

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 ST. ALEXIUS MEDICAL CENTER (14-0290) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	63662			2
3	SWING BED - SNF		-661		3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	63662	-661		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1555 BARRINGTON ROAD P.O.BOX: 1
 1.01 CITY: HOFFMAN ESTATES STATE: IL ZIP CODE: 60194 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0290	09/16/1979	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 21.03

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

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

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

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

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

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

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

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

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

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

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

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

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. YES 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	149019	40
40.01	NAME: ALEXIAN BROTHERS HOSPITAL N	FI/CONTRACTOR'S NAME: 52280	FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET: 3040 SALT CREEK LANE		P.O. BOX:	40.02
40.03	CITY: ARLINGTON HEIGHTS		STATE: IL ZIP CODE: 60005	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES		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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 5407631 PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N 1	LIMIT 2	Y/N 3	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	02/28/2009			63

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		5787	2698	17873
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		5787	2698	17873
13 RPCH VISITS				13
14 SUBPROVIDER I				14
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	92107481		92107481	3441651.00	26.76		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	390763		390763	5069.00	77.09	HOUSE PHYSICIAN	6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	230277	117318	347595	14842.00	23.42		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	359350		359350	5268.00	68.21	SCHEDULE	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	805994		805994	8740.00	92.22		9.03
10	CONTRACT LABOR: PHYSICIAN PART A						HBP WP	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	11386691		11386691	276864.00	41.13	HOME OFFICE W/P	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	21447172		21447172			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	76268		76268			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)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	57981		57981			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	701278		701278	17477.00	40.13		21
22	ADMINISTRATIVE & GENERAL	9358176		9358176	563549.00	16.61		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1024623		1024623	35055.00	29.23		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	2203297		2203297	166686.00	13.22		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1690554	-507166	1183388	84078.00	14.07		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	234	507166	507400	36034.00	14.08		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1589388		1589388	39465.00	40.27		30
31	CENTRAL SERVICES AND SUPPLY	433655		433655	24286.00	17.86		31
32	PHARMACY	2446916		2446916	69889.00	35.01		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1423870		1423870	70344.00	20.24		33
34	SOCIAL SERVICE	1307202		1307202	39147.00	33.39		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	91716718		91716718	3436582.00	26.69	1
2	EXCLUDED AREA SALARIES	230277	117318	347595	14842.00	23.42	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	91486441	-117318	91369123	3421740.00	26.70	3
4	SUBTOTAL OTHER WAGES & REL COSTS	12552035		12552035	290872.00	43.15	4
5	SUBTOTAL WAGE-RELATED COSTS	21447172		21447172		23.47%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	125485648	-117318	125368330	3712612.00	33.77	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	22179193		22179193	1146010.00	19.35	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	35460364 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	35460364 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.262768 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	103265397 28
29	TOTAL GROSS MEDICAID COST	27134842 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	37081630 30
31	UNCOMPENSATED CARE COST	9743866 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	27134842 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
85.02	8520								85.02
85.03	8530								85.03
88	8800		6927564	6927564	-6322290	605274	-605274		88
95		91877204	165662214	257539418	-225312	257314106	-5154321	252159785	95
96	9600	187067	268331	455398		455398		455398	96
97	9700								97
97.01	9701	43210	27186	70396		70396		70396	97.01
98	9800		3438501	3438501	225312	3663813	-2149877	1513936	98
99	9900		1349511	1349511		1349511		1349511	99
101		92107481	170745743	262853224		262853224	-7304198	255549026	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1 LEASE EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		6657919 1
2	A				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					32
33 CHARGEABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		9428069 33
34					34
35 DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		7293901 35
36 SUBTOTAL					23379889 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 LEASE EXPENSE	A	CENTRAL SERVICES & SUPPLY	15		274603	9 1
2	A	EMPLOYEE BENEFITS	5		90	2
3	A	ADMINISTRATIVE & GENERAL	6		1932798	3
4	A	OPERATION OF PLANT	8		189019	4
5	A	HOUSEKEEPING	10		90	5
6	A	PHARMACY	16		193103	6
7	A	MEDICAL RECORDS & LIBRARY	17		90	7
8	A	ADULTS & PEDIATRICS	25		371221	8
9	A	INTENSIVE CARE UNIT	26		76014	9
10	A	NURSERY	33		12685	10
11	A	OPERATING ROOM	37		241279	11
12	A	ENDOSCOPY	37.01		345637	12
13	A	IMPLANTS	37.02		800	13
14	A	RECOVERY ROOM	38		11244	14
15	A	DELIVERY ROOM & LABOR ROOM	39		47710	15
16	A	ANESTHESIOLOGY	40		59928	16
17	A	RADIOLOGY-DIAGNOSTIC	41		1995	17
18	A	RADIOLOGY-SPECIAL PROCEDURES	41.02		4081	18
19	A	MAMMOGRAPHY	41.04		1497	19
20	A	MRI	41.05		1255710	20
21	A	CAT SCAN	41.06		460299	21
22	A	RADIATION ONCOLOGY	41.07		410640	22
23	A	LABORATORY	44		51140	23
24	A	RESPIRATORY THERAPY	49		9306	24
25	A	PHYSICAL THERAPY	50		224936	25
26	A	ELECTROCARDIOLOGY	53		5042	26
27	A	CARDIAC CATH LAB	53.02		322566	27
28	A	PHYSICIANS' PRIVATE OFFICES	98		16000	28
29	A	PROCEDURE CLINIC	60.02		29301	29
30	A	IMMEDIATE CARE CENTERS	60.03		48384	30
31	A	EMERGENCY	61		60711	31
32						32
33 CHARGEABLE DRUGS	B	PHARMACY	16		9428069	33
34						34
35 DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		7293901	9 35
36 SUBTOTAL					23379889	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1	
			COST CENTER	LINE #	SALARY		OTHER
2			2	3	4	5	
2	LAUNDRY	D	LAUNDRY & LINEN SERVICE	9		1147558	2
3							3
4	CAFETERIA	E	CAFETERIA	12	507166	474856	4
5							5
6	WORKERS COMP	F	EMPLOYEE BENEFITS	5		900762	6
7							7
8	CARDIAC REHAB TO EKG	G	CARDIAC REHABILITATION	53.01		155	8
9							9
10	FREE CLINIC	H	PHYSICIANS' PRIVATE OFFICES	98	117318	123994	10
11							11
12	INTEREST EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3		6135195	12
13		I	ADMINISTRATIVE & GENERAL	6		187095	13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				624484	32349504	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
				LINE # 7	SALARY 8	OTHER 9	
2	LAUNDRY	D	HOUSEKEEPING	10		1147558	2
3							3
4	CAFETERIA	E	DIETARY	11	507166	474856	4
5							5
6	WORKERS COMP	F	ADMINISTRATIVE & GENERAL	6		900762	6
7							7
8	CARDIAC REHAB TO EKG	G	ELECTROCARDIOLOGY	53		155	8
9							9
10	FREE CLINIC	H	CLINIC	60	117318	123994	10
11							11
12	INTEREST EXPENSE	I	INTEREST EXPENSE	88		6322290	10 12
13		I					13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				624484	32349504	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	11000000					11000000		1
2 LAND IMPROVEMENTS	14374000					14374000		2
3 BUILDINGS AND FIXTURES	81214000					81214000		3
4 BUILDING IMPROVEMENTS	55944000	91000		91000	868000	55167000		4
5 FIXED EQUIPMENT	5858000	2000		2000		5860000		5
6 MOVABLE EQUIPMENT	83139000	297000		297000	257000	83179000		6
7 SUBTOTAL	251529000	390000		390000	1125000	250794000		7
8 RECONCILING ITEMS								8
9 TOTAL	251529000	390000		390000	1125000	250794000		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	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	125679000		125679000	.605087				3
4 NEW CAP REL COSTS-MVBLE EQUIP	82025000		82025000	.394913				4
5 TOTAL	207704000		207704000	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	18976898	6135195					25112093 3
4 NEW CAP REL COSTS-MVBLE EQUIP	13943820						13943820 4
5 TOTAL	32920718	6135195					39055913 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	14136958						14136958 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	14136958						14136958 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-28598	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-94000	OPERATION OF PLANT	8	9
10 TELEVISION AND RADIO SERVICE	A	-7600	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1815726			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	13600266			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-25261	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1800	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-18930	DIETARY	11	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
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.07 MISC INCOME	B	-21536	OPERATION OF PLANT	8	37.07
37.08 OTHER EDUCATION	B	-3040	NURSING ADMINISTRATION	14	37.08
37.11 LOBBYING PORTION OF FEES	A	-50000	ADMINISTRATIVE & GENERAL	6	37.11
37.13 PATIENT TELEPHONE	A	-1500	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.13
37.14 CONTRIBUTIONS	A	-4834	ADMINISTRATIVE & GENERAL	6	37.14
37.15 CONTRIBUTIONS	A	-1203	ADULTS & PEDIATRICS	25	37.15
38 PATIENT TELEPHONE	A	-6500	NEW CAP REL COSTS-MVBLE EQUIP	4	9 38
38.03 NON PATIENT RELATED	A	-347495	ADMINISTRATIVE & GENERAL	6	38.03
38.05 HOUSE PHYSICIANS SALARY	A	-304153	I&R SERVICES-SALARY & FRINGES A	22	38.05
38.06 HOUSE PHYSICIANS	A	-578488	I&R SERVICES-OTHER PRGM COSTS A	23	38.06
38.07 PHYSICIANS PT B	A	-2127054	PHYSICIANS' PRIVATE OFFICES	98	38.07
38.08 PREMIER PURCHASE DISCOUNT	B	-487839	ADMINISTRATIVE & GENERAL	6	38.08
38.09 COMMUNITY TRANSPORT	A	-13651	ADMINISTRATIVE & GENERAL	6	38.09
38.11 PERINATAL CLASS TUITION	B	-47555	NURSERY	33	38.11
38.12 MISCELLANEOUS INCOME	B	-246855	ADMINISTRATIVE & GENERAL	6	38.12
38.13 MISCELLANEOUS INCOME	B	-3000	LABORATORY	44	38.13
38.14 EMERGENCY ROOM PURCHASED SVCS	A	-864962	EMERGENCY	61	38.14
39 BAD DEBTS	A	-13780061	ADMINISTRATIVE & GENERAL	6	39
40 FREE CLINIC HBP	A	-22823	PHYSICIANS' PRIVATE OFFICES	98	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-7304198			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	19564076	18060179	1503897	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	2724392		2724392	9 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	LOSS ON REFINANCE	9154813		9154813	9 3
4	6	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	1400516	1400516		4
4.01	25	ADULTS & PEDIATRICS	ABHN ADULT AND PEDS	359400		359400	11 4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	SALT CREEK CAPITAL	172755		172755	9 4.02
4.03	8	OPERATION OF PLANT	SALT CREEK NON CAPITAL	179910		179910	4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	ABMP	81881		81881	9 4.04
4.05	8	OPERATION OF PLANT	ABMP	28492		28492	4.05
4.06	5	EMPLOYEE BENEFITS	EXECUTIVE BENEFITS	388782	388782		4.06
4.07	88	INTEREST EXPENSE	INTEREST EXPENSE	6322290	6927564	-605274	4.07
5		TOTALS		40377307	26777041	13600266	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	A ABHS				
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-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	72436		72436	163400	1692	132920	6646
2	37	OPERATING ROOM	23108		23108	163400	454	35665	1783
3	40	ANESTHESIOLOGY	7378		7378	163400	102	8013	401
5	61	EMERGENCY	1819388	1815726	3662	163400	60	4713	236
101		TOTAL	1922310	1815726	106584		2308	181311	9066
		AGGREGATE							

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:19

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
1	25	ADULTS & PEDIATRICS				132920		
2	37	OPERATING ROOM				35665		
3	40	ANESTHESIOLOGY				8013		
5	61	EMERGENCY	AGGREGATE			4713		1815726
101		TOTAL				181311		1815726

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	252159785	25069777	13920324	15823316	252033571	53839472	13901509	1723130	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	455398	42316	23496	32507	553717	151149	28929		96
97 RESEARCH									97
97.01 COMMUNITY PROGRAMS	70396			7509	77905	21266			97.01
98 PHYSICIANS' PRIVATE OFFICES	1513936			20386	1534322	418827			98
99 NONPAID WORKERS	1349511				1349511	368379			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	255549026	25112093	13943820	15883718	255549026	54799093	13930438	1723130	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	5753849	4978464	2666791	5676294	1806975	4856075	5124829	2276499	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	12220		14122						96
97 RESEARCH			1545						97
97.01 COMMUNITY PROGRAMS									97.01
98 PHYSICIANS' PRIVATE OFFICES					96				98
99 NONPAID WORKERS					3				99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5766069	4978464	2682458	5676294	1807074	4856075	5124829	2276499	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R	I&R	SUBTOTAL	I&R COST &	TOTAL	
	SALARY & FRINGES 22	PROGRAM COSTS 23		POST STEP- DOWN ADJS 26		
			25		27	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
20						20
21						21
22	201987					22
23		258611				23
24						24
INPATIENT ROUTINE SERV COST CENTERS						
25	201987	258611	76050886	-460598	75590288	25
26			11403164		11403164	26
33			5262189		5262189	33
ANCILLARY SERVICE COST CENTERS						
37			22996210		22996210	37
37.01			3030746		3030746	37.01
37.02			13277072		13277072	37.02
38			3212658		3212658	38
39			10314719		10314719	39
40			1524098		1524098	40
41			9875111		9875111	41
41.01			2340633		2340633	41.01
41.02			2946441		2946441	41.02
41.03			2301817		2301817	41.03
41.04			2140497		2140497	41.04
41.05			1667669		1667669	41.05
41.06			3203483		3203483	41.06
41.07			1865557		1865557	41.07
44			13256958		13256958	44
44.01						44.01
46			2463876		2463876	46
46.30						46.30
48			1342155		1342155	48
49			5628126		5628126	49
50			2936132		2936132	50
51						51
52			173127		173127	52
53			3370243		3370243	53
53.01						53.01
53.02			6953142		6953142	53.02
54			656694		656694	54
56			17364114		17364114	56
57			1040318		1040318	57
OUTPATIENT SERVICE COST CENTERS						
60						60
60.01			139200		139200	60.01
60.02			4051478		4051478	60.02
60.03			3677418		3677418	60.03
61			14551104		14551104	61
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

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:19

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	201987	258611	251017035	-460598	250556437	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			760137		760137	96
97 RESEARCH			1545		1545	97
97.01 COMMUNITY PROGRAMS			99171		99171	97.01
98 PHYSICIANS' PRIVATE OFFICES			1953245		1953245	98
99 NONPAID WORKERS			1717893		1717893	99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	201987	258611	255549026	-460598	255088428	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		25069777	13920324	38990101	396252	3782454	3365570	194421	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		42316	23496	65812	814	10619	7004		96
97 RESEARCH									97
97.01 COMMUNITY PROGRAMS					188	1494			97.01
98 PHYSICIANS' PRIVATE OFFICES					511	29424			98
99 NONPAID WORKERS						25880			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		25112093	13943820	39055913	397765	3849871	3372574	194421	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	626122	1153625	814618	1483591	355835	463527	890508	51966	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1330		4314						96
97 RESEARCH			472						97
97.01 COMMUNITY PROGRAMS									97.01
98 PHYSICIANS' PRIVATE OFFICES					19				98
99 NONPAID WORKERS					1				99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	627452	1153625	819404	1483591	355855	463527	890508	51966	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R	I&R	SUBTOTAL	I&R COST &	TOTAL	
	SALARY & FRINGES 22	PROGRAM COSTS 23		POST STEP- DOWN ADJS 26		
			25	26	27	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
20						20
21						21
22	6282					22
23		68372				23
24						24
INPATIENT ROUTINE SERV COST CENTERS						
25			16140263		16140263	25
26			2027799		2027799	26
33			688838		688838	33
ANCILLARY SERVICE COST CENTERS						
37			3763101		3763101	37
37.01			130331		130331	37.01
37.02			399987		399987	37.02
38			694321		694321	38
39			2671329		2671329	39
40			212894		212894	40
41			2899882		2899882	41
41.01			160927		160927	41.01
41.02			230620		230620	41.02
41.03			246571		246571	41.03
41.04			52886		52886	41.04
41.05			64434		64434	41.05
41.06			138306		138306	41.06
41.07			47405		47405	41.07
44			1692885		1692885	44
44.01						44.01
46			151749		151749	46
46.30						46.30
48			526198		526198	48
49			1266730		1266730	49
50			75487		75487	50
51						51
52			4375		4375	52
53			839042		839042	53
53.01						53.01
53.02			197483		197483	53.02
54			260958		260958	54
56			737424		737424	56
57			18877		18877	57
OUTPATIENT SERVICE COST CENTERS						
60						60
60.01			4162		4162	60.01
60.02			153218		153218	60.02
60.03			139640		139640	60.03
61			2195255		2195255	61
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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	23	25	26	27	
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS			38833377		38833377	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			89893		89893	96
97 RESEARCH			472		472	97
97.01 COMMUNITY PROGRAMS			1682		1682	97.01
98 PHYSICIANS' PRIVATE OFFICES			29954		29954	98
99 NONPAID WORKERS			25881		25881	99
101 CROSS FOOT ADJUSTMENTS	6282	68372	74654		74654	101
102 NEGATIVE COST CENTER						102
103 TOTAL	6282	68372	39055913		39055913	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	270018						1
2 OLD CAP REL COSTS-MVBLE EQUIP		270018					2
3 NEW CAP REL COSTS-BLDG & FIXT			270018				3
4 NEW CAP REL COSTS-MVBLE EQUIP				270018			4
5 EMPLOYEE BENEFITS	2750	2750	2750	2750	91406203		5
6 ADMINISTRATIVE & GENERAL	26335	26335	26335	26335	9358176	-54799093	200749933
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	21835	21835	21835	21835	1024623		10943240
9 LAUNDRY & LINEN SERVICE	1059	1059	1059	1059			1300734
10 HOUSEKEEPING	3338	3338	3338	3338	2203297		4362889
11 DIETARY	6643	6643	6643	6643	1183388		3438952
12 CAFETERIA	4807	4807	4807	4807	507400		1765732
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	8534	8534	8534	8534	1589388		3820038
15 CENTRAL SERVICES & SUPPLY	1976	1976	1976	1976	433655		1259080
16 PHARMACY	2217	2217	2217	2217	2446916		3599182
17 MEDICAL RECORDS & LIBRARY	4861	4861	4861	4861	1423870		3622118
18 SOCIAL SERVICE					1307202		1755920
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES					390763		154513
23 I&R SERVICES-OTHER PRGM COSTS	399	399	399	399			174808
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	78979	78979	78979	78979	23908616		44552819
26 INTENSIVE CARE UNIT	9828	9828	9828	9828	4007491		7227663
33 NURSERY	3169	3169	3169	3169	2399791		3616734
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	18944	18944	18944	18944	5301311		15388331
37.01 ENDOSCOPY					1249777		2079227
37.02 IMPLANTS							9556709
38 RECOVERY ROOM	3630	3630	3630	3630	1120205		2041605
39 DELIVERY ROOM & LABOR ROOM	14743	14743	14743	14743	3147783		6646276
40 ANESTHESIOLOGY	1046	1046	1046	1046	70323		1025179
41 RADIOLOGY-DIAGNOSTIC	16518	16518	16518	16518	2575270		6288291
41.01 ULTRASOUND	575	575	575	575	1128652		1678243
41.02 RADIOLOGY-SPECIAL PROCEDURES	972	972	972	972	845996		2140156
41.03 NUCLEAR MEDICINE	1186	1186	1186	1186	503912		1642957
41.04 MAMMOGRAPHY					1005825		1624696
41.05 MRI					624445		1140199
41.06 CAT SCAN					1064194		2114093
41.07 RADIATION ONCOLOGY					847993		1401518
44 LABORATORY	8114	8114	8114	8114	3234420		9111935
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO	636	636	636	636	386463		1850775
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY	3103	3103	3103	3103	230623		820095
49 RESPIRATORY THERAPY	6960	6960	6960	6960	1789357		3723800
50 PHYSICAL THERAPY					1643650		2220885
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY					104742		131383
53 ELECTROCARDIOLOGY	4471	4471	4471	4471	949522		1966715
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB					1628768		5091431
54 ELECTROENCEPHALOGRAPHY	1534	1534	1534	1534	106804		396332
56 DRUGS CHARGED TO PATIENTS							9402808
57 RENAL DIALYSIS							801372
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY					79013		104036
60.02 PROCEDURE CLINIC					2033696		2913025
60.03 IMMEDIATE CARE CENTERS					1677704		2642959
61 EMERGENCY	10401	10401	10401	10401	5523584		9695025
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		CILIAATION
	1	2	3	4	5	6A	6
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	269563	269563	269563	269563	91058608	-54799093	197234478 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	455	455	455	455	187067		553717 96
97 RESEARCH							97
97.01 COMMUNITY PROGRAMS					43210		77905 97.01
98 PHYSICIANS' PRIVATE OFFICES					117318		1534322 98
99 NONPAID WORKERS							1349511 99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I			25112093	13943820	15883718		54799093 103
104 UNIT COST MULT-WS B PT I				51.640335			104
104 UNIT COST MULT-WS B PT I			93.001552		.173771		.272972 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					397765		3849871 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.004352		.019177 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	SQUARE FEET 8	POUNDS OF LAUNDRY 9	SQUARE FEET 10	PATIENT DAYS 11	FTE'S 12	FTE'S 14	COSTED REQUIS. 15	COSTED REQUIS. 16
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL							6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	219098						8
9	LAUNDRY & LINEN SERVICE	1059	1590202					9
10	HOUSEKEEPING	3338		214701				10
11	DIETARY	6643		6643	63979			11
12	CAFETERIA	4807		4807		12157		12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	8534		8534		189	7873	14
15	CENTRAL SERVICES & SUPPLY	1976		1976		116	16897844	15
16	PHARMACY	2217		2217		335		16
17	MEDICAL RECORDS & LIBRARY	4861		4861		337		17
18	SOCIAL SERVICE					187		18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES					24		22
23	I&R SERVICES-OTHER PRGM COSTS	399		399				23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	78979	765816	78979	58677	4047	4047	25
26	INTENSIVE CARE UNIT	9828	85925	9828	5302	561	561	26
33	NURSERY	3169	10329	3169		311	311	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	18944	160706	18944		733	733	37
37.01	ENDOSCOPY					192	192	37.01
37.02	IMPLANTS						9510395	37.02
38	RECOVERY ROOM	3630	57683	3630		140	140	38
39	DELIVERY ROOM & LABOR ROOM	14743	25208	14743		418	418	39
40	ANESTHESIOLOGY	1046		1046		20	106342	40
41	RADIOLOGY-DIAGNOSTIC	16518	81558	16518		561	9262	41
41.01	ULTRASOUND	575		575		122	50491	41.01
41.02	RADIOLOGY-SPECIAL PROCEDURES	972		972		90	634259	41.02
41.03	NUCLEAR MEDICINE	1186		1186		58		41.03
41.04	MAMMOGRAPHY					158	79519	41.04
41.05	MRI					77	15579	41.05
41.06	CAT SCAN					139	29096	41.06
41.07	RADIATION ONCOLOGY					92	3209	41.07
44	LABORATORY	8114		8114		733	2896	44
44.01	PATHOLOGY							44.01
46	WHOLE BLOOD & PACKED RED BLOO	636		636		74	12136	46
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
48	INTRAVENOUS THERAPY	3103		3103		26	835	48
49	RESPIRATORY THERAPY	6960		6960		287	44021	49
50	PHYSICAL THERAPY					234	912	50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY					13		52
53	ELECTROCARDIOLOGY	4471	248996	4471		162	3213	53
53.01	CARDIAC REHABILITATION							53.01
53.02	CARDIAC CATH LAB					159	2478161	53.02
54	ELECTROENCEPHALOGRAPHY	1534		1534		20		54
56	DRUGS CHARGED TO PATIENTS							9428069
57	RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC							60
60.01	ENTEROSTOMAL THERAPY					7	7	895
60.02	PROCEDURE CLINIC					310	310	107326
60.03	IMMEDIATE CARE CENTERS					295	295	24118
61	EMERGENCY	10401	153981	10401		859	859	332237
62	OBSERVATION BEDS (NON-DISTINC							
63.50	RHC							
63.60	FQHC							
OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC							
69.20	OUTPATIENT PHYSICAL THERAPY							
69.30	OUTPATIENT OCCUPATIONAL THERA							
69.40	OUTPATIENT SPEECH PATHOLOGY							
71	HOME HEALTH AGENCY							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	SQUARE	SERVICE	SQUARE	PATIENT	FTE'S	TRATION	SUPPLY	COSTED
	FEET	POUNDS OF	FEET	DAYS		FTE'S	COSTED	REQUIS.
	8	LAUNDRY	10	11	12	14	REQUIS.	15
		9					16	16
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	218643	1590202	214246	63979	12086	7873	16896919	9428069 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	455		455		64			96
97 RESEARCH					7			97
97.01 COMMUNITY PROGRAMS								97.01
98 PHYSICIANS' PRIVATE OFFICES							895	98
99 NONPAID WORKERS							30	99
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	13930438	1723130	5766069	4978464	2682458	5676294	1807074	4856075 103
104 UNIT COST MULT-WS B PT I	63.580854		26.856275		220.651312		.106941	104
104 UNIT COST MULT-WS B PT I		1.083592		77.814033		720.982345		.515066 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	3372574	194421	627452	1153625	819404	1483591	355855	463527 107
108 UNIT COST MULT-WS B PT III	15.392993		2.922446		67.401826		.021059	108
108 UNIT COST MULT-WS B PT III		.122262		18.031307		188.440366		.049165 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	I&R	I&R	
	RECORDS & LIBRARY	SERVICE PATIENT	SALARY & FRINGES	PROGRAM COSTS	
	GROSS REVENUE	DAYS	ASSIGNED TIME	ASSIGNED TIME	
	17	18	22	23	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17	953526663				17
18		63979			18
20					20
21					21
22			100		22
23				100	23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	76785778	58677	100	100	25
26	13502746	5302			26
33	12111128				33
ANCILLARY SERVICE COST CENTERS					
37	102063080				37
37.01	33012905				37.01
37.02	17599451				37.02
38	16531593				38
39	16189552				39
40	20221497				40
41	30381557				41
41.01	22317671				41.01
41.02	8649267				41.02
41.03	16804072				41.03
41.04	5383653				41.04
41.05	36757580				41.05
41.06	89026824				41.06
41.07	11315602				41.07
44	141812426				44
44.01					44.01
46	6092461				46
46.30					46.30
48	2185103				48
49	35414900				49
50	10656439				50
51					51
52	560307				52
53	29102544				53
53.01					53.01
53.02	31961211				53.02
54	1679961				54
56	100191169				56
57	3757101				57
OUTPATIENT SERVICE COST CENTERS					
60					60
60.01	14272				60.01
60.02	7422158				60.02
60.03	6073356				60.03
61	47949299				61
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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	I&R	I&R	
	RECORDS & LIBRARY GROSS REVENUE	SERVICE PATIENT DAYS	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	17	18	22	23	
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	953526663	63979	100	100	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
97 RESEARCH					97
97.01 COMMUNITY PROGRAMS					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	5124829	2276499	201987	258611	103
104 UNIT COST MULT-WS B PT I	.005375		2019.870000		104
104 UNIT COST MULT-WS B PT I		35.581972		2586.110000	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	890508	51966	6282	68372	107
108 UNIT COST MULT-WS B PT III	.000934		62.820000		108
108 UNIT COST MULT-WS B PT III		.812235		683.720000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	75590288		75590288		75590288	25
26 INTENSIVE CARE UNIT	11403164		11403164		11403164	26
33 NURSERY	5262189		5262189		5262189	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	22996210		22996210		22996210	37
37.01 ENDOSCOPY	3030746		3030746		3030746	37.01
37.02 IMPLANTS	13277072		13277072		13277072	37.02
38 RECOVERY ROOM	3212658		3212658		3212658	38
39 DELIVERY ROOM & LABOR ROOM	10314719		10314719		10314719	39
40 ANESTHESIOLOGY	1524098		1524098		1524098	40
41 RADIOLOGY-DIAGNOSTIC	9875111		9875111		9875111	41
41.01 ULTRASOUND	2340633		2340633		2340633	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURE	2946441		2946441		2946441	41.02
41.03 NUCLEAR MEDICINE	2301817		2301817		2301817	41.03
41.04 MAMMOGRAPHY	2140497		2140497		2140497	41.04
41.05 MRI	1667669		1667669		1667669	41.05
41.06 CAT SCAN	3203483		3203483		3203483	41.06
41.07 RADIATION ONCOLOGY	1865557		1865557		1865557	41.07
44 LABORATORY	13256958		13256958		13256958	44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BL	2463876		2463876		2463876	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	1342155		1342155		1342155	48
49 RESPIRATORY THERAPY	5628126		5628126		5628126	49
50 PHYSICAL THERAPY	2936132		2936132		2936132	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	173127		173127		173127	52
53 ELECTROCARDIOLOGY	3370243		3370243		3370243	53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	6953142		6953142		6953142	53.02
54 ELECTROENCEPHALOGRAPHY	656694		656694		656694	54
56 DRUGS CHARGED TO PATIENTS	17364114		17364114		17364114	56
57 RENAL DIALYSIS	1040318		1040318		1040318	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY	139200		139200		139200	60.01
60.02 PROCEDURE CLINIC	4051478		4051478		4051478	60.02
60.03 IMMEDIATE CARE CENTERS	3677418		3677418		3677418	60.03
61 EMERGENCY	14551104		14551104		14551104	61
62 OBSERVATION BEDS (NON-DISTI	6089412		6089412		6089412	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	256645849		256645849		256645849	101
102 LESS OBSERVATION BEDS	6089412		6089412		6089412	102
103 TOTAL	250556437		250556437		250556437	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	71469432		71469432			25
26 INTENSIVE CARE UNIT	13502746		13502746			26
33 NURSERY	12111128		12111128			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	43423946	58639134	102063080	.225314	.225314	.225314 37
37.01 ENDOSCOPY	7191832	25821073	33012905	.091805	.091805	.091805 37.01
37.02 IMPLANTS	13075361	4524090	17599451	.754403	.754403	.754403 37.02
38 RECOVERY ROOM	6672545	9859048	16531593	.194334	.194334	.194334 38
39 DELIVERY ROOM & LABOR ROOM	13976952	2212600	16189552	.637122	.637122	.637122 39
40 ANESTHESIOLOGY	7834662	12386835	20221497	.075370	.075370	.075370 40
41 RADIOLOGY-DIAGNOSTIC	9566024	20815533	30381557	.325036	.325036	.325036 41
41.01 ULTRASOUND	6088992	16228679	22317671	.104878	.104878	.104878 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURE	5213850	3435417	8649267	.340658	.340658	.340658 41.02
41.03 NUCLEAR MEDICINE	6884490	9919582	16804072	.136980	.136980	.136980 41.03
41.04 MAMMOGRAPHY	12202	5371451	5383653	.397592	.397592	.397592 41.04
41.05 MRI	13352734	23404846	36757580	.045369	.045369	.045369 41.05
41.06 CAT SCAN	29791036	59235788	89026824	.035983	.035983	.035983 41.06
41.07 RADIATION ONCOLOGY	351264	10964338	11315602	.164866	.164866	.164866 41.07
44 LABORATORY	67507868	74304558	141812426	.093482	.093482	.093482 44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BL	5023170	1069291	6092461	.404414	.404414	.404414 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	1987197	197906	2185103	.614230	.614230	.614230 48
49 RESPIRATORY THERAPY	32332705	3082195	35414900	.158920	.158920	.158920 49
50 PHYSICAL THERAPY	5072246	5584193	10656439	.275527	.275527	.275527 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	497628	62679	560307	.308986	.308986	.308986 52
53 ELECTROCARDIOLOGY	15203090	13899454	29102544	.115806	.115806	.115806 53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	25963045	5998166	31961211	.217549	.217549	.217549 53.02
54 ELECTROENCEPHALOGRAPHY	732743	947218	1679961	.390898	.390898	.390898 54
56 DRUGS CHARGED TO PATIENTS	69139386	31051783	100191169	.173310	.173310	.173310 56
57 RENAL DIALYSIS	3703102	53999	3757101	.276894	.276894	.276894 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY		14272	14272	9.753363	9.753363	9.753363 60.01
60.02 PROCEDURE CLINIC	133027	7289131	7422158	.545863	.545863	.545863 60.02
60.03 IMMEDIATE CARE CENTERS	49498	6023858	6073356	.605500	.605500	.605500 60.03
61 EMERGENCY	16017464	31931835	47949299	.303469	.303469	.303469 61
62 OBSERVATION BEDS (NON-DISTI		5316346	5316346	1.145413	1.145413	1.145413 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	503881365	449645298	953526663			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	503881365	449645298	953526663			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				16140263		16140263
26 INTENSIVE CARE UNIT				2027799		2027799
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				688838		688838
101 TOTAL				18856900		18856900

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	63929	25759			252.47	6503375
26 INTENSIVE CARE UNIT	5302	2524			382.46	965329
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	9079				75.87	
101 TOTAL	78310	28283				7468704

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3763101	102063080	13148482			.036870	484785 37
37.01 ENDOSCOPY		130331	33012905	3400457			.003948	13425 37.01
37.02 IMPLANTS		399987	17599451	4258663			.022727	96787 37.02
38 RECOVERY ROOM		694321	16531593	2106193			.042000	88460 38
39 DELIVERY ROOM & LABOR ROOM		2671329	16189552	14649			.165003	2417 39
40 ANESTHESIOLOGY		212894	20221497	2354441			.010528	24788 40
41 RADIOLOGY-DIAGNOSTIC		2899882	30381557	5052934			.095449	482297 41
41.01 ULTRASOUND		160927	22317671	2916470			.007211	21031 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		230620	8649267	3315815			.026664	88413 41.02
41.03 NUCLEAR MEDICINE		246571	16804072	3788702			.014673	55592 41.03
41.04 MAMMOGRAPHY		52886	5383653	3083			.009823	30 41.04
41.05 MRI		64434	36757580	5961933			.001753	10451 41.05
41.06 CAT SCAN		138306	89026824	14200364			.001554	22067 41.06
41.07 RADIATION ONCOLOGY		47405	11315602	127079			.004189	532 41.07
44 LABORATORY		1692885	141812426	31921268			.011937	381044 44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOO		151749	6092461	2021180			.024908	50344 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		526198	2185103	981876			.240812	236448 48
49 RESPIRATORY THERAPY		1266730	35414900	16617358			.035768	594370 49
50 PHYSICAL THERAPY		75487	10656439	3199435			.007084	22665 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		4375	560307	360819			.007808	2817 52
53 ELECTROCARDIOLOGY		839042	29102544	8182020			.028831	235896 53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		197483	31961211	14041727			.006179	86764 53.02
54 ELECTROENCEPHALOGRAPHY		260958	1679961	325268			.155336	50526 54
56 DRUGS CHARGED TO PATIENTS		737424	100191169	31467165			.007360	231598 56
57 RENAL DIALYSIS		18877	3757101	2440436			.005024	12261 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY		4162	14272				.291620	60.01
60.02 PROCEDURE CLINIC		153218	7422158	62747			.020643	1295 60.02
60.03 IMMEDIATE CARE CENTERS		139640	6073356	9135			.022992	210 60.03
61 EMERGENCY		2195255	47949299	7529665			.045783	344731 61
62 OBSERVATION BEDS (NON-DISTINC		1300230	5316346				.244572	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		21276707	856443357	179809364				3642044 101

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:19

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					63929		25759	25
26 INTENSIVE CARE UNIT					5302		2524	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					9079			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					78310		28283	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES							41.02
41.03 NUCLEAR MEDICINE							41.03
41.04 MAMMOGRAPHY							41.04
41.05 MRI							41.05
41.06 CAT SCAN							41.06
41.07 RADIATION ONCOLOGY							41.07
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		102063080			13148482		9071475 37
37.01 ENDOSCOPY		33012905			3400457		6920880 37.01
37.02 IMPLANTS		17599451			4258663		1050807 37.02
38 RECOVERY ROOM		16531593			2106193		937804 38
39 DELIVERY ROOM & LABOR ROOM		16189552			14649		3099 39
40 ANESTHESIOLOGY		20221497			2354441		1769450 40
41 RADIOLOGY-DIAGNOSTIC		30381557			5052934		3848071 41
41.01 ULTRASOUND		22317671			2916470		2349934 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		8649267			3315815		1898197 41.02
41.03 NUCLEAR MEDICINE		16804072			3788702		2913233 41.03
41.04 MAMMOGRAPHY		5383653			3083		226169 41.04
41.05 MRI		36757580			5961933		4597808 41.05
41.06 CAT SCAN		89026824			14200364		12763385 41.06
41.07 RADIATION ONCOLOGY		11315602			127079		4277872 41.07
44 LABORATORY		141812426			31921268		2216874 44
44.01 PATHOLOGY							
46 WHOLE BLOOD & PACKED RED BLOO		6092461			2021180		279679 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
48 INTRAVENOUS THERAPY		2185103			981876		86565 48
49 RESPIRATORY THERAPY		35414900			16617358		664406 49
50 PHYSICAL THERAPY		10656439			3199435		
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY		560307			360819		
53 ELECTROCARDIOLOGY		29102544			8182020		2755448 53
53.01 CARDIAC REHABILITATION							
53.02 CARDIAC CATH LAB		31961211			14041727		2307549 53.02
54 ELECTROENCEPHALOGRAPHY		1679961			325268		181003 54
56 DRUGS CHARGED TO PATIENTS		100191169			31467165		7883098 56
57 RENAL DIALYSIS		3757101			2440436		30267 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							
60.01 ENTEROSTOMAL THERAPY		14272					7287 60.01
60.02 PROCEDURE CLINIC		7422158			62747		2790546 60.02
60.03 IMMEDIATE CARE CENTERS		6073356			9135		374208 60.03
61 EMERGENCY		47949299			7529665		3672307 61
62 OBSERVATION BEDS (NON-DISTINC		5316346					1061636 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		856443357			179809364		76939057 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] 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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0290) [] 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	.225314	.225314	.225314			37
37.01 ENDOSCOPY	.091805	.091805	.091805			37.01
37.02 IMPLANTS	.754403	.754403	.754403			37.02
38 RECOVERY ROOM	.194334	.194334	.194334			38
39 DELIVERY ROOM & LABOR ROOM	.637122	.637122	.637122			39
40 ANESTHESIOLOGY	.075370	.075370	.075370			40
41 RADIOLOGY-DIAGNOSTIC	.325036	.325036	.325036			41
41.01 ULTRASOUND	.104878	.104878	.104878			41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.340658	.340658	.340658			41.02
41.03 NUCLEAR MEDICINE	.136980	.136980	.136980			41.03
41.04 MAMMOGRAPHY	.397592	.397592	.397592			41.04
41.05 MRI	.045369	.045369	.045369			41.05
41.06 CAT SCAN	.035983	.035983	.035983			41.06
41.07 RADIATION ONCOLOGY	.164866	.164866	.164866			41.07
44 LABORATORY	.093482	.093482	.093482			44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.404414	.404414	.404414			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.614230	.614230	.614230			48
49 RESPIRATORY THERAPY	.158920	.158920	.158920			49
50 PHYSICAL THERAPY	.275527	.275527	.275527			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.308986	.308986	.308986			52
53 ELECTROCARDIOLOGY	.115806	.115806	.115806			53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	.217549	.217549	.217549			53.02
54 ELECTROENCEPHALOGRAPHY	.390898	.390898	.390898			54
56 DRUGS CHARGED TO PATIENTS	.173310	.173310	.173310			56
57 RENAL DIALYSIS	.276894	.276894	.276894			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY	9.753363	9.753363	9.753363			60.01
60.02 PROCEDURE CLINIC	.545863	.545863	.545863			60.02
60.03 IMMEDIATE CARE CENTERS	.605500	.605500	.605500			60.03
61 EMERGENCY	.303469	.303469	.303469			61
62 OBSERVATION BEDS (NON-DISTINCT	1.145413	1.145413	1.145413			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	.173310	1
2 PROGRAM VACCINE CHARGES	2	54162	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		9387	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 (14-0290) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		9071475						37
37.01 ENDOSCOPY		6920880						37.01
37.02 IMPLANTS		1050807						37.02
38 RECOVERY ROOM		937804						38
39 DELIVERY ROOM & LABOR ROOM		3099						39
40 ANESTHESIOLOGY		1769450						40
41 RADIOLOGY-DIAGNOSTIC		3848071						41
41.01 ULTRASOUND		2349934						41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		1898197						41.02
41.03 NUCLEAR MEDICINE		2913233						41.03
41.04 MAMMOGRAPHY		226169						41.04
41.05 MRI		4597808						41.05
41.06 CAT SCAN		12763385						41.06
41.07 RADIATION ONCOLOGY		4277872						41.07
44 LABORATORY		2216874						44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOOD		279679						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		86565						48
49 RESPIRATORY THERAPY		664406						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2755448						53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		2307549						53.02
54 ELECTROENCEPHALOGRAPHY		181003						54
56 DRUGS CHARGED TO PATIENTS		7883098						56
57 RENAL DIALYSIS		30267						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY		7287						60.01
60.02 PROCEDURE CLINIC		2790546						60.02
60.03 IMMEDIATE CARE CENTERS		374208						60.03
61 EMERGENCY		3672307						61
62 OBSERVATION BEDS (NON-DISTINCT)		1061636						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		76939057						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		76939057						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0290) [] 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		2043930					37
37.01 ENDOSCOPY		635371					37.01
37.02 IMPLANTS		792732					37.02
38 RECOVERY ROOM		182247					38
39 DELIVERY ROOM & LABOR ROOM		1974					39
40 ANESTHESIOLOGY		133363					40
41 RADIOLOGY-DIAGNOSTIC		1250762					41
41.01 ULTRASOUND		246456					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		646636					41.02
41.03 NUCLEAR MEDICINE		399055					41.03
41.04 MAMMOGRAPHY		89923					41.04
41.05 MRI		208598					41.05
41.06 CAT SCAN		459265					41.06
41.07 RADIATION ONCOLOGY		705276					41.07
44 LABORATORY		207238					44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOOD		113106					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		53171					48
49 RESPIRATORY THERAPY		105587					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		319097					53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB		502005					53.02
54 ELECTROENCEPHALOGRAPHY		70754					54
56 DRUGS CHARGED TO PATIENTS		1366220					56
57 RENAL DIALYSIS		8381					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY		71073					60.01
60.02 PROCEDURE CLINIC		1523256					60.02
60.03 IMMEDIATE CARE CENTERS		226583					60.03
61 EMERGENCY		1114431					61
62 OBSERVATION BEDS (NON-DISTINCT)		1216012					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		14692502					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14692502					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				16140263		16140263
26 INTENSIVE CARE UNIT				2027799		2027799
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				688838		688838
101 TOTAL				18856900		18856900

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	63929	7075			252.47	1786225
26 INTENSIVE CARE UNIT	5302	314			382.46	120092
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	9079	2883			75.87	218733
101 TOTAL	78310	10272				2125050

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT 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		3763101	102063080				.036870	37
37.01 ENDOSCOPY		130331	33012905				.003948	37.01
37.02 IMPLANTS		399987	17599451				.022727	37.02
38 RECOVERY ROOM		694321	16531593				.042000	38
39 DELIVERY ROOM & LABOR ROOM		2671329	16189552				.165003	39
40 ANESTHESIOLOGY		212894	20221497				.010528	40
41 RADIOLOGY-DIAGNOSTIC		2899882	30381557				.095449	41
41.01 ULTRASOUND		160927	22317671				.007211	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		230620	8649267				.026664	41.02
41.03 NUCLEAR MEDICINE		246571	16804072				.014673	41.03
41.04 MAMMOGRAPHY		52886	5383653				.009823	41.04
41.05 MRI		64434	36757580				.001753	41.05
41.06 CAT SCAN		138306	89026824				.001554	41.06
41.07 RADIATION ONCOLOGY		47405	11315602				.004189	41.07
44 LABORATORY		1692885	141812426				.011937	44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOO		151749	6092461				.024908	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		526198	2185103				.240812	48
49 RESPIRATORY THERAPY		1266730	35414900				.035768	49
50 PHYSICAL THERAPY		75487	10656439				.007084	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		4375	560307				.007808	52
53 ELECTROCARDIOLOGY		839042	29102544				.028831	53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		197483	31961211				.006179	53.02
54 ELECTROENCEPHALOGRAPHY		260958	1679961				.155336	54
56 DRUGS CHARGED TO PATIENTS		737424	100191169				.007360	56
57 RENAL DIALYSIS		18877	3757101				.005024	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY		4162	14272				.291620	60.01
60.02 PROCEDURE CLINIC		153218	7422158				.020643	60.02
60.03 IMMEDIATE CARE CENTERS		139640	6073356				.022992	60.03
61 EMERGENCY		2195255	47949299				.045783	61
62 OBSERVATION BEDS (NON-DISTINC		1300230	5316346				.244572	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		21276707	856443357					101

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:19

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					63929		7075	25
26 INTENSIVE CARE UNIT					5302		314	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					9079		2883	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					78310		10272	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES							41.02
41.03 NUCLEAR MEDICINE							41.03
41.04 MAMMOGRAPHY							41.04
41.05 MRI							41.05
41.06 CAT SCAN							41.06
41.07 RADIATION ONCOLOGY							41.07
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		102063080					37
37.01 ENDOSCOPY		33012905					37.01
37.02 IMPLANTS		17599451					37.02
38 RECOVERY ROOM		16531593					38
39 DELIVERY ROOM & LABOR ROOM		16189552					39
40 ANESTHESIOLOGY		20221497					40
41 RADIOLOGY-DIAGNOSTIC		30381557					41
41.01 ULTRASOUND		22317671					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		8649267					41.02
41.03 NUCLEAR MEDICINE		16804072					41.03
41.04 MAMMOGRAPHY		5383653					41.04
41.05 MRI		36757580					41.05
41.06 CAT SCAN		89026824					41.06
41.07 RADIATION ONCOLOGY		11315602					41.07
44 LABORATORY		141812426					44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO		6092461					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		2185103					48
49 RESPIRATORY THERAPY		35414900					49
50 PHYSICAL THERAPY		10656439					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		560307					52
53 ELECTROCARDIOLOGY		29102544					53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB		31961211					53.02
54 ELECTROENCEPHALOGRAPHY		1679961					54
56 DRUGS CHARGED TO PATIENTS		100191169					56
57 RENAL DIALYSIS		3757101					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY		14272					60.01
60.02 PROCEDURE CLINIC		7422158					60.02
60.03 IMMEDIATE CARE CENTERS		6073356					60.03
61 EMERGENCY		47949299					61
62 OBSERVATION BEDS (NON-DISTINC		5316346					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		856443357					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	63929						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	63929						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63929						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)	25759						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) (14-0290)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	75590288						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	75590288						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.862262						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	634.93						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	75590288						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) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1182.41					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	30457699					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	30457699					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	11403164	5302	2150.73	2524	5428443	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	32105947					48
49 TOTAL PROGRAM INPATIENT COSTS	67992089					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	7468704					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3642044					51
52 TOTAL PROGRAM EXCLUDABLE COST	11110748					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	56881341					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) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0290)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5150	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1182.41	84
85 OBSERVATION BED COST	6089412	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		75590288		6089412		86
87 NEW CAPITAL-RELATED COST	16140263	75590288	.213523	6089412	1300230	87
88 NON PHYSICIAN ANESTHETIST		75590288		6089412		88
89 MEDICAL EDUCATION		75590288		6089412		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) (14-0290)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	63929					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	63929					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63929					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)	7075					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	9079					15
16 TITLE V OR XIX NURSERY DAYS	2883					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) (14-0290)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	75590288						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	75590288						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.862262						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	634.93						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	75590288						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) (14-0290)	SUB I	SUB II	SUB III	SUB IV			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1			
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1182.41						38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8365551						39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8365551						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)	5262189	9079	579.60	2883	1670987		42	
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
44	INTENSIVE CARE UNIT	11403164	5302	2150.73	314	675329		43	
44	CORONARY CARE UNIT							44	
45	BURN INTENSIVE CARE UNIT							45	
46	SURGICAL INTENSIVE CARE UNIT							46	
47	OTHER SPECIAL CARE (SPECIFY)							47	
		HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48	
49	TOTAL PROGRAM INPATIENT COSTS	10711867						49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2125050						50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51	
52	TOTAL PROGRAM EXCLUDABLE COST	2125050						52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53	

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] 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. 14-0290 ST. ALEXIUS MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:19

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5150	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1182.41	84
85 OBSERVATION BED COST	6089412	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0290) [] 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		31582605		25
26 INTENSIVE CARE UNIT		6621593		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.225314	13148482	2962537	37
37.01 ENDOSCOPY	.091805	3400457	312179	37.01
37.02 IMPLANTS	.754403	4258663	3212748	37.02
38 RECOVERY ROOM	.194334	2106193	409305	38
39 DELIVERY ROOM & LABOR ROOM	.637122	14649	9333	39
40 ANESTHESIOLOGY	.075370	2354441	177454	40
41 RADIOLOGY-DIAGNOSTIC	.325036	5052934	1642385	41
41.01 ULTRASOUND	.104878	2916470	305874	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.340658	3315815	1129559	41.02
41.03 NUCLEAR MEDICINE	.136980	3788702	518976	41.03
41.04 MAMMOGRAPHY	.397592	3083	1226	41.04
41.05 MRI	.045369	5961933	270487	41.05
41.06 CAT SCAN	.035983	14200364	510972	41.06
41.07 RADIATION ONCOLOGY	.164866	127079	20951	41.07
44 LABORATORY	.093482	31921268	2984064	44
44.01 PATHOLOGY				44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.404414	2021180	817393	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.614230	981876	603098	48
49 RESPIRATORY THERAPY	.158920	16617358	2640831	49
50 PHYSICAL THERAPY	.275527	3199435	881531	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.308986	360819	111488	52
53 ELECTROCARDIOLOGY	.115806	8182020	947527	53
53.01 CARDIAC REHABILITATION				53.01
53.02 CARDIAC CATH LAB	.217549	14041727	3054764	53.02
54 ELECTROENCEPHALOGRAPHY	.390898	325268	127147	54
56 DRUGS CHARGED TO PATIENTS	.173310	31467165	5453574	56
57 RENAL DIALYSIS	.276894	2440436	675742	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 ENTEROSTOMAL THERAPY	9.753363			60.01
60.02 PROCEDURE CLINIC	.545863	62747	34251	60.02
60.03 IMMEDIATE CARE CENTERS	.605500	9135	5531	60.03
61 EMERGENCY	.303469	7529665	2285020	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.145413			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		179809364	32105947	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		179809364		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0290)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.225314		37
37.01 ENDOSCOPY	.091805		37.01
37.02 IMPLANTS	.754403		37.02
38 RECOVERY ROOM	.194334		38
39 DELIVERY ROOM & LABOR ROOM	.637122		39
40 ANESTHESIOLOGY	.075370		40
41 RADIOLOGY-DIAGNOSTIC	.325036		41
41.01 ULTRASOUND	.104878		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.340658		41.02
41.03 NUCLEAR MEDICINE	.136980		41.03
41.04 MAMMOGRAPHY	.397592		41.04
41.05 MRI	.045369		41.05
41.06 CAT SCAN	.035983		41.06
41.07 RADIATION ONCOLOGY	.164866		41.07
44 LABORATORY	.093482		44
44.01 PATHOLOGY			44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.404414		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.614230		48
49 RESPIRATORY THERAPY	.158920		49
50 PHYSICAL THERAPY	.275527		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.308986		52
53 ELECTROCARDIOLOGY	.115806		53
53.01 CARDIAC REHABILITATION			53.01
53.02 CARDIAC CATH LAB	.217549		53.02
54 ELECTROENCEPHALOGRAPHY	.390898		54
56 DRUGS CHARGED TO PATIENTS	.173310		56
57 RENAL DIALYSIS	.276894		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
60.01 ENTEROSTOMAL THERAPY	9.753363		60.01
60.02 PROCEDURE CLINIC	.545863		60.02
60.03 IMMEDIATE CARE CENTERS	.605500		60.03
61 EMERGENCY	.303469		61
62 OBSERVATION BEDS (NON-DISTINCT	1.145413		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	31445321				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11475847				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2982223				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	324.93				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	1.34				3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.34				3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	1.34				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	2.68				3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	2.96				3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	2.33			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.007171				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.003751				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	0.003751				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	64400				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	23503				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]					3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	87903 0	87903			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0250				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1404				4.01
4.02	SUM OF 4 AND 4.01	0.1654				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0350				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	1502241				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	47493535				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	47493535				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4475018				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	75126				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	52043679				16
17	PRIMARY PAYER PAYMENTS	182829				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	51860850				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3809824				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	333240				20
21	REIMBURSABLE BAD DEBTS	595211				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	416648				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	527856				21.02
22	SUBTOTAL	48134434				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	48134434					26
27						27
28	48070772					28
28.01						28.01
29	63662					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0290) 1	HOSPITAL (14-0290) 1.01	HOSPITAL (14-0290) 1.02	
1 MEDICAL AND OTHER SERVICES	9387			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14692502			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	12776803			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	9387			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	54162			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	54162			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	54162			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	44775			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	9387			17
17.01 TOTAL PPS PAYMENTS	12776803			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0290) 1	HOSPITAL (14-0290) 1.01	HOSPITAL (14-0290) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3424720		18.01
19 SUBTOTAL	9361470		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	16261		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	9377731		23
24 PRIMARY PAYER PAYMENTS	25003		24
25 SUBTOTAL	9352728		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	526892		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	368824		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	478186		27.02
28 SUBTOTAL	9721552		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	9721552		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9722213		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-661		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0290)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0290)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0290)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0290)

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		47545372		9337913	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.		409200		334500	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .50 .51 .52 .53 .54	08/08/2008 	116200 	08/08/2008 	49800 	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	116200		49800	3.99	
4 TOTAL INTERIM PAYMENTS		48070772		9722213	4	
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE 		NONE 	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		63662		-661	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		48134434		9721552	7	
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____			
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____			

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0290) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	10711867					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	10711867					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	10711867					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	10711867					22
23	COST OF COVERED SERVICES	10711867					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	10711867					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	10711867					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0290) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	10711867					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	1.34 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	1.34 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	1.34 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	1.34 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	1.20 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	1.20 3.09
3.10	SEE INSTRUCTIONS	1.20 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	90417.37 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 [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		2.91	3.19
3.20	SEE INSTRUCTIONS		2.75	3.20
3.21	SEE INSTRUCTIONS		2.29	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		2.29	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		90417.37	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		207056	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		207056	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		28283	4
5	TOTAL INPATIENT DAYS		64081	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.441363	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 91387 0		91387	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		64081	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
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			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		3757101	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. 14-0290 ST. ALEXIUS MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:19

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	67992089	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	182829	15
16	TOTAL PART A REASONABLE COST	67809260	16

PART B REASONABLE COST

17	REASONABLE COST	14701889	17
18	PRIMARY PAYER PAYMENTS	25003	18
19	TOTAL PART B REASONABLE COST	14676886	19
20	TOTAL REASONABLE COST	82486146	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.822068	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.177932	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	91387	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	75126	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	16261	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	7389	4
5	TOTAL INPATIENT DAYS	64081	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.115307	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	64081	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 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. 14-0290 ST. ALEXIUS MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:19

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

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	7620000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	36820000			4
5	OTHER RECEIVABLES	2044000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4257000			7
8	PREPAID EXPENSES	638000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	51379000			11
FIXED ASSETS					
12	LAND	11000000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	14374000			13
13.01	ACCUMULATED DEPRECIATION	-4766000			13.01
14	BUILDINGS	124550000			14
14.01	ACCUMULATED DEPRECIATION	-30274000			14.01
15	LEASEHOLD IMPROVEMENTS	11831000			15
15.01	ACCUMULATED AMORTIZATION	-1717000			15.01
16	FIXED EQUIPMENT	5860000			16
16.01	ACCUMULATED DEPRECIATION	-3416000			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	83179000			18
18.01	ACCUMULATED DEPRECIATION	-64057000			18.01
19	MINOR EQUIPMENT DEPRECIABLE	2988000			19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	149552000			21
OTHER ASSETS					
22	INVESTMENTS	20000000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	5259000			25
26	TOTAL OTHER ASSETS	25259000			26
27	TOTAL ASSETS	226190000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	4640000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	26073000			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	15941000			35
36	TOTAL CURRENT LIABILITIES	46654000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	6921000			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	4498000			41
42	TOTAL LONG TERM LIABILITIES	11419000			42
43	TOTAL LIABILITIES	58073000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	168117000			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	168117000			51
52	TOTAL LIABILITIES AND FUND BALANCES	226190000			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	153640000			1
2 NET INCOME (LOSS)	21695000			2
3 TOTAL	175335000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFERS FROM AFFILIATES	21695000			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	21695000			10
11 SUBTOTAL	197030000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED	28913000			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	28913000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	168117000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	71469000		71469000	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	71469000		71469000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	13503000		13503000	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	13503000		13503000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	84972000		84972000	18
18.50 ANCILLARY SERVICES	418941000	454383000	873324000	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	503913000	454383000	958296000	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		262853224	26
27 ADD (SPECIFY)			27
28			28
29			29
30 DOCTOR'S OFFICE BUILDING	1152000		30
31 IMMATERIAL VARIANCE	2776		31
32			32
33 TOTAL ADDITIONS		1154776	33
34 ROUNDING			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		264008000	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	958296000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	678171000	2
3	NET PATIENT REVENUES	280125000	3
4	LESS - TOTAL OPERATING EXPENSES	264008000	4
5	NET INCOME FROM SERVICE TO PATIENTS	16117000	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	488000	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	25000	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	158000	20
21	RENTAL OF VENDING MACHINES	19000	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NW PRIMARY CARE CAPITATION	956000	24
24.01	PERINATAL CLASS TUITION	54000	24.01
24.02	STARBUCKS	246000	24.02
24.03	MISCELLANEOUS	166000	24.03
24.04	DOCTOR'S BUILDING	1129000	24.04
24.05	FOUNDATION RESTR FUNDS UTILIZED	243000	24.05
24.06	PHYSICIAN OFFICE RENTAL	1267000	24.06
24.07	INCOME FROM EASEMENT	115000	24.07
24.08	HOFFMAN ESTATES SURGICENTER	729000	24.08
25	TOTAL OTHER INCOME	5595000	25
26	TOTAL	21712000	26
27	LOSS ON INVESTMENTS	17000	27
28			28
29			29
30	TOTAL OTHER EXPENSES	17000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	21695000	31

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:19

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
97.01 COMMUNITY PROGRAMS					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	40.29		11.07				51.36	25
26 INTENSIVE CARE UNIT	47.60		5.92				53.52	26
33 NURSERY			31.75				31.75	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	12.88	8.89					21.77	37
37.01 ENDOSCOPY	10.30	20.96					31.26	37.01
37.02 IMPLANTS	24.20	5.97					30.17	37.02
38 RECOVERY ROOM	12.74	5.67					18.41	38
39 DELIVERY ROOM & LABOR ROOM	0.09	0.02					0.11	39
40 ANESTHESIOLOGY	11.64	8.75					20.39	40
41 RADIOLOGY-DIAGNOSTIC	16.63	12.67					29.30	41
41.01 ULTRASOUND	13.07	10.53					23.60	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	38.34	21.95					60.29	41.02
41.03 NUCLEAR MEDICINE	22.55	17.34					39.89	41.03
41.04 MAMMOGRAPHY	0.06	4.20					4.26	41.04
41.05 MRI	16.22	12.51					28.73	41.05
41.06 CAT SCAN	15.95	14.34					30.29	41.06
41.07 RADIATION ONCOLOGY	1.12	37.81					38.93	41.07
44 LABORATORY	22.51	1.56					24.07	44
46 WHOLE BLOOD & PACKED RED BLOOD	33.18	4.59					37.77	46
48 INTRAVENOUS THERAPY	44.93	3.96					48.89	48
49 RESPIRATORY THERAPY	46.92	1.88					48.80	49
50 PHYSICAL THERAPY	30.02						30.02	50
52 SPEECH PATHOLOGY	64.40						64.40	52
53 ELECTROCARDIOLOGY	28.11	9.47					37.58	53
53.02 CARDIAC CATH LAB	43.93	7.22					51.15	53.02
54 ELECTROENCEPHALOGRAPHY	19.36	10.77					30.13	54
56 DRUGS CHARGED TO PATIENTS	31.41	7.87					39.28	56
57 RENAL DIALYSIS	64.96	0.81					65.77	57
60.01 ENTEROSTOMAL THERAPY		51.06					51.06	60.01
60.02 PROCEDURE CLINIC	0.85	37.60					38.45	60.02
60.03 IMMEDIATE CARE CENTERS	0.15	6.16					6.31	60.03
61 EMERGENCY	15.70	7.66					23.36	61
62 OBSERVATION BEDS (NON-DISTINCT)		19.97					19.97	62
101 TOTAL CHARGES	18.86	8.07					26.93	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	25112093	9.83	-25112093	-19.34		3
4	NEW CAP REL COSTS-MVBLE EQUIP	13943820	5.46	-13943820	-10.74		4
5	EMPLOYEE BENEFITS	15485953	6.06	-15485953	-11.92		5
6	ADMINISTRATIVE & GENERAL	49363769	19.32	-49363769	-38.01		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	7606934	2.98	-7606934	-5.86		8
9	LAUNDRY & LINEN SERVICE	1147558	.45	-1147558	-.88		9
10	HOUSEKEEPING	3497206	1.37	-3497206	-2.69		10
11	DIETARY	2272457	.89	-2272457	-1.75		11
12	CAFETERIA	982268	.38	-982268	-.76		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2309474	.90	-2309474	-1.78		14
15	CENTRAL SERVICES & SUPPLY	897911	.35	-897911	-.69		15
16	PHARMACY	2853308	1.12	-2853308	-2.20		16
17	MEDICAL RECORDS & LIBRARY	2671586	1.05	-2671586	-2.06		17
18	SOCIAL SERVICE	1528766	.60	-1528766	-1.18		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	86610	.03	-86610	-.07		22
23	I&R SERVICES-OTHER PRGM COSTS A	117096	.05	-117096	-.09		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	28974551	11.34	47076335	36.25	76050886	29.76
26	INTENSIVE CARE UNIT	5109737	2.00	6293427	4.85	11403164	4.46
33	NURSERY	2741350	1.07	2520839	1.94	5262189	2.06
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11727021	4.59	11269189	8.68	22996210	9.00
37.01	ENDOSCOPY	1862052	.73	1168694	.90	3030746	1.19
37.02	IMPLANTS	9556709	3.74	3720363	2.86	13277072	5.20
38	RECOVERY ROOM	1321896	.52	1890762	1.46	3212658	1.26
39	DELIVERY ROOM & LABOR ROOM	3966828	1.55	6347891	4.89	10314719	4.04
40	ANESTHESIOLOGY	861663	.34	662435	.51	1524098	.60
41	RADIOLOGY-DIAGNOSTIC	3451589	1.35	6423522	4.95	9875111	3.86
41.01	ULTRASOUND	1398947	.55	941686	.73	2340633	.92
41.02	RADIOLOGY-SPECIAL PROCEDURES	1852554	.72	1093887	.84	2946441	1.15
41.03	NUCLEAR MEDICINE	1383847	.54	917970	.71	2301817	.90
41.04	MAMMOGRAPHY	1449913	.57	690584	.53	2140497	.84
41.05	MRI	1031689	.40	635980	.49	1667669	.65
41.06	CAT SCAN	1929167	.75	1274316	.98	3203483	1.25
41.07	RADIATION ONCOLOGY	1254161	.49	611396	.47	1865557	.73
44	LABORATORY	7376262	2.89	5880696	4.53	13256958	5.19
44.01	PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1691627	.66	772249	.59	2463876	.96
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
48 INTRAVENOUS THERAPY	331195	.13	1010960	.78	1342155	.53	48
49 RESPIRATORY THERAPY	2406154	.94	3221972	2.48	5628126	2.20	49
50 PHYSICAL THERAPY	1935266	.76	1000866	.77	2936132	1.15	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	113182	.04	59945	.05	173127	.07	52
53 ELECTROCARDIOLOGY	1155022	.45	2215221	1.71	3370243	1.32	53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB	4808398	1.88	2144744	1.65	6953142	2.72	53.02
54 ELECTROENCEPHALOGRAPHY	155893	.06	500801	.39	656694	.26	54
56 DRUGS CHARGED TO PATIENTS	9402808	3.68	7961306	6.13	17364114	6.79	56
57 RENAL DIALYSIS	801372	.31	238946	.18	1040318	.41	57
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY	90306	.04	48894	.04	139200	.05	60.01
60.02 PROCEDURE CLINIC	2559628	1.00	1491850	1.15	4051478	1.59	60.02
60.03 IMMEDIATE CARE CENTERS	2351423	.92	1325995	1.02	3677418	1.44	60.03
61 EMERGENCY	7230766	2.83	7320338	5.64	14551104	5.69	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	455398	.18	304739	.23	760137	.30	96
97 RESEARCH			1545		1545		97
97.01 COMMUNITY PROGRAMS	70396	.03	28775	.02	99171	.04	97.01
98 PHYSICIANS' PRIVATE OFFICES	1513936	.59	439309	.34	1953245	.76	98
99 NONPAID WORKERS	1349511	.53	368382	.28	1717893	.67	99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	255549026	100.00	0	.00	255549026	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3763101	102063080	.036870	13148482	484785	37
37.01 ENDOSCOPY	130331	33012905	.003948	3400457	13425	37.01
37.02 IMPLANTS	399987	17599451	.022727	4258663	96787	37.02
38 RECOVERY ROOM	694321	16531593	.042000	2106193	88460	38
39 DELIVERY ROOM & LABOR ROOM	2671329	16189552	.165003	14649	2417	39
40 ANESTHESIOLOGY	212894	20221497	.010528	2354441	24788	40
41 RADIOLOGY-DIAGNOSTIC	2899882	30381557	.095449	5052934	482297	41
41.01 ULTRASOUND	160927	22317671	.007211	2916470	21031	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	230620	8649267	.026664	3315815	88413	41.02
41.03 NUCLEAR MEDICINE	246571	16804072	.014673	3788702	55592	41.03
41.04 MAMMOGRAPHY	52886	5383653	.009823	3083	30	41.04
41.05 MRI	64434	36757580	.001753	5961933	10451	41.05
41.06 CAT SCAN	138306	89026824	.001554	14200364	22067	41.06
41.07 RADIATION ONCOLOGY	47405	11315602	.004189	127079	532	41.07
44 LABORATORY	1692885	141812426	.011937	31921268	381044	44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOOD	151749	6092461	.024908	2021180	50344	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	526198	2185103	.240812	981876	236448	48
49 RESPIRATORY THERAPY	1266730	35414900	.035768	16617358	594370	49
50 PHYSICAL THERAPY	75487	10656439	.007084	3199435	22665	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	4375	560307	.007808	360819	2817	52
53 ELECTROCARDIOLOGY	839042	29102544	.028831	8182020	235896	53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	197483	31961211	.006179	14041727	86764	53.02
54 ELECTROENCEPHALOGRAPHY	260958	1679961	.155336	325268	50526	54
56 DRUGS CHARGED TO PATIENTS	737424	100191169	.007360	31467165	231598	56
57 RENAL DIALYSIS	18877	3757101	.005024	2440436	12261	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY	4162	14272	.291620			60.01
60.02 PROCEDURE CLINIC	153218	7422158	.020643	62747	1295	60.02
60.03 IMMEDIATE CARE CENTERS	139640	6073356	.022992	9135	210	60.03
61 EMERGENCY	2195255	47949299	.045783	7529665	344731	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1300230	5316346	.244572			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	21276707	856443357		179809364	3642044	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	16140263		16140263	63929	252.47	25759	6503375 25
26 INTENSIVE CARE UNIT	2027799		2027799	5302	382.46	2524	965329 26
101 TOTAL	18168062		18168062			28283	7468704 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 7468704

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 3642044

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 11110748

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)	56881341
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	218013562
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.261

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)	11110748
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.051

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	14684121
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	76908790
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.191