

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. CATHERINE HOSPITAL (15-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	-582664	-47147		1
2	SUBPROVIDER I	15135			2
2.01	SUBPROVIDER II	-206388			2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-773917	-47147		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: 4321 FIR STREET P.O.BOX: 1
 1.01 CITY: EAST CHICAGO STATE: IN ZIP CODE: 46312 COUNTY: LAKE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V	XVIII	XIX	
2	HOSPITAL	15-0008	07/01/1966	N	P	P	2
3	SUBPROVIDER I	15-S008	01/01/1991	N	T	P	3
3.01	SUBPROVIDER II	15-T008	01/01/2002	N	P	P	3.01
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	15-7453	01/01/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007 TO: 06/30/2008	1	2		17
18	TYPE OF CONTROL			2			18
19	HOSPITAL			1			19
20	SUBPROVIDER I			4			20
20.01	SUBPROVIDER II			5			20.01

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 23844	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	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		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	158054		40
40.01	NAME: COMMUNITY FOUNDATION OF NO FI/CONTRACTOR'S NAME:			FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 10010 DONALD POWERS DRIVE			P.O.BOX: SUITE 201	40.02
40.03	CITY: MUNSTER			STATE: IN ZIP CODE: 46321	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD: BEGINNING: ENDING:				53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES	NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO				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:	1	STATE:	2	ZIP CODE	3	FTE/ CAMPUS
				4		5	

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3244	2234	7707	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		3244	2234	7707	12
13 RPCH VISITS					13
14 SUBPROVIDER I		167	214	714	14
14.01 SUBPROVIDER II		583	38	675	14.01
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
		A-6 2	3	4	5		
SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	49470374		49470374	1912429.00	25.87		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	666642		666642	7462.00	89.34		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)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	6142678		6142678	215411.00	28.52		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	74266		74266	2097.95	35.40		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1060892		1060892	7223.87	146.86		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	4153790		4153790	111031.00	37.41		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	9692621		9692621			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1374148		1374148			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	149131		149131			CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	385109		385109	13402.00	28.74		21
22 ADMINISTRATIVE & GENERAL	4844659		4844659	183607.00	26.39		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	1024783		1024783	39965.00	25.64		23
24 OPERATION OF PLANT	402431		402431	17612.00	22.85		24
25 LAUNDRY & LINEN SERVICE	77844		77844	6300.00	12.36		25
26 HOUSEKEEPING	1670491		1670491	114354.00	14.61		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1434953	-902011	532942	36128.67	14.75		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		902011	902011	61148.32	14.75		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	946537		946537	32272.00	29.33		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY	1221787		1221787	37506.00	32.58		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1030706		1030706	59460.00	17.33		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		A-6 2	3	4	5	
1 NET SALARIES	48803732		48803732	1904967.00	25.62	1
2 EXCLUDED AREA SALARIES	6142678		6142678	215411.00	28.52	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	42661054		42661054	1689556.00	25.25	3
4 SUBTOTAL OTHER WAGES & REL COSTS	5288948		5288948	120352.82	43.95	4
5 SUBTOTAL WAGE-RELATED COSTS	9692621		9692621		22.72%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	57642623		57642623	1809908.82	31.85	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	13039300		13039300	601754.99	21.67	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 15-7453

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		5386	392	221	5999	1
2 UNDUPLICATED CENSUS COUNT		378.00	68.00	121.00	567.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.99		.99	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	4.20		4.20	5
6 DIRECT NURSING SERVICE	6.01		6.01	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		2.05	2.05	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.26	1.26	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.02	.02	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	5.01		5.01	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	2960		23844	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 15-7453

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES	SCIC WITHIN A PEP	SCIC ONLY EPISODES	TOTAL	
	WITHOUT OUTLIERS	WITH OUTLIERS						
	1	2	3	4	5	6	7	
21 SKILLED NURSING VISITS	9778	1241	67	74			11160	21
22 SKILLED NURSING VISIT CHARGES	1431808	181221	9782	10909			1633720	22
23 PHYSICAL THERAPY VISITS	2829	276	5	18			3128	23
24 PHYSICAL THERAPY VISIT CHARGES	483759	47196	855	3078			534888	24
25 OCCUPATIONAL THERAPY VISITS	1694	335		26			2055	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	289674	57285		4446			351405	26
27 SPEECH PATHOLOGY VISITS								27
28 SPEECH PATHOLOGY VISIT CHARGES								28
29 MEDICAL SOCIAL SERVICE VISITS	23	2					25	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	4485	390					4875	30
31 HOME HEALTH AIDE VISITS	4435	474	2	43			4954	31
32 HOME HEALTH AIDE VISIT CHARGES	487850	52140	220	4730			544940	32
33 TOTAL VISITS	18759	2328	74	161			21322	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	2697576	338232	10857	23163			3069828	35
36 TOTAL NUMBER OF EPISODES	678		30	10			718	36
37 TOTAL NUMBER OF OUTLIER EPISODES		92					92	37
38 TOTAL MEDICAL SUPPLY CHARGES	144432	18457	1651				164540	38

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	5680143 17
17.01	GROSS MEDICAID REVENUES	17685627 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	81751 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	23447521 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1120003 23
24	COST TO CHARGE RATIO	0.456082 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	510813 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	44700446 28
29	TOTAL GROSS MEDICAID COST	20387069 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	9497863 30
31	UNCOMPENSATED CARE COST	4331804 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	20897882 32

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 12/01/2008 13:18

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
95	SUBTOTALS	47088689	95224580	142313269	302039	142615308	-34230170	108385138 95
NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES	2381685	1258012	3639697	-285490	3354207		3354207 98
100	7950 OTHER NON REIMB COST CNTR		190560	190560	-6807	183753	-69	183684 100
100.03	7951 ADVERTISING EXPENSE		373974	373974	-9742	364232		364232 100.03
100.04	7952 REGENCY HOSPITAL							100.04
100.05	7953 UNUSED SPACE							100.05
101	TOTAL	49470374	97047126	146517500		146517500	-34230239	112287261 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES CHARGED TO PATIENT	A				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 MEDICAL SUPPLIES CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHARGED TO P	55		7648415 31
32 DRUGS CHARGED TO PATIENTS	B				32
33	B				33
34	B				34
35	B				35
36 SUBTOTAL					7648415 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
		1	6	7	8	9	
1	MEDICAL SUPPLIES CHARGED TO PATIE	A	CENTRAL SERVICES & SUPPLY	15		81253	1
2		A	MEDICAL RECORDS & LIBRARY	17		27	2
3		A	ADULTS & PEDIATRICS	25		809479	3
4		A	INTENSIVE CARE UNIT	26		253915	4
5		A	SUBPROVIDER I	31		6814	5
6		A	SUBPROVIDER II	31.01		105747	6
7		A	OPERATING ROOM	37		2845093	7
8		A	RECOVERY ROOM	38		38976	8
9		A	ANESTHESIOLOGY	40		223305	9
10		A	RADIOLOGY-DIAGNOSTIC	41		43267	10
11		A	ULTRASOUND	41.01		16541	11
12		A	RADIOISOTOPE	43		9847	12
13		A	LABORATORY	44		934476	13
14		A	WHOLE BLOOD & PACKED RED BLOO	46		64206	14
15		A	CARDIAC REHABILITATON	47.01		1515	15
16		A	NON-INVASIVE LAB	47.02		17151	16
17		A	RESPIRATORY THERAPY	49		108749	17
18		A	PHYSICAL THERAPY	50		39241	18
19		A	OCCUPATIONAL THERAPY	51		8768	19
20		A	SPEECH PATHOLOGY	52		14	20
21		A	ELECTROENCEPHALOGRAPHY	54		13559	21
22		A	CAT SCAN	56.01		78569	22
23		A	CARDIAC CATHETERIZATION LAB	56.02		1364145	23
24		A	ONCOLOGY	58.01		9048	24
25		A	CLINIC	60		33955	25
26		A	EMERGENCY	61		443211	26
27		A	HOME HEALTH AGENCY	71		60256	27
28		A	PHYSICIANS' PRIVATE OFFICES	98		33185	28
29		A	OTHER NON REIMB COST CNTR	100		4009	29
30		A	ADVERTISING EXPENSE	100.03		94	30
31	MEDICAL SUPPLIES CHARGED TO PATIE	A					31
32	DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		3140979	32
33		B	ADULTS & PEDIATRICS	25		857	33
34		B	INTENSIVE CARE UNIT	26		122	34
35		B	SUBPROVIDER I	31		70	35
36	SUBTOTAL					10790443	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	B				1
2	B				2
3	B				3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10	B				10
11	B				11
12	B				12
13	B				13
14	B	DRUGS CHARGED TO PATIENTS	56		3600999 14
15	C	CAFETERIA	12	902011	773329 15
16	D	NEW CAP REL COSTS-MVBLE EQUIP	4		2651392 16
17	H	NEW CAP REL COSTS-BLDG & FIXT	3		2217543 17
18	H	NEW CAP REL COSTS-MVBLE EQUIP	4		55522 18
19	J	DELIVERY ROOM & LABOR ROOM	39	619907	96110 19
20	K	NEW CAP REL COSTS-BLDG & FIXT	3		798220 20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28	K				28
29	K				29
30	K				30
31	K				31
32	K				32
33	K				33
34	K				34
35	K				35
36		SUBTOTAL		1521918	17841530 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	B	SUBPROVIDER II	31.01		87	1
2	B	OPERATING ROOM	37		497	2
3	B	RECOVERY ROOM	38		184	3
4	B	ANESTHESIOLOGY	40		79283	4
5	B	RADIOLOGY-DIAGNOSTIC	41		301	5
6	B	RADIOISOTOPE	43		237804	6
7	B	RESPIRATORY THERAPY	49		31801	7
8	B	PHYSICAL THERAPY	50		53	8
9	B	CAT SCAN	56.01		1	9
10	B	CARDIAC CATHETERIZATION LAB	56.02		1199	10
11	B	CLINIC	60		42601	11
12	B	EMERGENCY	61		1456	12
13	B	PHYSICIANS' PRIVATE OFFICES	98		63704	13
14	B	DRUGS CHARGED TO PATIENTS				14
15	C	CAFETERIA/DIETARY RECLASS				15
16	D	UNASSIGNED DEPRECIATION RECLASS				9 16
17	H	UNASSIGNED INTEREST RECLASS				11 17
18	H	OTHER ADMIN AND GENERAL	6.05		55522	11 18
19	J	RECLASS LABOR/DELIVERY EXPENSE	25	619907	96110	19
20	K	RECLASS RENTAL EXPENSE EQUIPMENT	5		304	10 20
21	K	EMPLOYEE BENEFITS	5.01		6190	21
22	K	MAINTENANCE OF PERSONNEL	6.01		273	22
23	K	NONPATIENT TELEPHONES	6.02		22038	23
24	K	PURCHASING RECEIVING & STORES	6.03		6485	24
25	K	ADMITTING	6.04		30	25
26	K	CASHIERING ACCOUNTS RECEIVABL	6.05		39085	26
27	K	OTHER ADMIN AND GENERAL	7		1130	27
28	K	MAINTENANCE & REPAIRS	8		7562	28
29	K	OPERATION OF PLANT	9		45	29
30	K	LAUNDRY & LINEN SERVICE	10		3178	30
31	K	HOUSEKEEPING	11		26886	31
32	K	DIETARY	14		5143	32
33	K	NURSING ADMINISTRATION	15		282879	33
34	K	CENTRAL SERVICES & SUPPLY	16		2308	34
35	K	PHARMACY	17		4046	35
36	K	MEDICAL RECORDS & LIBRARY				36
36		SUBTOTAL		1521918	17450892	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14	K				14
15	K				15
16	K				16
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28 RECLASS RENTAL EXPENSE BUILDING	K	NEW CAP REL COSTS-BLDG & FIXT	3		184789 28
29	K				29
30	K				30
31	K				31
32 RECLASS PROPERTY INSURANCE	M	NEW CAP REL COSTS-BLDG & FIXT	3		18131 32
33 RECLASS POB UTILITIES EXPENSE	O	OPERATION OF PLANT	8		47396 33
34 CASHIERING ACCOUNTS/RECEIVABLE	Q	CASHIERING ACCOUNTS RECEIVABL	6.04	30970	34
35 ANESTHESIA INVENTORY ADJ	R	ANESTHESIOLOGY	40		47872 35
36 TOTAL RECLASSIFICATIONS				1552888	18139718 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1		7	8	9	
1	K	ADULTS & PEDIATRICS	25		8606	1
2	K	INTENSIVE CARE UNIT	26		45	2
3	K	SUBPROVIDER I	31		2009	3
4	K	SUBPROVIDER II	31.01		6030	4
5	K	OPERATING ROOM	37		151615	5
6	K	RECOVERY ROOM	38		225	6
7	K	ANESTHESIOLOGY	40		425	7
8	K	RADIOLOGY-DIAGNOSTIC	41		54983	8
9	K	ULTRASOUND	41.01		697	9
10	K	RADIOISOTOPE	43		1852	10
11	K	LABORATORY	44		5457	11
12	K	WHOLE BLOOD & PACKED RED BLOO	46		23	12
13	K	CARDIAC REHABILITATON	47.01		1643	13
14	K	NON-INVASIVE LAB	47.02		420	14
15	K	RESPIRATORY THERAPY	49		40298	15
16	K	PHYSICAL THERAPY	50		21642	16
17	K	OCCUPATIONAL THERAPY	51		4449	17
18	K	ELECTROENCEPHALOGRAPHY	54		337	18
19	K	CAT SCAN	56.01		1183	19
20	K	CARDIAC CATHETERIZATION LAB	56.02		52827	20
21	K	ONCOLOGY	58.01		45	21
22	K	CLINIC	60		7953	22
23	K	EMERGENCY	61		5779	23
24	K	HOME HEALTH AGENCY	71		5069	24
25	K	PHYSICIANS' PRIVATE OFFICES	98		12997	25
26	K	OTHER NON REIMB COST CNTR	100		2798	26
27	K	ADVERTISING EXPENSE	100.03		1231	27
28	K	RECLASS RENTAL EXPENSE BUILDING	7		9642	10 28
29	K	MAINTENANCE & REPAIRS	7			
29	K	OPERATING ROOM	37		38522	29
30	K	PHYSICIANS' PRIVATE OFFICES	98		128208	30
31	K	ADVERTISING EXPENSE	100.03		8417	31
32	M	RECLASS PROPERTY INSURANCE	6.05		18131	12 32
33	O	RECLASS POB UTILITIES EXPENSE	98		47396	33
34	Q	CASHIERING ACCOUNTS/RECEIVABLE	6.03	30970		34
35	R	ANESTHESIA INVENTORY ADJ	37		47872	35
36		TOTAL RECLASSIFICATIONS		1552888	18139718	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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	583557				312215	271342		1
2 LAND IMPROVEMENTS	1958304					1958304		2
3 BUILDINGS AND FIXTURES	49171177	60058	4388	64446		49235623		3
4 BUILDING IMPROVEMENTS	4540580	135895	67163	203058		4743638		4
5 FIXED EQUIPMENT	83130937	2369288		2369288	46517	85453708		5
6 MOVABLE EQUIPMENT	4018217	165608		165608	1274	4182551		6
7 SUBTOTAL	143402772	2730849	71551	2802400	360006	145845166		7
8 RECONCILING ITEMS								8
9 TOTAL	143402772	2730849	71551	2802400	360006	145845166		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	56208905		56208905	.385401				3
4 NEW CAP REL COSTS-MVBLE EQUIP	89636259		89636259	.614599				4
5 TOTAL	145845164		145845164	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	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	2372680	983009	2151048	18131			5524868 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4938216		55522				4993738 4
5 TOTAL	7310896	983009	2206570	18131			10518606 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	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	4424243						4424243 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	4424243						4424243 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	B	-198938	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-73908	RADIOLOGY-DIAGNOSTIC	41	6
7 REFUNDS AND REBATES OF EXPENSES	B	-24864	EMPLOYEE BENEFITS	5	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-18649	NEW CAP REL COSTS-MVBLE EQUIP	4	9 9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1373535			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-756121			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-437847	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-39377	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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	599829	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	1003377	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 ANESTHESIA SVC BY PHYS	A	-1787191	ANESTHESIOLOGY	40	37
37.01 ADJUST CRNA SVC	A	-666417	ANESTHESIOLOGY	40	37.01
38 OFFSET HOSPITAL BAD DEBT EXP	A	-5448442	OTHER ADMIN AND GENERAL	6.05	38
38.01 OFFSET HOSPITAL CONTRIBUTIONS	A	-97710	OTHER ADMIN AND GENERAL	6.05	38.01
38.02 OFFSET PHYSICIAN RECRUITMENT	A	-68908	OTHER ADMIN AND GENERAL	6.05	38.02
39 OFFSET OTHER NON OPER REV	B	-8106	OTHER ADMIN AND GENERAL	6.05	39
40					40
41					41
42 OFFSET CARDIAC REHAB REV	B	-36514	CARDIAC REHABILITATON	47.01	42
43 OFFSET PHOTOGRAPHIC REVENUE	B	-9298	OTHER ADMIN AND GENERAL	6.05	43
43.01 OFFSET PHOTOGRAPHIC REVENUE	B	-240	CLINIC	60	43.01
43.02 OFFSET PHOTOGRAPHIC REVENUE	B	-1372	CLINIC	60	43.02
43.03 OFFSET PHOTOGRAPHIC REVENUE	B	-1039	MEDICAL RECORDS & LIBRARY	17	43.03
43.04 OFFSET PHOTOGRAPHIC REVENUE	B	-97	MAINTENANCE OF PERSONNEL	5.01	43.04
44 DISCOUNTS REBATES AND REFUNDS	B	-5635	DIETARY	11	44
44.01 OTHER REVENUE GET HIP REVENUE	B	-250	OTHER ADMIN AND GENERAL	6.05	44.01
44.02 OCC HEALTH BP AMOCO	B	-262537	CLINIC	60	44.02
44.03 OCCUPATIONAL HEALTH RENTAL	B	-13623	CLINIC	60	44.03
44.04 PASTORAL CARE FUNDS	B	-3673	OTHER ADMIN AND GENERAL	6.05	44.04
44.05 BIO TERRORISM FUNDS	B	-48336	OPERATION OF PLANT	8	44.05
44.06 GRANT REVENUE	B	-746	OTHER ADMIN AND GENERAL	6.05	44.06
44.07 GRANT DIABETES CENTER	B	-8627	CLINIC	60	44.07
44.08 GRANT MEDICAL LIBRARY	B	-27800	MEDICAL RECORDS & LIBRARY	17	44.08
44.09 DISCOUNTS AND REBATES	B	-29	OTHER ADMIN AND GENERAL	6.05	44.09
44.10 TRI CITY INCOME	B	-110000	SUBPROVIDER I	31	44.10
44.11 LAB ADMIN REFERENCE	B	-51	LABORATORY	44	44.11
44.12 OTHER REV FIN ADMIN	B	-718	EMPLOYEE BENEFITS	5	44.12
44.15 CARDIAC REHAB GET HIP	B	-1065	CARDIAC REHABILITATON	47.01	44.15
44.16 EMPLOYEE WELLNESS GET HIP	B	-69	OTHER NON REIMB COST CNTR	100	44.16
44.17 LABOR AND DEL GRANT	B	-1073	ADULTS & PEDIATRICS	25	44.17

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
44.18 FLOAT NURSING GRANT	B	-10418	ADULTS & PEDIATRICS	25	44.18
44.19 CARDIAC REHAB GRANT	B	-225	CARDIAC REHABILITATION	47.01	44.19
44.20 HUMAN RESOURCE GRANT	B	-3631	MAINTENANCE OF PERSONNEL	5.01	44.20
44.21 EDUCATIONAL SERVICES GRANT	B	-1297	OTHER ADMIN AND GENERAL	6.05	44.21
44.22 RENTAL REVENUE	B	-13980	LABORATORY	44	44.22
45 BY PRODUCT SALES	B	-770	MAINTENANCE OF PERSONNEL	5.01	45
45.01 SALES TO EMPLOYEES	B	-205	MAINTENANCE OF PERSONNEL	5.01	45.01
45.02 OTHER OPERATING REVENUE	B	-530	OTHER ADMIN AND GENERAL	6.05	45.02
45.03 BY PRODUCT SALES	B	-522	ADULTS & PEDIATRICS	25	45.03
46 OFFSET CAPITATION EXPENSE	A	-23716658	OTHER ADMIN AND GENERAL	6.05	46
46.01 OFFSET CAP EXPENSE GET HIP	A	-327132	OTHER ADMIN AND GENERAL	6.05	46.01
46.02 OFFSET LOBBYING COSTS	A	-40000	OTHER ADMIN AND GENERAL	6.05	46.02
46.03 OFFSET IHA LOBBYING COSTS	A	-7938	OTHER ADMIN AND GENERAL	6.05	46.03
47 CASH OVER SHORT	B	-10	ADMITTING	6.03	47
47.01 RENTAL INCOME IT	B	-10920	OTHER ADMIN AND GENERAL	6.05	47.01
47.02 LTAC REVENUE	B	-30220	ADULTS & PEDIATRICS	25	47.02
47.03 LTAC REVENUE COMMUNICATION	B	-7140	NONPATIENT TELEPHONES	6.01	47.03
47.04 LTAC COMPUTER SERVICE	B	-10920	OTHER ADMIN AND GENERAL	6.05	47.04
47.05 LTAC DIETICIAN OFFSET	B	-34008	DIETARY	11	47.05
47.06 LTAC ER SERVICE REVENUE	B	-5293	EMERGENCY	61	47.06
47.07 LTAC LAB REVENUE OFFSET	B	-13980	LABORATORY	44	47.07
47.08 LTAC MAINT SERVICE REVENUE	B	-10791	OPERATION OF PLANT	8	47.08
47.09 LTAC OCC HEALTH REVENUE	B	-13622	CLINIC	60	47.09
47.10 LTAC PASTORAL CARE REVENUE	B	-9232	OTHER ADMIN AND GENERAL	6.05	47.10
47.11 LTAC SUPPLY REVENUE OFFSET	B	-30824	MEDICAL SUPPLIES CHARGED TO PAT	55	47.11
47.12 LTAC TRANSCRIPTIONIST OFFSET	B	-374	MEDICAL RECORDS & LIBRARY	17	47.12
48					48
49					49
50 TOTAL		-34230239			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	6.05	OTHER ADMIN AND GENERAL	6424388	8615048	-2190660	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	132443		132443	11 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	1302096		1302096	9 3
4						4
5	TOTALS		7858927	8615048	-756121	5

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

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

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

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

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

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 12/01/2008 13:18

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	6.05 OTHER ADMIN AND GENERAL	OTHER ADMIN & GEN	464602	33333	431269	159800	2906	223259	11163
2	17 MEDICAL RECORDS & LIBRAR	MED RECORDS AND LIB	26258		26258	159800	277	21281	1064
3	25 ADULTS & PEDIATRICS	ADULTS & PEDS	79585		79585	159800	435	33420	1671
4	26 INTENSIVE CARE UNIT	ICU	51657		51657	159800	386	29655	1483
5	37 OPERATING ROOM	OR	278680	185664	93016	182900	451	39658	1983
6	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY	3100	700	2400	217600	10	1046	52
7	44 LABORATORY	LAB	7829		7829	208000	51	5100	255
8	47.01 CARDIAC REHABILITATON	CARDIAC REHAB	46748		46748	159800	231	17747	887
9	47.02 NON-INVASIVE LAB	NON INV LAB	33975		33975	159800	151	11601	580
10	49 RESPIRATORY THERAPY	RESP THERAPY	21023		21023	159800	158	12139	607
11	50 PHYSICAL THERAPY	PHYS THERAPY	48728		48728	159800	226	17363	868
12	56.02 CARDIAC CATHETERIZATION	CARD CATH LAB	57100		57100	159800	286	21973	1099
13	58.01 ONCOLOGY	ONCOLOGY	18000		18000	171400	180	14833	742
14	60 CLINIC	CLINIC	158978	15683	143295	159800	1477	113473	5674
15	61 EMERGENCY	AGGREGATE	639820	639820					
101	TOTAL		1936083	875200	1060883		7225	562548	28128

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 12/01/2008 13:18

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.	11	12	13	14	15	16	17	18
1	6.05 OTHER ADMIN AND GENERAL	OTHER ADMIN & GEN				223259	208010	241343
2	17 MEDICAL RECORDS & LIBRAR	MED RECORDS AND LIB				21281	4977	4977
3	25 ADULTS & PEDIATRICS	ADULTS & PEDS				33420	46165	46165
4	26 INTENSIVE CARE UNIT	ICU				29655	22002	22002
5	37 OPERATING ROOM	OR				39658	53358	239022
6	41 RADIOLOGY-DIAGNOSTIC	RADIOLOGY				1046	1354	2054
7	44 LABORATORY	LAB				5100	2729	2729
8	47.01 CARDIAC REHABILITATON	CARDIAC REHAB				17747	29001	29001
9	47.02 NON-INVASIVE LAB	NON INV LAB				11601	22374	22374
10	49 RESPIRATORY THERAPY	RESP THERAPY				12139	8884	8884
11	50 PHYSICAL THERAPY	PHYS THERAPY				17363	31365	31365
12	56.02 CARDIAC CATHETERIZATION	CARD CATH LAB				21973	35127	35127
13	58.01 ONCOLOGY	ONCOLOGY				14833	3167	3167
14	60 CLINIC	CLINIC				113473	29822	45505
15	61 EMERGENCY	AGGREGATE						639820
101	TOTAL					562548	498335	1373535

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	MAINT OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING & STORES 6.02	ADMITTING 6.03	
95	SUBTOTALS	108385138	4845491	4928912	10564634	648008	446942	578780	1119072	95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	3354207		48521	562752	23404		18672		98
100	OTHER NON REIMB COST CNTR	183684	423779	1599			2877	1093		100
100.03	ADVERTISING EXPENSE	364232	178655	14706			21934	13321		100.03
100.04	REGENCY HOSPITAL		76943				3596			100.04
100.05	UNUSED SPACE									100.05
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	112287261	5524868	4993738	11127386	671412	475349	611866	1119072	103

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING	SUBTOTAL	OTHER	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	ACCOUNTS		ADMIN	TENANCE &	OF PLANT	& LINEN	KEEPING		
	RECEIVABLE		GENERAL	REPAIRS		SERVICE			
	6.04	5A	6.05	7	8	9	10	11	
95 SUBTOTALS	51207	106993286	14551310	6724292	2100584	767120	2299492	1646264	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		4007556	636620						98
100 OTHER NON REIMB COST CNTR		613032	97383	894950	301790		335871		100
100.03ADVERTISING EXPENSE		592848	94177	377288	127227		141595		100.03
100.04REGENCY HOSPITAL		80539	12794	162491	54794	92859	60982	94278	100.04
100.05UNUSED SPACE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	51207	112287261	15392284	8159021	2584395	859979	2837940	1740542	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
95	SUBTOTALS	2132069	1693543	216257	2048472	2438828	103075249	103075249	95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	102596		947	329278		5076997	5076997	98
100	OTHER NON REIMB COST CNTR			114			2243140	2243140	100
100.03	ADVERTISING EXPENSE			3			1333138	1333138	100.03
100.04	REGENCY HOSPITAL						558737	558737	100.04
100.05	UNUSED SPACE								100.05
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	2234665	1693543	217321	2377750	2438828	112287261	112287261	103

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	MAINT OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING & STORES 6.02	
95 SUBTOTALS		4845491	4928912	9774403	3327	64050	25136	92531	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			48521	48521	176	2313		2985	98
100 OTHER NON REIMB COST CNTR		423779	1599	425378			162	175	100
100.03ADVERTISING EXPENSE		178655	14706	193361			1234	2130	100.03
100.04REGENCY HOSPITAL		76943		76943			202		100.04
100.05UNUSED SPACE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		5524868	4993738	10518606	3503	66363	26734	97821	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		ADMITTING 6.03	CASHIERING ACCOUNTS RECEIVABLE 6.04	OTHER ADMIN GENERAL 6.05	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
95	SUBTOTALS	47257	9527	1770104	554905	397637	50310	85532	318129	95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES			77442						98
100	OTHER NON REIMB COST CNTR			11846	73853	57128		12493		100
100.03	ADVERTISING EXPENSE			11456	31135	24084		5267		100.03
100.04	REGENCY HOSPITAL			1556	13409	10372	6090	2268	18218	100.04
100.05	UNUSED SPACE									100.05
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	47257	9527	1872404	673302	489221	56400	105560	336347	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
95	SUBTOTALS	46807	92163	56480	203948	148031	9373096	9373096	95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	2252		247	32783		166719	166719	98
100	OTHER NON REIMB COST CNTR			30			581065	581065	100
100.03	ADVERTISING EXPENSE			1			268668	268668	100.03
100.04	REGENCY HOSPITAL						129058	129058	100.04
100.05	UNUSED SPACE								100.05
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	49059	92163	56758	236731	148031	10518606	10518606	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DEPRECIAT EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	MAINT OF PERSONNEL FTES	NONPATIENT TELEPHONES NUMBER OF TELEPHONES	PURCHASING RECEIVING & STORES COSTED REQ	ADMITTING GROSS REVENUE	
	3	4	5	5.01	6.01	6.02	6.03	
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	429804	3448425	44711686	886	1243	2385073	223393196	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		33947	2381685	32		76945		98
100 OTHER NON REIMB COST CNTR	37590	1119			8	4503		100
100.03 ADVERTISING EXPENSE	15847	10289			61	54893		100.03
100.04 REGENCY HOSPITAL	6825				10			100.04
100.05 UNUSED SPACE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5524868	4993738	11127386	671412	475349	611866	1119072	103
104 UNIT COST MULT-WS B PT I		1.429322		731.385621		.242668		104
104 UNIT COST MULT-WS B PT I	11.273722		.236283		359.568079		.005009	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			3503	66363	26734	97821	47257	107
108 UNIT COST MULT-WS B PT III				72.290850		.038796		108
108 UNIT COST MULT-WS B PT III			.000074		20.222390		.000212	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 6.04	RECON- CILATION 6A.05	OTHER ADMIN GENERAL ACCUM COST 6.05	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	223393196	-15392284	91601002	282436	261642	911633	257354	229746 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES			4007556					98
100 OTHER NON REIMB COST CNTR			613032	37590	37590		37590	100
100.03 ADVERTISING EXPENSE			592848	15847	15847		15847	100.03
100.04 REGENCY HOSPITAL			80539	6825	6825	110352	6825	13157 100.04
100.05 UNUSED SPACE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	51207		15392284	8159021	2584395	859979	2837940	1740542 103
104 UNIT COST MULT-WS B PT I	.000229		.158855		8.028465		8.935129	104
104 UNIT COST MULT-WS B PT I				23.808196		.841479		7.165585 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	9527		1872404	673302	489221	56400	105560	336347 107
108 UNIT COST MULT-WS B PT III	.000043		.019324		1.519773		.332351	108
108 UNIT COST MULT-WS B PT III				1.964709		.055187		1.384697 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	
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
5.01 MAINTENANCE OF PERSONNEL						5.01
6.01 NONPATIENT TELEPHONES						6.01
6.02 PURCHASING RECEIVING & STORES						6.02
6.03 ADMITTING						6.03
6.04 CASHIERING ACCOUNTS RECEIVABL						6.04
6.05 OTHER ADMIN AND GENERAL						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA	697					12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	16	904707				14
15 CENTRAL SERVICES & SUPPLY			7611664			15
16 PHARMACY	18		44502	460021		16
17 MEDICAL RECORDS & LIBRARY	29		27		223393196	17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	182	378055	809479	857	17169771	25
26 INTENSIVE CARE UNIT	30	62357	253915	122	2606106	26
31 SUBPROVIDER I	24	50014	6814	70	2846277	31
31.01 SUBPROVIDER II	31	64542	105747	87	5798496	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	60	124890	2845093	497	30693126	37
38 RECOVERY ROOM	5	11338	38976	184	3356497	38
39 DELIVERY ROOM & LABOR ROOM					892536	39
40 ANESTHESIOLOGY	8		223305	79283	4169497	40
41 RADIOLOGY-DIAGNOSTIC	29		43267	301	12883241	41
41.01 ULTRASOUND	6		16541		2474150	41.01
43 RADIOISOTOPE	5		9847	237804	3537616	43
44 LABORATORY	47		934476		26648237	44
46 WHOLE BLOOD & PACKED RED BLOO	3		64206		2130421	46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47.01 CARDIAC REHABILITATON	7	15112	1515		226155	47.01
47.02 NON-INVASIVE LAB	13		17151		6124011	47.02
49 RESPIRATORY THERAPY	23		108749	31801	4147330	49
50 PHYSICAL THERAPY	14		39241	53	3515363	50
51 OCCUPATIONAL THERAPY	9		8768		1280502	51
52 SPEECH PATHOLOGY	1		14		151120	52
54 ELECTROENCEPHALOGRAPHY	4		13559		2984394	54
55 MEDICAL SUPPLIES CHARGED TO P					16917017	55
56 DRUGS CHARGED TO PATIENTS					23877993	56
56.01 CAT SCAN	5		78569	1	14730335	56.01
56.02 CARDIAC CATHETERIZATION LAB	12	25561	1364145	1199	8512018	56.02
57 RENAL DIALYSIS					1092012	57
58.01 ONCOLOGY	1		9048		216899	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	28	57242	33955	42601	1840859	60
61 EMERGENCY	39	81767	443211	1456	19875842	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	16	33829	60256		2695375	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY GROSS REVENUE	
	12	14	15	16	17	
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	665	904707	7574376	396316	223393196	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES	32		33185	63705		98
100 OTHER NON REIMB COST CNTR			4009			100
100.03 ADVERTISING EXPENSE			94			100.03
100.04 REGENCY HOSPITAL						100.04
100.05 UNUSED SPACE						100.05
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	2234665	1693543	217321	2377750	2438828	103
104 UNIT COST MULT-WS B PT I	3206.119082		.028551		.010917	104
104 UNIT COST MULT-WS B PT I		1.871924		5.168786		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	49059	92163	56758	236731	148031	107
108 UNIT COST MULT-WS B PT III	70.385940		.007457		.000663	108
108 UNIT COST MULT-WS B PT III		.101871		.514609		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19712667		19712667	46165	19758832	25
26 INTENSIVE CARE UNIT	3576067		3576067	22002	3598069	26
31 SUBPROVIDER I	2743596		2743596		2743596	31
31.01 SUBPROVIDER II	6161629		6161629		6161629	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16434797		16434797	53358	16488155	37
38 RECOVERY ROOM	771426		771426		771426	38
39 DELIVERY ROOM & LABOR ROOM	1158082		1158082		1158082	39
40 ANESTHESIOLOGY	717670		717670		717670	40
41 RADIOLOGY-DIAGNOSTIC	4200422		4200422	1354	4201776	41
41.01 ULTRASOUND	809510		809510		809510	41.01
43 RADIOISOTOPE	2075742		2075742		2075742	43
44 LABORATORY	5524459		5524459	2729	5527188	44
46 WHOLE BLOOD & PACKED RED BL	1337741		1337741		1337741	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHABILITATON	1068536		1068536	29001	1097537	47.01
47.02 NON-INVASIVE LAB	1372450		1372450	22374	1394824	47.02
49 RESPIRATORY THERAPY	2371006		2371006	8884	2379890	49
50 PHYSICAL THERAPY	1704400		1704400	31365	1735765	50
51 OCCUPATIONAL THERAPY	697950		697950		697950	51
52 SPEECH PATHOLOGY	151865		151865		151865	52
54 ELECTROENCEPHALOGRAPHY	623903		623903		623903	54
55 MEDICAL SUPPLIES CHARGED TO	9115054		9115054		9115054	55
56 DRUGS CHARGED TO PATIENTS	4578653		4578653		4578653	56
56.01 CAT SCAN	1040781		1040781		1040781	56.01
56.02 CARDIAC CATHETERIZATION LAB	3478253		3478253	35127	3513380	56.02
57 RENAL DIALYSIS	850524		850524		850524	57
58.01 ONCOLOGY	203100		203100	3167	206267	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3043919		3043919	29822	3073741	60
61 EMERGENCY	5132203		5132203		5132203	61
62 OBSERVATION BEDS (NON-DISTI	1657106		1657106		1657106	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	102313511		102313511	285348	102598859	101
102 LESS OBSERVATION BEDS	1657106		1657106		1657106	102
103 TOTAL	100656405		100656405	285348	100941753	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	15179724		15179724			25
26 INTENSIVE CARE UNIT	2606106		2606106			26
31 SUBPROVIDER I	2846277		2846277			31
31.01 SUBPROVIDER II	5798496		5798496			31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10983544	19709582	30693126	.535455	.535455	.537194 37
38 RECOVERY ROOM	941818	2414679	3356497	.229831	.229831	.229831 38
39 DELIVERY ROOM & LABOR ROOM	571727	320809	892536	1.297519	1.297519	1.297519 39
40 ANESTHESIOLOGY	2203215	1966282	4169497	.172124	.172124	.172124 40
41 RADIOLOGY-DIAGNOSTIC	4876025	8007216	12883241	.326038	.326038	.326143 41
41.01 ULTRASOUND	608527	1865623	2474150	.327187	.327187	.327187 41.01
43 RADIOISOTOPE	1601959	1935657	3537616	.586763	.586763	.586763 43
44 LABORATORY	15045946	11602291	26648237	.207310	.207310	.207413 44
46 WHOLE BLOOD & PACKED RED BL	1727157	403264	2130421	.627923	.627923	.627923 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHABILITATON	100243	125912	226155	4.724795	4.724795	4.853030 47.01
47.02 NON-INVASIVE LAB	3904043	2219968	6124011	.224110	.224110	.227763 47.02
49 RESPIRATORY THERAPY	3502366	644964	4147330	.571695	.571695	.573837 49
50 PHYSICAL THERAPY	1532163	1983200	3515363	.484843	.484843	.493766 50
51 OCCUPATIONAL THERAPY	618275	662227	1280502	.545060	.545060	.545060 51
52 SPEECH PATHOLOGY	122983	28137	151120	1.004930	1.004930	1.004930 52
54 ELECTROENCEPHALOGRAPHY	1251109	1733285	2984394	.209055	.209055	.209055 54
55 MEDICAL SUPPLIES CHARGED TO	14104890	2812127	16917017	.538810	.538810	.538810 55
56 DRUGS CHARGED TO PATIENTS	19174634	4703359	23877993	.191752	.191752	.191752 56
56.01 CAT SCAN	7023079	7707256	14730335	.070656	.070656	.070656 56.01
56.02 CARDIAC CATHETERIZATION LAB	6608317	1903701	8512018	.408628	.408628	.412755 56.02
57 RENAL DIALYSIS	1069356	22656	1092012	.778860	.778860	.778860 57
58.01 ONCOLOGY	575	216324	216899	.936381	.936381	.950982 58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	46412	1794447	1840859	1.653532	1.653532	1.669732 60
61 EMERGENCY	6780081	13095761	19875842	.258213	.258213	.258213 61
62 OBSERVATION BEDS (NON-DISTI	263065	1726982	1990047	.832697	.832697	.832697 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	131092112	89605709	220697821			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	131092112	89605709	220697821			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS				1738985		1738985	25
26 ADULTS & PEDIATRICS				255020		255020	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I				252093		252093	31
31.01 SUBPROVIDER II				435812		435812	31.01
33 NURSERY							33
101 TOTAL				2681910		2681910	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	30477	14930			57.06	851906	26
27 INTENSIVE CARE UNIT	2662	1568			95.80	150214	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I	5038	1810			50.04	90572	31
31.01 SUBPROVIDER II	7300	6392			59.70	381602	31.01
33 NURSERY	1287						33
101 TOTAL	46764	24700				1474294	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] 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	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES		CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1499286	30693126	6158293			.048848	300820 37
38 RECOVERY ROOM		57277	3356497	415073			.017065	7083 38
39 DELIVERY ROOM & LABOR ROOM		58403	892536	6314			.065435	413 39
40 ANESTHESIOLOGY		189152	4169497	1070304			.045366	48555 40
41 RADIOLOGY-DIAGNOSTIC		1121242	12883241	3240869			.087031	282056 41
41.01 ULTRASOUND		159029	2474150	244617			.064276	15723 41.01
43 RADIOISOTOPE		227811	3537616	869007			.064397	55961 43
44 LABORATORY		514942	26648237	8347656			.019324	161310 44
46 WHOLE BLOOD & PACKED RED BLOO		56949	2130421	926272			.026731	24760 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATON		132811	226155	66021			.587257	38771 47.01
47.02 NON-INVASIVE LAB		214104	6124011	1153540			.034961	40329 47.02
49 RESPIRATORY THERAPY		142978	4147330	1615332			.034475	55689 49
50 PHYSICAL THERAPY		162559	3515363	969096			.046242	44813 50
51 OCCUPATIONAL THERAPY		18506	1280502	420383			.014452	6075 51
52 SPEECH PATHOLOGY		9816	151120	98848			.064955	6421 52
54 ELECTROENCEPHALOGRAPHY		111307	2984394	553242			.037296	20634 54
55 MEDICAL SUPPLIES CHARGED TO P		164444	16917017	7880560			.009721	76607 55
56 DRUGS CHARGED TO PATIENTS		93923	23877993	10132435			.003933	39851 56
56.01 CAT SCAN		251919	14730335	3020486			.017102	51656 56.01
56.02 CARDIAC CATHETERIZATION LAB		661821	8512018	3772284			.077751	293299 56.02
57 RENAL DIALYSIS		23557	1092012	748391			.021572	16144 57
58.01 ONCOLOGY		18734	216899				.086372	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		166531	1840859	337			.090464	30 60
61 EMERGENCY		541624	19875842	2855902			.027250	77823 61
62 OBSERVATION BEDS (NON-DISTINC		145844	1990047	97774			.073287	7166 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6744569	194267218	54663036				1671989 101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					30477		14930	25
26	INTENSIVE CARE UNIT					2662		1568	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					5038		1810	31
31.01	SUBPROVIDER II					7300		6392	31.01
33	NURSERY					1287			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					46764		24700	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

OUTPATIENT

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL	N/A	N/A	N/A	TOTAL COSTS
	ANESTHETIST	ANESTHETIST	EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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 (15-0008) [] 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		30693126			6158293		10028709 37
38 RECOVERY ROOM		3356497			415073		854596 38
39 DELIVERY ROOM & LABOR ROOM		892536			6314		39
40 ANESTHESIOLOGY		4169497			1070304		618583 40
41 RADIOLOGY-DIAGNOSTIC		12883241			3240869		2515180 41
41.01 ULTRASOUND		2474150			244617		170013 41.01
43 RADIOISOTOPE		3537616			869007		896514 43
44 LABORATORY		26648237			8347656		358009 44
46 WHOLE BLOOD & PACKED RED BLOO		2130421			926272		103325 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON		226155			66021		52721 47.01
47.02 NON-INVASIVE LAB		6124011			1153540		644657 47.02
49 RESPIRATORY THERAPY		4147330			1615332		164654 49
50 PHYSICAL THERAPY		3515363			969096		10064 50
51 OCCUPATIONAL THERAPY		1280502			420383		51
52 SPEECH PATHOLOGY		151120			98848		52
54 ELECTROENCEPHALOGRAPHY		2984394			553242		511200 54
55 MEDICAL SUPPLIES CHARGED TO P		16917017			7880560		955686 55
56 DRUGS CHARGED TO PATIENTS		23877993			10132435		1922729 56
56.01 CAT SCAN		14730335			3020486		2007498 56.01
56.02 CARDIAC CATHETERIZATION LAB		8512018			3772284		815323 56.02
57 RENAL DIALYSIS		1092012			748391		16723 57
58.01 ONCOLOGY		216899					26336 58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1840859			337		213321 60
61 EMERGENCY		19875842			2855902		1765226 61
62 OBSERVATION BEDS (NON-DISTINC		1990047			97774		325572 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		194267218			54663036		24976639 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47.01 CARDIAC REHABILITATON						47.01
47.02 NON-INVASIVE LAB						47.02
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
56.01 CAT SCAN						56.01
56.02 CARDIAC CATHETERIZATION LAB						56.02
57 RENAL DIALYSIS						57
58.01 ONCOLOGY						58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0008) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC	
				2	3	4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.535455	.535455	.535455				37
38 RECOVERY ROOM	.229831	.229831	.229831				38
39 DELIVERY ROOM & LABOR ROOM	1.297519	1.297519	1.297519				39
40 ANESTHESIOLOGY	.172124	.172124	.172124				40
41 RADIOLOGY-DIAGNOSTIC	.326038	.326038	.326038				41
41.01 ULTRASOUND	.327187	.327187	.327187				41.01
43 RADIOISOTOPE	.586763	.586763	.586763				43
44 LABORATORY	.207310	.207310	.207310				44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923	.627923	.627923				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATON	4.724795	4.724795	4.724795				47.01
47.02 NON-INVASIVE LAB	.224110	.224110	.224110				47.02
49 RESPIRATORY THERAPY	.571695	.571695	.571695				49
50 PHYSICAL THERAPY	.484843	.484843	.484843				50
51 OCCUPATIONAL THERAPY	.545060	.545060	.545060				51
52 SPEECH PATHOLOGY	1.004930	1.004930	1.004930				52
54 ELECTROENCEPHALOGRAPHY	.209055	.209055	.209055				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	.538810	.538810				55
56 DRUGS CHARGED TO PATIENTS	.191752	.191752	.191752				56
56.01 CAT SCAN	.070656	.070656	.070656				56.01
56.02 CARDIAC CATHETERIZATION LAB	.408628	.408628	.408628				56.02
57 RENAL DIALYSIS	.778860	.778860	.778860				57
58.01 ONCOLOGY	.936381	.936381	.936381				58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1.653532	1.653532	1.653532				60
61 EMERGENCY	.258213	.258213	.258213				61
62 OBSERVATION BEDS (NON-DISTINCT	.832697	.832697	.832697				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.191752	1
2 PROGRAM VACCINE CHARGES				2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS				3
3.01 PROGRAM COSTS				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0008) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	SURGICAL CENTER	7	8	
	5	5.01	5.02	5.03	5.04	6			
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		10028709							37
38 RECOVERY ROOM		854596							38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY		618583							40
41 RADIOLOGY-DIAGNOSTIC		2515180							41
41.01 ULTRASOUND		170013							41.01
43 RADIOISOTOPE		896514							43
44 LABORATORY		358009							44
46 WHOLE BLOOD & PACKED RED BLOOD		103325							46
46.30 BLOOD CLOTTING FACTORS ADMIN C									46.30
47.01 CARDIAC REHABILITATION		52721							47.01
47.02 NON-INVASIVE LAB		644657							47.02
49 RESPIRATORY THERAPY		164654							49
50 PHYSICAL THERAPY		10064							50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
54 ELECTROENCEPHALOGRAPHY		511200							54
55 MEDICAL SUPPLIES CHARGED TO PA		955686							55
56 DRUGS CHARGED TO PATIENTS		1922729							56
56.01 CAT SCAN		2007498							56.01
56.02 CARDIAC CATHETERIZATION LAB		815323							56.02
57 RENAL DIALYSIS		16723							57
58.01 ONCOLOGY		26336							58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		213321							60
61 EMERGENCY		1765226							61
62 OBSERVATION BEDS (NON-DISTINCT)		325572							62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE CHARGES (S-2 LINE 56)									65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)									65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)									65.03
101 SUBTOTAL		24976639							101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES		24976639							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0008) [] 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		5369922					37
38 RECOVERY ROOM		196413					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		106473					40
41 RADIOLOGY-DIAGNOSTIC		820044					41
41.01 ULTRASOUND		55626					41.01
43 RADIOISOTOPE		526041					43
44 LABORATORY		74219					44
46 WHOLE BLOOD & PACKED RED BLOOD		64880					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATION		249096					47.01
47.02 NON-INVASIVE LAB		144474					47.02
49 RESPIRATORY THERAPY		94132					49
50 PHYSICAL THERAPY		4879					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		106869					54
55 MEDICAL SUPPLIES CHARGED TO PAT		514933					55
56 DRUGS CHARGED TO PATIENTS		368687					56
56.01 CAT SCAN		141842					56.01
56.02 CARDIAC CATHETERIZATION LAB		333164					56.02
57 RENAL DIALYSIS		13025					57
58.01 ONCOLOGY		24661					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		352733					60
61 EMERGENCY		455804					61
62 OBSERVATION BEDS (NON-DISTINCT)		271103					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)							65.03
101 SUBTOTAL		10289020					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10289020					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1499286	30693126	7467			.048848	365 37
38 RECOVERY ROOM		57277	3356497	1309			.017065	22 38
39 DELIVERY ROOM & LABOR ROOM		58403	892536				.065435	39
40 ANESTHESIOLOGY		189152	4169497	337			.045366	15 40
41 RADIOLOGY-DIAGNOSTIC		1121242	12883241	27250			.087031	2372 41
41.01 ULTRASOUND		159029	2474150	2127			.064276	137 41.01
43 RADIOISOTOPE		227811	3537616	3712			.064397	239 43
44 LABORATORY		514942	26648237	143314			.019324	2769 44
46 WHOLE BLOOD & PACKED RED BLOO		56949	2130421				.026731	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATON		132811	226155				.587257	47.01
47.02 NON-INVASIVE LAB		214104	6124011	11793			.034961	412 47.02
49 RESPIRATORY THERAPY		142978	4147330	9002			.034475	310 49
50 PHYSICAL THERAPY		162559	3515363	3314			.046242	153 50
51 OCCUPATIONAL THERAPY		18506	1280502	72			.014452	1 51
52 SPEECH PATHOLOGY		9816	151120	354			.064955	23 52
54 ELECTROENCEPHALOGRAPHY		111307	2984394	4320			.037296	161 54
55 MEDICAL SUPPLIES CHARGED TO P		164444	16917017	250			.009721	2 55
56 DRUGS CHARGED TO PATIENTS		93923	23877993	232457			.003933	914 56
56.01 CAT SCAN		251919	14730335	18558			.017102	317 56.01
56.02 CARDIAC CATHETERIZATION LAB		661821	8512018	1900			.077751	148 56.02
57 RENAL DIALYSIS		23557	1092012	1208			.021572	26 57
58.01 ONCOLOGY		18734	216899				.086372	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		166531	1840859				.090464	60
61 EMERGENCY		541624	19875842	82622			.027250	2251 61
62 OBSERVATION BEDS (NON-DISTINC		145844	1990047				.073287	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6744569	194267218	551366				10637 101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.05
 12/01/2008 13:18

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

OUTPATIENT

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL	N/A	N/A	N/A	TOTAL COSTS
	ANESTHETIST	ANESTHETIST	EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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 [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [] 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		30693126			7467		37
38 RECOVERY ROOM		3356497			1309		38
39 DELIVERY ROOM & LABOR ROOM		892536					39
40 ANESTHESIOLOGY		4169497			337		40
41 RADIOLOGY-DIAGNOSTIC		12883241			27250		41
41.01 ULTRASOUND		2474150			2127		41.01
43 RADIOISOTOPE		3537616			3712		43
44 LABORATORY		26648237			143314		44
46 WHOLE BLOOD & PACKED RED BLOO		2130421					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON		226155					47.01
47.02 NON-INVASIVE LAB		6124011			11793		47.02
49 RESPIRATORY THERAPY		4147330			9002		49
50 PHYSICAL THERAPY		3515363			3314		50
51 OCCUPATIONAL THERAPY		1280502			72		51
52 SPEECH PATHOLOGY		151120			354		52
54 ELECTROENCEPHALOGRAPHY		2984394			4320		54
55 MEDICAL SUPPLIES CHARGED TO P		16917017			250		55
56 DRUGS CHARGED TO PATIENTS		23877993			232457		56
56.01 CAT SCAN		14730335			18558		56.01
56.02 CARDIAC CATHETERIZATION LAB		8512018			1900		56.02
57 RENAL DIALYSIS		1092012			1208		57
58.01 ONCOLOGY		216899					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1840859					60
61 EMERGENCY		19875842			82622		61
62 OBSERVATION BEDS (NON-DISTINC		1990047					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		194267218			551366		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATON					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (15-T008)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1499286	30693126	206451			.048848	10085 37
38 RECOVERY ROOM		57277	3356497	14670			.017065	250 38
39 DELIVERY ROOM & LABOR ROOM		58403	892536				.065435	39
40 ANESTHESIOLOGY		189152	4169497	30830			.045366	1399 40
41 RADIOLOGY-DIAGNOSTIC		1121242	12883241	207287			.087031	18040 41
41.01 ULTRASOUND		159029	2474150	18540			.064276	1192 41.01
43 RADIOISOTOPE		227811	3537616	33888			.064397	2182 43
44 LABORATORY		514942	26648237	655821			.019324	12673 44
46 WHOLE BLOOD & PACKED RED BLOO		56949	2130421	67281			.026731	1798 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATON		132811	226155				.587257	47.01
47.02 NON-INVASIVE LAB		214104	6124011	43236			.034961	1512 47.02
49 RESPIRATORY THERAPY		142978	4147330	220749			.034475	7610 49
50 PHYSICAL THERAPY		162559	3515363				.046242	50
51 OCCUPATIONAL THERAPY		18506	1280502				.014452	51
52 SPEECH PATHOLOGY		9816	151120	1105			.064955	72 52
54 ELECTROENCEPHALOGRAPHY		111307	2984394	338762			.037296	12634 54
55 MEDICAL SUPPLIES CHARGED TO P		164444	16917017	458562			.009721	4458 55
56 DRUGS CHARGED TO PATIENTS		93923	23877993	1784981			.003933	7020 56
56.01 CAT SCAN		251919	14730335	151024			.017102	2583 56.01
56.02 CARDIAC CATHETERIZATION LAB		661821	8512018	22164			.077751	1723 56.02
57 RENAL DIALYSIS		23557	1092012	169772			.021572	3662 57
58.01 ONCOLOGY		18734	216899				.086372	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		166531	1840859	83			.090464	8 60
61 EMERGENCY		541624	19875842	1137			.027250	31 61
62 OBSERVATION BEDS (NON-DISTINC		145844	1990047				.073287	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6744569	194267218	4426343				88932 101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.05
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	SUB II (15-T008)	[]	NF		
			[]	SUB III	[]	ICF/MR		

OUTPATIENT

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL	N/A	N/A	N/A	TOTAL COSTS
	ANESTHETIST	ANESTHETIST	EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	ULTRASOUND						41.01
43	RADIOISOTOPE						43
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47.01	CARDIAC REHABILITATON						47.01
47.02	NON-INVASIVE LAB						47.02
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	CAT SCAN						56.01
56.02	CARDIAC CATHETERIZATION LAB						56.02
57	RENAL DIALYSIS						57
58.01	ONCOLOGY						58.01
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC						60
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 [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (15-T008) [] 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		30693126			206451		37
38 RECOVERY ROOM		3356497			14670		38
39 DELIVERY ROOM & LABOR ROOM		892536					39
40 ANESTHESIOLOGY		4169497			30830		40
41 RADIOLOGY-DIAGNOSTIC		12883241			207287		41
41.01 ULTRASOUND		2474150			18540		41.01
43 RADIOISOTOPE		3537616			33888		43
44 LABORATORY		26648237			655821		44
46 WHOLE BLOOD & PACKED RED BLOO		2130421			67281		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON		226155					47.01
47.02 NON-INVASIVE LAB		6124011			43236		47.02
49 RESPIRATORY THERAPY		4147330			220749		49
50 PHYSICAL THERAPY		3515363					50
51 OCCUPATIONAL THERAPY		1280502					51
52 SPEECH PATHOLOGY		151120			1105		52
54 ELECTROENCEPHALOGRAPHY		2984394			338762		54
55 MEDICAL SUPPLIES CHARGED TO P		16917017			458562		55
56 DRUGS CHARGED TO PATIENTS		23877993			1784981		56
56.01 CAT SCAN		14730335			151024		56.01
56.02 CARDIAC CATHETERIZATION LAB		8512018			22164		56.02
57 RENAL DIALYSIS		1092012			169772		57
58.01 ONCOLOGY		216899					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1840859			83		60
61 EMERGENCY		19875842			1137		61
62 OBSERVATION BEDS (NON-DISTINC		1990047					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		194267218			4426343		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (15-T008) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATON					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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 ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS				1738985		1738985
26 ADULTS & PEDIATRICS				255020		255020
27 INTENSIVE CARE UNIT						
28 CORONARY CARE UNIT						
29 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				252093		252093
31.01 SUBPROVIDER II				435812		435812
33 NURSERY						
101 TOTAL				2681910		2681910

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
26 ADULTS & PEDIATRICS	30477	6141			57.06	350405
26 INTENSIVE CARE UNIT	2662	560			95.80	53648
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5038	1498			50.04	74960
31.01 SUBPROVIDER II	7300	397			59.70	23701
33 NURSERY	1287	1125				
101 TOTAL	46764	9721				502714

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES		CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1499286	30693126	1919157			.048848	93747 37
38 RECOVERY ROOM		57277	3356497	209248			.017065	3571 38
39 DELIVERY ROOM & LABOR ROOM		58403	892536				.065435	39
40 ANESTHESIOLOGY		189152	4169497	355767			.045366	16140 40
41 RADIOLOGY-DIAGNOSTIC		1121242	12883241	665387			.087031	57909 41
41.01 ULTRASOUND		159029	2474150	133057			.064276	8552 41.01
43 RADIOISOTOPE		227811	3537616	235120			.064397	15141 43
44 LABORATORY		514942	26648237	2456329			.019324	47466 44
46 WHOLE BLOOD & PACKED RED BLOO		56949	2130421	404154			.026731	10803 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATON		132811	226155	4036			.587257	2370 47.01
47.02 NON-INVASIVE LAB		214104	6124011	466133			.034961	16296 47.02
49 RESPIRATORY THERAPY		142978	4147330	813253			.034475	28037 49
50 PHYSICAL THERAPY		162559	3515363	181078			.046242	8373 50
51 OCCUPATIONAL THERAPY		18506	1280502	69557			.014452	1005 51
52 SPEECH PATHOLOGY		9816	151120	13907			.064955	903 52
54 ELECTROENCEPHALOGRAPHY		111307	2984394	151192			.037296	5639 54
55 MEDICAL SUPPLIES CHARGED TO P		164444	16917017	51217			.009721	498 55
56 DRUGS CHARGED TO PATIENTS		93923	23877993	3024101			.003933	11894 56
56.01 CAT SCAN		251919	14730335	1120734			.017102	19167 56.01
56.02 CARDIAC CATHETERIZATION LAB		661821	8512018	694001			.077751	53959 56.02
57 RENAL DIALYSIS		23557	1092012	58216			.021572	1256 57
58.01 ONCOLOGY		18734	216899				.086372	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		166531	1840859	3415			.090464	309 60
61 EMERGENCY		541624	19875842	1099335			.027250	29957 61
62 OBSERVATION BEDS (NON-DISTINC		145844	1990047				.073287	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6744569	194267218	14128394				432992 101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 12/01/2008 13:18

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					30477		6141	25
26	INTENSIVE CARE UNIT					2662		560	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					5038		1498	31
31.01	SUBPROVIDER II					7300		397	31.01
33	NURSERY					1287		1125	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					46764		9721	101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 12/01/2008 13:18

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (15-0008)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

OUTPATIENT

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL	N/A	N/A	N/A	TOTAL
	ANESTHETIST	ANESTHETIST	EDUCATION				
	COST	COST	COST				COSTS
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	ULTRASOUND						41.01
43	RADIOISOTOPE						43
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47.01	CARDIAC REHABILITATON						47.01
47.02	NON-INVASIVE LAB						47.02
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	CAT SCAN						56.01
56.02	CARDIAC CATHETERIZATION LAB						56.02
57	RENAL DIALYSIS						57
58.01	ONCOLOGY						58.01
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC						60
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 (15-0008) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		30693126			1919157		37
38 RECOVERY ROOM		3356497			209248		38
39 DELIVERY ROOM & LABOR ROOM		892536					39
40 ANESTHESIOLOGY		4169497			355767		40
41 RADIOLOGY-DIAGNOSTIC		12883241			665387		41
41.01 ULTRASOUND		2474150			133057		41.01
43 RADIOISOTOPE		3537616			235120		43
44 LABORATORY		26648237			2456329		44
46 WHOLE BLOOD & PACKED RED BLOO		2130421			404154		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON		226155			4036		47.01
47.02 NON-INVASIVE LAB		6124011			466133		47.02
49 RESPIRATORY THERAPY		4147330			813253		49
50 PHYSICAL THERAPY		3515363			181078		50
51 OCCUPATIONAL THERAPY		1280502			69557		51
52 SPEECH PATHOLOGY		151120			13907		52
54 ELECTROENCEPHALOGRAPHY		2984394			151192		54
55 MEDICAL SUPPLIES CHARGED TO P		16917017			51217		55
56 DRUGS CHARGED TO PATIENTS		23877993			3024101		56
56.01 CAT SCAN		14730335			1120734		56.01
56.02 CARDIAC CATHETERIZATION LAB		8512018			694001		56.02
57 RENAL DIALYSIS		1092012			58216		57
58.01 ONCOLOGY		216899					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1840859			3415		60
61 EMERGENCY		19875842			1099335		61
62 OBSERVATION BEDS (NON-DISTINC		1990047					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		194267218			14128394		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATON					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0008) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.535455	.535455	.535455			37
38 RECOVERY ROOM	.229831	.229831	.229831			38
39 DELIVERY ROOM & LABOR ROOM	1.297519	1.297519	1.297519			39
40 ANESTHESIOLOGY	.172124	.172124	.172124			40
41 RADIOLOGY-DIAGNOSTIC	.326038	.326038	.326038			41
41.01 ULTRASOUND	.327187	.327187	.327187			41.01
43 RADIOISOTOPE	.586763	.586763	.586763			43
44 LABORATORY	.207310	.207310	.207310			44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923	.627923	.627923			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHABILITATION	4.724795	4.724795	4.724795			47.01
47.02 NON-INVASIVE LAB	.224110	.224110	.224110			47.02
49 RESPIRATORY THERAPY	.571695	.571695	.571695			49
50 PHYSICAL THERAPY	.484843	.484843	.484843			50
51 OCCUPATIONAL THERAPY	.545060	.545060	.545060			51
52 SPEECH PATHOLOGY	1.004930	1.004930	1.004930			52
54 ELECTROENCEPHALOGRAPHY	.209055	.209055	.209055			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	.538810	.538810			55
56 DRUGS CHARGED TO PATIENTS	.191752	.191752	.191752			56
56.01 CAT SCAN	.070656	.070656	.070656			56.01
56.02 CARDIAC CATHETERIZATION LAB	.408628	.408628	.408628			56.02
57 RENAL DIALYSIS	.778860	.778860	.778860			57
58.01 ONCOLOGY	.936381	.936381	.936381			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.653532	1.653532	1.653532			60
61 EMERGENCY	.258213	.258213	.258213			61
62 OBSERVATION BEDS (NON-DISTINCT	.832697	.832697	.832697			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	
2 PROGRAM VACCINE CHARGES	.191752	1	
2.01 PROGRAM VACCINE CHARGES		2	
3 PROGRAM COSTS		2.01	
3.01 PROGRAM COSTS		3	
		3.01	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0008) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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	1516255						37
38 RECOVERY ROOM	65322						38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY	84691						40
41 RADIOLOGY-DIAGNOSTIC	660552						41
41.01 ULTRASOUND	303231						41.01
43 RADIOISOTOPE	189932						43
44 LABORATORY	750694						44
46 WHOLE BLOOD & PACKED RED BLOOD	113256						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATION	41791						47.01
47.02 NON-INVASIVE LAB	91545						47.02
49 RESPIRATORY THERAPY	181038						49
50 PHYSICAL THERAPY	144272						50
51 OCCUPATIONAL THERAPY	24922						51
52 SPEECH PATHOLOGY	4864						52
54 ELECTROENCEPHALOGRAPHY	120707						54
55 MEDICAL SUPPLIES CHARGED TO PAT	7449						55
56 DRUGS CHARGED TO PATIENTS	228822						56
56.01 CAT SCAN	139743						56.01
56.02 CARDIAC CATHETERIZATION LAB	117515						56.02
57 RENAL DIALYSIS	2464						57
58.01 ONCOLOGY	66493						58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	187119						60
61 EMERGENCY	1356509						61
62 OBSERVATION BEDS (NON-DISTINCT)	975413						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)							65.03
101 SUBTOTAL	7374599						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	7374599						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (15-S008) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1499286	30693126	2207			.048848	108 37
38 RECOVERY ROOM		57277	3356497	429			.017065	7 38
39 DELIVERY ROOM & LABOR ROOM		58403	892536				.065435	39
40 ANESTHESIOLOGY		189152	4169497	700			.045366	32 40
41 RADIOLOGY-DIAGNOSTIC		1121242	12883241	19488			.087031	1696 41
41.01 ULTRASOUND		159029	2474150	2612			.064276	168 41.01
43 RADIOISOTOPE		227811	3537616				.064397	43
44 LABORATORY		514942	26648237	158056			.019324	3054 44
46 WHOLE BLOOD & PACKED RED BLOO		56949	2130421	706			.026731	19 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATON		132811	226155				.587257	47.01
47.02 NON-INVASIVE LAB		214104	6124011	15706			.034961	549 47.02
49 RESPIRATORY THERAPY		142978	4147330	4374			.034475	151 49
50 PHYSICAL THERAPY		162559	3515363	3449			.046242	159 50
51 OCCUPATIONAL THERAPY		18506	1280502	176			.014452	3 51
52 SPEECH PATHOLOGY		9816	151120				.064955	52
54 ELECTROENCEPHALOGRAPHY		111307	2984394	2968			.037296	111 54
55 MEDICAL SUPPLIES CHARGED TO P		164444	16917017	36			.009721	55
56 DRUGS CHARGED TO PATIENTS		93923	23877993	139146			.003933	547 56
56.01 CAT SCAN		251919	14730335	17554			.017102	300 56.01
56.02 CARDIAC CATHETERIZATION LAB		661821	8512018				.077751	56.02
57 RENAL DIALYSIS		23557	1092012				.021572	57
58.01 ONCOLOGY		18734	216899				.086372	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		166531	1840859				.090464	60
61 EMERGENCY		541624	19875842	95933			.027250	2614 61
62 OBSERVATION BEDS (NON-DISTINC		145844	1990047				.073287	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6744569	194267218	463540				9518 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (15-S008)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

OUTPATIENT

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL	N/A	N/A	N/A	TOTAL COSTS
	ANESTHETIST	ANESTHETIST	EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	ULTRASOUND						41.01
43	RADIOISOTOPE						43
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47.01	CARDIAC REHABILITATON						47.01
47.02	NON-INVASIVE LAB						47.02
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	CAT SCAN						56.01
56.02	CARDIAC CATHETERIZATION LAB						56.02
57	RENAL DIALYSIS						57
58.01	ONCOLOGY						58.01
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC						60
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 [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (15-S008) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		30693126			2207		37
38 RECOVERY ROOM		3356497			429		38
39 DELIVERY ROOM & LABOR ROOM		892536					39
40 ANESTHESIOLOGY		4169497			700		40
41 RADIOLOGY-DIAGNOSTIC		12883241			19488		41
41.01 ULTRASOUND		2474150			2612		41.01
43 RADIOISOTOPE		3537616					43
44 LABORATORY		26648237			158056		44
46 WHOLE BLOOD & PACKED RED BLOO		2130421			706		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON		226155					47.01
47.02 NON-INVASIVE LAB		6124011			15706		47.02
49 RESPIRATORY THERAPY		4147330			4374		49
50 PHYSICAL THERAPY		3515363			3449		50
51 OCCUPATIONAL THERAPY		1280502			176		51
52 SPEECH PATHOLOGY		151120					52
54 ELECTROENCEPHALOGRAPHY		2984394			2968		54
55 MEDICAL SUPPLIES CHARGED TO P		16917017			36		55
56 DRUGS CHARGED TO PATIENTS		23877993			139146		56
56.01 CAT SCAN		14730335			17554		56.01
56.02 CARDIAC CATHETERIZATION LAB		8512018					56.02
57 RENAL DIALYSIS		1092012					57
58.01 ONCOLOGY		216899					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1840859					60
61 EMERGENCY		19875842			95933		61
62 OBSERVATION BEDS (NON-DISTINC		1990047					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		194267218			463540		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (15-S008)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATON					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES		CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1499286	30693126	3071			.048848	150 37
38 RECOVERY ROOM		57277	3356497				.017065	38
39 DELIVERY ROOM & LABOR ROOM		58403	892536				.065435	39
40 ANESTHESIOLOGY		189152	4169497				.045366	40
41 RADIOLOGY-DIAGNOSTIC		1121242	12883241	9724			.087031	846 41
41.01 ULTRASOUND		159029	2474150	3450			.064276	222 41.01
43 RADIOISOTOPE		227811	3537616	2705			.064397	174 43
44 LABORATORY		514942	26648237	51128			.019324	988 44
46 WHOLE BLOOD & PACKED RED BLOO		56949	2130421	4006			.026731	107 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATON		132811	226155				.587257	47.01
47.02 NON-INVASIVE LAB		214104	6124011	8298			.034961	290 47.02
49 RESPIRATORY THERAPY		142978	4147330	25517			.034475	880 49
50 PHYSICAL THERAPY		162559	3515363	4949			.046242	229 50
51 OCCUPATIONAL THERAPY		18506	1280502				.014452	51
52 SPEECH PATHOLOGY		9816	151120				.064955	52
54 ELECTROENCEPHALOGRAPHY		111307	2984394	13137			.037296	490 54
55 MEDICAL SUPPLIES CHARGED TO P		164444	16917017	778			.009721	8 55
56 DRUGS CHARGED TO PATIENTS		93923	23877993	161977			.003933	637 56
56.01 CAT SCAN		251919	14730335	16066			.017102	275 56.01
56.02 CARDIAC CATHETERIZATION LAB		661821	8512018	4379			.077751	340 56.02
57 RENAL DIALYSIS		23557	1092012	4832			.021572	104 57
58.01 ONCOLOGY		18734	216899				.086372	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		166531	1840859	85			.090464	8 60
61 EMERGENCY		541624	19875842				.027250	61
62 OBSERVATION BEDS (NON-DISTINC		145844	1990047				.073287	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6744569	194267218	314102				5748 101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 12/01/2008 13:18

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	SUB II (15-T008)	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

OUTPATIENT

COST CENTER DESCRIPTION	NONPHYSICIAN	NONPHYSICIAN	MEDICAL	N/A	N/A	N/A	TOTAL
	ANESTHETIST	ANESTHETIST	EDUCATION				
	COST	COST	COST				COSTS
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
41.01	ULTRASOUND						41.01
43	RADIOISOTOPE						43
44	LABORATORY						44
46	WHOLE BLOOD & PACKED RED BLOO						46
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47.01	CARDIAC REHABILITATON						47.01
47.02	NON-INVASIVE LAB						47.02
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
56.01	CAT SCAN						56.01
56.02	CARDIAC CATHETERIZATION LAB						56.02
57	RENAL DIALYSIS						57
58.01	ONCOLOGY						58.01
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC						60
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 [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		30693126			3071		37
38 RECOVERY ROOM		3356497					38
39 DELIVERY ROOM & LABOR ROOM		892536					39
40 ANESTHESIOLOGY		4169497					40
41 RADIOLOGY-DIAGNOSTIC		12883241			9724		41
41.01 ULTRASOUND		2474150			3450		41.01
43 RADIOISOTOPE		3537616			2705		43
44 LABORATORY		26648237			51128		44
46 WHOLE BLOOD & PACKED RED BLOO		2130421			4006		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATON		226155					47.01
47.02 NON-INVASIVE LAB		6124011			8298		47.02
49 RESPIRATORY THERAPY		4147330			25517		49
50 PHYSICAL THERAPY		3515363			4949		50
51 OCCUPATIONAL THERAPY		1280502					51
52 SPEECH PATHOLOGY		151120					52
54 ELECTROENCEPHALOGRAPHY		2984394			13137		54
55 MEDICAL SUPPLIES CHARGED TO P		16917017			778		55
56 DRUGS CHARGED TO PATIENTS		23877993			161977		56
56.01 CAT SCAN		14730335			16066		56.01
56.02 CARDIAC CATHETERIZATION LAB		8512018			4379		56.02
57 RENAL DIALYSIS		1092012			4832		57
58.01 ONCOLOGY		216899					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1840859			85		60
61 EMERGENCY		19875842					61
62 OBSERVATION BEDS (NON-DISTINC		1990047					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		194267218			314102		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATON					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	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)	30477	5038	7300				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	30477	5038	7300				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30477	5038	7300				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)	14930	1810	6392				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) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	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	19758832	2743596	6161629				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	19758832	2743596	6161629				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15179724	2846277	5798496				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15179724	2846277	5798496				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.301660	.963924	1.062625				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	498.07	564.96	794.31				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	19758832	2743596	6161629				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) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	648.32	544.58	844.06		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9679418	985690	5395232		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9679418	985690	5395232		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3598069	2662	1351.64	1568	2119372 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	19350469	125591	1341696		48
49	TOTAL PROGRAM INPATIENT COSTS	31149259	1111281	6736928		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1002120	90572	381602		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1671989	10637	88932		51
52	TOTAL PROGRAM EXCLUDABLE COST	2674109	101209	470534		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	28475150	1010072	6266394		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) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54			167			54
55		6284.00				55
56		1049428				56
57		39356				57
58		5903				58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59		1117184				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA) (PPS)
 (15-0008) (15-S008) (15-T008)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2556	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	648.32	84
85 OBSERVATION BED COST	1657106	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		19758832		1657106		86
87 NEW CAPITAL-RELATED COST	1738985	19758832	.088011	1657106	145844	87
88 NON PHYSICIAN ANESTHETIST		19758832		1657106		88
89 MEDICAL EDUCATION		19758832		1657106		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 (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	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)	30477	5038	7300				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	30477	5038	7300				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30477	5038	7300				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)	6141	1498	397				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	1287						15
16 TITLE V OR XIX NURSERY DAYS	1125						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 (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	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	19758832	2743596	6161629				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	19758832	2743596	6161629				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15179724	2846277	5798496				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15179724	2846277	5798496				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.301660	.963924	1.062625				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	498.07	564.96	794.31				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	19758832	2743596	6161629				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 (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	648.32	544.58	844.06		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3981333	815781	335092		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3981333	815781	335092		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)			1287	1125	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3598069	2662	1351.64	560	43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	4375402	103060	80705		48
49	TOTAL PROGRAM INPATIENT COSTS	9113653	918841	415797		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	404053	74960	23701		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	432992	9518	5748		51
52	TOTAL PROGRAM EXCLUDABLE COST	837045	84478	29449		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	8276608	834363	386348		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 (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	214	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
12/01/2008 13:18

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (15-0008)(15-S008)(15-T008)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2556	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	648.32	84
85 OBSERVATION BED COST	1657106	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		19758832		1657106		86
87 NEW CAPITAL-RELATED COST	1738985	19758832	.088011	1657106	145844	87
88 NON PHYSICIAN ANESTHETIST		19758832		1657106		88
89 MEDICAL EDUCATION		19758832		1657106		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (15-0008) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		7174321		25
26 INTENSIVE CARE UNIT		162626		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.537194	6158293	3308198	37
38 RECOVERY ROOM	.229831	415073	95397	38
39 DELIVERY ROOM & LABOR ROOM	1.297519	6314	8193	39
40 ANESTHESIOLOGY	.172124	1070304	184225	40
41 RADIOLOGY-DIAGNOSTIC	.326143	3240869	1056987	41
41.01 ULTRASOUND	.327187	244617	80036	41.01
43 RADIOISOTOPE	.586763	869007	509901	43
44 LABORATORY	.207413	8347656	1731412	44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923	926272	581627	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.853030	66021	320402	47.01
47.02 NON-INVASIVE LAB	.227763	1153540	262734	47.02
49 RESPIRATORY THERAPY	.573837	1615332	926937	49
50 PHYSICAL THERAPY	.493766	969096	478507	50
51 OCCUPATIONAL THERAPY	.545060	420383	229134	51
52 SPEECH PATHOLOGY	1.004930	98848	99335	52
54 ELECTROENCEPHALOGRAPHY	.209055	553242	115658	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	7880560	4246125	55
56 DRUGS CHARGED TO PATIENTS	.191752	10132435	1942915	56
56.01 CAT SCAN	.070656	3020486	213415	56.01
56.02 CARDIAC CATHETERIZATION LAB	.412755	3772284	1557029	56.02
57 RENAL DIALYSIS	.778860	748391	582892	57
58.01 ONCOLOGY	.950982			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.669732	337	563	60
61 EMERGENCY	.258213	2855902	737431	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.832697	97774	81416	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		54663036	19350469	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		54663036		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-S008)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		918640		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.535455	7467	3998	37
38 RECOVERY ROOM	.229831	1309	301	38
39 DELIVERY ROOM & LABOR ROOM	1.297519			39
40 ANESTHESIOLOGY	.172124	337	58	40
41 RADIOLOGY-DIAGNOSTIC	.326038	27250	8885	41
41.01 ULTRASOUND	.327187	2127	696	41.01
43 RADIOISOTOPE	.586763	3712	2178	43
44 LABORATORY	.207310	143314	29710	44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.724795			47.01
47.02 NON-INVASIVE LAB	.224110	11793	2643	47.02
49 RESPIRATORY THERAPY	.571695	9002	5146	49
50 PHYSICAL THERAPY	.484843	3314	1607	50
51 OCCUPATIONAL THERAPY	.545060	72	39	51
52 SPEECH PATHOLOGY	1.004930	354	356	52
54 ELECTROENCEPHALOGRAPHY	.209055	4320	903	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	250	135	55
56 DRUGS CHARGED TO PATIENTS	.191752	232457	44574	56
56.01 CAT SCAN	.070656	18558	1311	56.01
56.02 CARDIAC CATHETERIZATION LAB	.408628	1900	776	56.02
57 RENAL DIALYSIS	.778860	1208	941	57
58.01 ONCOLOGY	.936381			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.653532			60
61 EMERGENCY	.258213	82622	21334	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.832697			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		551366	125591	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		551366		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [XX] SUB II (15-T008) [] S/B-SNF [] OTHER
 [] SUB III
 [] 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				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		5068497		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.537194	206451	110904	37
38 RECOVERY ROOM	.229831	14670	3372	38
39 DELIVERY ROOM & LABOR ROOM	1.297519			39
40 ANESTHESIOLOGY	.172124	30830	5307	40
41 RADIOLOGY-DIAGNOSTIC	.326143	207287	67605	41
41.01 ULTRASOUND	.327187	18540	6066	41.01
43 RADIOISOTOPE	.586763	33888	19884	43
44 LABORATORY	.207413	655821	136026	44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923	67281	42247	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.853030			47.01
47.02 NON-INVASIVE LAB	.227763	43236	9848	47.02
49 RESPIRATORY THERAPY	.573837	220749	126674	49
50 PHYSICAL THERAPY	.493766			50
51 OCCUPATIONAL THERAPY	.545060			51
52 SPEECH PATHOLOGY	1.004930	1105	1110	52
54 ELECTROENCEPHALOGRAPHY	.209055	338762	70820	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	458562	247078	55
56 DRUGS CHARGED TO PATIENTS	.191752	1784981	342274	56
56.01 CAT SCAN	.070656	151024	10671	56.01
56.02 CARDIAC CATHETERIZATION LAB	.412755	22164	9148	56.02
57 RENAL DIALYSIS	.778860	169772	132229	57
58.01 ONCOLOGY	.950982			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.669732	83	139	60
61 EMERGENCY	.258213	1137	294	61
62 OBSERVATION BEDS (NON-DISTINCT	.832697			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4426343	1341696	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4426343		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (15-0008) [] SNF [XX] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] 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		4083636		25
26 INTENSIVE CARE UNIT		301828		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.537194	1919157	1030960	37
38 RECOVERY ROOM	.229831	209248	48092	38
39 DELIVERY ROOM & LABOR ROOM	1.297519			39
40 ANESTHESIOLOGY	.172124	355767	61236	40
41 RADIOLOGY-DIAGNOSTIC	.326143	665387	217011	41
41.01 ULTRASOUND	.327187	133057	43535	41.01
43 RADIOISOTOPE	.586763	235120	137960	43
44 LABORATORY	.207413	2456329	509475	44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923	404154	253778	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.853030	4036	19587	47.01
47.02 NON-INVASIVE LAB	.227763	466133	106168	47.02
49 RESPIRATORY THERAPY	.573837	813253	466675	49
50 PHYSICAL THERAPY	.493766	181078	89410	50
51 OCCUPATIONAL THERAPY	.545060	69557	37913	51
52 SPEECH PATHOLOGY	1.004930	13907	13976	52
54 ELECTROENCEPHALOGRAPHY	.209055	151192	31607	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	51217	27596	55
56 DRUGS CHARGED TO PATIENTS	.191752	3024101	579877	56
56.01 CAT SCAN	.070656	1120734	79187	56.01
56.02 CARDIAC CATHETERIZATION LAB	.412755	694001	286452	56.02
57 RENAL DIALYSIS	.778860	58216	45342	57
58.01 ONCOLOGY	.950982			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.669732	3415	5702	60
61 EMERGENCY	.258213	1099335	283863	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.832697			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		14128394	4375402	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		14128394		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [] TITLE XVIII-PT A [XX] SUB I (15-S008) [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] 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				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		634000		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.537194	2207	1186	37
38 RECOVERY ROOM	.229831	429	99	38
39 DELIVERY ROOM & LABOR ROOM	1.297519			39
40 ANESTHESIOLOGY	.172124	700	120	40
41 RADIOLOGY-DIAGNOSTIC	.326143	19488	6356	41
41.01 ULTRASOUND	.327187	2612	855	41.01
43 RADIOISOTOPE	.586763			43
44 LABORATORY	.207413	158056	32783	44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923	706	443	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.853030			47.01
47.02 NON-INVASIVE LAB	.227763	15706	3577	47.02
49 RESPIRATORY THERAPY	.573837	4374	2510	49
50 PHYSICAL THERAPY	.493766	3449	1703	50
51 OCCUPATIONAL THERAPY	.545060	176	96	51
52 SPEECH PATHOLOGY	1.004930			52
54 ELECTROENCEPHALOGRAPHY	.209055	2968	620	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	36	19	55
56 DRUGS CHARGED TO PATIENTS	.191752	139146	26682	56
56.01 CAT SCAN	.070656	17554	1240	56.01
56.02 CARDIAC CATHETERIZATION LAB	.412755			56.02
57 RENAL DIALYSIS	.778860			57
58.01 ONCOLOGY	.950982			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.669732			60
61 EMERGENCY	.258213	95933	24771	61
62 OBSERVATION BEDS (NON-DISTINCT)	.832697			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		463540	103060	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		463540		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (15-T008)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		326943		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.537194	3071	1650	37
38 RECOVERY ROOM	.229831			38
39 DELIVERY ROOM & LABOR ROOM	1.297519			39
40 ANESTHESIOLOGY	.172124			40
41 RADIOLOGY-DIAGNOSTIC	.326143	9724	3171	41
41.01 ULTRASOUND	.327187	3450	1129	41.01
43 RADIOISOTOPE	.586763	2705	1587	43
44 LABORATORY	.207413	51128	10605	44
46 WHOLE BLOOD & PACKED RED BLOOD	.627923	4006	2515	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.853030			47.01
47.02 NON-INVASIVE LAB	.227763	8298	1890	47.02
49 RESPIRATORY THERAPY	.573837	25517	14643	49
50 PHYSICAL THERAPY	.493766	4949	2444	50
51 OCCUPATIONAL THERAPY	.545060			51
52 SPEECH PATHOLOGY	1.004930			52
54 ELECTROENCEPHALOGRAPHY	.209055	13137	2746	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.538810	778	419	55
56 DRUGS CHARGED TO PATIENTS	.191752	161977	31059	56
56.01 CAT SCAN	.070656	16066	1135	56.01
56.02 CARDIAC CATHETERIZATION LAB	.412755	4379	1807	56.02
57 RENAL DIALYSIS	.778860	4832	3763	57
58.01 ONCOLOGY	.950982			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.669732	85	142	60
61 EMERGENCY	.258213			61
62 OBSERVATION BEDS (NON-DISTINCT	.832697			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		314102	80705	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		314102		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5508403					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5736185					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	12675489					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	421740					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	126.02					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO			0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO					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					3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1					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	0	0			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0970				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2456				4.01
4.02	SUM OF 4 AND 4.01	0.3426				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1748				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	4181229				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	3231				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,	395				5.01
5.02	DIVIDE LINE 5.01 BY LINE 5	12.23				5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs	2655				5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	0.960217				5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	335.00				5.05
5.06	TOTAL ADDITIONAL PAYMENT	127061				5.06
6	SUBTOTAL	28650107				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	28650107				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2436767				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT					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	31086874				16
17	PRIMARY PAYER PAYMENTS	70227				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	31016647				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2074314				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	234072				20
21	REIMBURSABLE BAD DEBTS	758951				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	531266				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	559611				21.02
22	SUBTOTAL	29239527				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	29239527				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	29822191				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-582664				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1095483				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10289020			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3513174	3467466		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	6980640			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1845873		18.01
19 SUBTOTAL	5134767		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	5134767		23
24 PRIMARY PAYER PAYMENTS	1667		24
25 SUBTOTAL	5133100		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	446320		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	312424		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	321639		27.02
28 SUBTOTAL	5445524		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	5445524		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5492671		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-47147		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-S008) 1	SUB I (15-S008) 1.01	SUB I (15-S008) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-S008) 1	SUB I (15-S008) 1.01	SUB I (15-S008) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (15-T008) 1	SUB II (15-T008) 1.01	SUB II (15-T008) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (15-T008) 1	SUB II (15-T008) 1.01	SUB II (15-T008) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
12/01/2008 13:18

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(15-0008)
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
(15-0008)
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
(15-0008)
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 (15-0008)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		29157733		5133132	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.		671433		324098	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01		02/01/2008	35441	3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51	02/01/2008			3.51
	TO .52	6975		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99	-6975		35441	3.99
4 TOTAL INTERIM PAYMENTS		29822191		5492671	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (15-S008)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		997272			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50 02/01/2008	30739			3.50
	PROVIDER .51				3.51
	TO .52			NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99	-30739			3.99
4 TOTAL INTERIM PAYMENTS		966533			4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (15-T008)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8649886			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		8649886			4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO .02				5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT	PROGRAM TO				
(BALANCE DUE) BASED ON THE COST	PROVIDER .01				6.01
REPORT.	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1117184				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	279296				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		7862832			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0567			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		533210			1.04
1.05	OUTLIER PAYMENTS		144727			1.05
1.06	TOTAL PPS PAYMENTS		8540769			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	843849				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	2472				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.765027				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	846321				1.19
1.20	STOP LESS PAYMENT FLOOR	782029				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	586522				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1125617				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		19.945355			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1125617	8540769			4
5	PRIMARY PAYER PAYMENTS	2893	9609			5
6	SUBTOTAL	1122724	8531160			6
7	DEDUCTIBLES	87392	29942			7
8	SUBTOTAL	1035332	8501218			8
9	COINSURANCE	53664	57720			9
10	SUBTOTAL	981668	8443498			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	981668	8443498			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
12/01/2008 13:18

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	981668	8443498			17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	966533	8649886			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	15135	-206388			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 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 (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III	SUB IV	NF I
				1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES					1
3	MEDICAL AND OTHER SERVICES	7374599				2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	7374599				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
	SUBTOTAL	7374599				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES	36558537	463540	314102		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	36558537	463540	314102		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	36558537	463540	314102		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	29183938	463540	314102		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
23	COST OF COVERED SERVICES	7374599				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	7374599				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
32	LESSER OF LINES 30 OR 31					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 (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III SUB IV NF I
	1	1	1	1 1 1
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34 EXCESS OF REASONABLE COST				34
35 SUBTOTAL				35
36 COINSURANCE				36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				37
38 REIMBURSABLE BAD DEBTS				38
38.01 REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				38.02
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 A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				44
45 RATIO OF LINE 43 TO LINE 44				45
46 TOTAL CUSTOMARY CHARGES				46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION				49
50 OTHER ADJUSTMENTS				50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS				51
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 SECTION 115.2				59

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	14238292			1
2 TEMPORARY INVESTMENTS	928762			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	15434892			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	3553245			7
8 PREPAID EXPENSES	1643367			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS	-1765677			10
11 TOTAL CURRENT ASSETS	34032881			11
FIXED ASSETS				
12 LAND				12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	1498747			13
13.01 ACCUMULATED DEPRECIATION	-331669			13.01
14 BUILDINGS	23266717			14
14.01 ACCUMULATED DEPRECIATION	-9429359			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	21975236			16
16.01 ACCUMULATED DEPRECIATION	-13402263			16.01
17 AUTOMOBILES AND TRUCKS	112751			17
17.01 ACCUMULATED DEPRECIATION	-59506			17.01
18 MAJOR MOVABLE EQUIPMENT	2999839			18
18.01 ACCUMULATED DEPRECIATION	-1710767			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	24919726			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS				26
27 TOTAL ASSETS	58952607			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3747290			28
29 SALARIES, WAGES & FEES PAYABLE	12842577			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	478320			31
32 DEFERRED INCOME	277831			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	2302510			34
35 OTHER CURRENT LIABILITIES	277870			35
36 TOTAL CURRENT LIABILITIES	19926398			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	348766			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66				40
.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	488800			41
42 TOTAL LONG TERM LIABILITIES	837566			42
43 TOTAL LIABILITIES	20763964			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	38188643			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	38188643			51
52 TOTAL LIABILITIES AND FUND BALANCES	58952607			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	43809474			1
2 NET INCOME (LOSS)	10503329			2
3 TOTAL	54312803			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	-15932837			4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	-15932837			10
11 SUBTOTAL	38379966			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	191323			12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	191323			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	38188643			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	15725904		15725904	1
2 SUBPROVIDER I	2840204		2840204	2
2.01 SUBPROVIDER II	2351660		2351660	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	20917768		20917768	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	20917768		20917768	16
17 ANCILLARY SERVICES	115753478	99082054	214835532	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		2695375	2695375	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	136671246	101777429	238448675	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		146517500	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		146517500	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	238448675	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	114055857	2
3	NET PATIENT REVENUES	124392818	3
4	LESS - TOTAL OPERATING EXPENSES	146517500	4
5	NET INCOME FROM SERVICE TO PATIENTS	-22124682	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	28867	6
7	INCOME FROM INVESTMENTS	198938	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	79572	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	437847	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	12045	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	39377	21
22	RENTAL OF HOSPITAL SPACE	1259087	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CAPITATION REVENUE	28155281	24
24.01	CYBERKNIFE JV INCOME	519407	24.01
24.02	CYBERKNIFE MGMT FEE	703440	24.02
24.03	EMPLOYEE WELLNESS	1589	24.03
24.04	OCCUPATIONAL HEALTH CONTRACTS	262537	24.04
24.05	OTHER INCOME	112634	24.05
24.06	PCO REVENUE	37450	24.06
24.07	BHS MGMT CONTRACT TRI CITY	110000	24.07
24.08	RELEASE TEMP RESTRICTED FUNDS	105825	24.08
24.09	LAND SALE	564115	24.09
25	TOTAL OTHER INCOME	32628011	25
26	TOTAL	10503329	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	10503329	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	239997				105345	345342
HHA REIMBURSABLE SERVICES						5
6 SKILLED NURSING CARE	670881		33450			704331
7 PHYSICAL THERAPY				234862		234862
8 OCCUPATIONAL THERAPY				144120		144120
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES				2064		2064
11 HOME HEALTH AIDE	140218		27831			168049
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1051096		61281	381046	105345	1598768

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO. : 15-7453

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-65325	280017		280017	5
6		704331		704331	6
7		234862		234862	7
8		144120		144120	8
9					9
10		2064		2064	10
11		168049		168049	11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-65325	1533443		1533443	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO. : 15-7453

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	280017					280017	280017	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	704331					704331	157349	861680 6
7 PHYSICAL THERAPY	234862					234862	52468	287330 7
8 OCCUPATIONAL THERAPY	144120					144120	32197	176317 8
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES	2064					2064	461	2525 10
11 HOME HEALTH AIDE	168049					168049	37542	205591 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	1533443					1533443		1533443 24

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
1							1
2							2
3							3
4							4
5					-280017	1253426	5
6						704331	6
7						234862	7
8						144120	8
9							9
10						2064	10
11						168049	11
12							12
13							13
13.20							13.20
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24					-280017	1253426	24
25						280017	25
26						.223401	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO. : 15-7453

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G 28	TOTAL HHA COSTS 29	
	27			
1 ADMINISTRATIVE AND GENERAL	596020			1
2 SKILLED NURSING CARE	1022987	334493	1357480	2
3 PHYSICAL THERAPY	339888	111135	451023	3
4 OCCUPATIONAL THERAPY	208678	68233	276911	4
5 SPEECH PATHOLOGY				5
6 MEDICAL SOCIAL SERVICES	2973	972	3945	6
7 HOME HEALTH AIDE	248298	81187	329485	7
8 SUPPLIES				8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS	2418844	596020	2418844	20
21 UNIT COST MULTIPLIER		.326976		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DEPRECIAT EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	MAINT OF PERSONNEL FTEs	NONPATIENT TELEPHONES NUMBER OF TELEPHONES	PURCHASING RECEIVING & STORES COSTED REQ	
	1	2	3	4	5	5.01	6.01	6.02	
1 ADMINISTRATIVE AND GENERAL			3120		1051135	16	15	14493	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			3120		1051135	16	15	14493	20
21 TOTAL COST TO BE ALLOCATED			35174		248365	11702	5394	3517	21
22 UNIT COST MULTIPLIER			11.273718		.236283		359.600000		22
22 UNIT COST MULTIPLIER						731.375000		.242669	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING GROSS REVENUE 6.03	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 6.04	RECON- CILIATION 6A.05	OTHER ADMIN GENERAL ACCUM COST 6.05	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	
1 ADMINISTRATIVE AND GENERAL				304152	3120	3120		3120	1
2 SKILLED NURSING CARE	1437770	1437770		869211					2
3 PHYSICAL THERAPY	407072	407072		289462					3
4 OCCUPATIONAL THERAPY	256195	256195		177659					4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES	2762	2762		2540					6
7 HOME HEALTH AIDE	591576	591576		208689					7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	2695375	2695375		1851713	3120	3120		3120	20
21 TOTAL COST TO BE ALLOCATED	13501	617		294154	74282	25049		27878	21
22 UNIT COST MULTIPLIER	.005009				23.808333				22
22 UNIT COST MULTIPLIER		.000229		.158855		8.028526		8.935256	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18
1 ADMINISTRATIVE AND GENERAL		16		33829	60256			1
2 SKILLED NURSING CARE							1437770	2
3 PHYSICAL THERAPY							407072	3
4 OCCUPATIONAL THERAPY							256195	4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES							2762	6
7 HOME HEALTH AIDE							591576	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS		16		33829	60256		2695375	20
21 TOTAL COST TO BE ALLOCATED		51298		63325	1720		29425	21
22 UNIT COST MULTIPLIER					.028545		.010917	22
22 UNIT COST MULTIPLIER		3206.125000		1.871915				22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO. : 15-7453

WORKSHEET H-5
 PART II

HHA COST CENTER	NONPHYSIC.	NURSING	I&R	I&R	PARAMED	
	ANESTHET.	SCHOOL	SALARY & FRINGES	PROGRAM COSTS	EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1357480		1357480	14580	93.11	1
2	PHYSICAL THERAPY	3	451023		451023	4128	109.26	2
3	OCCUPATIONAL THERAPY	4	276911		276911	2598	106.59	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6	3945		3945	28	140.89	5
6	HOME HEALTH AIDE SERV	7	329485		329485	5999	54.92	6
7	TOTAL		2418844		2418844	27333		7

LIMITATION COST COMPUTATION		MSA				PROGRAM		
PATIENT SERVICES		NO.				COST LIMITS		
			1	2	3	4	5	
8	SKILLED NURSING CARE		2960					8
9	PHYSICAL THERAPY		2960					9
10	OCCUPATIONAL THERAPY		2960					10
11	SPEECH PATHOLOGY		2960					11
12	MEDICAL SOCIAL SERV		2960					12
13	HOME HEALTH AIDE SERV		2960					13
14	TOTAL							14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		96633	96633	179345	.538811	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4		2960	17
18	PER BENEFICIARY COST LIMITATION		2960	18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-6
 PARTS II & III

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	1	2	3	4	
1	PHYSICAL THERAPY	50	.484843		COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51	.545060		COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	1.004930		COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.538810	179345	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.191752		COL 2, LINE 16	5
5.01	CAT SCAN	56.01	.070656		COL 2, LINE 16	5.01
5.02	CARDIAC CATHETERIZATION LAB	56.02	.408628		COL 2, LINE 16	5.02

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2	109.26					1
2	OCCUPATIONAL THERAPY	3	106.59					2
3	SPEECH PATHOLOGY	4						3
4	TOTAL							4

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 15-7453

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	----- PART B -----		
	PART A 1	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
2 TOTAL CHARGES			2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT 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(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A	PART B	
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	950908	939132	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	84489	54064	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	3360	3801	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	4780	4029	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1043537	1001026	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1043537	1001026	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1043537	1001026	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1043537	1001026	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	1043537	1001026	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1043537	1001026	24
25 TOTAL INTERIM PAYMENTS	1043537	1001026	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO. : 15-7453

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1043537		1001026	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1043537		1001026	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0008)	SUB I	SUB II (15-T008)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	2217308				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	60256				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4					4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00	0.00		4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.0970				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2456				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.3426				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	0.0718				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	159203				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
	2436767				
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0008)	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
5.01	MAINTENANCE OF PERSONNEL				5.01
6.01	NONPATIENT TELEPHONES				6.01
6.02	PURCHASING RECEIVING & STORES				6.02
6.03	ADMITTING				6.03
6.04	CASHIERING ACCOUNTS RECEIVABLE				6.04
6.05	OTHER ADMIN AND GENERAL				6.05
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
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	ULTRASOUND				41.01
43	RADIOISOTOPE				43
44	LABORATORY				44
46	WHOLE BLOOD & PACKED RED BLOOD				46
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01	CARDIAC REHABILITATON				47.01
47.02	NON-INVASIVE LAB				47.02
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
56.01	CAT SCAN				56.01
56.02	CARDIAC CATHETERIZATION LAB				56.02
57	RENAL DIALYSIS				57
58.01	ONCOLOGY				58.01
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
12/01/2008 13:18

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	
95 SUBTOTALS						95
98 NONREIMBURSABLE COST CENTERS						98
00 PHYSICIANS' PRIVATE OFFICES						00
00 OTHER NON REIMB COST CNTR						00.03
00.03 ADVERTISING EXPENSE						00.04
00.04 REGENCY HOSPITAL						00.05
00.05 UNUSED SPACE						101
101 CROSS FOOT ADJUSTMENTS						102
102 NEGATIVE COST CENTER						103
103 TOTAL						104
104 TOTAL STATISTICAL BASIS						105
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	48.99		20.15				69.14 25
26 INTENSIVE CARE UNIT	58.90		21.04				79.94 26
33 NURSERY			87.41				87.41 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	20.06	32.67	6.25	9.23			68.21 37
38 RECOVERY ROOM	12.37	25.46	6.23	8.47			52.53 38
39 DELIVERY ROOM & LABOR ROOM	0.71						0.71 39
40 ANESTHESIOLOGY	25.67	14.84	8.53	11.80			60.84 40
41 RADIOLOGY-DIAGNOSTIC	25.16	19.52	5.16	15.73			65.57 41
41.01 ULTRASOUND	9.89	6.87	5.38	37.46			59.60 41.01
43 RADIOISOTOPE	24.56	25.34	6.65	9.15			65.70 43
44 LABORATORY	31.33	1.34	9.22	13.59			55.48 44
46 WHOLE BLOOD & PACKED RED BLOOD	43.48	4.85	18.97	8.47			75.77 46
47.01 CARDIAC REHABILITATION	29.19	23.31	1.78	3.91			58.19 47.01
47.02 NON-INVASIVE LAB	18.84	10.53	7.61	6.67			43.65 47.02
49 RESPIRATORY THERAPY	38.95	3.97	19.61	7.64			70.17 49
50 PHYSICAL THERAPY	27.57	0.29	5.15	8.46			41.47 50
51 OCCUPATIONAL THERAPY	32.83		5.43	3.57			41.83 51
52 SPEECH PATHOLOGY	65.41		9.20	3.20			77.81 52
54 ELECTROENCEPHALOGRAPHY	18.54	17.13	5.07	19.35			60.09 54
55 MEDICAL SUPPLIES CHARGED TO PAT	46.58	5.65	0.30	0.08			52.61 55
56 DRUGS CHARGED TO PATIENTS	42.43	8.05	12.66	5.00			68.14 56
56.01 CAT SCAN	20.51	13.63	7.61	13.43			55.18 56.01
56.02 CARDIAC CATHETERIZATION LAB	44.32	9.58	8.15	3.38			65.43 56.02
57 RENAL DIALYSIS	68.53	1.53	5.33	0.29			75.68 57
58.01 ONCOLOGY		12.14		32.74			44.88 58.01
60 CLINIC	0.02	11.59	0.19	6.15			17.95 60
61 EMERGENCY	14.37	8.88	5.53	26.43			55.21 61
62 OBSERVATION BEDS (NON-DISTINCT	4.91	16.36		58.86			80.13 62
101 TOTAL CHARGES	24.77	11.32	6.40	10.16			52.65 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	35.93		29.73				65.66 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02		0.01				0.03 37
38 RECOVERY ROOM	0.04		0.01				0.05 38
40 ANESTHESIOLOGY	0.01		0.02				0.03 40
41 RADIOLOGY-DIAGNOSTIC	0.21		0.15				0.36 41
41.01 ULTRASOUND	0.09		0.11				0.20 41.01
43 RADIOISOTOPE	0.10						0.10 43
44 LABORATORY	0.54		0.59				1.13 44
46 WHOLE BLOOD & PACKED RED BLOOD			0.03				0.03 46
47.02 NON-INVASIVE LAB	0.19		0.26				0.45 47.02
49 RESPIRATORY THERAPY	0.22		0.11				0.33 49
50 PHYSICAL THERAPY	0.09		0.10				0.19 50
51 OCCUPATIONAL THERAPY	0.01		0.01				0.02 51
52 SPEECH PATHOLOGY	0.23						0.23 52
54 ELECTROENCEPHALOGRAPHY	0.14		0.10				0.24 54
56 DRUGS CHARGED TO PATIENTS	0.97		0.58				1.55 56
56.01 CAT SCAN	0.13		0.12				0.25 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.02						0.02 56.02
57 RENAL DIALYSIS	0.11						0.11 57
61 EMERGENCY	0.42		0.48				0.90 61
101 TOTAL CHARGES	0.25		0.21				0.46 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	87.56		5.44				93.00 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.67		0.01				0.68 37
38 RECOVERY ROOM	0.44						0.44 38
40 ANESTHESIOLOGY	0.74						0.74 40
41 RADIOLOGY-DIAGNOSTIC	1.61		0.08				1.69 41
41.01 ULTRASOUND	0.75		0.14				0.89 41.01
43 RADIOISOTOPE	0.96		0.08				1.04 43
44 LABORATORY	2.46		0.19				2.65 44
46 WHOLE BLOOD & PACKED RED BLOOD	3.16		0.19				3.35 46
47.02 NON-INVASIVE LAB	0.71		0.14				0.85 47.02
49 RESPIRATORY THERAPY	5.32		0.62				5.94 49
50 PHYSICAL THERAPY			0.14				0.14 50
52 SPEECH PATHOLOGY	0.73						0.73 52
54 ELECTROENCEPHALOGRAPHY	11.35		0.44				11.79 54
55 MEDICAL SUPPLIES CHARGED TO PAT	2.71						2.71 55
56 DRUGS CHARGED TO PATIENTS	7.48		0.68				8.16 56
56.01 CAT SCAN	1.03		0.11				1.14 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.26		0.05				0.31 56.02
57 RENAL DIALYSIS	15.55		0.44				15.99 57
61 EMERGENCY	0.01						0.01 61
101 TOTAL CHARGES	2.01		0.14				2.15 101

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	5524868	4.92	-5524868	-10.58		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4993738	4.45	-4993738	-9.56		4
5	EMPLOYEE BENEFITS	11123883	9.91	-11123883	-21.30		5
5.01	MAINTENANCE OF PERSONNEL	530231	.47	-530231	-1.02		5.01
6.01	NONPATIENT TELEPHONES	387186	.34	-387186	-.74		6.01
6.02	PURCHASING RECEIVING & STORES	434589	.39	-434589	-.83		6.02
6.03	ADMITTING	853655	.76	-853655	-1.63		6.03
6.04	CASHIERING ACCOUNTS RECEIVABLE	30970	.03	-30970	-.06		6.04
6.05	OTHER ADMIN AND GENERAL	12467334	11.10	-12467334	-23.87		6.05
7	MAINTENANCE & REPAIRS	6187343	5.51	-6187343	-11.85		7
8	OPERATION OF PLANT	1271622	1.13	-1271622	-2.43		8
9	LAUNDRY & LINEN SERVICE	594587	.53	-594587	-1.14		9
10	HOUSEKEEPING	1878926	1.67	-1878926	-3.60		10
11	DIETARY	446100	.40	-446100	-.85		11
12	CAFETERIA	1675340	1.49	-1675340	-3.21		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	994243	.89	-994243	-1.90		14
15	CENTRAL SERVICES & SUPPLY	12843	.01	-12843	-.02		15
16	PHARMACY	1348825	1.20	-1348825	-2.58		16
17	MEDICAL RECORDS & LIBRARY	1472957	1.31	-1472957	-2.82		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	8819436	7.85	10893231	20.86	19712667	17.56
26	INTENSIVE CARE UNIT	1951737	1.74	1624330	3.11	3576067	3.18
31	SUBPROVIDER I	1175445	1.05	1568151	3.00	2743596	2.44
31.01	SUBPROVIDER II	3654127	3.25	2507502	4.80	6161629	5.49
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	9977512	8.89	6457285	12.36	16434797	14.64
38	RECOVERY ROOM	387475	.35	383951	.74	771426	.69
39	DELIVERY ROOM & LABOR ROOM	716017	.64	442065	.85	1158082	1.03
40	ANESTHESIOLOGY	12597	.01	705073	1.35	717670	.64
41	RADIOLOGY-DIAGNOSTIC	1397228	1.24	2803194	5.37	4200422	3.74
41.01	ULTRASOUND	383759	.34	425751	.82	809510	.72
43	RADIOISOTOPE	394204	.35	1681538	3.22	2075742	1.85
44	LABORATORY	2741188	2.44	2783271	5.33	5524459	4.92
46	WHOLE BLOOD & PACKED RED BLOOD	1000488	.89	337253	.65	1337741	1.19
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01	CARDIAC REHABILITATON	414889	.37	653647	1.25	1068536	.95

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
47.02 NON-INVASIVE LAB	658144	.59	714306	1.37	1372450	1.22	47.02
49 RESPIRATORY THERAPY	1291824	1.15	1079182	2.07	2371006	2.11	49
50 PHYSICAL THERAPY	789332	.70	915068	1.75	1704400	1.52	50
51 OCCUPATIONAL THERAPY	427850	.38	270100	.52	697950	.62	51
52 SPEECH PATHOLOGY	83969	.07	67896	.13	151865	.14	52
54 ELECTROENCEPHALOGRAPHY	172042	.15	451861	.87	623903	.56	54
55 MEDICAL SUPPLIES CHARGED TO PAT	7617591	6.78	1497463	2.87	9115054	8.12	55
56 DRUGS CHARGED TO PATIENTS	3600999	3.21	977654	1.87	4578653	4.08	56
56.01 CAT SCAN	374040	.33	666741	1.28	1040781	.93	56.01
56.02 CARDIAC CATHETERIZATION LAB	1736794	1.55	1741459	3.33	3478253	3.10	56.02
57 RENAL DIALYSIS	691603	.62	158921	.30	850524	.76	57
58.01 ONCOLOGY	96264	.09	106836	.20	203100	.18	58.01
60 CLINIC	1607651	1.43	1436268	2.75	3043919	2.71	60
61 EMERGENCY	2448250	2.18	2683953	5.14	5132203	4.57	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	1533443	1.37	885401	1.70	2418844	2.15	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	3354207	2.99	1722790	3.30	5076997	4.52	98
100 OTHER NON REIMB COST CNTR	183684	.16	2059456	3.94	2243140	2.00	100
100.03 ADVERTISING EXPENSE	364232	.32	968906	1.86	1333138	1.19	100.03
100.04 REGENCY HOSPITAL			558737	1.07	558737	.50	100.04
100.05 UNUSED SPACE							100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	112287261	100.00	0	.00	112287261	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1499286	30693126	.048848	6158293	300820	37
38 RECOVERY ROOM	57277	3356497	.017065	415073	7083	38
39 DELIVERY ROOM & LABOR ROOM	58403	892536	.065435	6314	413	39
40 ANESTHESIOLOGY	189152	4169497	.045366	1070304	48555	40
41 RADIOLOGY-DIAGNOSTIC	1121242	12883241	.087031	3240869	282056	41
41.01 ULTRASOUND	159029	2474150	.064276	244617	15723	41.01
43 RADIOISOTOPE	227811	3537616	.064397	869007	55961	43
44 LABORATORY	514942	26648237	.019324	8347656	161310	44
46 WHOLE BLOOD & PACKED RED BLOOD	56949	2130421	.026731	926272	24760	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHABILITATION	132811	226155	.587257	66021	38771	47.01
47.02 NON-INVASIVE LAB	214104	6124011	.034961	1153540	40329	47.02
49 RESPIRATORY THERAPY	142978	4147330	.034475	1615332	55689	49
50 PHYSICAL THERAPY	162559	3515363	.046242	969096	44813	50
51 OCCUPATIONAL THERAPY	18506	1280502	.014452	420383	6075	51
52 SPEECH PATHOLOGY	9816	151120	.064955	98848	6421	52
54 ELECTROENCEPHALOGRAPHY	111307	2984394	.037296	553242	20634	54
55 MEDICAL SUPPLIES CHARGED TO PAT	164444	16917017	.009721	7880560	76607	55
56 DRUGS CHARGED TO PATIENTS	93923	23877993	.003933	10132435	39851	56
56.01 CAT SCAN	251919	14730335	.017102	3020486	51656	56.01
56.02 CARDIAC CATHETERIZATION LAB	661821	8512018	.077751	3772284	293299	56.02
57 RENAL DIALYSIS	23557	1092012	.021572	748391	16144	57
58.01 ONCOLOGY	18734	216899	.086372			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	166531	1840859	.090464	337	30	60
61 EMERGENCY	541624	19875842	.027250	2855902	77823	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	145844	1990047	.073287	97774	7166	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6744569	194267218		54663036	1671989	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1738985		1738985	30477	57.06	14930	851906 25
26	INTENSIVE CARE UNIT	255020		255020	2662	95.80	1568	150214 26
101	TOTAL	1994005		1994005			16498	1002120 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1002120	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1671989	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2674109	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						3244		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						16498		
PER DISCHARGE CAPITAL COSTS							824.32	
PER DIEM CAPITAL COSTS							162.09	

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)	28475150
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	61999983
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.459

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	6736928
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	9503611
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.709

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1111281
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1470006
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.756

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)	2674109
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.043

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)	10271116
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)	24949852
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.412