPHY	77550	995573	.077895	278788	21716	54
55 MEDICAL SUPPLIES CHARGED TO PAT	344730	25669077	.013430	10149231	136304	55
55.01 DEVICES AND IMPLANTABLES	367641	10164236	.036170	4284968	154987	55.01
56 DRUGS CHARGED TO PATIENTS	571971	68714882	.008324	21957180	182772	56
57 RENAL DIALYSIS	54320	2582142	.021037	1408977	29641	57
59 CARDIAC REHAB	74787	157953	.473476	9736	4610	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	48233	30931	1.559374			60
61 EMERGENCY	255085	20890388	.012211	4454176	54390	61
61.01 PARTIAL HOSPITALIZATION	6411	1783132	.003595	212	1	61.01
62 OBSERVATION BEDS (NON-DISTINCT	122945	2463496	.049907			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6491554	379158124		107551047	1644695	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT					COST
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	4235962		4235962	48753	86.89	20737	1801838 25
26 INTENSIVE CARE UNIT	294462		294462	3135	93.93	1913	179688 26
27 CORONARY CARE UNIT	287788		287788	1584	181.68	1113	202210 27
101 TOTAL	4818212		4818212			23763	2183736 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2183736

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1644695

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3828431

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	42108889
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	146417578
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.288

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))	4514236
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	11550402
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.391

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	4596971
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	11866697
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.387

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)	3828431
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 OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	7816150
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	34618589
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.226