

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 5

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. JOSEPH'S HOSPITAL (14-0145) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, 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		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-47664	22276		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	RURAL HEALTH CLINIC I				9
9.01	RURAL HEALTH CLINIC II				9.01
100	TOTAL	-47664	22276		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: JAMESTOWN ROAD P.O. BOX: 1  
 1.01 CITY: BREESE STATE: IL ZIP CODE: 62230 COUNTY: CLINTON 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			N	P	O	2	
3	SUBPROVIDER I						3	
4	SWING BEDS - SNF						4	
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF						6	
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA						9	
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC	RHC-BREESE	14-8502	01/01/2009	N	O	N	14
14.01	HOSP-BASED RHC II	RHC-GERMANTOWN	14-8503	01/01/2009	N	O	N	14.01
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2008 TO: 06/30/2009				17	
18	TYPE OF CONTROL		1 2				18	
19	HOSPITAL			1			19	
20	SUBPROVIDER I						20	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			NO			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		Y 41180	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
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			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)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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.					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
54.01	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54.01
55	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.					55
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR 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)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	10/25/2009		63



HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6567							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		6567							5
6 INTENSIVE CARE UNIT		22							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		822							11
12 TOTAL HOSPITAL		7411						340.36	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I		14539						12.79	24
24.01 RHC II		3427						5.28	24.01
25 TOTAL								358.43	25
26 OBSERVATION BED DAYS		779	197	582					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		73							28

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		1002	304	1908	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		1002	304	1908	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
24.01	RHC II					24.01
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	15066528		15066528	709892.00	21.22		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	20990		20990	2080.00	10.09	WORKPAPERS	3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	600187		600187	30911.00	19.42	WORKPAPERS	5
5.01	NON-PHYSICIAN - PART B	194208		194208	5036.00	38.56	WORKPAPERS	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	144038		144038	8579.00	16.79	PAYROLL RECORDS	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	115913		115913	4216.00	27.49	WORKPAPERS	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	564777		564777	7728.00	73.08	WORKPAPERS	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	880735		880735	8428.00	104.50	HOME OFFICE RPT	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	4880061		4880061			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	182704		182704			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	10081		10081			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	213329		213329			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)	69029		69029				19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	116471		116471	3151.00	36.96		21
22	ADMINISTRATIVE & GENERAL	2059867		2059867	99751.00	20.65		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	97645		97645	665.00	146.83		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	514026		514026	24872.00	20.67		24
25	LAUNDRY & LINEN SERVICE	105986		105986	11180.00	9.48		25
26	HOUSEKEEPING	412498		412498	36491.00	11.30		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	379783		379783	31380.00	12.10		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	117883		117883	9701.00	12.15		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	591406		591406	15962.00	37.05		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	612385		612385	37351.00	16.40		33
34	SOCIAL SERVICE	75217		75217	2629.00	28.61		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	14348788		14348788	672530.00	21.34	1
2	EXCLUDED AREA SALARIES	144038		144038	8579.00	16.79	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	14204750		14204750	663951.00	21.39	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1561425		1561425	20372.00	76.65	4
5	SUBTOTAL WAGE-RELATED COSTS	4880061		4880061		34.36%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	20646236		20646236	684323.00	30.17	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	5083167		5083167	273133.00	18.61	13

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/25/2009 14:24

RHC I  
COMPONENT NO: 14-8502

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER  
PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [ XX ] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 9401 HOLY CROSS LANE 1  
1.01 CITY: BREESE STATE: IL ZIP CODE: 62230 COUNTY: CLINTON 1.01  
2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE	
3	COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)	1 2	3
4	MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)	/ /	4
5	HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)	/ /	5
6	APPALACHIAN REGIONAL COMMISSION	/ /	6
7	LOOK-ALIKES	/ /	7
8	OTHER	/ /	8

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT PHYSICIAN NAME BILLING NO. 9

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD PHYSICIAN NAME HOURS 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11  
IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2  
(ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY				
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO			
12 CLINIC	0		1	2	3	4	5	6	7	8	9	10	11	12	13	14	12

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)  
LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13  
14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14  
IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

15 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW. PROVIDER NUMBER: - 15  
PROVIDER NAME: V XVIII XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17  
IF YES, SEE INSTRUCTIONS.

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/25/2009 14:24

RHC II  
COMPONENT NO: 14-8503

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER  
PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [ XX ] RHC [ ] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 205 MUNSTER STREET 1  
1.01 CITY: GERMANTOWN STATE: IL ZIP CODE: COUNTY: CLINTON 1.01  
2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

GRANT AWARD  
1

DATE  
2

3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT) / / 3  
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT) / / 4  
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT) / / 5  
6 APPALACHIAN REGIONAL COMMISSION / / 6  
7 LOOK-ALIKES / / 7  
8 OTHER / / 8

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT 9

PHYSICIAN NAME

HOURS

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11  
IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2  
(ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC														

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)  
LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13  
14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14  
IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.  
LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.  
15 PROVIDER NAME: PROVIDER NUMBER: - V XVIII XIX 15  
16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16  
17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, SEE INSTRUCTIONS. NO 17

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		140420	140420		140420		140420	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1214987	1214987		1214987		1214987	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1816906	1816906		1816906		1816906	4
5	0500 EMPLOYEE BENEFITS	116471	5581596	5698067	-550004	5148063	-886546	4261517	5
6.01	0610 SWITCHBOARD	57706	70573	128279		128279		128279	6.01
6.02	0620 DATA PROCESSING	262866	819758	1082624		1082624	132796	1215420	6.02
6.03	0630 PURCHASING	115808	23626	139434		139434	-5792	133642	6.03
6.04	0640 ADMITTING	221876	10388	232264		232264		232264	6.04
6.05	0650 BUSINESS OFFICE	317526	331059	648585		648585	91785	740370	6.05
6.06	0660 OTHER ADMINISTRATIVE	1084085	4945194	6029279	202192	6231471	-2806713	3424758	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	514026	1196716	1710742		1710742	-5067	1705675	8
9	0900 LAUNDRY & LINEN SERVICE	105986	21187	127173		127173		127173	9
10	1000 HOUSEKEEPING	412498	58939	471437		471437		471437	10
11	1100 DIETARY	379783	125390	505173		505173	-17013	488160	11
12	1200 CAFETERIA	117883	147283	265166		265166	-161079	104087	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	591406	17419	608825		608825	-5361	603464	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	612385	92153	704538		704538	-26473	678065	17
18	1800 SOCIAL SERVICE	75217	27636	102853		102853	-43522	59331	18
20	2000 NONPHYSICIAN ANESTHETISTS				603219	603219	-603219		20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2094168	136785	2230953		2230953	-12374	2218579	25
26	2600 INTENSIVE CARE UNIT	14705	740	15445		15445		15445	26
33	3300 NURSERY	212946	13235	226181		226181		226181	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1349764	506891	1856655		1856655	-44101	1812554	37
38	3800 RECOVERY ROOM	5434	1726	7160		7160		7160	38
39	3900 DELIVERY ROOM & LABOR ROOM	310796	27270	338066		338066		338066	39
40	4000 ANESTHESIOLOGY	28361	931322	959683	-28361	931322	-905150	26172	40
41	4100 RADIOLOGY-DIAGNOSTIC	1228607	448503	1677110		1677110	-5585	1671525	41
44	4400 LABORATORY	1040466	1212212	2252678		2252678	-193597	2059081	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA		161933	161933		161933		161933	47
49	4900 RESPIRATORY THERAPY	448301	198899	647200		647200	-26893	620307	49
50	5000 PHYSICAL THERAPY	984755	398003	1382758	-19959	1362799	-154425	1208374	50
53	5300 ELECTROCARDIOLOGY	62845	51469	114314		114314	-38997	75317	53
54	5400 ELECTROENCEPHALOGRAPHY	53994	6704	60698		60698		60698	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	23918	754590	778508		778508		778508	55
56	5600 DRUGS CHARGED TO PATIENTS	350967	967521	1318488		1318488		1318488	56
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	932546	1327275	2259821		2259821	-1260203	999618	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC	600187	383771	983958		983958		983958	63.50
63.51	6311 RHC II	194208	66934	261142		261142		261142	63.51
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
88	8800 INTEREST EXPENSE		207087	207087	-207087				88
95	SUBTOTALS	14922490	24444100	39366590		39366590	-6977529	32389061	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES	144038	307265	451303		451303		451303	98
101	TOTAL	15066528	24751365	39817893		39817893	-6977529	32840364	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 RECLASSIFY INTEREST COSTS	A	OTHER ADMINISTRATIVE	6.06		207087	1
2	B	NONPHYSICIAN ANESTHETISTS	20	28361		2
3 RECLASSIFY CRNA COSTS	B	NONPHYSICIAN ANESTHETISTS	20		574858	3
4	C					4
5 RECLASSIFY MISC EMPLOYEE BENEFITS	C	EMPLOYEE BENEFITS	5		24854	5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				28361	806799	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASSIFY INTEREST COSTS	A	INTEREST EXPENSE	88		207087	1
2	B	ANESTHESIOLOGY	40	28361		2
3 RECLASSIFY CRNA COSTS	B	EMPLOYEE BENEFITS	5		574858	3
4	C	PHYSICAL THERAPY	50		19959	4
5 RECLASSIFY MISC EMPLOYEE BENEFITS	C	OTHER ADMINISTRATIVE	6.06		4895	5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				28361	806799	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	5175					5175	1
2 LAND IMPROVEMENTS	214316					214316	2
3 BUILDINGS AND FIXTURES	1052749					1052749	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	968890					968890	5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	2241130					2241130	7
8 RECONCILING ITEMS							8
9 TOTAL	2241130					2241130	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	461243	455018		455018		916261	1
2 LAND IMPROVEMENTS	2744544	30838		30838		2775382	2
3 BUILDINGS AND FIXTURES	10657151	38446		38446		10695597	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	8323837	102545		102545		8426382	5
6 MOVABLE EQUIPMENT	16558242	1901259		1901259		18459501	6
7 SUBTOTAL	38745017	2528106		2528106		41273123	7
8 RECONCILING ITEMS							8
9 TOTAL	38745017	2528106		2528106		41273123	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				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	140420						140420	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1214987						1214987	3
4 NEW CAP REL COSTS-MVBLE EQUIP	1816906						1816906	4
5 TOTAL	3172313						3172313	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	140420						140420	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1214987						1214987	3
4 NEW CAP REL COSTS-MVBLE EQUIP	1816906						1816906	4
5 TOTAL	3172313						3172313	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-5017	PURCHASING	6.03	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	-2331866			12
13 SALE OF SCRAP, WASTE, ETC.	B	-775	PURCHASING	6.03	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	628962			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-161079	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-26473	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-5067	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		-603219	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 NET ASSETS RELEASED	B	-22822	OTHER ADMINISTRATIVE	6.06	37
38 HEALTH FAIR REVENUE	B	-1945	RADIOLOGY-DIAGNOSTIC	41	38
38.01 HEALTH FAIR REVENUE	B	-153200	LABORATORY	44	38.01
38.02 HEALTH FAIR REVENUE	B	-1440	RESPIRATORY THERAPY	49	38.02
38.03 HEALTH FAIR REVENUE	B	-1155	PHYSICAL THERAPY	50	38.03
39 INTEREST INCOME	B	11457	EMPLOYEE BENEFITS	5	39
39.01 INTEREST INCOME	B	96625	BUSINESS OFFICE	6.05	39.01
39.02 INTEREST INCOME	B	-24621	OTHER ADMINISTRATIVE	6.06	39.02
40 MISCELLANEOUS INCOME	B	-19500	DATA PROCESSING	6.02	40
40.01 MISCELLANEOUS INCOME	B	-4840	BUSINESS OFFICE	6.05	40.01
40.02 MISCELLANEOUS INCOME	B	-17013	DIETARY	11	40.02
40.03 MISCELLANEOUS INCOME	B	-5361	NURSING ADMINISTRATION	14	40.03
40.04 MISCELLANEOUS INCOME	B	-43522	SOCIAL SERVICE	18	40.04
40.05 MISCELLANEOUS INCOME	B	-12374	ADULTS & PEDIATRICS	25	40.05
40.06 MISCELLANEOUS INCOME	B	-1000	RADIOLOGY-DIAGNOSTIC	41	40.06
40.07 MISCELLANEOUS INCOME	B	-405	RADIOLOGY-DIAGNOSTIC	41	40.07
40.08 MISCELLANEOUS INCOME	B	-25453	RESPIRATORY THERAPY	49	40.08
40.09 MISCELLANEOUS INCOME	B	-112487	PHYSICAL THERAPY	50	40.09
41 NONALLOW INTERST EXPENSE	A	-207087	OTHER ADMINISTRATIVE	6.06	41
42 MEDICAID TAX	A	-686810	OTHER ADMINISTRATIVE	6.06	42
43 SELF-INS PAYMENTS TO HOSPITAL	A	-940859	EMPLOYEE BENEFITS	5	43
43.01 SELF-INS PREMIUMS IN EXCESS	A	114679	EMPLOYEE BENEFITS	5	43.01
44 PHYSICIAN RECRUITMENT COST	A	-292853	OTHER ADMINISTRATIVE	6.06	44
44.01 EMPLOYEE PHYSICALS	A	-71823	EMPLOYEE BENEFITS	5	44.01
45 BAD DEBT EXPENSE	A	-1808369	OTHER ADMINISTRATIVE	6.06	45
46 LOBBYING/NONALLOW ADVERTISING	A	-240817	OTHER ADMINISTRATIVE	6.06	46
47					47
48					48
49					49
50 TOTAL		-6977529			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	OTHER ADMINISTRATIVE	952574	475908	476666	1
2	6.02	DATA PROCESSING	882433	730137	152296	2
3						3
4						4
5	TOTALS		1835007	1206045	628962	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
B	HOSPITAL SISTERS HEALTH SYSTEM	100.00				1
						2
						3
						4
						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	37	OPERATING ROOM	44178		44178	159800	1	77	4
2	40	ANESTHESIOLOGY	905150	905150		167500	140	11274	564
3	41	RADIOLOGY-DIAGNOSTIC	6000		6000	159800	49	3765	188
4	44	LABORATORY	119997	39993	80004	208000	796	79600	3980
5	49	RESPIRATORY THERAPY	80004		80004	159800	1167	89657	4483
6	50	PHYSICAL THERAPY	115843		115843	159800	977	75060	3753
7	53	ELECTROCARDIOLOGY	38997	38997		159800	1	77	4
8	61	EMERGENCY	1260203	1260203		159800	1	77	4
101		TOTAL	2570372	2244343	326029		3132	259587	12980

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/25/2009 14:24

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	37	OPERATING ROOM					77	44101	44101
2	40	ANESTHESIOLOGY	AGGREGATE				11274		905150
3	41	RADIOLOGY-DIAGNOSTIC					3765	2235	2235
4	44	LABORATORY	AGGREGATE				79600	404	40397
5	49	RESPIRATORY THERAPY					89657		
6	50	PHYSICAL THERAPY					75060	40783	40783
7	53	ELECTROCARDIOLOGY	AGGREGATE				77		38997
8	61	EMERGENCY	AGGREGATE				77		1260203
101		TOTAL					259587	87523	2331866

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SWITCH BOARD 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	140420	140420							1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1214987		1214987						3
4 NEW CAP REL COSTS-MVBLE EQUIP	1816906			1816906					4
5 EMPLOYEE BENEFITS	4261517	356	3080	5690	4270643				5
6.01 SWITCHBOARD	128279	222	1918	13794	16516	160729			6.01
6.02 DATA PROCESSING	1215420	1533	13261	218028	75233	8618	1532093		6.02
6.03 PURCHASING	133642	4079	35290	5634	33145	2155		213945	6.03
6.04 ADMITTING	232264	1022	8841	11681	63502	1724		538	6.04
6.05 BUSINESS OFFICE	740370	1066	9222	18642	90877	9911	1532093	1793	6.05
6.06 OTHER ADMINISTRATIVE	3424758	28191	243942	29024	310269	18529		2241	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1705675	7764	67179	30443	147116	6033		5007	8
9 LAUNDRY & LINEN SERVICE	127173	2132	18444	7323	30334	431		1051	9
10 HOUSEKEEPING	471437	876	7580	7462	118059	1293		2381	10
11 DIETARY	488160	2488	21524	13395	108695	3447		6263	11
12 CAFETERIA	104087	1526	13206	2754	33739			7672	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	603464	685	5927	871	169263	1724		85	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	678065	1228	10624	72749	175267	14651		931	17
18 SOCIAL SERVICE	59331	141	1217	5508	21527	862		716	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	2218579	16617	143777	108740	599354	12496		6030	25
26 INTENSIVE CARE UNIT	15445	1485	12849	7038	4209	2585		31	26
33 NURSERY	226181	585	5066	2585	60946			634	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1812554	7916	68495	254911	386308	13358		20742	37
38 RECOVERY ROOM	7160	630	5447	520	1555			85	38
39 DELIVERY ROOM & LABOR ROOM	338066	1589	13753	12049	88951			856	39
40 ANESTHESIOLOGY	26172	394	3406	31183		431		747	40
41 RADIOLOGY-DIAGNOSTIC	1671525	4923	42593	708202	351632	9480		4722	41
44 LABORATORY	2059081	2841	24580	97679	297786	5171		35492	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	161933							8444	47
49 RESPIRATORY THERAPY	620307	2088	18069	35520	128306	5602		5557	49
50 PHYSICAL THERAPY	1208374	10663	92263	10852	281841	5602		2459	50
53 ELECTROCARDIOLOGY	75317			25129	17986			316	53
54 ELECTROENCEPHALOGRAPHY	60698	497	4304	10346	15453			86	54
55 MEDICAL SUPPLIES CHARGED TO PAT	778508	625	5410	9782	6845			35539	55
56 DRUGS CHARGED TO PATIENTS	1318488	573	4955	375	100448	2585		49702	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	999618	10232	88531	38028	266898	13358		3078	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC	983958	5772	49940		171776			5047	63.50
63.51 RHC II	261142				55583			1703	63.51
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
95 SUBTOTALS	32389061	120739	1044693	1795937	4229419	140046	1532093	209948	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	451303	19681	170294	20969	41224	20683		3997	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	32840364	140420	1214987	1816906	4270643	160729	1532093	213945	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	SUBTOTAL	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	6.04	OFFICE 6.05	5A	ADMIN 6.06	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	319572								6.04
6.05 BUSINESS OFFICE		2403974							6.05
6.06 OTHER ADMINISTRATIVE			4056954	4056954					6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			1969217	277557	2246774				8
9 LAUNDRY & LINEN SERVICE			186888	26341	49792	263021			9
10 HOUSEKEEPING			609088	85850	20464	18111	733513		10
11 DIETARY			643972	90767	58107	3061	5111	801018	11
12 CAFETERIA			162984	22972	35651		24210		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			782019	110224	16000		6686		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY			953515	134396	28680		5956		17
18 SOCIAL SERVICE			89302	12587	3286		1307		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	23898	179750	3309241	466431	388144	109706	313839	801018	25
26 INTENSIVE CARE UNIT	580	4366	48588	6848	34688	509	2383		26
33 NURSERY	1628	12244	309869	43675	13676	2196	10376		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	34429	258963	2857676	402784	184910	46726	85118		37
38 RECOVERY ROOM	3279	24661	43337	6108	14705				38
39 DELIVERY ROOM & LABOR ROOM	6327	47590	509181	71768	37128	12163	14795		39
40 ANESTHESIOLOGY	5680	42725	110738	15608	9195				40
41 RADIOLOGY-DIAGNOSTIC	79292	596663	3469032	488944	114986	21106	48458		41
44 LABORATORY	71220	535694	3129544	441103	66356	54	44730		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	1126	8471	179974	25367					47
49 RESPIRATORY THERAPY	16594	124819	956862	134868	48779	1059	17754		49
50 PHYSICAL THERAPY	17764	133613	1763431	248552	249075	14537	58257		50
53 ELECTROCARDIOLOGY	7767	58418	184933	26066					53
54 ELECTROENCEPHALOGRAPHY	2410	18127	111921	15775	11618				54
55 MEDICAL SUPPLIES CHARGED TO PAT	11687	87905	936301	131970	14606				55
56 DRUGS CHARGED TO PATIENTS	20267	152444	1649837	232541	13377		7071		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	15338	115371	1550452	218533	239001	25868	87462		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC			1216493	171462	134820				63.50
63.51 RHC II			318428	44882					63.51
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
95 SUBTOTALS	319286	2401824	32109777	3953979	1787044	255096	733513	801018	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	286	2150	730587	102975	459730	7925			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	319572	2403974	32840364	4056954	2246774	263021	733513	801018	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 SWITCHBOARD								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	245817							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	8476	923405						14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	19072		1141619					17
18 SOCIAL SERVICE	1060			107542				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	48740	408429	549274	90405	6485227		6485227	25
26 INTENSIVE CARE UNIT					93016		93016	26
33 NURSERY	4238	35516			419546		419546	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	25429	213093			3815736		3815736	37
38 RECOVERY ROOM					64150		64150	38
39 DELIVERY ROOM & LABOR ROOM	6357	53273			704665		704665	39
40 ANESTHESIOLOGY	4238	35516			175295		175295	40
41 RADIOLOGY-DIAGNOSTIC	25429		92521		4260476		4260476	41
44 LABORATORY	22251		25789		3729827		3729827	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA					205341		205341	47
49 RESPIRATORY THERAPY	10596				1169918		1169918	49
50 PHYSICAL THERAPY	25429		18079		2377360		2377360	50
53 ELECTROCARDIOLOGY	1060				212059		212059	53
54 ELECTROENCEPHALOGRAPHY	1060				140374		140374	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1060				1083937		1083937	55
56 DRUGS CHARGED TO PATIENTS	4238				1907064		1907064	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	21191	177578	455956	17137	2793178		2793178	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC	11655				1534430		1534430	63.50
63.51 RHC II					363310		363310	63.51
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
95 SUBTOTALS	241579	923405	1141619	107542	31534909		31534909	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	4238				1305455		1305455	98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	245817	923405	1141619	107542	32840364		32840364	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	SWITCH	DATA	PURCHASING	ADMITTING
	CAP-REL	BLDGS &	COST TO	BENEFITS		PROCESSING		
	COSTS	FIXTURES	BE ALLOC		BOARD			
	0	1	4A	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		356	356	356				5
6.01		222	222	1	223			6.01
6.02		1533	1533	6	12	1551		6.02
6.03		4079	4079	3	3		4085	6.03
6.04		1022	1022	5	2		10	6.04
6.05		1066	1066	8	14	1551	34	6.05
6.06		28191	28191	26	26		43	6.06
7								7
8		7764	7764	12	8		96	8
9		2132	2132	3	1		20	9
10		876	876	10	2		45	10
11		2488	2488	9	5		120	11
12		1526	1526	3			147	12
13								13
14		685	685	14	2		2	14
15								15
16								16
17		1228	1228	15	20		18	17
18		141	141	2	1		14	18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		16617	16617	50	17		115	79 25
26		1485	1485		4		1	2 26
33		585	585	5			12	5 33
ANCILLARY SERVICE COST CENTERS								
37		7916	7916	32	19		396	114 37
38		630	630				2	11 38
39		1589	1589	7			16	21 39
40		394	394		1		14	19 40
41		4923	4923	29	13		90	242 41
44		2841	2841	25	7		678	236 44
46.30								46.30
47							161	4 47
49		2088	2088	11	8		106	55 49
50		10663	10663	24	8		47	59 50
53					2		6	26 53
54		497	497	1			2	8 54
55		625	625	1			679	39 55
56		573	573	8	4		947	67 56
OUTPATIENT SERVICE COST CENTERS								
61		10232	10232	22	19		59	51 61
62								62
63.50		5772	5772	14			96	63.50
63.51				5			33	63.51
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
95		120739	120739	353	196	1551	4009	1038 95
NONREIMBURSABLE COST CENTERS								
98		19681	19681	3	27		76	1 98
101								101
102								102
103		140420	140420	356	223	1551	4085	1039 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	BUSINESS OFFICE 6.05	OTHER ADMIN 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE	2673								6.05
6.06 OTHER ADMINISTRATIVE		28286							6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		1936	9816						8
9 LAUNDRY & LINEN SERVICE		184	218	2558					9
10 HOUSEKEEPING		599	89	176	1797				10
11 DIETARY		633	254	30	13	3552			11
12 CAFETERIA		160	156		59		2051		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		769	70		16		71	1629	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		937	125		15		159		17
18 SOCIAL SERVICE		88	14		3		9		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	198	3253	1696	1068	769	3552	408	720	25
26 INTENSIVE CARE UNIT	5	48	152	5	6				26
33 NURSERY	14	305	60	21	25		35	63	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	286	2809	808	454	209		212	376	37
38 RECOVERY ROOM	27	43	64						38
39 DELIVERY ROOM & LABOR ROOM	53	501	162	118	36		53	94	39
40 ANESTHESIOLOGY	47	109	40				35	63	40
41 RADIOLOGY-DIAGNOSTIC	680	3400	502	205	119		212		41
44 LABORATORY	591	3076	290	1	110		186		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	9	177							47
49 RESPIRATORY THERAPY	138	941	213	10	43		88		49
50 PHYSICAL THERAPY	147	1733	1088	141	143		212		50
53 ELECTROCARDIOLOGY	64	182					9		53
54 ELECTROENCEPHALOGRAPHY	20	110	51				9		54
55 MEDICAL SUPPLIES CHARGED TO PAT	97	920	64				9		55
56 DRUGS CHARGED TO PATIENTS	168	1622	58		17		35		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	127	1524	1044	252	214		177	313	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC		1196	589				97		63.50
63.51 RHC II		313							63.51
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
95 SUBTOTALS	2671	27568	7807	2481	1797	3552	2016	1629	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	2	718	2009	77			35		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2673	28286	9816	2558	1797	3552	2051	1629	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 SWITCHBOARD						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING						6.03
6.04 ADMITTING						6.04
6.05 BUSINESS OFFICE						6.05
6.06 OTHER ADMINISTRATIVE						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	2517					17
18 SOCIAL SERVICE		272				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	1211	229	29982		29982	25
26 INTENSIVE CARE UNIT			1708		1708	26
33 NURSERY			1130		1130	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			13631		13631	37
38 RECOVERY ROOM			777		777	38
39 DELIVERY ROOM & LABOR ROOM			2650		2650	39
40 ANESTHESIOLOGY			722		722	40
41 RADIOLOGY-DIAGNOSTIC	204		10619		10619	41
44 LABORATORY	57		8098		8098	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			351		351	47
49 RESPIRATORY THERAPY			3701		3701	49
50 PHYSICAL THERAPY	40		14305		14305	50
53 ELECTROCARDIOLOGY			289		289	53
54 ELECTROENCEPHALOGRAPHY			698		698	54
55 MEDICAL SUPPLIES CHARGED TO PAT			2434		2434	55
56 DRUGS CHARGED TO PATIENTS			3499		3499	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1005	43	15082		15082	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC			7764		7764	63.50
63.51 RHC II			351		351	63.51
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
95 SUBTOTALS	2517	272	117791		117791	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES			22629		22629	98
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	2517	272	140420		140420	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	SWITCH BOARD	DATA	PURCHASING
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5		PROCESSING 6.02	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		3080	5690	8770	8770			5
6.01	1918		13794	15712	34	15746		6.01
6.02	13261		218028	231289	155	844	232288	6.02
6.03	35290		5634	40924	68	211		6.03
6.04	8841		11681	20522	130	169		6.04
6.05	9222		18642	27864	187	971	232288	6.05
6.06	243942		29024	272966	637	1815		6.06
7								7
8	67179		30443	97622	302	591		8
9	18444		7323	25767	62	42		9
10	7580		7462	15042	243	127		10
11	21524		13395	34919	223	338		11
12	13206		2754	15960	69			12
13								13
14	5927		871	6798	348	169		14
15								15
16								16
17	10624		72749	83373	360	1435		17
18	1217		5508	6725	44	84		18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25		143777	108740	252517	1228	1224		25
26		12849	7038	19887	9	253		26
33		5066	2585	7651	125			33
ANCILLARY SERVICE COST CENTERS								
37		68495	254911	323406	794	1309		37
38		5447	520	5967	3			38
39		13753	12049	25802	183			39
40		3406	31183	34589		42		40
41		42593	708202	750795	722	929		41
44		24580	97679	122259	612	507		44
46.30								46.30
47								47
49		18069	35520	53589	264	549		49
50		92263	10852	103115	579	549		50
53			25129	25129	37			53
54		4304	10346	14650	32			54
55		5410	9782	15192	14			55
56		4955	375	5330	206	253		56
OUTPATIENT SERVICE COST CENTERS								
61		88531	38028	126559	548	1309		61
62								62
63.50		49940		49940	353			63.50
63.51					114			63.51
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
95		1044693	1795937	2840630	8685	13720	232288	95
NONREIMBURSABLE COST CENTERS								
98		170294	20969	191263	85	2026		98
101								101
102								102
103		1214987	1816906	3031893	8770	15746	232288	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	6.05	ADMIN	OF PLANT	& LINEN	KEEPING			
			6.06	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	20925								6.04
6.05 BUSINESS OFFICE		261655							6.05
6.06 OTHER ADMINISTRATIVE			275850						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			18873	118352					8
9 LAUNDRY & LINEN SERVICE			1791	2623	30487				9
10 HOUSEKEEPING			5837	1078	2099	24885			10
11 DIETARY			6172	3061	355	173	46447		11
12 CAFETERIA			1562	1878		821		21768	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			7495	843		227		751	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY			9138	1511		202		1689	17
18 SOCIAL SERVICE			856	173		44		94	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	1564	19562	31716	20446	12716	10648	46447	4316	25
26 INTENSIVE CARE UNIT	38	475	466	1827	59	81			26
33 NURSERY	107	1333	2970	720	255	352		375	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2253	28183	27388	9740	5416	2888		2252	37
38 RECOVERY ROOM	215	2684	415	775					38
39 DELIVERY ROOM & LABOR ROOM	414	5179	4880	1956	1410	502		563	39
40 ANESTHESIOLOGY	372	4650	1061	484				375	40
41 RADIOLOGY-DIAGNOSTIC	5198	64963	33235	6057	2446	1644		2252	41
44 LABORATORY	4661	58300	29994	3495	6	1518		1970	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	74	922	1725						47
49 RESPIRATORY THERAPY	1086	13584	9171	2570	123	602		938	49
50 PHYSICAL THERAPY	1163	14541	16901	13120	1685	1976		2252	50
53 ELECTROCARDIOLOGY	508	6358	1772					94	53
54 ELECTROENCEPHALOGRAPHY	158	1973	1073	612				94	54
55 MEDICAL SUPPLIES CHARGED TO PAT	765	9567	8974	769				94	55
56 DRUGS CHARGED TO PATIENTS	1326	16591	15812	705		240		375	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1004	12556	14860	12590	2998	2967		1877	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC			11659	7102				1032	63.50
63.51 RHC II			3052						63.51
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
95 SUBTOTALS	20906	261421	268848	94135	29568	24885	46447	21393	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	19	234	7002	24217	919			375	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	20925	261655	275850	118352	30487	24885	46447	21768	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 SWITCHBOARD							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 BUSINESS OFFICE							6.05
6.06 OTHER ADMINISTRATIVE							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	16647						14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY		97887					17
18 SOCIAL SERVICE			8158				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	7364	47097	6858	464864		464864	25
26 INTENSIVE CARE UNIT				23101		23101	26
33 NURSERY	640			14650		14650	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	3842			411466		411466	37
38 RECOVERY ROOM				10075		10075	38
39 DELIVERY ROOM & LABOR ROOM	960			42014		42014	39
40 ANESTHESIOLOGY	640			42357		42357	40
41 RADIOLOGY-DIAGNOSTIC		7933		877083		877083	41
44 LABORATORY		2211		232369		232369	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				4347		4347	46.30
47 BLOOD STORING, PROCESSING & TRA				83546		83546	47
49 RESPIRATORY THERAPY				157905		157905	49
50 PHYSICAL THERAPY		1550		33959		33959	50
53 ELECTROCARDIOLOGY				18609		18609	53
54 ELECTROENCEPHALOGRAPHY				42220		42220	54
55 MEDICAL SUPPLIES CHARGED TO PAT				50408		50408	55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	3201	39096	1300	221458		221458	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC				71058		71058	63.50
63.51 RHC II				3494		3494	63.51
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
95 SUBTOTALS	16647	97887	8158	2804983		2804983	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				226910		226910	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	16647	97887	8158	3031893		3031893	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES				
	1	3	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	197623							1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		197623						3
4 NEW CAP REL COSTS-MVBLE EQUIP			1369831					4
5 EMPLOYEE BENEFITS	501	501	4290	14921696				5
6.01 SWITCHBOARD	312	312	10400	57706	373			6.01
6.02 DATA PROCESSING	2157	2157	164379	262866	20	100		6.02
6.03 PURCHASING	5740	5740	4248	115808	5		4102800	6.03
6.04 ADMITTING	1438	1438	8807	221876	4		10309	6.04
6.05 BUSINESS OFFICE	1500	1500	14055	317526	23	100	34379	6.05
6.06 OTHER ADMINISTRATIVE	39678	39678	21882	1084085	43		42967	6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	10927	10927	22952	514026	14		96012	8
9 LAUNDRY & LINEN SERVICE	3000	3000	5521	105986	1		20155	9
10 HOUSEKEEPING	1233	1233	5626	412498	3		45668	10
11 DIETARY	3501	3501	10099	379783	8		120107	11
12 CAFETERIA	2148	2148	2076	117883			147123	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	964	964	657	591406	4		1636	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	1728	1728	54848	612385	34		17858	17
18 SOCIAL SERVICE	198	198	4153	75217	2		13734	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	23386	23386	81983	2094168	29		115644	25
26 INTENSIVE CARE UNIT	2090	2090	5306	14705	6		595	26
33 NURSERY	824	824	1949	212946			12161	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11141	11141	192187	1349764	31		397774	37
38 RECOVERY ROOM	886	886	392	5434			1626	38
39 DELIVERY ROOM & LABOR ROOM	2237	2237	9084	310796			16408	39
40 ANESTHESIOLOGY	554	554	23510		1		14319	40
41 RADIOLOGY-DIAGNOSTIC	6928	6928	533937	1228607	22		90552	41
44 LABORATORY	3998	3998	73644	1040466	12		680625	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T							161933	47
49 RESPIRATORY THERAPY	2939	2939	26780	448301	13		106568	49
50 PHYSICAL THERAPY	15007	15007	8182	984755	13		47153	50
53 ELECTROCARDIOLOGY			18946	62845			6063	53
54 ELECTROENCEPHALOGRAPHY	700	700	7800	53994			1657	54
55 MEDICAL SUPPLIES CHARGED TO P	880	880	7375	23918			681533	55
56 DRUGS CHARGED TO PATIENTS	806	806	283	350967	6		953130	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	14400	14400	28671	932546	31		59021	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC	8123	8123		600187			96777	63.50
63.51 RHC II				194208			32661	63.51
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
95 SUBTOTALS	169924	169924	1354022	14777658	325	100	4026148	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	27699	27699	15809	144038	48		76652	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	BOARD PHONES	PROCESSING TIME SPENT		
	1	3	4	5	6.01	6.02	6.03	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	140420	1214987	1816906	4270643	160729	1532093	213945	103
104 UNIT COST MULT-WS B PT I		6.148004		.286204		15320.930000		104
104 UNIT COST MULT-WS B PT I	.710545		1.326372		430.908847		.052146	104
105 COST TO BE ALLOC PER B PT II				356	223	1551	4085	105
106 UNIT COST MULT-WS B PT II				.000024		15.510000		106
106 UNIT COST MULT-WS B PT II					.597855		.000996	106
107 COST TO BE ALLOC PER B PT III				8770	15746	232288	41203	107
108 UNIT COST MULT-WS B PT III				.000588		2322.880000		108
108 UNIT COST MULT-WS B PT III					42.214477		.010043	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS	OFFICE	CILATION	ADMIN	OF PLANT	& LINEN	KEEPING	
	REVENUE	GROSS		ACCUM	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	REVENUE	6A.06	COST	FEET	LAUNDRY	SERVICE	SERVED
		6.05		6.06	8	9	10	11
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04	75789471							6.04
6.05		75789471						6.05
6.06			-4056954	28783410				6.06
7								7
8					1969217	135370		8
9					186888	3000	332654	9
10					609088	1233	22906	19088
11					643972	3501	3872	133
12					162984	2148		630
13								
14				782019	964		174	
15								
16								
17				953515	1728		155	
18				89302	198		34	
20								
21								
22								
23								
24								
INPATIENT ROUTINE SERV COST CENTERS								
25	5666961	5666961		3309241	23386	138748	8167	21398
26	137633	137633		48588	2090	644	62	
33	386019	386019		309869	824	2778	270	
ANCILLARY SERVICE COST CENTERS								
37	8164290	8164290		2857676	11141	59096	2215	
38	777475	777475		43337	886			
39	1500359	1500359		509181	2237	15383	385	
40	1346972	1346972		110738	554			
41	18810688	18810688		3469032	6928	26694	1261	
44	16888734	16888734		3129544	3998	68	1164	
46.30								46.30
47	267076	267076		179974				
49	3935137	3935137		956862	2939	1339	462	
50	4212409	4212409		1763431	15007	18386	1516	
53	1841726	1841726		184933				
54	571499	571499		111921	700			
55	2771358	2771358		936301	880			
56	4806082	4806082		1649837	806		184	
OUTPATIENT SERVICE COST CENTERS								
61	3637277	3637277		1550452	14400	32717	2276	
62								
63.50				1216493	8123			
63.51				318428				
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
95	75721695	75721695	-4056954	28052823	107671	322631	19088	21398
NONREIMBURSABLE COST CENTERS								
98	67776	67776		730587	27699	10023		98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS	OFFICE	CILATION	ADMIN	OF PLANT	& LINEN	KEEPING	
	REVENUE	GROSS		ACCUM	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	REVENUE	6A.06	COST	FEET	LAUNDRY	SERVICE	SERVED
		6.05		6.06	8	9	10	11
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	319572	2403974		4056954	2246774	263021	733513	801018 103
104 UNIT COST MULT-WS B PT I	.004217				16.597282		38.427965	104
104 UNIT COST MULT-WS B PT I		.031719		.140948		.790674		37.434246 104
105 COST TO BE ALLOC PER B PT II	1039	2673		28286	9816	2558	1797	3552 105
106 UNIT COST MULT-WS B PT II	.000014				.072512		.094143	106
106 UNIT COST MULT-WS B PT II		.000035		.000983		.007690		.165997 106
107 COST TO BE ALLOC PER B PT III	20925	261655		275850	118352	30487	24885	46447 107
108 UNIT COST MULT-WS B PT III	.000276				.874285		1.303699	108
108 UNIT COST MULT-WS B PT III		.003452		.009584		.091648		2.170623 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	SOCIAL	
	MEALS	ADMINIS-	RECORDS &	SERVICE	
	FTES	TRATION	LIBRARY	TIME	
	12	DIRECT	TIME	SPENT	
		FTES	SPENT		18
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.02					6.02
6.03					6.03
6.04					6.04
6.05					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12	232				12
13					13
14	8	104			14
15					15
16					16
17	18		4294		17
18	1			615	18
20					20
21					21
22					22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	46	46	2066	517	25
26					26
33	4	4			33
ANCILLARY SERVICE COST CENTERS					
37	24	24			37
38					38
39	6	6			39
40	4	4			40
41	24		348		41
44	21		97		44
46.30					46.30
47					47
49	10				49
50	24		68		50
53	1				53
54	1				54
55	1				55
56	4				56
OUTPATIENT SERVICE COST CENTERS					
61	20	20	1715	98	61
62					62
63.50	11				63.50
63.51					63.51
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
95	228	104	4294	615	95
NONREIMBURSABLE COST CENTERS					
98	4				98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	SOCIAL	
	MEALS	ADMINIS-	RECORDS &	SERVICE	
	FTES	TRATION	LIBRARY		
	12	DIRECT	TIME	TIME	
		FTES	SPENT	SPENT	
	12	14	17	18	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	245817	923405	1141619	107542	103
104 UNIT COST MULT-WS B PT I	1059.556034		265.863763		104
104 UNIT COST MULT-WS B PT I		8878.894231		174.865041	104
105 COST TO BE ALLOC PER B PT II	2051	1629	2517	272	105
106 UNIT COST MULT-WS B PT II	8.840517		.586167		106
106 UNIT COST MULT-WS B PT II		15.663462		.442276	106
107 COST TO BE ALLOC PER B PT III	21768	16647	97887	8158	107
108 UNIT COST MULT-WS B PT III	93.827586		22.796227		108
108 UNIT COST MULT-WS B PT III		160.067308		13.265041	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	6485227		6485227		6485227	25
26 INTENSIVE CARE UNIT	93016		93016		93016	26
33 NURSERY	419546		419546		419546	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3815736		3815736	44101	3859837	37
38 RECOVERY ROOM	64150		64150		64150	38
39 DELIVERY ROOM & LABOR ROOM	704665		704665		704665	39
40 ANESTHESIOLOGY	175295		175295		175295	40
41 RADIOLOGY-DIAGNOSTIC	4260476		4260476	2235	4262711	41
44 LABORATORY	3729827		3729827	404	3730231	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	205341		205341		205341	47
49 RESPIRATORY THERAPY	1169918		1169918		1169918	49
50 PHYSICAL THERAPY	2377360		2377360	40783	2418143	50
53 ELECTROCARDIOLOGY	212059		212059		212059	53
54 ELECTROENCEPHALOGRAPHY	140374		140374		140374	54
55 MEDICAL SUPPLIES CHARGED TO	1083937		1083937		1083937	55
56 DRUGS CHARGED TO PATIENTS	1907064		1907064		1907064	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2793178		2793178		2793178	61
62 OBSERVATION BEDS (NON-DISTI	687717		687717		687717	62
63.50 RHC	1534430		1534430		1534430	63.50
63.51 RHC II	363310		363310		363310	63.51
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	32222626		32222626	87523	32310149	101
102 LESS OBSERVATION BEDS	687717		687717		687717	102
103 TOTAL	31534909		31534909	87523	31622432	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	4933340		4933340			25
26 INTENSIVE CARE UNIT	136051		136051			26
33 NURSERY	370074		370074			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1381024	6783265	8164289	.467369	.467369	.472771 37
38 RECOVERY ROOM	161111	616364	777475	.082511	.082511	.082511 38
39 DELIVERY ROOM & LABOR ROOM	1135247	365112	1500359	.469664	.469664	.469664 39
40 ANESTHESIOLOGY	341067	1005906	1346973	.130140	.130140	.130140 40
41 RADIOLOGY-DIAGNOSTIC	2897228	15913460	18810688	.226492	.226492	.226611 41
44 LABORATORY	3479065	13409669	16888734	.220847	.220847	.220871 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	156121	110954	267075	.768851	.768851	.768851 47
49 RESPIRATORY THERAPY	2847224	1087913	3935137	.297300	.297300	.297300 49
50 PHYSICAL THERAPY	183750	4028659	4212409	.564371	.564371	.574052 50
53 ELECTROCARDIOLOGY	295305	1546422	1841727	.115141	.115141	.115141 53
54 ELECTROENCEPHALOGRAPHY	9275	562224	571499	.245624	.245624	.245624 54
55 MEDICAL SUPPLIES CHARGED TO	885165	1886193	2771358	.391121	.391121	.391121 55
56 DRUGS CHARGED TO PATIENTS	2419407	2386675	4806082	.396802	.396802	.396802 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	566145	3071132	3637277	.767931	.767931	.767931 61
62 OBSERVATION BEDS (NON-DISTI	149536	408858	558394	1.231598	1.231598	1.231598 62
63.50 RHC		1131355	1131355	1.356276	1.356276	1.356276 63.50
63.51 RHC II		344482	344482	1.054656	1.054656	1.054656 63.51
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	22346135	54658643	77004778			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	22346135	54658643	77004778			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	29982		29982	464864		464864
26 INTENSIVE CARE UNIT	1708		1708	23101		23101
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1130		1130	14650		14650
101 TOTAL	32820		32820	502615		502615

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	7346	4844	4.08	19764	63.28	306528
26 INTENSIVE CARE UNIT	22	9	77.64	699	1050.05	9450
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	822		1.37		17.82	
101 TOTAL	8190	4853		20463		315978

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0145) [ ] 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	13631	411466	8164289	597036	.001670	997	.050398	30089	37
38 RECOVERY ROOM	777	10075	777475	64520	.000999	64	.012959	836	38
39 DELIVERY ROOM & LABOR ROOM	2650	42014	1500359	4318	.001766	8	.028003	121	39
40 ANESTHESIOLOGY	722	42357	1346973	143465	.000536	77	.031446	4511	40
41 RADIOLOGY-DIAGNOSTIC	10619	877083	18810688	2146365	.000565	1213	.046627	100079	41
44 LABORATORY	8098	232369	16888734	2535373	.000479	1214	.013759	34884	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	351	4347	267075	123091	.001314	162	.016276	2003	47
49 RESPIRATORY THERAPY	3701	83546	3935137	2351863	.000941	2213	.021231	49932	49
50 PHYSICAL THERAPY	14305	157905	4212409	169258	.003396	575	.037486	6345	50
53 ELECTROCARDIOLOGY	289	33959	1841727	249905	.000157	39	.018439	4608	53
54 ELECTROENCEPHALOGRAPHY	698	18609	571499	9275	.001221	11	.032562	302	54
55 MEDICAL SUPPLIES CHARGED TO P	2434	42220	2771358	522920	.000878	459	.015234	7966	55
56 DRUGS CHARGED TO PATIENTS	3499	50408	4806082	1556067	.000728	1133	.010488	16320	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	15082	221458	3637277	413526	.004147	1715	.060886	25178	61
62 OBSERVATION BEDS (NON-DISTINC	3179	49296	558394	100297	.005693	571	.088282	8854	62
63.50 RHC			1131355						63.50
63.51 RHC II			344482						63.51
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	80035	2277112	70089476	10987279		10451		292028	101

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/25/2009 14:24

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					7346		4844	25
26 INTENSIVE CARE UNIT					22		9	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					822			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					8190		4853	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0145) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.51 RHC II							63.51
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 (14-0145) [ ] 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		8164289			597036		2598 37
38 RECOVERY ROOM		777475			64520		219674 38
39 DELIVERY ROOM & LABOR ROOM		1500359			4318		4318 39
40 ANESTHESIOLOGY		1346973			143465		339822 40
41 RADIOLOGY-DIAGNOSTIC		18810688			2146365		5481063 41
44 LABORATORY		16888734			2535373		5361433 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		267075			123091		83365 47
49 RESPIRATORY THERAPY		3935137			2351863		591509 49
50 PHYSICAL THERAPY		4212409			169258		2402013 50
53 ELECTROCARDIOLOGY		1841727			249905		811158 53
54 ELECTROENCEPHALOGRAPHY		571499			9275		193231 54
55 MEDICAL SUPPLIES CHARGED TO P		2771358			522920		796933 55
56 DRUGS CHARGED TO PATIENTS		4806082			1556067		1209639 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		3637277			413526		727596 61
62 OBSERVATION BEDS (NON-DISTINC		558394			100297		169253 62
63.50 RHC		1131355					63.50
63.51 RHC II		344482					63.51
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		70089476			10987279		18389287 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0145)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0145) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.467369	.467369	.467369			37
38 RECOVERY ROOM	.082511	.082511	.082511			38
39 DELIVERY ROOM & LABOR ROOM	.469664	.469664	.469664			39
40 ANESTHESIOLOGY	.130140	.130140	.130140			40
41 RADIOLOGY-DIAGNOSTIC	.226492	.226492	.226492			41
44 LABORATORY	.220847	.220847	.220847			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.768851	.768851	.768851			47
49 RESPIRATORY THERAPY	.297300	.297300	.297300			49
50 PHYSICAL THERAPY	.564371	.564371	.564371			50
53 ELECTROCARDIOLOGY	.115141	.115141	.115141			53
54 ELECTROENCEPHALOGRAPHY	.245624	.245624	.245624			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.391121	.391121	.391121			55
56 DRUGS CHARGED TO PATIENTS	.396802	.396802	.396802			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.767931	.767931	.767931			61
62 OBSERVATION BEDS (NON-DISTINCT	1.231598	1.231598	1.231598			62
63.50 RHC	1.356276	1.356276	1.356276			63.50
63.51 RHC II	1.054656	1.054656	1.054656			63.51
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	.396802	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0145) [ ] 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
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2598						37
38 RECOVERY ROOM		219674						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		339822						40
41 RADIOLOGY-DIAGNOSTIC		5481063						41
44 LABORATORY		5361433						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		83365						47
49 RESPIRATORY THERAPY		591509						49
50 PHYSICAL THERAPY		2402013						50
53 ELECTROCARDIOLOGY		811158						53
54 ELECTROENCEPHALOGRAPHY		193231						54
55 MEDICAL SUPPLIES CHARGED TO PA		796933						55
56 DRUGS CHARGED TO PATIENTS		1209639						56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		727596						61
62 OBSERVATION BEDS (NON-DISTINCT		169253						62
63.50 RHC								63.50
63.51 RHC II								63.51
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		18389287						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		18389287						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0145) [ ] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1214					37
38 RECOVERY ROOM		18126					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		44224					40
41 RADIOLOGY-DIAGNOSTIC		1241417					41
44 LABORATORY		1184056					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		64095					47
49 RESPIRATORY THERAPY		175856					49
50 PHYSICAL THERAPY		1355626					50
53 ELECTROCARDIOLOGY		93398					53
54 ELECTROENCEPHALOGRAPHY		47462					54
55 MEDICAL SUPPLIES CHARGED TO PAT		311697					55
56 DRUGS CHARGED TO PATIENTS		479987					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		558744					61
62 OBSERVATION BEDS (NON-DISTINCT		208452					62
63.50 RHC							63.50
63.51 RHC II							63.51
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		5784354					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		5784354					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0145)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	7346						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7346						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	627						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6719						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)	4844						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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6485227						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	6485227						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4573670						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	404203						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4169467						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.417948						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	644.66						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	620.55						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	24.11						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	34.19						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	21437						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6463790						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) (14-0145)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	882.82						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4276380						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4276380						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	93016	22	4228.00	9	38052		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) (14-0145)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3539787						48
49	TOTAL PROGRAM INPATIENT COSTS	7854219						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	336441						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	302479						51
52	TOTAL PROGRAM EXCLUDABLE COST	638920						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	7215299						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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [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)  
 (14-0145)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	779	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	882.82	84
85 OBSERVATION BED COST	687717	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	29982	6485227	.004623	687717	3179	86
87 NEW CAPITAL-RELATED COST	464864	6485227	.071680	687717	49296	87
88 NON PHYSICIAN ANESTHETIST		6485227		687717		88
89 MEDICAL EDUCATION		6485227		687717		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0145)	<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		3725840		25
26 INTENSIVE CARE UNIT		1612		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.472771	597036	282261	37
38 RECOVERY ROOM	.082511	64520	5324	38
39 DELIVERY ROOM & LABOR ROOM	.469664	4318	2028	39
40 ANESTHESIOLOGY	.130140	143465	18671	40
41 RADIOLOGY-DIAGNOSTIC	.226611	2146365	486390	41
44 LABORATORY	.220871	2535373	559990	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.768851	123091	94639	47
49 RESPIRATORY THERAPY	.297300	2351863	699209	49
50 PHYSICAL THERAPY	.574052	169258	97163	50
53 ELECTROCARDIOLOGY	.115141	249905	28774	53
54 ELECTROENCEPHALOGRAPHY	.245624	9275	2278	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.391121	522920	204525	55
56 DRUGS CHARGED TO PATIENTS	.396802	1556067	617450	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.767931	413526	317559	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.231598	100297	123526	62
63.50 RHC	1.356276			63.50
63.51 RHC II	1.054656			63.51
63.60 FQHC				63.60
101 TOTAL		10987279	3539787	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		10987279		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1364388					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1364388					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2684284					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT						2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	55.41					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06		0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	5413060					6
7						7
7.01						7.01
8	5413060					8
9	456045					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	5869105					16
17						17
18	5869105					18
19	747556					19
20	9273					20
21	107336					21
21.01	75135					21.01
21.02	221139					21.02
22	5187411					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	5187411				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	5235075				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-47664				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0145) 1	HOSPITAL (14-0145) 1.01	HOSPITAL (14-0145) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	5784354			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5629458			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.845			1.03
1.04 LINE 1.01 TIMES LINE 1.03	4887779			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	5629458			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0145) 1	HOSPITAL (14-0145) 1.01	HOSPITAL (14-0145) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1597087		18.01
19 SUBTOTAL	4032371		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	4032371		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4032371		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	123721		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	86605		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	4118976		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	4118976		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4096700		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	22276		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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0145)

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		5235075		4096700	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		5235075		4096700	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO				5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO				5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

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

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

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	3086763			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12573063			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6749361			6
7	INVENTORY	520139			7
8	PREPAID EXPENSES	509271			8
9	OTHER CURRENT ASSETS	4304689			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	14244564			11
FIXED ASSETS					
12	LAND	1114807			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	3416714			13
13.01	ACCUMULATED DEPRECIATION	-1363336			13.01
14	BUILDINGS	15947513			14
14.01	ACCUMULATED DEPRECIATION	-5659337			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	11745650			16
16.01	ACCUMULATED DEPRECIATION	-6835736			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	18649207			18
18.01	ACCUMULATED DEPRECIATION	-11895711			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	25119771			21
OTHER ASSETS					
22	INVESTMENTS	48774000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	456625			25
26	TOTAL OTHER ASSETS	49230625			26
27	TOTAL ASSETS	88594960			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	811459			28
29	SALARIES, WAGES & FEES PAYABLE	2068000			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	3640000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	418000			35
36	TOTAL CURRENT LIABILITIES	6937459			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	8199000			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	7871501			41
42	TOTAL LONG TERM LIABILITIES	16070501			42
43	TOTAL LIABILITIES	23007960			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	65587000			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	65587000			51
52	TOTAL LIABILITIES AND FUND BALANCES	88594960			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	68175589			1
2 NET INCOME (LOSS)	-2512000			2
3 TOTAL	65663589			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS				5
6 INVESTMENT INCOME				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	65663589			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED				13
14 CHANGE IN TEMP RESTRICTED ASSETS	76589			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	76589			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	65587000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	5357361		5357361	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	5357361		5357361	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	137397		137397	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	137397		137397	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	5494758		5494758	18
18.50 ANCILLARY SERVICES	18541801	52951810	71493611	18.50
18.51 OUTPATIENT SERVICES		5327039	5327039	18.51
18.60 RHC				18.60
19 RHC II				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
25 OBSERVATION BEDS	149536	408858	558394	25
RURAL HEALTH CLINICS		1475837	1475837	
TOTAL PATIENT REVENUES	24186095	60163544	84349639	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		39817893	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		39817893	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	84349639	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	41281802	2
3	NET PATIENT REVENUES	43067837	3
4	LESS - TOTAL OPERATING EXPENSES	39817893	4
5	NET INCOME FROM SERVICE TO PATIENTS	3249944	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5017	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	161079	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	775	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	26473	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	5067	21
22	RENTAL OF HOSPITAL SPACE	297756	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC OPERATING REVENUE(INC ROUNDING	399695	24
24.01	INTEREST INCOME	-83461	24.01
24.02	TRANSFER TO AFFILIATE	537000	24.02
24.03	RECOGNITION OF CHANGE PENSION STATU	-2291044	24.03
24.04	NONOPERATING INVESTMENT INCOME LOSS	-4751000	24.04
24.05	UNREAL G/L ON SELF-INS & WC	-92123	24.05
24.06	NET ASSETS RELEASED FOR OPERATIONS	22822	24.06
25	TOTAL OTHER INCOME	-5761944	25
26	TOTAL	-2512000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2512000	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0145)	HOSPITAL (14-0145)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2		456045			2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[ E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6		456045			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

RHC I  
 COMPONENT NO: 14-8502

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	275269		275269		275269		275269	1
2 PHYSICIAN ASSISTANT	30943		30943		30943		30943	2
3 NURSE PRACTITIONER								3
4 VISITING NURSE								4
5 OTHER NURSE	21277		21277		21277		21277	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	272698		272698		272698		272698	9
10 SUBTOTAL (SUM OF LINES 1-9)	600187		600187		600187		600187	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		7064	7064		7064		7064	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE		20509	20509		20509		20509	18
19 OTHER HEALTH CARE COSTS		356198	356198		356198		356198	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		383771	383771		383771		383771	21
22 TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	600187	383771	983958		983958		983958	22
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS								29
30 ADMINISTRATIVE COSTS								30
31 TOTAL FACILITY OVERHEAD								31
32 TOTAL FACILITY COSTS	600187	383771	983958		983958		983958	32

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

RHC I  
 COMPONENT NO: 14-8502

WORKSHEET M-2

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	1.31	10975	4200	5502		1
2 PHYSICIAN ASSISTANTS	0.42	3451	2100	882		2
3 NURSE PRACTITIONERS			2100			3
4 SUBTOTAL	1.73	14426		6384	14426	4
5 VISITING NURSE	0.43	113			113	5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	2.16	14539			14539	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					983958	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					983958	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD						14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					550472	15
16 TOTAL OVERHEAD					550472	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					550472	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					550472	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					1534430	20

RHC I  
COMPONENT NO: 14-8502

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1534430	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	1534430	3
4	TOTAL VISITS	14539	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	14539	6
7	ADJUSTED COST PER VISIT	105.54	7

CALCULATION OF LIMIT(1)  
PRIOR TO ON OR AFTER  
JANUARY 1 JANUARY 1 (SEE INSTR.)  
1 2 3

8	PER VISIT PAYMENT LIMIT		8
9	RATE FOR PROGRAM COVERED VISITS		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES		10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES		11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES		12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES		13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES		14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST		16
16.01	PRIMARY PAYOR PAYMENTS		16.01
17	LESS: BENEFICIARY DEDUCTIBLE		17
18	NET PROGRAM COST EXCLUDING VACCINES		18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE		19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		20
21	TOTAL REIMBURSABLE PROGRAM COST		21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT		24
25	INTERIM PAYMENTS		25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM		26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/25/2009 14:24

RHC I  
COMPONENT NO: 14-8502

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	600187	600187	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE			5
6 TOTAL DIRECT COST OF THE FACILITY	983958	983958	6
7 TOTAL OVERHEAD	550472	550472	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			16

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/25/2009 14:24

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER  
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I  
COMPONENT NO: 14-8502

WORKSHEET M-5

CHECK [ XX ] RHC  
APPLICABLE BOX: [ ] FQHC

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

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

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

RHC II  
 COMPONENT NO: 14-8503

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	137207		137207		137207		137207	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER								3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	57001		57001		57001		57001	9
10 SUBTOTAL (SUM OF LINES 1-9)	194208		194208		194208		194208	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		1945	1945		1945		1945	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS		64989	64989		64989		64989	19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		66934	66934		66934		66934	21
22 TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	194208	66934	261142		261142		261142	22
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS								29
30 ADMINISTRATIVE COSTS								30
31 TOTAL FACILITY OVERHEAD								31
32 TOTAL FACILITY COSTS	194208	66934	261142		261142		261142	32

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

RHC II  
 COMPONENT NO: 14-8503

WORKSHEET M-2

CHECK [ XX ] RHC  
 APPLICABLE BOX: [ ] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	0.55	2175	4200	2310		1
2 PHYSICIAN ASSISTANTS	0.47	1252	2100	987		2
3 NURSE PRACTITIONERS			2100			3
4 SUBTOTAL	1.02	3427		3297	3427	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	1.02	3427			3427	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					261142	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					261142	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD						14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					102168	15
16 TOTAL OVERHEAD					102168	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					102168	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					102168	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					363310	20

RHC II  
 COMPONENT NO: 14-8503

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	363310	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	363310	3
4	TOTAL VISITS	3427	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	3427	6
7	ADJUSTED COST PER VISIT	106.01	7

CALCULATION OF LIMIT(1)  
 PRIOR TO ON OR AFTER  
 JANUARY 1 JANUARY 1 (SEE INSTR.)  
 1 2 3

8	PER VISIT PAYMENT LIMIT		8
9	RATE FOR PROGRAM COVERED VISITS		9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST	15
16	TOTAL PROGRAM COST	16
16.01	PRIMARY PAYOR PAYMENTS	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	17
18	NET PROGRAM COST EXCLUDING VACCINES	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	20
21	TOTAL REIMBURSABLE PROGRAM COST	21
22	REIMBURSABLE BAD DEBTS	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	22.01
23	OTHER ADJUSTMENTS	23
24	NET REIMBURSABLE AMOUNT	24
25	INTERIM PAYMENTS	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	25.01
26	BALANCE DUE COMPONENT/PROGRAM	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC II  
 COMPONENT NO: 14-8503

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	194208	194208	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME			2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST			3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE			5
6 TOTAL DIRECT COST OF THE FACILITY	261142	261142	6
7 TOTAL OVERHEAD	102168	102168	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST			8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE			9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION			10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS			11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION			12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION			16

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2009.08  
11/25/2009 14:24

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER  
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC II  
COMPONENT NO: 14-8503

WORKSHEET M-5

CHECK [ XX ] RHC  
APPLICABLE BOX: [ ] FQHC

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

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

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