

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. BERNARD HOSPITAL (14-0103) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, 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	1815807	334588		1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	1815807	334588		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: 64TH & DAN RYAN
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60621

COUNTY: COOK

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ST. BERNARD HOSPITAL	14-0103	07/01/1967	N	P	P	2
3	SUBPROVIDER I	ST. BERNARD HOSPITAL PSYCH UNIT	14-S103	01/01/1994	N	P	P	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2009	TO: 12/31/2009	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	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 16974	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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO		21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.			21.08
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?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
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
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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

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

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

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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	NO			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
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			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:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	05/04/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1971	4338	8237	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		1971	4338	8237	12
13	RPCH VISITS					13
14	SUBPROVIDER I		357	969	1574	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	35879739		35879739	1516016.00	23.67		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	531953		531953	7249.00	73.38	CRNAS	3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	160867		160867	2080.00	77.34	DENTIST	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	1968690	217048	2185738	97747.00	22.36	PSYCH NONREIMB	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1829087		1829087	39130.00	46.74	PER LIST	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	7323428		7323428			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	512695		512695			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	57986		57986			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	18726		18726			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	186706		186706	8352.00	22.35		21
22	ADMINISTRATIVE & GENERAL	4365749	-27036	4338713	161295.00	26.90		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1262588		1262588	74344.00	16.98		24
25	LAUNDRY & LINEN SERVICE	73821		73821	6401.00	11.53		25
26	HOUSEKEEPING	1221498		1221498	102487.00	11.92		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1002464	-399823	602641	48506.00	12.42		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	36099	382878	418977	29975.00	13.98		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	792894		792894	19698.00	40.25		30
31	CENTRAL SERVICES AND SUPPLY	249846		249846	20077.00	12.44		31
32	PHARMACY	1169651		1169651	43068.00	27.16		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1127763		1127763	55939.00	20.16		33
34	SOCIAL SERVICE	278933	-27856	251077				34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	35186919		35186919	1506687.00	23.35	1
2	EXCLUDED AREA SALARIES	1968690	217048	2185738	97747.00	22.36	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	33218229	-217048	33001181	1408940.00	23.42	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1829087		1829087	39130.00	46.74	4
5	SUBTOTAL WAGE-RELATED COSTS	7323428		7323428		22.19%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	42370744	-217048	42153696	1448070.00	29.11	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	11768012	-71837	11696175	570142.00	20.51	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	22960776	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22960776	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.406568	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	104477682	28
29	TOTAL GROSS MEDICAID COST	42477282	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	18970906	30
31	UNCOMPENSATED CARE COST	7712963	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	42477282	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3649242	3649242	-2035788	1613454		1613454	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2633613	2633613	-11519	2622094	4
5	0500 EMPLOYEE BENEFITS	186706	5363985	5550691		5550691		5550691	5
6	0600 ADMINISTRATIVE & GENERAL	4365749	9721649	14087398	-136062	13951336	-383543	13567793	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1262588	3271067	4533655	-125755	4407900	-165521	4242379	8
9	0900 LAUNDRY & LINEN SERVICE	73821	387810	461631		461631		461631	9
10	1000 HOUSEKEEPING	1221498	489451	1710949	-2684	1708265		1708265	10
11	1100 DIETARY	1002464	1443345	2445809	-958431	1487378	-410620	1076758	11
12	1200 CAFETERIA	36099	3094	39193	934145	973338		973338	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	792894	126520	919414	-3833	915581		915581	14
15	1500 CENTRAL SERVICES & SUPPLY	249846	383798	633644	-330078	303566		303566	15
16	1600 PHARMACY	1169651	1977800	3147451	-1892655	1254796		1254796	16
17	1700 MEDICAL RECORDS & LIBRARY	1127763	587388	1715151	-5909	1709242	-58650	1650592	17
18	1800 SOCIAL SERVICE	278933	20426	299359	-27856	271503		271503	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				431866	431866		431866	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	10180096	4314446	14494542	-3663119	10831423	-1295722	9535701	25
26	2600 INTENSIVE CARE UNIT	1835897	345795	2181692	-167115	2014577		2014577	26
31	3100 SUBPROVIDER I	1792102	173725	1965827	203399	2169226		2169226	31
33	3300 NURSERY	98	345614	345712	1365928	1711640	-240000	1471640	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1181992	835922	2017914	-522840	1495074		1495074	37
39	3900 DELIVERY ROOM & LABOR ROOM		169764	169764	1024976	1194740		1194740	39
40	4000 ANESTHESIOLOGY	553836	938053	1491889	-76972	1414917	-1369964	44953	40
41	4100 RADIOLOGY-DIAGNOSTIC	1950790	832612	2783402	-9924	2773478		2773478	41
44	4400 LABORATORY	1916194	2562565	4478759	-129650	4349109	-256827	4092282	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY		1442380	1442380	183550	1625930		1625930	49
50	5000 PHYSICAL THERAPY	232123	31438	263561		263561		263561	50
53	5300 ELECTROCARDIOLOGY		184970	184970	-184970				53
54	5400 ELECTROENCEPHALOGRAPHY		9098	9098		9098		9098	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				2173970	2173970		2173970	55
56	5600 DRUGS CHARGED TO PATIENTS				1859294	1859294		1859294	56
57	5700 RENAL DIALYSIS				499433	499433		499433	57
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	700493	653230	1353723		1353723	-601084	752639	60
60.01	6001 DAY PSYCH								60.01
61	6100 EMERGENCY	3591518	4841762	8433280	-1119902	7313378	-3258440	4054938	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		11519	11519	-11519				88
95	SUBTOTALS	35703151	45118468	80821619	-94888	80726731	-8051890	72674841	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES		128542	128542		128542		128542	98
100	7950 OUTPATIENT PHARMACY	176588	863333	1039921		1039921		1039921	100
100.01	7951 PUBLIC RELATIONS				94888	94888		94888	100.01
101	TOTAL	35879739	46110343	81990082		81990082	-8051890	73938192	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 RECLASSIFY POST PARTUM	A	NURSERY	33	1262962	179159
2	A	DELIVERY ROOM & LABOR ROOM	39	998560	141652
3					
4 RECLASSIFY INTERNS & RESIDENTS	B	I&R SERVICES-OTHER PRGM COSTS	23		431866
5					
6 RECLASSIFY MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		112800
7					
8 RECLASSIFY DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		1859366
9	D	MEDICAL SUPPLIES CHARGED TO P	55		33289
10					
11 RECLASSIFY DIETARY	E	SUBPROVIDER I	31	16945	1271
12					
13 RECLASSIFY SOCIAL SERVICE	F	EMERGENCY	61	27856	
14					
15 RECLASSIFY EMERGENCY ROOM	G	SUBPROVIDER I	31	173067	12980
16					
17 RECLASSIFY DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		2146694
18					
19 RECLASSIFY PROPERTY INSURANCE	I	NEW CAP REL COSTS-BLDG & FIXT	3		110906
20					
21 RECLASSIFY INTEREST EXPENSE	J	NEW CAP REL COSTS-MVBLE EQUIP	4		11519
22					
23 RECLASSIFY EQUIPMENT RENTAL	K	NEW CAP REL COSTS-MVBLE EQUIP	4		475400
24	K				
25	K				
26	K				
27	K				
28	K				
29	K				
30	K				
31	K				
32	K				
33	K				
34	K				
35	K				
36 SUBTOTAL				2479390	5516902

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
		1	6	7	8	9	
1	RECLASSIFY POST PARTUM	A	ADULTS & PEDIATRICS	25	1262962	179159	1
2		A	ADULTS & PEDIATRICS	25	998560	141652	2
3							3
4	RECLASSIFY INTERNS & RESIDENTS	B	EMERGENCY	61		431866	4
5							5
6	RECLASSIFY MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		112800	6
7							7
8	RECLASSIFY DRUGS SOLD	D	PHARMACY	16		1859366	8
9		D	PHARMACY	16		33289	9
10							10
11	RECLASSIFY DIETARY	E	DIETARY	11	16945	1271	11
12							12
13	RECLASSIFY SOCIAL SERVICE	F	SOCIAL SERVICE	18	27856		13
14							14
15	RECLASSIFY EMERGENCY ROOM	G	EMERGENCY	61	173067	12980	15
16							16
17	RECLASSIFY DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		2146694	9 17
18							18
19	RECLASSIFY PROPERTY INSURANCE	I	OPERATION OF PLANT	8		110906	12 19
20							20
21	RECLASSIFY INTEREST EXPENSE	J	INTEREST EXPENSE	88		11519	11 21
22							22
23	RECLASSIFY EQUIPMENT RENTAL	K	ADMINISTRATIVE & GENERAL	6		41174	10 23
24		K	OPERATION OF PLANT	8		14849	24
25		K	HOUSEKEEPING	10		2684	25
26		K	DIETARY	11		6070	26
27		K	NURSING ADMINISTRATION	14		3833	27
28		K	ADULTS & PEDIATRICS	25		7650	28
29		K	INTENSIVE CARE UNIT	26		2010	29
30		K	CENTRAL SERVICES & SUPPLY	15		217278	30
31		K	MEDICAL RECORDS & LIBRARY	17		5909	31
32		K	SUBPROVIDER I	31		864	32
33		K	DRUGS CHARGED TO PATIENTS	56		72	33
34		K	OPERATING ROOM	37		2689	34
35		K	RADIOLOGY-DIAGNOSTIC	41		9924	35
36	SUBTOTAL				2479390	5356508	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	K				1
2	K				2
3					3
4 RECLASSIFY CAFETERIA COSTS	L	CAFETERIA	12	382878	551267
5					5
6 RECLASS EKG COSTS	M	RESPIRATORY THERAPY	49		184970
7					7
8 RECLASS MEDICAL SUPPLIES EXP	O	MEDICAL SUPPLIES CHARGED TO P	55		2027881
9	O				9
10	O				10
11	O				11
12	O				12
13	O				13
14	O				14
15	O				15
16					16
17 RECLASS PR COSTS	P	PUBLIC RELATIONS	100.01	27036	67852
18					18
19 RECLASS RENAL COSTS	Q	RENAL DIALYSIS	57		499433
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				2889304	8848305

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	K	LABORATORY	44		129650	1
2	K	EMERGENCY	61		30744	2
3						3
4 RECLASSIFY CAFETERIA COSTS	L	DIETARY	11	382878	551267	4
5						5
6 RECLASS EKG COSTS	M	ELECTROCARDIOLOGY	53		184970	6
7						7
8 RECLASS MEDICAL SUPPLIES EXP	O	ADULTS & PEDIATRICS	25		573703	8
9	O	INTENSIVE CARE UNIT	26		165105	9
10	O	NURSERY	33		76193	10
11	O	OPERATING ROOM	37		520151	11
12	O	ANESTHESIOLOGY	40		76972	12
13	O	RESPIRATORY THERAPY	49		1420	13
14	O	EMERGENCY	61		499101	14
15	O	DELIVERY ROOM & LABOR ROOM	39		115236	15
16						16
17 RECLASS PR COSTS	P	ADMINISTRATIVE & GENERAL	6	27036	67852	17
18						18
19 RECLASS RENAL COSTS	Q	ADULTS & PEDIATRICS	25		499433	19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2889304	8848305	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1834317					1834317		1
2 LAND IMPROVEMENTS	2086317	8257		8257		2094574		2
3 BUILDINGS AND FIXTURES	39054137	749663		749663		39803800		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	31556506	1671956		1671956		33228462		6
7 SUBTOTAL	74531277	2429876		2429876		76961153		7
8 RECONCILING ITEMS								8
9 TOTAL	74531277	2429876		2429876		76961153		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	43732691		43732691	.568244				3
4 NEW CAP REL COSTS-MVBLE EQUIP	33228462		33228462	.431756				4
5 TOTAL	76961153		76961153	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1502548			110906			1613454 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2146694	475400					2622094 4
5 TOTAL	3649242	475400		110906			4235548 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3649242						3649242 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	3649242						3649242 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-11519	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-5609553			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-410620	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	B	-58650	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-17974	OPERATION OF PLANT	8	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 SISTERS MAINTENANCE	B	-22000	ADMINISTRATIVE & GENERAL	6	37
38 COMMISSIONS PHONES	B	-1744	ADMINISTRATIVE & GENERAL	6	38
39 OFFSET PEDS MOBILE VAN GRANT	A	-233697	CLINIC	60	39
40 OFFSET BITS GRANT INCOME	B	-52388	ADULTS & PEDIATRICS	25	40
41					41
42 MISCELLANEOUS REVENUE	B	-53802	ADMINISTRATIVE & GENERAL	6	42
43 EMPLOYEE ROOM RENTALS	B	-147547	OPERATION OF PLANT	8	43
44 ANESTHESIOLOGIST BILLING EXPENSE	A	-28174	ANESTHESIOLOGY	40	44
45 ER PHYSICIAN BILLING EXPENSE	A	-198690	EMERGENCY	61	45
46 OFFSET DENTAL CLINIC COSTS	A	-345787	CLINIC	60	46
47 OFFSET OTHER LOBBYING COSTS	A	-305997	ADMINISTRATIVE & GENERAL	6	47
48 OFFSET CRNA EXPENSE	A	-553748	ANESTHESIOLOGY	40	48
49					49
50 TOTAL		-8051890			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						1
2						2
3						3
4						4
5	TOTALS					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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

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

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/25/2010 15:28

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	AGGREGATE	1243334	1243334					
2	33	NURSERY	AGGREGATE	240000	240000					
3	40	ANESTHESIOLOGY	AGGREGATE	788042	788042					
4	44	LABORATORY	AGGREGATE	256827	256827					
5	61	EMERGENCY	AGGREGATE	3059750	3059750					
6	60	CLINIC	AGGREGATE	21600	21600					
101		TOTAL		5609553	5609553					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
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	1613454	1613454							3
4 NEW CAP REL COSTS-MVBLE EQUIP			2622094						4
5 EMPLOYEE BENEFITS	5550691	5560	9036	5565287					5
6 ADMINISTRATIVE & GENERAL	13567793	532377	865191	686731	15652092	15652092			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	4242379	225673	366750	199842	5034644	1351998	6386642		8
9 LAUNDRY & LINEN SERVICE	461631	8834	14356	11684	496505	133331	66387	696223	9
10 HOUSEKEEPING	1708265	20669	33590	193339	1955863	525225	155328		10
11 DIETARY	1076758	27051	43961	95386	1243156	333836	203288		11
12 CAFETERIA	973338	11517	18717	66316	1069888	287307	86552		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	915581	17829	28974	125499	1087883	292139	133984		14
15 CENTRAL SERVICES & SUPPLY	303566	13197	21447	39546	377756	101442	99178		15
16 PHARMACY	1254796	10576	17187	185132	1467691	394132	79479		16
17 MEDICAL RECORDS & LIBRARY	1650592	40925	66509	178502	1936528	520033	307553		17
18 SOCIAL SERVICE	271503	5028	8171	39740	324442	87125	37785		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	431866				431866	115973			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	9535701	175522	285248	1253346	11249817	3021017	1319059	432789	25
26 INTENSIVE CARE UNIT	2014577	33123	53829	290586	2392115	642376	248921	44143	26
31 SUBPROVIDER I	2169226	68260	110933	313729	2662148	714891	512981	172752	31
33 NURSERY	1471640	8949	14544	199917	1695050	455187	67256	46539	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1495074	64256	104425	187086	1850841	497023	482890		37
39 DELIVERY ROOM & LABOR ROOM	1194740	26667	43337	158052	1422796	382076	200403		39
40 ANESTHESIOLOGY	44953	1069	1738	3464	51224	13756	8035		40
41 RADIOLOGY-DIAGNOSTIC	2773478	33721	54802	308771	3170772	851476	253419		41
44 LABORATORY	4092282	38048	61833	303295	4495458	1207206	285931		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1625930	25986	42230		1694146	454944	195284		49
50 PHYSICAL THERAPY	263561	11979	19468	36740	331748	89087	90026		50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY	9098	1234	2006		12338	3313	9276		54
55 MEDICAL SUPPLIES CHARGED TO PAT	2173970				2173970	583796			55
56 DRUGS CHARGED TO PATIENTS	1859294				1859294	499293			56
57 RENAL DIALYSIS	499433				499433	134117			57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	752639	26972	43834	110874	934319	250901	202698		60
60.01 DAY PSYCH									60.01
61 EMERGENCY	4054938	50712	82415	545481	4733546	1271142	381106		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
95 SUBTOTALS	72674841	1485734	2414531	5533058	72307329	15214142	5426819	696223	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	128542	123542	200774		452858	121610	928429		98
100 OUTPATIENT PHARMACY	1039921	4178	6789	27950	1078838	289710	31394		100
100.01 PUBLIC RELATIONS	94888			4279	99167	26630			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	73938192	1613454	2622094	5565287	73938192	15652092	6386642	696223	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	2636416								10
11 DIETARY	86936	1867216							11
12 CAFETERIA	37014		1480761						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	57298		27913	1599217					14
15 CENTRAL SERVICES & SUPPLY	42413		27540		648329				15
16 PHARMACY	33989		58755		8459	2042505			16
17 MEDICAL RECORDS & LIBRARY	131524		77938				2973576		17
18 SOCIAL SERVICE	16159		14416					479927	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	564091	1206062	431960	673563	141217	21792	630146	298334	25
26 INTENSIVE CARE UNIT	106451	102055	73975	115264	41956	9954	91197	30429	26
31 SUBPROVIDER I	219375	559099	124201	193408	5826	188	182814	119083	31
33 NURSERY	28762		61282	95113	19362	6285	74939	32081	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	206507		58496	91126	132204	13868	76316		37
39 DELIVERY ROOM & LABOR ROOM	85702		48446	75200	29283	7618	18826		39
40 ANESTHESIOLOGY	3436		12722		19560	10153	32247		40
41 RADIOLOGY-DIAGNOSTIC	108374		108004		64143	79	348713		41
44 LABORATORY	122278		106798		18797	53	648230		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	83513				361		158080		49
50 PHYSICAL THERAPY	38499		11314		548		7789		50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY	3967				88		375		54
55 MEDICAL SUPPLIES CHARGED TO PAT					28664	983	159732		55
56 DRUGS CHARGED TO PATIENTS						1331562	326036		56
57 RENAL DIALYSIS							8981		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	86683		45459	70806	7939	364	3372		60
60.01 DAY PSYCH									60.01
61 EMERGENCY	162979		182726	284737	126829	20741	205783		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
95 SUBTOTALS	2225950	1867216	1471945	1599217	645236	1423640	2973576	479927	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	397040				3001				98
100 OUTPATIENT PHARMACY	13426		8816		92	618865			100
100.01 PUBLIC RELATIONS									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2636416	1867216	1480761	1599217	648329	2042505	2973576	479927	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A	547839				23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		19989847		19989847	25
26 INTENSIVE CARE UNIT		3898836		3898836	26
31 SUBPROVIDER I		5466766		5466766	31
33 NURSERY		2581856		2581856	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		3409271		3409271	37
39 DELIVERY ROOM & LABOR ROOM		2270350		2270350	39
40 ANESTHESIOLOGY		151133		151133	40
41 RADIOLOGY-DIAGNOSTIC		4904980		4904980	41
44 LABORATORY		6884751		6884751	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		2586328		2586328	49
50 PHYSICAL THERAPY		569011		569011	50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY		29357		29357	54
55 MEDICAL SUPPLIES CHARGED TO PAT		2947145		2947145	55
56 DRUGS CHARGED TO PATIENTS		4016185		4016185	56
57 RENAL DIALYSIS		642531		642531	57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		1602541		1602541	60
60.01 DAY PSYCH					60.01
61 EMERGENCY	547839	7917428	-547839	7369589	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
95 SUBTOTALS	547839	69868316	-547839	69320477	95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES		1902938		1902938	98
100 OUTPATIENT PHARMACY		2041141		2041141	100
100.01 PUBLIC RELATIONS		125797		125797	100.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	547839	73938192	-547839	73390353	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		5560	9036	14596	14596				5
6		532377	865191	1397568	1801	1399369			6
7									7
8		225673	366750	592423	524	120877	713824		8
9		8834	14356	23190	31	11921	7420	42562	9
10		20669	33590	54259	507	46958	17361		10
11		27051	43961	71012	250	29847	22721		11
12		11517	18717	30234	174	25687	9674		12
13									13
14		17829	28974	46803	329	26119	14975		14
15		13197	21447	34644	104	9070	11085		15
16		10576	17187	27763	485	35238	8883		16
17		40925	66509	107434	468	46494	34375		17
18		5028	8171	13199	104	7790	4223		18
20									20
21									21
22									22
23						10369			23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		175522	285248	460770	3290	270072	147427	26457	25
26		33123	53829	86952	762	57432	27822	2699	26
31		68260	110933	179193	823	63916	57335	10561	31
33		8949	14544	23493	524	40696	7517	2845	33
ANCILLARY SERVICE COST CENTERS									
37		64256	104425	168681	491	44437	53972		37
39		26667	43337	70004	414	34160	22399		39
40		1069	1738	2807	9	1230	898		40
41		33721	54802	88523	810	76127	28324		41
44		38048	61833	99881	795	107931	31958		44
46.30									46.30
49		25986	42230	68216		40675	21827		49
50		11979	19468	31447	96	7965	10062		50
53									53
54		1234	2006	3240		296	1037		54
55						52195			55
56						44640			56
57						11991			57
OUTPATIENT SERVICE COST CENTERS									
60		26972	43834	70806	291	22432	22655		60
60.01									60.01
61		50712	82415	133127	1430	113648	42596		61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		1485734	2414531	3900265	14512	1360213	606546	42562	95
NONREIMBURSABLE COST CENTERS									
98		123542	200774	324316		10873	103769		98
100		4178	6789	10967	73	25902	3509		100
100.01					11	2381			100.01
101									101
102									102
103		1613454	2622094	4235548	14596	1399369	713824	42562	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	119085								10
11 DIETARY	3927	127757							11
12 CAFETERIA	1672		67441						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2588		1271	92085					14
15 CENTRAL SERVICES & SUPPLY	1916		1254		58073				15
16 PHARMACY	1535		2676		758	77338			16
17 MEDICAL RECORDS & LIBRARY	5941		3550				198262		17
18 SOCIAL SERVICE	730		657					26703	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	25481	82520	19675	38784	12648	825	42022	16599	25
26 INTENSIVE CARE UNIT	4808	6983	3369	6637	3758	377	6082	1693	26
31 SUBPROVIDER I	9909	38254	5657	11137	522	7	12191	6626	31
33 NURSERY	1299		2791	5477	1734	238	4997	1785	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9328		2664	5247	11842	525	5089		37
39 DELIVERY ROOM & LABOR ROOM	3871		2206	4330	2623	288	1255		39
40 ANESTHESIOLOGY	155		579		1752	384	2150		40
41 RADIOLOGY-DIAGNOSTIC	4895		4919		5746	3	23254		41
44 LABORATORY	5523		4864		1684	2	43195		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	3772				32		10542		49
50 PHYSICAL THERAPY	1739		515		49		519		50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY	179				8		25		54
55 MEDICAL SUPPLIES CHARGED TO PAT					2568	37	10652		55
56 DRUGS CHARGED TO PATIENTS						50420	21742		56
57 RENAL DIALYSIS							599		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3915		2070	4077	711	14	225		60
60.01 DAY PSYCH									60.01
61 EMERGENCY	7362		8322	16396	11361	785	13723		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
95 SUBTOTALS	100545	127757	67039	92085	57796	53905	198262	26703	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	17934				269				98
100 OUTPATIENT PHARMACY	606		402		8	23433			100
100.01 PUBLIC RELATIONS									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	119085	127757	67441	92085	58073	77338	198262	26703	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A	10369			23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		1146570		1146570
26 INTENSIVE CARE UNIT		209374		209374
31 SUBPROVIDER I		396131		396131
33 NURSERY		93396		93396
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		302276		302276
39 DELIVERY ROOM & LABOR ROOM		141550		141550
40 ANESTHESIOLOGY		9964		9964
41 RADIOLOGY-DIAGNOSTIC		232601		232601
44 LABORATORY		295833		295833
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		145064		145064
50 PHYSICAL THERAPY		52392		52392
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY		4785		4785
55 MEDICAL SUPPLIES CHARGED TO PAT		65452		65452
56 DRUGS CHARGED TO PATIENTS		116802		116802
57 RENAL DIALYSIS		12590		12590
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		127196		127196
60.01 DAY PSYCH				60.01
61 EMERGENCY		348750		348750
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS		3700726		3700726
NONREIMBURSABLE COST CENTERS				
98 PHYSICIANS' PRIVATE OFFICES		457161		457161
100 OUTPATIENT PHARMACY		64900		64900
100.01 PUBLIC RELATIONS		2392		2392
101 CROSS FOOT ADJUSTMENTS	10369	10369		10369
102 NEGATIVE COST CENTER				102
103 TOTAL	10369	4235548		4235548

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	SERVICE PATIENT DAYS	
	3	4	5	6A	6	8	9	
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	390858							3
4 NEW CAP REL COSTS-MVBLE EQUIP		390858						4
5 EMPLOYEE BENEFITS	1347	1347	35161080					5
6 ADMINISTRATIVE & GENERAL	128968	128968	4338713	-15652092	58286100			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	54669	54669	1262588		5034644	205874		8
9 LAUNDRY & LINEN SERVICE	2140	2140	73821		496505	2140	45912	9
10 HOUSEKEEPING	5007	5007	1221498		1955863	5007		10
11 DIETARY	6553	6553	602641		1243156	6553		11
12 CAFETERIA	2790	2790	418977		1069888	2790		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	4319	4319	792894		1087883	4319		14
15 CENTRAL SERVICES & SUPPLY	3197	3197	249846		377756	3197		15
16 PHARMACY	2562	2562	1169651		1467691	2562		16
17 MEDICAL RECORDS & LIBRARY	9914	9914	1127763		1936528	9914		17
18 SOCIAL SERVICE	1218	1218	251077		324442	1218		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS					431866			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	42520	42520	7918574		11249817	42520	28540	25
26 INTENSIVE CARE UNIT	8024	8024	1835897		2392115	8024	2911	26
31 SUBPROVIDER I	16536	16536	1982114		2662148	16536	11392	31
33 NURSERY	2168	2168	1263060		1695050	2168	3069	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15566	15566	1181992		1850841	15566		37
39 DELIVERY ROOM & LABOR ROOM	6460	6460	998560		1422796	6460		39
40 ANESTHESIOLOGY	259	259	21883		51224	259		40
41 RADIOLOGY-DIAGNOSTIC	8169	8169	1950790		3170772	8169		41
44 LABORATORY	9217	9217	1916194		4495458	9217		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	6295	6295			1694146	6295		49
50 PHYSICAL THERAPY	2902	2902	232123		331748	2902		50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY	299	299			12338	299		54
55 MEDICAL SUPPLIES CHARGED TO P					2173970			55
56 DRUGS CHARGED TO PATIENTS					1859294			56
57 RENAL DIALYSIS					499433			57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	6534	6534	700493		934319	6534		60
60.01 DAY PSYCH								60.01
61 EMERGENCY	12285	12285	3446307		4733546	12285		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								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	359918	359918	34957456	-15652092	56655237	174934	45912	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	29928	29928			452858	29928		98
100 OUTPATIENT PHARMACY	1012	1012	176588		1078838	1012		100
100.01 PUBLIC RELATIONS			27036		99167			100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	
		3	4	5	6A	6	8	9	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1613454	2622094	5565287		15652092	6386642	696223	103
104	UNIT COST MULT-WS B PT I		6.708559				31.022091		104
104	UNIT COST MULT-WS B PT I	4.127980		.158280		.268539		15.164293	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			14596		1399369	713824	42562	107
108	UNIT COST MULT-WS B PT III						3.467286		108
108	UNIT COST MULT-WS B PT III			.000415		.024009		.927034	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	SQUARE FEET	MEALS SERVED	FTES	DIRECT NRSNG HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	PATIENT DAYS
	10	11	12	14	15	16	17	18
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2636416	1867216	1480761	1599217	648329	2042505	2973576	479927 103
104 UNIT COST MULT-WS B PT I	13.266521		28.716954		.254115		.017440	104
104 UNIT COST MULT-WS B PT I		14.022349		2.142571		.730111		10.453193 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	119085	127757	67441	92085	58073	77338	198262	26703 107
108 UNIT COST MULT-WS B PT III	.599239		1.307909		.022762		.001163	108
108 UNIT COST MULT-WS B PT III		.959425		.123372		.027645		.581613 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	
	23	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6 ADMINISTRATIVE & GENERAL		6
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES		22
23 I&R SERVICES-OTHER PRGM COSTS	100	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
33 NURSERY		33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM		37
39 DELIVERY ROOM & LABOR ROOM		39
40 ANESTHESIOLOGY		40
41 RADIOLOGY-DIAGNOSTIC		41
44 LABORATORY		44
46.30 BLOOD CLOTTING FACTORS ADMIN		46.30
49 RESPIRATORY THERAPY		49
50 PHYSICAL THERAPY		50
53 ELECTROCARDIOLOGY		53
54 ELECTROENCEPHALOGRAPHY		54
55 MEDICAL SUPPLIES CHARGED TO P		55
56 DRUGS CHARGED TO PATIENTS		56
57 RENAL DIALYSIS		57
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC		60
60.01 DAY PSYCH		60.01
61 EMERGENCY	100	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		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	100	95
NONREIMBURSABLE COST CENTERS		
98 PHYSICIANS' PRIVATE OFFICES		98
100 OUTPATIENT PHARMACY		100
100.01 PUBLIC RELATIONS		100.01

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.02
05/25/2010 15:28

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	547839	103
104 UNIT COST MULT-WS B PT I	5478.390000	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	10369	107
108 UNIT COST MULT-WS B PT III	103.690000	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19989847		19989847		19989847	25
26 INTENSIVE CARE UNIT	3898836		3898836		3898836	26
31 SUBPROVIDER I	5466766		5466766		5466766	31
33 NURSERY	2581856		2581856		2581856	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3409271		3409271		3409271	37
39 DELIVERY ROOM & LABOR ROOM	2270350		2270350		2270350	39
40 ANESTHESIOLOGY	151133		151133		151133	40
41 RADIOLOGY-DIAGNOSTIC	4904980		4904980		4904980	41
44 LABORATORY	6884751		6884751		6884751	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2586328		2586328		2586328	49
50 PHYSICAL THERAPY	569011		569011		569011	50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	29357		29357		29357	54
55 MEDICAL SUPPLIES CHARGED TO	2947145		2947145		2947145	55
56 DRUGS CHARGED TO PATIENTS	4016185		4016185		4016185	56
57 RENAL DIALYSIS	642531		642531		642531	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1602541		1602541		1602541	60
60.01 DAY PSYCH						60.01
61 EMERGENCY	7369589		7369589		7369589	61
62 OBSERVATION BEDS (NON-DISTI	1126259		1126259		1126259	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	70446736		70446736		70446736	101
102 LESS OBSERVATION BEDS	1126259		1126259		1126259	102
103 TOTAL	69320477		69320477		69320477	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	34251675					25
26	INTENSIVE CARE UNIT	5229205					26
31	SUBPROVIDER I	10482438					31
33	NURSERY	4296949					33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	2519546	1856392	4375938	.779095	.779095	.779095 37
39	DELIVERY ROOM & LABOR ROOM	1066840	12626	1079466	2.103216	2.103216	2.103216 39
40	ANESTHESIOLOGY	1143323	705687	1849010	.081737	.081737	.081737 40
41	RADIOLOGY-DIAGNOSTIC	7922976	12072018	19994994	.245310	.245310	.245310 41
44	LABORATORY	19985759	17181933	37167692	.185235	.185235	.185235 44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	7274299	1789944	9064243	.285333	.285333	.285333 49
50	PHYSICAL THERAPY	202067	244535	446602	1.274090	1.274090	1.274090 50
53	ELECTROCARDIOLOGY						53
54	ELECTROENCEPHALOGRAPHY	19584	1920	21504	1.365188	1.365188	1.365188 54
55	MEDICAL SUPPLIES CHARGED TO	6406521	2752417	9158938	.321778	.321778	.321778 55
56	DRUGS CHARGED TO PATIENTS	16003691	2691006	18694697	.214830	.214830	.214830 56
57	RENAL DIALYSIS	514941		514941	1.247776	1.247776	1.247776 57
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	43314	150062	193376	8.287176	8.287176	8.287176 60
60.01	DAY PSYCH						60.01
61	EMERGENCY	2885331	8914155	11799486	.624569	.624569	.624569 61
62	OBSERVATION BEDS (NON-DISTI		1880560	1880560	.598896	.598896	.598896 62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	120248459	50253255	170501714			101
102	LESS OBSERVATION BEDS						102
103	TOTAL	120248459	50253255	170501714			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1146570		1146570	25
26 INTENSIVE CARE UNIT				209374		209374	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				396131		396131	31
33 NURSERY				93396		93396	33
101 TOTAL				1845471		1845471	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	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	30244	8973			37.91	340166	25
26 INTENSIVE CARE UNIT	2911	1332			71.93	95811	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	11392	3043			34.77	105805	31
33 NURSERY	3069				30.43		33
101 TOTAL	47616	13348				541782	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		302276	4375938	864594			.069077	59724	37
39 DELIVERY ROOM & LABOR ROOM		141550	1079466	15410			.131130	2021	39
40 ANESTHESIOLOGY		9964	1849010	333316			.005389	1796	40
41 RADIOLOGY-DIAGNOSTIC		232601	19994994	3053096			.011633	35517	41
44 LABORATORY		295833	37167692	7176590			.007959	57118	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		145064	9064243	1866948			.016004	29879	49
50 PHYSICAL THERAPY		52392	446602	109404			.117313	12835	50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY		4785	21504	8095			.222517	1801	54
55 MEDICAL SUPPLIES CHARGED TO P		65452	9158938	3222106			.007146	23025	55
56 DRUGS CHARGED TO PATIENTS		116802	18694697	5298460			.006248	33105	56
57 RENAL DIALYSIS		12590	514941	315661			.024449	7718	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		127196	193376	2762			.657765	1817	60
60.01 DAY PSYCH									60.01
61 EMERGENCY		348750	11799486	902576			.029556	26677	61
62 OBSERVATION BEDS (NON-DISTINC		64600	1880560				.034351		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1919855	116241447	23169018				293033	101

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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 COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					30244		8973	25
26 INTENSIVE CARE UNIT					2911		1332	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					11392		3043	31
33 NURSERY					3069			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47616		13348	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4375938			864594		251506 37
39 DELIVERY ROOM & LABOR ROOM		1079466			15410		39
40 ANESTHESIOLOGY		1849010			333316		97157 40
41 RADIOLOGY-DIAGNOSTIC		19994994			3053096		1343418 41
44 LABORATORY		37167692			7176590		74918 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9064243			1866948		256412 49
50 PHYSICAL THERAPY		446602			109404		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		21504			8095		384 54
55 MEDICAL SUPPLIES CHARGED TO P		9158938			3222106		382570 55
56 DRUGS CHARGED TO PATIENTS		18694697			5298460		190850 56
57 RENAL DIALYSIS		514941			315661		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		193376			2762		41475 60
60.01 DAY PSYCH							60.01
61 EMERGENCY		11799486			902576		748079 61
62 OBSERVATION BEDS (NON-DISTINC		1880560					186760 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		116241447			23169018		3573529 101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0103)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY PSYCH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0103) [] 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	3	DIAGNOSTIC	4
				CENTER			
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.779095	.779095	.779095				37
39 DELIVERY ROOM & LABOR ROOM	2.103216	2.103216	2.103216				39
40 ANESTHESIOLOGY	.081737	.081737	.081737				40
41 RADIOLOGY-DIAGNOSTIC	.245310	.245310	.245310				41
44 LABORATORY	.185235	.185235	.185235				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.285333	.285333	.285333				49
50 PHYSICAL THERAPY	1.274090	1.274090	1.274090				50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY	1.365188	1.365188	1.365188				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.321778	.321778	.321778				55
56 DRUGS CHARGED TO PATIENTS	.214830	.214830	.214830				56
57 RENAL DIALYSIS	1.247776	1.247776	1.247776				57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	8.287176	8.287176	8.287176				60
60.01 DAY PSYCH							60.01
61 EMERGENCY	.624569	.624569	.624569				61
62 OBSERVATION BEDS (NON-DISTINCT	.598896	.598896	.598896				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	.214830	1
2 PROGRAM VACCINE CHARGES	20	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	4	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0103) [] 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 SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		251506						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		97157						40
41 RADIOLOGY-DIAGNOSTIC		1343418						41
44 LABORATORY		74918	76					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		256412						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		384						54
55 MEDICAL SUPPLIES CHARGED TO PA		382570	20					55
56 DRUGS CHARGED TO PATIENTS		190850						56
57 RENAL DIALYSIS								57
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		41475						60
60.01 DAY PSYCH								60.01
61 EMERGENCY		748079	307					61
62 OBSERVATION BEDS (NON-DISTINCT		186760						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		3573529	403					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		3573529	403					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0103) [] 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		195947					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		7941					40
41 RADIOLOGY-DIAGNOSTIC		329554					41
44 LABORATORY		13877	14				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		73163					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		524					54
55 MEDICAL SUPPLIES CHARGED TO PAT		123103	6				55
56 DRUGS CHARGED TO PATIENTS		41000					56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		343711					60
60.01 DAY PSYCH							60.01
61 EMERGENCY		467227	192				61
62 OBSERVATION BEDS (NON-DISTINCT		111850					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		1707897	212				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1707897	212				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S103) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		302276	4375938	1793			.069077	124 37
39 DELIVERY ROOM & LABOR ROOM		141550	1079466				.131130	39
40 ANESTHESIOLOGY		9964	1849010	670			.005389	4 40
41 RADIOLOGY-DIAGNOSTIC		232601	19994994	73722			.011633	858 41
44 LABORATORY		295833	37167692	532680			.007959	4240 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		145064	9064243	35402			.016004	567 49
50 PHYSICAL THERAPY		52392	446602	1574			.117313	185 50
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY		4785	21504				.222517	54
55 MEDICAL SUPPLIES CHARGED TO P		65452	9158938	7205			.007146	51 55
56 DRUGS CHARGED TO PATIENTS		116802	18694697	449813			.006248	2810 56
57 RENAL DIALYSIS		12590	514941				.024449	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		127196	193376				.657765	60
60.01 DAY PSYCH								60.01
61 EMERGENCY		348750	11799486	123994			.029556	3665 61
62 OBSERVATION BEDS (NON-DISTINC		64600	1880560				.034351	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1919855	116241447	1226853				12504 101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.02
 05/25/2010 15:28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S103)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
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 (14-S103) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4375938			1793		37
39 DELIVERY ROOM & LABOR ROOM		1079466					39
40 ANESTHESIOLOGY		1849010			670		40
41 RADIOLOGY-DIAGNOSTIC		19994994			73722		41
44 LABORATORY		37167692			532680		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9064243			35402		49
50 PHYSICAL THERAPY		446602			1574		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		21504					54
55 MEDICAL SUPPLIES CHARGED TO P		9158938			7205		55
56 DRUGS CHARGED TO PATIENTS		18694697			449813		56
57 RENAL DIALYSIS		514941					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		193376					60
60.01 DAY PSYCH							60.01
61 EMERGENCY		11799486			123994		61
62 OBSERVATION BEDS (NON-DISTINC		1880560					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		116241447			1226853		16468 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S103) [] 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
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 DAY PSYCH						60.01
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 [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S103) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.779095	.779095	.779095			37
39 DELIVERY ROOM & LABOR ROOM	2.103216	2.103216	2.103216			39
40 ANESTHESIOLOGY	.081737	.081737	.081737			40
41 RADIOLOGY-DIAGNOSTIC	.245310	.245310	.245310			41
44 LABORATORY	.185235	.185235	.185235			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.285333	.285333	.285333			49
50 PHYSICAL THERAPY	1.274090	1.274090	1.274090			50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	1.365188	1.365188	1.365188			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.321778	.321778	.321778			55
56 DRUGS CHARGED TO PATIENTS	.214830	.214830	.214830			56
57 RENAL DIALYSIS	1.247776	1.247776	1.247776			57
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	8.287176	8.287176	8.287176			60
60.01 DAY PSYCH						60.01
61 EMERGENCY	.624569	.624569	.624569			61
62 OBSERVATION BEDS (NON-DISTINCT	.598896	.598896	.598896			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	.214830	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S103) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								37
39 OPERATING ROOM								39
40 DELIVERY ROOM & LABOR ROOM								40
41 ANESTHESIOLOGY								41
44 RADIOLOGY-DIAGNOSTIC		12298						44
46.30 LABORATORY								46.30
49 BLOOD CLOTTING FACTORS ADMIN C								49
50 RESPIRATORY THERAPY		4170						50
53 PHYSICAL THERAPY								53
54 ELECTROCARDIOLOGY								54
55 ELECTROENCEPHALOGRAPHY								55
56 MEDICAL SUPPLIES CHARGED TO PA								56
57 DRUGS CHARGED TO PATIENTS								57
60 RENAL DIALYSIS								60
60.01 OUTPATIENT SERVICE COST CENTERS								60.01
61 CLINIC								61
62 DAY PSYCH								62
63.50 EMERGENCY								63.50
63.60 OBSERVATION BEDS (NON-DISTINCT)								63.60
65.01 RHC								65.01
65.02 FQHC								65.02
65.03 OTHER REIMBURSABLE COST CENTERS								65.03
101 AMBULANCE CHARGES (S-2 LINE 56)								101
102 AMBULANCE CHARGES (S-2 LINE 56)								102
103 AMBULANCE CHARGES (S-2 LINE 56)								103
104 SUBTOTAL		16468						104
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		16468						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S103) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		3017					41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		1190					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		4207					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4207					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1146570		1146570	25
26 INTENSIVE CARE UNIT				209374		209374	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				396131		396131	31
33 NURSERY				93396		93396	33
101 TOTAL				1845471		1845471	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	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	30244	13886			37.91	526418	25
26 INTENSIVE CARE UNIT	2911	929			71.93	66823	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	11392	6856			34.77	238383	31
33 NURSERY	3069	1927			30.43	58639	33
101 TOTAL	47616	23598				890263	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] 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 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		302276	4375938	1191734			.069077	82321	37
39 DELIVERY ROOM & LABOR ROOM		141550	1079466	515762			.131130	67632	39
40 ANESTHESIOLOGY		9964	1849010	420401			.005389	2266	40
41 RADIOLOGY-DIAGNOSTIC		232601	19994994	2690617			.011633	31300	41
44 LABORATORY		295833	37167692	7595055			.007959	60449	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		145064	9064243	2837511			.016004	45412	49
50 PHYSICAL THERAPY		52392	446602	51321			.117313	6021	50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY		4785	21504	5272			.222517	1173	54
55 MEDICAL SUPPLIES CHARGED TO P		65452	9158938	1413535			.007146	10101	55
56 DRUGS CHARGED TO PATIENTS		116802	18694697	6193692			.006248	38698	56
57 RENAL DIALYSIS		12590	514941				.024449		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		127196	193376	9846			.657765	6476	60
60.01 DAY PSYCH									60.01
61 EMERGENCY		348750	11799486	877562			.029556	25937	61
62 OBSERVATION BEDS (NON-DISTINC		64600	1880560				.034351		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1919855	116241447	23802308				377786	101

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/25/2010 15:28

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					30244		13886	25
26 INTENSIVE CARE UNIT					2911		929	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					11392		6856	31
33 NURSERY					3069		1927	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47616		23598	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0103) [] 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		4375938			1191734		37
39 DELIVERY ROOM & LABOR ROOM		1079466			515762		39
40 ANESTHESIOLOGY		1849010			420401		40
41 RADIOLOGY-DIAGNOSTIC		19994994			2690617		41
44 LABORATORY		37167692			7595055		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9064243			2837511		49
50 PHYSICAL THERAPY		446602			51321		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		21504			5272		54
55 MEDICAL SUPPLIES CHARGED TO P		9158938			1413535		55
56 DRUGS CHARGED TO PATIENTS		18694697			6193692		56
57 RENAL DIALYSIS		514941					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		193376			9846		60
60.01 DAY PSYCH							60.01
61 EMERGENCY		11799486			877562		61
62 OBSERVATION BEDS (NON-DISTINC		1880560					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		116241447			23802308		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0103)	[]	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
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY PSYCH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	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 [XX] SUB I (14-S103) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		302276	4375938	1150			.069077	79	37
39 DELIVERY ROOM & LABOR ROOM		141550	1079466				.131130		39
40 ANESTHESIOLOGY		9964	1849010				.005389		40
41 RADIOLOGY-DIAGNOSTIC		232601	19994994	174452			.011633	2029	41
44 LABORATORY		295833	37167692	1128188			.007959	8979	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		145064	9064243	67575			.016004	1081	49
50 PHYSICAL THERAPY		52392	446602	4960			.117313	582	50
53 ELECTROCARDIOLOGY									53
54 ELECTROENCEPHALOGRAPHY		4785	21504	794			.222517	177	54
55 MEDICAL SUPPLIES CHARGED TO P		65452	9158938	11234			.007146	80	55
56 DRUGS CHARGED TO PATIENTS		116802	18694697	834925			.006248	5217	56
57 RENAL DIALYSIS		12590	514941				.024449		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		127196	193376				.657765		60
60.01 DAY PSYCH									60.01
61 EMERGENCY		348750	11799486	366407			.029556	10830	61
62 OBSERVATION BEDS (NON-DISTINC		64600	1880560				.034351		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		1919855	116241447	2589685				29054	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S103)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY PSYCH							60.01
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 (14-S103) [] 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		4375938			1150		37
39 DELIVERY ROOM & LABOR ROOM		1079466					39
40 ANESTHESIOLOGY		1849010					40
41 RADIOLOGY-DIAGNOSTIC		19994994			174452		41
44 LABORATORY		37167692			1128188		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9064243			67575		49
50 PHYSICAL THERAPY		446602			4960		50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY		21504			794		54
55 MEDICAL SUPPLIES CHARGED TO P		9158938			11234		55
56 DRUGS CHARGED TO PATIENTS		18694697			834925		56
57 RENAL DIALYSIS		514941					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		193376					60
60.01 DAY PSYCH							60.01
61 EMERGENCY		11799486			366407		61
62 OBSERVATION BEDS (NON-DISTINC		1880560					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		116241447			2589685		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S103)	[]	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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY PSYCH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	30244	11392					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	30244	11392					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30244	11392					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)	8973	3043					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19989847	5466766					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	19989847	5466766					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.627779	.547836					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1052.84	875.95					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	19989847	5466766					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	660.95	479.88				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5930704	1460275				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5930704	1460275				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	3898836	2911	1339.35	1332	1784014	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	6650266	306708				48
49 TOTAL PROGRAM INPATIENT COSTS	14364984	1766983				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	435977	105805				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	293033	12504				51
52 TOTAL PROGRAM EXCLUDABLE COST	729010	118309				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13635974	1648674				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(14-0103)	(14-S103)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1704	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	660.95	84
85 OBSERVATION BED COST	1126259	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		19989847		1126259		86
87 NEW CAPITAL-RELATED COST	1146570	19989847	.057358	1126259	64600	87
88 NON PHYSICIAN ANESTHETIST		19989847		1126259		88
89 MEDICAL EDUCATION		19989847		1126259		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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	30244	11392				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	30244	11392				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30244	11392				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)	13886	6856				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	3069					15
16 TITLE V OR XIX NURSERY DAYS	1927					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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19989847	5466766					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	19989847	5466766					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	31842164	9978840					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.627779	.547836					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1052.84	875.95					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	19989847	5466766					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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	660.95	479.88					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9177952	3290057					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9177952	3290057					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)	2581856	3069	841.27	1927	1621127		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	3898836	2911	1339.35	929	1244256		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7411850	691183					48
49	TOTAL PROGRAM INPATIENT COSTS	19455185	3981240	1	1	1		49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	651880	238383					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	377786	29054					51
52	TOTAL PROGRAM EXCLUDABLE COST	1029666	267437					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	18425519	3713803					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) (14-0103)	SUB I (PPS) (14-S103)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES		969				54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/25/2010 15:28

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)
 (14-0103)(14-S103)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1704	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	660.95	84
85 OBSERVATION BED COST	1126259	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		19989847		1126259		86
87 NEW CAPITAL-RELATED COST	1146570	19989847	.057358	1126259	64600	87
88 NON PHYSICIAN ANESTHETIST		19989847		1126259		88
89 MEDICAL EDUCATION		19989847		1126259		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0103)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		10514350		25
26 INTENSIVE CARE UNIT		2399286		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.779095	864594	673601	37
39 DELIVERY ROOM & LABOR ROOM	2.103216	15410	32411	39
40 ANESTHESIOLOGY	.081737	333316	27244	40
41 RADIOLOGY-DIAGNOSTIC	.245310	3053096	748955	41
44 LABORATORY	.185235	7176590	1329356	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.285333	1866948	532702	49
50 PHYSICAL THERAPY	1.274090	109404	139391	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	1.365188	8095	11051	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.321778	3222106	1036803	55
56 DRUGS CHARGED TO PATIENTS	.214830	5298460	1138268	56
57 RENAL DIALYSIS	1.247776	315661	393874	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.287176	2762	22889	60
60.01 DAY PSYCH				60.01
61 EMERGENCY	.624569	902576	563721	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.598896			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		23169018	6650266	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		23169018		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S103)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		2802821		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.779095	1793	1397	37
39 DELIVERY ROOM & LABOR ROOM	2.103216			39
40 ANESTHESIOLOGY	.081737	670	55	40
41 RADIOLOGY-DIAGNOSTIC	.245310	73722	18085	41
44 LABORATORY	.185235	532680	98671	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.285333	35402	10101	49
50 PHYSICAL THERAPY	1.274090	1574	2005	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	1.365188			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.321778	7205	2318	55
56 DRUGS CHARGED TO PATIENTS	.214830	449813	96633	56
57 RENAL DIALYSIS	1.247776			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.287176			60
60.01 DAY PSYCH				60.01
61 EMERGENCY	.624569	123994	77443	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.598896			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1226853	306708	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1226853		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0103)	<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 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		15626388		25
26 INTENSIVE CARE UNIT		1706917		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.779095	1191734	928474	37
39 DELIVERY ROOM & LABOR ROOM	2.103216	515762	1084759	39
40 ANESTHESIOLOGY	.081737	420401	34362	40
41 RADIOLOGY-DIAGNOSTIC	.245310	2690617	660035	41
44 LABORATORY	.185235	7595055	1406870	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.285333	2837511	809636	49
50 PHYSICAL THERAPY	1.274090	51321	65388	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	1.365188	5272	7197	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.321778	1413535	454844	55
56 DRUGS CHARGED TO PATIENTS	.214830	6193692	1330591	56
57 RENAL DIALYSIS	1.247776			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.287176	9846	81596	60
60.01 DAY PSYCH				60.01
61 EMERGENCY	.624569	877562	548098	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.598896			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		23802308	7411850	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		23802308		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 checked="" type="checkbox"/> SUB I (14-S103)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input 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		6475826		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.779095	1150	896	37
39 DELIVERY ROOM & LABOR ROOM	2.103216			39
40 ANESTHESIOLOGY	.081737			40
41 RADIOLOGY-DIAGNOSTIC	.245310	174452	42795	41
44 LABORATORY	.185235	1128188	208980	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.285333	67575	19281	49
50 PHYSICAL THERAPY	1.274090	4960	6319	50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY	1.365188	794	1084	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.321778	11234	3615	55
56 DRUGS CHARGED TO PATIENTS	.214830	834925	179367	56
57 RENAL DIALYSIS	1.247776			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	8.287176			60
60.01 DAY PSYCH				60.01
61 EMERGENCY	.624569	366407	228846	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.598896			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2589685	691183	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2589685		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0103)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	8943334				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3030039				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	552335				1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	184111				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	67369				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	149.33				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	3.03				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]	0.97				3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.97			4.00
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	3.92				3.92
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	3.92				3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	4.00				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	4.00				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	3.97			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0103)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.026585				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.027300				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.026585				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	136947				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	46354				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	183301 0	183301			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2212				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5974				4.01
4.02	SUM OF 4 AND 4.01	0.8186				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.5675				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	6794889				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	1722				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317	194				5.01
5.02	DIVIDE LINE 5.01 BY LINE 5	11.27				5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317	1271				5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	0.935935				5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	335.00				5.05
5.06	TOTAL ADDITIONAL PAYMENT	60827				5.06
6	SUBTOTAL	19079759				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	19079759				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1183458				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	67325				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	20330542				16
17	PRIMARY PAYER PAYMENTS	2669				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	20327873				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1080939				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	198004				20
21	REIMBURSABLE BAD DEBTS	2073907				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1451735				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1681619				21.02
22	SUBTOTAL	20500665				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0103)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	20500665					26
27						27
28	18684858					28
28.01						28.01
29	1815807					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0103)	HOSPITAL (14-0103)	HOSPITAL (14-0103)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES	216		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1707897		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1225725		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	216		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	423		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	423		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	423		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	207		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	216		17
17.01 TOTAL PPS PAYMENTS	1225725		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0103) 1	HOSPITAL (14-0103) 1.01	HOSPITAL (14-0103) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	65		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	306498		18.01
19 SUBTOTAL	919378		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	7147		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	926525		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	926525		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	467561		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	327293		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	409944		27.02
28 SUBTOTAL	1253818		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	1253818		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	919230		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	334588		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S103)	SUB I (14-S103)	SUB I (14-S103)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4207			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	4494			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	4494			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S103) 1	SUB I (14-S103) 1.01	SUB I (14-S103) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1055		18.01
19 SUBTOTAL	3439		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	3439		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3439		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	3439		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	3439		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3439		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
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0103)

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		18613021		919230	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.		76537		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	07/01/2009 12/22/2009	239600 244300	 NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-4700			3.99
4 TOTAL INTERIM PAYMENTS		18684858		919230	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S103)

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		1966126		3439	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1966126		3439	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S103)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					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)	2267203				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	451				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)	31.210959				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2267654				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2267654				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)					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	2267654				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2267654				6
7	DEDUCTIBLES	163272				7
8	SUBTOTAL	2104382				8
9	COINSURANCE	138256				9
10	SUBTOTAL	1966126				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	1966126				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0103 ST. BERNARD HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/25/2010 15:28

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S103)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1966126				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1966126				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM					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 (14-0103) (PPS)	SUB I (14-S103) (PPS)	SUB II	SUB III
			SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES			1
3	MEDICAL AND OTHER SERVICES			2
4	INTERNS AND RESIDENTS			3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			4
6	COST OF TEACHING PHYSICIANS			5
7	SUBTOTAL			6
8	INPATIENT PRIMARY PAYER PAYMENTS			7
9	OUTPATIENT PRIMARY PAYER PAYMENTS			8
10	SUBTOTAL			9
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES	20146832	6475826	10
13	ANCILLARY SERVICE CHARGES	23802308	2589685	11
14	INTERNS AND RESIDENTS SERVICE CHARGES			12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			13
16	TEACHING PHYSICIANS			14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			15
18	TOTAL REASONABLE CHARGES	43949140	9065511	16
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			19
25	TOTAL CUSTOMARY CHARGES	43949140	9065511	20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	43949140	9065511	21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			22
28	COST OF COVERED SERVICES			23
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			24
31	OUTLIER PAYMENTS			25
32	PROGRAM CAPITAL PAYMENTS			26
33	CAPITAL EXCEPTION PAYMENTS			27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			29
36	SUBTOTAL			30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)			31
38	LESSER OF LINES 30 OR 31			32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0103) (PPS)	SUB I (14-S103) (PPS)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM 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	LESS INPATIENT COSTS					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

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996		3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	0.97	3.03
3.04	FTE ADJUSTMENT CAP 0.97	0.97	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.92	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	0.97	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.86	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.86	3.09
3.10	SEE INSTRUCTIONS	0.96	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.11
3.12	SEE INSTRUCTIONS	0.96	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.54	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.46	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.65	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.65	3.16
3.17	SEE INSTRUCTIONS	87048.57	3.17
3.18	SEE INSTRUCTIONS	230679	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		230679	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		13348	4
5	TOTAL INPATIENT DAYS		42843	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.311556	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 71869	0	71869	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		563	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		42843	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		2603	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0	0	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		514941	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	16131967	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	2669	15
16	TOTAL PART A REASONABLE COST	16129298	16
PART B REASONABLE COST			
17	REASONABLE COST	1712320	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	1712320	19
20	TOTAL REASONABLE COST	17841618	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.904027	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.095973	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	74472	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	67325	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	7147	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	21671	4
5	TOTAL INPATIENT DAYS	42843	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.505824	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	42843	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1767902			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	14772292			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	880706			7
8	PREPAID EXPENSES	3690417			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	21111317			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	25231534			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	25231534			21
OTHER ASSETS					
22	INVESTMENTS	40628			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	21201133			25
26	TOTAL OTHER ASSETS	21241761			26
27	TOTAL ASSETS	67584612			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6775038			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	166666			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1054161			35
36	TOTAL CURRENT LIABILITIES	7995865			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	13617155			41
42	TOTAL LONG TERM LIABILITIES	13617155			42
43	TOTAL LIABILITIES	21613020			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	45971592			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	45971592			51
52	TOTAL LIABILITIES AND FUND BALANCES	67584612			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	33757579			1
2 NET INCOME (LOSS)	10489689			2
3 TOTAL	44247268			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 GAINS ON INVESTMENTS	132765			5
6 TEMPORARILY RESTRICTED				6
7 CONTRIBUTIONS	2513948			7
8				8
9				9
10 TOTAL ADDITIONS	2646713			10
11 SUBTOTAL	46893981			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	249520			12
13 NET ASSETS RELEASED	672869			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	922389			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	45971592			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	34766616		34766616	1
4 SUBPROVIDER I	10482438		10482438	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	45249054		45249054	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	5229205		5229205	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	5229205		5229205	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	50478259		50478259	16
19 ANCILLARY SERVICES	69770200	50253255	120023455	17
20 OUTPATIENT SERVICES	1143385	946544	2089929	18
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	121391844	51199799	172591643	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		81990082	26
27 ADD (SPECIFY)			27
28 PROVISION FOR DOUBTFUL ACCTS	861322		28
29 ADD BACK BP EXPENSES	47425		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		908747	33
34 DEDUCT (SPECIFY)	-5187		34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-5187		39
40 TOTAL OPERATING EXPENSES		82893642	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	172591643	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	86404397	2
3	NET PATIENT REVENUES	86187246	3
4	LESS - TOTAL OPERATING EXPENSES	82893642	4
5	NET INCOME FROM SERVICE TO PATIENTS	3293604	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	110855	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1744	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	410620	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	58650	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	17974	21
22	RENTAL OF HOSPITAL SPACE	208916	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS INCOME	53802	24
24.01	ER PRO FEE INCOME	1744800	24.01
24.02	ANEST PRO FEE INCOME	551901	24.02
24.03	SISTERS MAINTENANCE	22000	24.03
24.04	OTHER RENTAL INCOME	68916	24.04
24.05	EMPLOYEES ROOM RENT	147547	24.05
24.06	PARTNERS IN HEALTH	2189219	24.06
24.07	CAPITATION REVENUE	16000	24.07
24.08	CLINIC REVENUE	407954	24.08
24.09	OTHER INCOME	131497	24.09
24.10	NET ASSETS RELEASED	659853	24.10
24.11	GAIN ON SALE OF EQUIPMENT		24.11
24.12	NET ASSETS RELEASED	249520	24.12
24.13	CAPITAL GAIN	210081	24.13
25	TOTAL OTHER INCOME	7261849	25
26	TOTAL	10555453	26
27	CHANGE IN NET UNREALIZED GAINS/LOSS	65764	27
27.01	LOSS ON SALE OF EQUIPMENT		27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	65764	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	10489689	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0103)	HOSPITAL (14-0103)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	989098				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	3069				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	86.17				4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]					
4.01 NO. OF INTERNS & RESIDENTS	3.97	0.00	3.97		4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE			1.31		4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT			12957		4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.2212				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.5974				5.01
5.02 SUM OF LINES 5 AND 5.01	0.8186				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1803				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	178334				5.04
6	1183458				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
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 - COST METHOD

WORKSHEET L

	HOSPITAL (14-0103)	HOSPITAL (14-0103)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY PSYCH					60.01
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 THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
100 OUTPATIENT PHARMACY					100
100.01 PUBLIC RELATIONS					100.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	29.67		45.91				75.58 25
26 INTENSIVE CARE UNIT	45.76		31.91				77.67 26
33 NURSERY			62.79				62.79 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	19.76	5.75	27.23				52.74 37
39 DELIVERY ROOM & LABOR ROOM	1.43		47.78				49.21 39
40 ANESTHESIOLOGY	18.03	5.25	22.74				46.02 40
41 RADIOLOGY-DIAGNOSTIC	15.27	6.72	13.46				35.45 41
44 LABORATORY	19.31	0.20	20.43				39.94 44
49 RESPIRATORY THERAPY	20.60	2.83	31.30				54.73 49
50 PHYSICAL THERAPY	24.50		11.49				35.99 50
54 ELECTROENCEPHALOGRAPHY	37.64	1.79	24.52				63.95 54
55 MEDICAL SUPPLIES CHARGED TO PAT	35.18	4.18	15.43				54.79 55
56 DRUGS CHARGED TO PATIENTS	28.34	1.02	33.13				62.49 56
57 RENAL DIALYSIS	61.30						61.30 57
60 CLINIC	1.43	21.45	5.09				27.97 60
61 EMERGENCY	7.65	6.34	7.44				21.43 61
62 OBSERVATION BEDS (NON-DISTINCT		9.93					9.93 62
101 TOTAL CHARGES	13.59	2.10	13.96				29.65 101

***** 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	26.71		60.18				86.89 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.04		0.03				0.07 37
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.37	0.06	0.87				1.30 41
44 LABORATORY	1.43		3.04				4.47 44
49 RESPIRATORY THERAPY	0.39	0.05	0.75				1.19 49
50 PHYSICAL THERAPY	0.35		1.11				1.46 50
54 ELECTROENCEPHALOGRAPHY			3.69				3.69 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.08		0.12				0.20 55
56 DRUGS CHARGED TO PATIENTS	2.41		4.47				6.88 56
61 EMERGENCY	1.05		3.11				4.16 61
101 TOTAL CHARGES	0.72	0.01	1.52				2.25 101

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	1613454	2.18	-1613454	-4.40			3
4	NEW CAP REL COSTS-MVBLE EQUIP	2622094	3.55	-2622094	-7.16			4
5	EMPLOYEE BENEFITS	5550691	7.51	-5550691	-15.15			5
6	ADMINISTRATIVE & GENERAL	13567793	18.35	-13567793	-37.03			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	4242379	5.74	-4242379	-11.58			8
9	LAUNDRY & LINEN SERVICE	461631	.62	-461631	-1.26			9
10	HOUSEKEEPING	1708265	2.31	-1708265	-4.66			10
11	DIETARY	1076758	1.46	-1076758	-2.94			11
12	CAFETERIA	973338	1.32	-973338	-2.66			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	915581	1.24	-915581	-2.50			14
15	CENTRAL SERVICES & SUPPLY	303566	.41	-303566	-.83			15
16	PHARMACY	1254796	1.70	-1254796	-3.42			16
17	MEDICAL RECORDS & LIBRARY	1650592	2.23	-1650592	-4.50			17
18	SOCIAL SERVICE	271503	.37	-271503	-.74			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	431866	.58	-431866	-1.18			23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	9535701	12.90	10454146	28.53	19989847	27.04	25
26	INTENSIVE CARE UNIT	2014577	2.72	1884259	5.14	3898836	5.27	26
31	SUBPROVIDER I	2169226	2.93	3297540	9.00	5466766	7.39	31
33	NURSERY	1471640	1.99	1110216	3.03	2581856	3.49	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	1495074	2.02	1914197	5.22	3409271	4.61	37
39	DELIVERY ROOM & LABOR ROOM	1194740	1.62	1075610	2.94	2270350	3.07	39
40	ANESTHESIOLOGY	44953	.06	106180	.29	151133	.20	40
41	RADIOLOGY-DIAGNOSTIC	2773478	3.75	2131502	5.82	4904980	6.63	41
44	LABORATORY	4092282	5.53	2792469	7.62	6884751	9.31	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	1625930	2.20	960398	2.62	2586328	3.50	49
50	PHYSICAL THERAPY	263561	.36	305450	.83	569011	.77	50
53	ELECTROCARDIOLOGY							53
54	ELECTROENCEPHALOGRAPHY	9098	.01	20259	.06	29357	.04	54
55	MEDICAL SUPPLIES CHARGED TO PAT	2173970	2.94	773175	2.11	2947145	3.99	55
56	DRUGS CHARGED TO PATIENTS	1859294	2.51	2156891	5.89	4016185	5.43	56
57	RENAL DIALYSIS	499433	.68	143098	.39	642531	.87	57
60	CLINIC	752639	1.02	849902	2.32	1602541	2.17	60
60.01	DAY PSYCH							60.01
61	EMERGENCY	4054938	5.48	3862490	10.54	7917428	10.71	61
62	OBSERVATION BEDS (NON-DISTINCT)							62

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	128542	.17	1774396	4.84	1902938	2.57	98
100 OUTPATIENT PHARMACY	1039921	1.41	1001220	2.73	2041141	2.76	100
100.01 PUBLIC RELATIONS	94888	.13	30909	.08	125797	.17	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	73938192	100.00	0	.00	73938192	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	302276	4375938	.069077	864594	59724	37
39 DELIVERY ROOM & LABOR ROOM	141550	1079466	.131130	15410	2021	39
40 ANESTHESIOLOGY	9964	1849010	.005389	333316	1796	40
41 RADIOLOGY-DIAGNOSTIC	232601	19994994	.011633	3053096	35517	41
44 LABORATORY	295833	37167692	.007959	7176590	57118	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	145064	9064243	.016004	1866948	29879	49
50 PHYSICAL THERAPY	52392	446602	.117313	109404	12835	50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY	4785	21504	.222517	8095	1801	54
55 MEDICAL SUPPLIES CHARGED TO PAT	65452	9158938	.007146	3222106	23025	55
56 DRUGS CHARGED TO PATIENTS	116802	18694697	.006248	5298460	33105	56
57 RENAL DIALYSIS	12590	514941	.024449	315661	7718	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	127196	193376	.657765	2762	1817	60
60.01 DAY PSYCH						60.01
61 EMERGENCY	348750	11799486	.029556	902576	26677	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	64600	1880560	.034351			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	1919855	116241447		23169018	293033	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	1146570		1146570	30244	37.91	8973	340166 25
26	INTENSIVE CARE UNIT	209374		209374	2911	71.93	1332	95811 26
101	TOTAL	1355944		1355944			10305	435977 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							435977	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							293033	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							729010	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							1971	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							10305	
PER DISCHARGE CAPITAL COSTS							369.87	
PER DIEM CAPITAL COSTS							70.74	

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)	13635974
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	36082654
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.378

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))	1766983
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4029674
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.438

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)	729010
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.020

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)	1707897
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)	3573529
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.478