

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT JOSEPH HOSPITAL (14-0224) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 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		
	1	2	3	4	
1	HOSPITAL	-700460	-326635		1
2	SUBPROVIDER I	228909			2
2.01	SUBPROVIDER II	52431			2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	1100			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-418020	-326635		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: 2900 NORTH LAKE SHORE DRIVE
 1.01 CITY: CHICAGO STATE: IL P.O.BOX: ZIP CODE: 60657 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	14-0224	07/01/1966	N	P	O	2	
3	SUBPROVIDER I	14-S224	07/01/1985	N	P	O	3	
3.01	SUBPROVIDER II	14-T224	07/01/1985	N	P	O	3.01	
4	SWING BEDS - SNF						4	
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF	SKILLED CARE	14-5568	01/28/1987	N	P	N	6
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA						9	
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC						14	
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2008	TO: 06/30/2009			17	
18	TYPE OF CONTROL		1	2			18	
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1			19	
20	SUBPROVIDER I			4			20	
20.01	SUBPROVIDER II			5			20.01	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.						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).						21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?						22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW						23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	1.0790	1.0790	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	1600		28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	14H082		40
40.01	NAME:	FI/CONTRACTOR'S NAME:			40.01
40.02	STREET:	P.O.BOX:			40.02
40.03	CITY:	STATE:	ZIP CODE:		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$					
		0	1	2	3	4					
		/ /	NO	0.00	NO						
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.					56					
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57					
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58					
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59					
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60					
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO		60.01					
MULTICAMPUS											
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61					
	COUNTY:	1		STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	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)				NO		63				

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		4264	2201	12784	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		4264	2201	12784	12
13	RPCH VISITS					13
14	SUBPROVIDER I		623	400	1324	14
14.01	SUBPROVIDER II		332	31	518	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART II
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	66108140	1050273	67158413	2389764.00	28.10		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
4.01 PHYSICIAN - PART A	287227		287227	8008.00	35.87		4
5 TEACHING PHYSICIAN SALARIES							4.01
5.01 PHYSICIAN - PART B							5
6 NON-PHYSICIAN - PART B							5.01
6.01 INTERNS & RESIDENTS (IN APPR PGM)	635280		635280	23020.00	27.60		6
7 CONTRACT SERVICES, I&R							6.01
8 HOME OFFICE PERSONNEL							7
8.01 SNF	1414586		1414586	50037.00	28.27		8
9 EXCLUDED AREA SALARIES	6059046	258228	6317274	227595.00	27.76		8.01
10 OTHER WAGES & RELATED COSTS							
10.01 CONTRACT LABOR	2249372		2249372	41195.00	54.60	INVOICES	9
11 PHARMACY SERVICES UNDER CONTRACT							9.01
12 LABORATORY SERVICES UNDER CONTRACT							9.02
13 MANAGEMENT AND ADMINISTRATIVE SERVICES							9.03
14 CONTRACT LABOR: PHYSICIAN PART A							10
15.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
16 HOME OFFICE SALARIES & WAGE REL COSTS	12433083		12433083	331285.00	37.53	HOME OFFICE CR	11
17 HOME OFFICE: PHYSICIAN PART A							12
18.01 TEACHING PHYSICIAN SALARIES							12.01
19 WAGE-RELATED COSTS							
20 WAGE RELATED COSTS (CORE)	16748793		16748793			CMS 339	13
21 WAGE RELATED COSTS (OTHER)						CMS 339	14
22 EXCLUDED AREAS	2013565		2013565			CMS 339	15
23 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
24 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
25 PHYSICIAN PART A						CMS 339	18
26.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
27 PHYSICIAN PART B						CMS 339	19
28.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
29 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
30 OVERHEAD COSTS - DIRECT SALARIES							
31 EMPLOYEE BENEFITS	172076		172076				21
32 ADMINISTRATIVE & GENERAL	4805195	792045	5597240	173050.00	32.34		22
33.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
34 MAINTENANCE & REPAIRS	669975		669975	24239.00	27.64		23
35 OPERATION OF PLANT	800032		800032	23577.00	33.93		24
36 LAUNDRY & LINEN SERVICE							25
37 HOUSEKEEPING	1507911		1507911	116755.00	12.92		26
38.01 HOUSEKEEPING UNDER CONTRACT							26.01
39 DIETARY	2118048	-1103504	1014544	90011.00	11.27		27
40.01 DIETARY UNDER CONTRACT							27.01
41 CAFETERIA		1103504	1103504	58042.00	19.01		28
42 MAINTENANCE OF PERSONNEL							29
43 NURSING ADMINISTRATION	1734449		1734449	46036.00	37.68		30
44 CENTRAL SERVICES AND SUPPLY		11	11	1.00	11.00		31
45 PHARMACY	2429914		2429914	70316.00	34.56		32
46 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1141532		1141532	55778.00	20.47		33
47 SOCIAL SERVICE	424359		424359	14515.00	29.24		34
48 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	WORKSHEET S-3 PART III
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	65472860	1050273	66523133	2366744.00	28.11	1
2 EXCLUDED AREA SALARIES	7473632	258228	7731860	277632.00	27.85	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	57999228	792045	58791273	2089112.00	28.14	3
4 SUBTOTAL OTHER WAGES & REL COSTS	14682455		14682455	372480.00	39.42	4
5 SUBTOTAL WAGE-RELATED COSTS	16748793		16748793		28.49%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	89430476	792045	90222521	2461592.00	36.65	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	15803502	792045	16595547	672320.00	24.68	13

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB		19						5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		126						7
8	RHB		84						8
9	RHA								9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		104						10
11	RMB		439						11
12	RMA		39						12
12.01	RMX		778						12.01
12.02	RML		1122						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		354						15
16	SE2		784						16
17	SE1		27						17
18	SSC								18
19	SSB		27						19
20	SSA		306						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1		14						24
25	CA2								25
26	CA1		43						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1		2						40
41	PB2								41
42	PB1		2						42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		4270						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	5178675 17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	5178675 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.291489 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	56512759 28
29	TOTAL GROSS MEDICAID COST	16472848 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	8271225 30
31	UNCOMPENSATED CARE COST	2410971 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16472848 32

PROVIDER NO. 14-0224 SAINT JOSEPH 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
 11/28/2009 06:20

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
85.03	8530								85.03
95		63988182	103959248	167947430	402534	168349964	346735	168696699	95
NONREIMBURSABLE COST CENTERS									
98	9800	168097	1454131	1622228	-5558	1616670		1616670	98
100	7950	1951861	3646669	5598530	-396976	5201554	-1610279	3591275	100
100.01	7951								100.01
101		66108140	109060048	175168188		175168188	-1263544	173904644	101
TOTAL									

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		1	
			COST CENTER	LINE #		SALARY
2			2	3	4	5
1		A				1
2		A				2
3	DRUGS RECLASS	A	DRUGS CHARGED TO PATIENTS	56		3
4		A				4
5		A				5
6		A				6
7		A				7
8		A				8
9		A				9
10		A				10
11		A				11
12		A				12
13		A				13
14		A				14
15		A				15
16		A				16
17		A				17
18		A				18
19		A				19
20		A				20
21		A				21
22		A				22
23		A				23
24		A				24
25	IMPLANTABLES AND DEVICES	B	DEVICES AND IMPLANTABLES	55.01		25
26		B	I&R SERVICES-SALARY & FRINGES	22		26
27		B				27
28		B				28
29		B				29
30		B				30
31		B				31
32		B				32
33		B				33
34		B				34
35		B				35
36	SUBTOTAL					13357935 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	A	ADMINISTRATION & GENERAL	6.06		11450	1
2	A	CENTRAL SERVICES & SUPPLY	15		2029	2
3 DRUGS RECLASS	A	PHARMACY	16		5403732	3
4	A	ADULTS & PEDIATRICS	25		3330	4
5	A	INTENSIVE CARE UNIT	26		26	5
6	A	SUBPROVIDER I	31		969	6
7	A	SUBPROVIDER II	31.01		793	7
8	A	NURSERY	33		311	8
9	A	SKILLED NURSING FACILITY	34		168	9
10	A	OPERATING ROOM	37		7647	10
11	A	RECOVERY ROOM	38		156	11
12	A	ANESTHESIOLOGY	40		161510	12
13	A	RADIOLOGY-DIAGNOSTIC	41		3694	13
14	A	RADIOLOGY-THERAPEUTIC	42		188	14
15	A	LABORATORY	44		7371	15
16	A	RESPIRATORY THERAPY	49		62852	16
17	A	PHYSICAL THERAPY	50		146	17
18	A	ELECTROCARDIOLOGY	53		4106	18
19	A	ELECTROENCEPHALOGRAPHY	54		14	19
20	A	CLINIC	60		420	20
21	A	EMERGENCY	61		289	21
22	A	PHYSICIANS' PRIVATE OFFICES	98		2165	22
23	A	OTHER	100		306726	23
24						24
25 IMPLANTABLES AND DEVICES	B	CENTRAL SERVICES & SUPPLY	15		4932	25
26	B	ADULTS & PEDIATRICS	25		5170	26
27	B	INTENSIVE CARE UNIT	26		9132	27
28	B	SUBPROVIDER I	31		4	28
29	B	SUBPROVIDER II	31.01		1056	29
30	B	NURSERY	33		4333	30
31	B	SKILLED NURSING FACILITY	34		464	31
32	B	OPERATING ROOM	37		5176494	32
33	B	RECOVERY ROOM	38		658	33
34	B	ANESTHESIOLOGY	40		800	34
35	B	RADIOLOGY-DIAGNOSTIC	41		11659	35
36 SUBTOTAL					11194794	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	B				1
2	B				2
3	B				3
4	B				4
5					5
6					6
7 CHARGEABLE DRUGS	C	MEDICAL SUPPLIES CHARGED TO P	55		5688354
8	C				8
9	C				9
10	C				10
11	C				11
12	C				12
13	C				13
14	C				14
15	C				15
16	C				16
17	C				17
18	C				18
19	C				19
20	C				20
21	C				21
22	C				22
23	C				23
24	C				24
25	C				25
26	C				26
27	C				27
28	C				28
29	C				29
30	C				30
31	C				31
32	C				32
33	C				33
34	C				34
35	C				35
36 SUBTOTAL					19046289

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	B	RESPIRATORY THERAPY	49		372	1
2	B	PHYSICAL THERAPY	50		582	2
3	B	ELECTROCARDIOLOGY	53		2158159	3
4	B	EMERGENCY	61		4028	4
5						5
6						6
7 CHARGEABLE DRUGS	C	ADMINISTRATION & GENERAL	6.06		171090	7
8	C	MAINTENANCE & REPAIRS	7		1088	8
9	C	OPERATION OF PLANT	8		1391	9
10	C	LAUNDRY & LINEN SERVICE	9		101	10
11	C	HOUSEKEEPING	10		39222	11
12	C	DIETARY	11		3993	12
13	C	NURSING ADMINISTRATION	14		353	13
14	C	CENTRAL SERVICES & SUPPLY	15		58894	14
15	C	PHARMACY	16		43310	15
16	C	MEDICAL RECORDS & LIBRARY	17		352	16
17	C	I&R SERVICES-SALARY & FRINGES	22		17394	17
18	C	ADULTS & PEDIATRICS	25		739669	18
19	C	INTENSIVE CARE UNIT	26		137097	19
20	C	SUBPROVIDER I	31		12687	20
21	C	SUBPROVIDER II	31.01		24987	21
22	C	NURSERY	33		55357	22
23	C	SKILLED NURSING FACILITY	34		37054	23
24	C	OPERATING ROOM	37		2747547	24
25	C	RECOVERY ROOM	38		15661	25
26	C	ANESTHESIOLOGY	40		234684	26
27	C	RADIOLOGY-DIAGNOSTIC	41		117057	27
28	C	RADIOLOGY-THERAPEUTIC	42		7644	28
29	C	LABORATORY	44		151305	29
30	C	RESPIRATORY THERAPY	49		241204	30
31	C	PHYSICAL THERAPY	50		45466	31
32	C	ELECTROCARDIOLOGY	53		603266	32
33	C	ELECTROENCEPHALOGRAPHY	54		4051	33
34	C	CARDIAC REHAB	59		1473	34
35	C	CLINIC	60		9608	35
36 SUBTOTAL					18880940	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1
			COST CENTER	LINE #	SALARY	
2			2	3	4	5
1		C				1
2		C				2
3		C				3
4						4
5	IV SOLUTIONS	D	CENTRAL SERVICES & SUPPLY	15		6430
6		D	DRUGS CHARGED TO PATIENTS	56		946020
7		D	I&R SERVICES-SALARY & FRINGES	22		20
8		D				8
9		D				9
10		D				10
11		D				11
12		D				12
13		D				13
14		D				14
15		D				15
16		D				16
17		D				17
18		D				18
19		D				19
20		D				20
21		D				21
22		D				22
23		D				23
24						24
25	CAFETERIA	E	CAFETERIA	12	1103504	656628
26						26
27	PHYSICIAN DEPARTMENT CHAIRMAN	F	SUBPROVIDER I	31	178023	
28		F	SUBPROVIDER II	31.01	80205	
29						29
30	ADMIN PORTION OF TEACHING PHYSICIAN	G	ADMINISTRATION & GENERAL	6.06	792045	
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS				2153777	20655387

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	C	EMERGENCY	61		73290	1
2	C	PHYSICIANS' PRIVATE OFFICES	98		3261	2
3	C	OTHER	100		88799	3
4						4
5	D	PHARMACY	16		188490	5
6	D	ADULTS & PEDIATRICS	25		307835	6
7	D	INTENSIVE CARE UNIT	26		52737	7
8	D	SUBPROVIDER I	31		265	8
9	D	SUBPROVIDER II	31.01		3078	9
10	D	NURSERY	33		30609	10
11	D	SKILLED NURSING FACILITY	34		14099	11
12	D	OPERATING ROOM	37		92686	12
13	D	RECOVERY ROOM	38		19496	13
14	D	ANESTHESIOLOGY	40		72756	14
15	D	RADIOLOGY-DIAGNOSTIC	41		19746	15
16	D	RADIOLOGY-THERAPEUTIC	42		174	16
17	D	LABORATORY	44		22002	17
18	D	RESPIRATORY THERAPY	49		607	18
19	D	ELECTROCARDIOLOGY	53		29415	19
20	D	CLINIC	60		178	20
21	D	EMERGENCY	61		96713	21
22	D	PHYSICIANS' PRIVATE OFFICES	98		132	22
23	D	OTHER	100		1451	23
24						24
25	E	DIETARY	11	1103504	656628	25
26						26
27	F	I&R SERVICES-OTHER PRGM COSTS	23		178023	27
28	F	I&R SERVICES-OTHER PRGM COSTS	23		80205	28
29						29
30	G	I&R SERVICES-OTHER PRGM COSTS	23		792045	30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		1103504	21705660	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B		NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-137142			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	3116163			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1230593	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	-6613	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 MISC REVENUE	B	-3825	ADULTS & PEDIATRICS	25	36
38 MISC REVENUE	B	-6149	RADIOLOGY-DIAGNOSTIC	41	37
39 MISC REVENUE	B	-3510	NURSERY	33	38
39.01 MISC REVENUE	B	-184362	ADMINISTRATION & GENERAL	6.06	39
39.02 MISC INCOME	B	-4956	ELECTROCARDIOLOGY	53	39.01
40 PARKING GARAGE	B	-1146187	ADMINISTRATION & GENERAL	6.06	39.02
41 MISC INCOME	B	-47771	NONPATIENT TELEPHONES	6.01	40
42 ASBESTOS AMORTIZATION	A	360796	OPERATION OF PLANT	8	41
43 MOONLIGHTERS	A	-73851	I&R SERVICES-SALARY & FRINGES A	22	42
44 MEDICARE TO BOOK DEPRECIATION	A	2491252	NEW CAP REL COSTS-BLDG & FIXT	3	43
45 PENSION EXPENSE	A	-2776517	EMPLOYEE BENEFITS	5	44
46 PHYS FEES	A	-1610279	OTHER	100	9 45
47					46
48					47
49					48
50 TOTAL		-1263544			49

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	5	EMPLOYEE BENEFITS	822276		822276	1
2	6.02	DATA PROCESSING	4359667		4359667	2
3	6.03	PURCHASING,RECEIVING&STORES	434464		434464	3
4	6.04	ADMITTING	1398362		1398362	4
4.01	6.05	CASHIERING/ACCTS RECEIVABLE	1889850		1889850	4.01
4.02	6.06	ADMINISTRATION & GENERAL	6006634	18473248	-12466614	4.02
4.03	15	CENTRAL SERVICES & SUPPLY	531982		531982	4.03
4.04	26	INTENSIVE CARE UNIT	449188		449188	4.04
4.05	3	ADMIN ALLOCATIONS	5696988		5696988	11 4.05
5		NEW CAP REL COSTS-BLDG & FIXT	21589411	18473248	3116163	5
		TOTALS				

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

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

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

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

- (1) 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:

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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
2	31	SUBPROVIDER I	DR B	178823		178823	177200	1560	132900	6645
3	31.01	SUBPROVIDER II	DR. L	212091		212091	177200	1560	132900	6645
4	42	RADIOLOGY-THERAPEUTIC	AGGREGATE	6154	6154		177200			
5	53	ELECTROCARDIOLOGY	AGGREGATE	2024	2024		154100			
6	61.01	PARTIAL HOSPITALIZATION		26000		26000	177200	260	22150	1108
101		TOTAL		425092	8178	416914		3380	287950	14398

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER								
LINE NO.			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
			12	13	14	15	16	17	18
10	11								
2	31	SUBPROVIDER I		DR B			132900	45923	45923
3	31.01	SUBPROVIDER II		DR. L			132900	79191	79191
4	42	RADIOLOGY-THERAPEUTIC		AGGREGATE					6154
5	53	ELECTROCARDIOLOGY		AGGREGATE					2024
6	61.01	PARTIAL HOSPITALIZATION					22150	3850	3850
101		TOTAL					287950	128964	137142

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	
	0	3	5	6.01	6.02	6.03	6.04	6.05	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	168696699	16163282	12782148	274038	4707412	804078	1670654	1968399	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1616670	139467	33124			196			98
100 OTHER	3591275		384620			5214			100
100.01LAKESHORE GUEST UNIT		79684							100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	173904644	16382433	13199892	274038	4707412	809488	1670654	1968399	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINIST. &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
								5A	6.06
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	168054394	22155687	1881197	8484071	1030142	3487259	3321996	821261	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1789457	273417	24762	126562		53709		2860	98
100 OTHER	3981109	608286			2810			40408	100
100.01LAKESHORE GUEST UNIT	79684	12175	14148	72311		30686			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	173904644	23049565	1920107	8682944	1032952	3571654	3321996	864529	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER	SUBTOTAL
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	AND FRINGES 22	PROGRAM COSTS 23	
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2824117	1311362	3671672	3097240	643453	797396	15043473	166591800 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES			1405					2272172 98
100 OTHER			199055					4831668 100
100.01LAKESHORE GUEST UNIT								209004 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2824117	1311362	3872132	3097240	643453	797396	15043473	173904644 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 NONPATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING,RECEIVING&STORES			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS RECEIVABLE			6.05
6.06 ADMINISTRATION & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	-10923692	39685246	25
26 INTENSIVE CARE UNIT	-2617099	7638008	26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I		6644099	31
31.01 SUBPROVIDER II		2962913	31.01
33 NURSERY		2817029	33
34 SKILLED NURSING FACILITY		4027874	34
36 OTHER LONG TERM CARE			36
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	-634039	15523645	37
38 RECOVERY ROOM		1443382	38
40 ANESTHESIOLOGY		648296	40
41 RADIOLOGY-DIAGNOSTIC	-344000	10438190	41
42 RADIOLOGY-THERAPEUTIC		1769547	42
44 LABORATORY	-138274	10294929	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	-274863	2417975	49
50 PHYSICAL THERAPY	-274863	4919335	50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY		4003781	53
54 ELECTROENCEPHALOGRAPHY	-634039	359030	54
55 MEDICAL SUPPLIES CHARGED TO PAT		7524960	55
55.01 DEVICES AND IMPLANTABLES		9380112	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS		12555617	56
56.01 DRUGS CHARGED			56.01
57 RENAL DIALYSIS		739041	57
59 CARDIAC REHAB		314137	59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC		620113	60
61 EMERGENCY		3763223	61
61.01 PARTIAL HOSPITALIZATION		260449	61.01
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	-15840869	150750931	95
NONREIMBURSABLE COST CENTERS			
98 PHYSICIANS' PRIVATE OFFICES		2272172	98
100 OTHER		4831668	100
100.01LAKESHORE GUEST UNIT		209004	100.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	-15840869	158063775	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NONPATIENT DATA TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING STORES 6.03	ADMITTING 6.04	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1004019	16163282	17167301	141758	37900	597430	369116	60037	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	114788	139467	254255	367			90		98
100 OTHER				4265			2393		100
100.01LAKESHORE GUEST UNIT		79684	79684						100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1118807	16382433	17501240	146390	37900	597430	371599	60037	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERING	ADMINIST.	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	ACCOUNTS RECEIVABLE	&GENERAL	TENANCE & REPAIRS	OF PLANT	AND LINEN SERVICE	KEEPING			
	6.05	6.06	7	8	9	10	11	12	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	67941	4815339	262676	1501141	29904	438456	658130	29419	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		59424	3458	22393		6753		102	98
100 OTHER		132205			82			1447	100
100.01LAKESHORE GUEST UNIT		2646	1975	12794		3858			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	67941	5009614	268109	1536328	29986	449067	658130	30968	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER	SUBTOTAL	
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 17	SERVICE 18	AND FRINGES 22	PROGRAM COSTS 23	25	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	150843	454529	254723	349341	22272			16017437	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			97					346939	98
100 OTHER			13809					154201	100
100.01 LAKESHORE GUEST UNIT								100957	100.01
101 CROSS FOOT ADJUSTMENTS						26240	855466	881706	101
102 NEGATIVE COST CENTER									102
103 TOTAL	150843	454529	268629	349341	22272	26240	855466	17501240	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 NONPATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING,RECEIVING&STORES			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS RECEIVABLE			6.05
6.06 ADMINISTRATION & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	5156347		25
26 INTENSIVE CARE UNIT	731984		26
27 CORONARY CARE UNIT	-261		27
31 SUBPROVIDER I	922987		31
31.01 SUBPROVIDER II	336713		31.01
33 NURSERY	242662		33
34 SKILLED NURSING FACILITY	762754		34
36 OTHER LONG TERM CARE	2212		36
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	2033225		37
38 RECOVERY ROOM	55162		38
40 ANESTHESIOLOGY	64259		40
41 RADIOLOGY-DIAGNOSTIC	1377985		41
42 RADIOLOGY-THERAPEUTIC	293115		42
44 LABORATORY	880419		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	186543		49
50 PHYSICAL THERAPY	346004		50
51 OCCUPATIONAL THERAPY	247		51
52 SPEECH PATHOLOGY	97		52
53 ELECTROCARDIOLOGY	480889		53
54 ELECTROENCEPHALOGRAPHY	95490		54
55 MEDICAL SUPPLIES CHARGED TO PAT	419213		55
55.01 DEVICES AND IMPLANTABLES	512655		55.01
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	559174		56
56.01 DRUGS CHARGED			56.01
57 RENAL DIALYSIS	65025		57
59 CARDIAC REHAB	91473		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	69988		60
61 EMERGENCY	322223		61
61.01 PARTIAL HOSPITALIZATION	8853		61.01
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS		16017437	95
NONREIMBURSABLE COST CENTERS			
98 PHYSICIANS' PRIVATE OFFICES		346939	98
100 OTHER		154201	100
100.01LAKESHORE GUEST UNIT		100957	100.01
101 CROSS FOOT ADJUSTMENTS		881706	101
102 NEGATIVE COST CENTER			102
103 TOTAL		17501240	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONES NUMBER OF PHONES	DATA PROCESSING TIME SPENT	PURCHASING RECEIVING STORES SUPPLY EXPENSE	
	1	3	4	5	6.01	6.02	6.03	
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	603454	603454	603454	64866379	1113	100	13918538	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	5207	5207	5207	168097			3394	98
100 OTHER				1951861			90250	100
100.01 LAKESHORE GUEST UNIT	2975	2975	2975					100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I		16382433		13199892	274038	4707412	809488	103
104 UNIT COST MULT-WS B PT I		26.784612		.197053		47074.120000		104
104 UNIT COST MULT-WS B PT I					246.215633		.057770	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III				146390	37900	597430	371599	107
108 UNIT COST MULT-WS B PT III				.002185		5974.300000		108
108 UNIT COST MULT-WS B PT III					34.052111		.026520	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON-	ADMINIST.	MAIN-	OPERATION	LAUNDRY	HOUSE-	
	INPATIENT	ACCOUNTS	CILIAATION	&GENERAL	TENANCE &	OF	AND LINEN	KEEPING	
	REVENUE	RECEIVABLE		ACCUM	REPAIRS	PLANT	SERVICE	SQUARE	SQUARE
	6.04	GROSS	6A.06	COST	SQUARE	SQUARE	SQUARE	FEET	FEET
		REVENUE		6.06	FEET	FEET	FEET	FEET	10
					7	8	9		
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	355052442	517175706	-23049565	145004829	395578	349050	1526752	338084	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES				1789457	5207	5207		5207	98
100 OTHER				3981109			4164		100
100.01 LAKESHORE GUEST UNIT				79684	2975	2975		2975	100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1670654	1968399		23049565	1920107	8682944	1032952	3571654	103
104 UNIT COST MULT-WS B PT I	.004705				4.755565		.674728		104
104 UNIT COST MULT-WS B PT I		.003806		.152793		24.306176		10.314770	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	60037	67941		5009614	268109	1536328	29986	449067	107
108 UNIT COST MULT-WS B PT III	.000169				.664031		.019587		108
108 UNIT COST MULT-WS B PT III		.000131		.033208		4.300645		1.296884	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	
	(MEALS SERVED) 11	(MEALS SERVED) 12	(DIRECT STRATION NRSNG HRS) 14	SERVICES & SUPPLY EXPENSE 15	(COSTED REQUIS) 16	RECORDS & LIBRARY GROSS REVENUE 17	PATIENT DAYS 18	AND FRINGES (ASSIGNED TIME) 22	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	218215	1763142	1127355	13066155	5657722	517175706	70737	9394	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		6141			2165				98
100 OTHER		86752			306726				100
100.01 LAKESHORE GUEST UNIT									100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	3321996	864529	2824117	1311362	3872132	3097240	643453	797396	103
104 UNIT COST MULT-WS B PT I	15.223500		2.505082		.648967		9.096413		104
104 UNIT COST MULT-WS B PT I		.465793		.100363		.005989		84.883543	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	658130	30968	150843	454529	268629	349341	22272	26240	107
108 UNIT COST MULT-WS B PT III	3.015970		.133803		.045022		.314856		108
108 UNIT COST MULT-WS B PT III		.016685		.034787		.000675		2.793272	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	23	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 NONPATIENT TELEPHONES		6.01
6.02 DATA PROCESSING		6.02
6.03 PURCHASING, RECEIVING&STORES		6.03
6.04 ADMITTING		6.04
6.05 CASHIERING/ACCTS RECEIVABLE		6.05
6.06 ADMINISTRATION & GENERAL		6.06
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE		18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES		22
23 I&R SERVICES-OTHER PRGM COSTS	9394	23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	6478	25
26 INTENSIVE CARE UNIT	1552	26
27 CORONARY CARE UNIT		27
31 SUBPROVIDER I		31
31.01 SUBPROVIDER II		31.01
33 NURSERY		33
34 SKILLED NURSING FACILITY		34
36 OTHER LONG TERM CARE		36
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	376	37
38 RECOVERY ROOM		38
40 ANESTHESIOLOGY		40
41 RADIOLOGY-DIAGNOSTIC	204	41
42 RADIOLOGY-THERAPEUTIC		42
44 LABORATORY	82	44
46.30 BLOOD CLOTTING FACTORS ADMIN		46.30
49 RESPIRATORY THERAPY	163	49
50 PHYSICAL THERAPY	163	50
51 OCCUPATIONAL THERAPY		51
52 SPEECH PATHOLOGY		52
53 ELECTROCARDIOLOGY		53
54 ELECTROENCEPHALOGRAPHY	376	54
55 MEDICAL SUPPLIES CHARGED TO P		55
55.01 DEVICES AND IMPLANTABLES		55.01
55.30 IMPL. DEV. CHARGED TO PATIENT		55.30
56 DRUGS CHARGED TO PATIENTS		56
56.01 DRUGS CHARGED		56.01
57 RENAL DIALYSIS		57
59 CARDIAC REHAB		59
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC		60
61 EMERGENCY		61
61.01 PARTIAL HOSPITALIZATION		61.01
62 OBSERVATION BEDS (NON-DISTINC		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
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		

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	9394	95
NONREIMBURSABLE COST CENTERS		
98 PHYSICIANS' PRIVATE OFFICES		98
100 OTHER		100
100.01 LAKESHORE GUEST UNIT		100.01
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	15043473	103
104 UNIT COST MULT-WS B PT I	1601.391633	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	855466	107
108 UNIT COST MULT-WS B PT III	91.065148	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	39685246		39685246		39685246	25
26 INTENSIVE CARE UNIT	7638008		7638008		7638008	26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	6644099		6644099	45923	6690022	31
31.01 SUBPROVIDER II	2962913		2962913	79191	3042104	31.01
33 NURSERY	2817029		2817029		2817029	33
34 SKILLED NURSING FACILITY	4027874		4027874		4027874	34
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	15523645		15523645		15523645	37
38 RECOVERY ROOM	1443382		1443382		1443382	38
40 ANESTHESIOLOGY	648296		648296		648296	40
41 RADIOLOGY-DIAGNOSTIC	10438190		10438190		10438190	41
42 RADIOLOGY-THERAPEUTIC	1769547		1769547		1769547	42
44 LABORATORY	10294929		10294929		10294929	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2417975		2417975		2417975	49
50 PHYSICAL THERAPY	4919335		4919335		4919335	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	4003781		4003781		4003781	53
54 ELECTROENCEPHALOGRAPHY	359030		359030		359030	54
55 MEDICAL SUPPLIES CHARGED TO	7524960		7524960		7524960	55
55.01 DEVICES AND IMPLANTABLES	9380112		9380112		9380112	55.01
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	12555617		12555617		12555617	56
56.01 DRUGS CHARGED						56.01
57 RENAL DIALYSIS	739041		739041		739041	57
59 CARDIAC REHAB	314137		314137		314137	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	620113		620113		620113	60
61 EMERGENCY	3763223		3763223		3763223	61
61.01 PARTIAL HOSPITALIZATION	260449		260449	3850	264299	61.01
62 OBSERVATION BEDS (NON-DISTI	1166583		1166583		1166583	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	151917514		151917514	128964	152046478	101
102 LESS OBSERVATION BEDS	1166583		1166583		1166583	102
103 TOTAL	150750931		150750931	128964	150879895	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	74686795		74686795			25
26 INTENSIVE CARE UNIT	12287729		12287729			26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	13652676		13652676			31
31.01 SUBPROVIDER II	5656386		5656386			31.01
33 NURSERY	6470275		6470275			33
34 SKILLED NURSING FACILITY	3647738		3647738			34
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	17750842	25106451	42857293	.362217	.362217	.362217 37
38 RECOVERY ROOM	6369910	6772011	13141921	.109830	.109830	.109830 38
40 ANESTHESIOLOGY	5230708	7104563	12335271	.052556	.052556	.052556 40
41 RADIOLOGY-DIAGNOSTIC	27996021	43405590	71401611	.146190	.146190	.146190 41
42 RADIOLOGY-THERAPEUTIC	595439	5694221	6289660	.281342	.281342	.281342 42
44 LABORATORY	46597964	16995420	63593384	.161887	.161887	.161887 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	13615353	880519	14495872	.166804	.166804	.166804 49
50 PHYSICAL THERAPY	6617794	4998809	11616603	.423474	.423474	.423474 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	15816627	11595075	27411702	.146061	.146061	.146061 53
54 ELECTROENCEPHALOGRAPHY	488397	739661	1228058	.292356	.292356	.292356 54
55 MEDICAL SUPPLIES CHARGED TO	19744263	8152771	27897034	.269741	.269741	.269741 55
55.01 DEVICES AND IMPLANTABLES	6707624	2754616	9462240	.991320	.991320	.991320 55.01
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	60187094	10930685	71117779	.176547	.176547	.176547 56
56.01 DRUGS CHARGED						56.01
57 RENAL DIALYSIS	2458883	11536	2470419	.299156	.299156	.299156 57
59 CARDIAC REHAB	19631	179741	199372	1.575632	1.575632	1.575632 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		757	757	819.171731	819.171731	819.171731 60
61 EMERGENCY	8269005	12433006	20702011	.181781	.181781	.181781 61
61.01 PARTIAL HOSPITALIZATION	185288	1444663	1629951	.159789	.159789	.162152 61.01
62 OBSERVATION BEDS (NON-DISTI		2923169	2923169	.399082	.399082	.399082 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	355052442	162123264	517175706			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	355052442	162123264	517175706			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS				5156347		5156347	26
27 INTENSIVE CARE UNIT				731984		731984	27
28 CORONARY CARE UNIT				-261		-261	28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I				922987		922987	31.01
31.01 SUBPROVIDER II				336713		336713	33
33 NURSERY				242662		242662	101
101 TOTAL				7390432		7390432	

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	48136	19320			107.12	2069558	26
27 INTENSIVE CARE UNIT	4534	1895			161.44	305929	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I	9524	5129			96.91	497051	31.01
31.01 SUBPROVIDER II	4359	3272			77.25	252762	33
33 NURSERY	5811				41.76		101
101 TOTAL	72364	29616				3125300	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2033225	42857293	7548654			.047442	358123 37
38 RECOVERY ROOM		55162	13141921	1502013			.004197	6304 38
40 ANESTHESIOLOGY		64259	12335271	1727592			.005209	8999 40
41 RADIOLOGY-DIAGNOSTIC		1377985	71401611	14084013			.019299	271807 41
42 RADIOLOGY-THERAPEUTIC		293115	6289660	240982			.046603	11230 42
44 LABORATORY		880419	63593384	22447261			.013845	310782 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		186543	14495872	7760178			.012869	99866 49
50 PHYSICAL THERAPY		346004	11616603	1304842			.029785	38865 50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		480889	27411702	8659723			.017543	151918 53
54 ELECTROENCEPHALOGRAPHY		95490	1228058	266395			.077757	20714 54
55 MEDICAL SUPPLIES CHARGED TO P		419213	27897034	10733819			.015027	161297 55
55.01 DEVICES AND IMPLANTABLES		512655	9462240	3152206			.054179	170783 55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		559174	71117779	22580269			.007863	177549 56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS		65025	2470419	1162093			.026321	30587 57
59 CARDIAC REHAB		91473	199372	8567			.458806	3931 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		69988	757				92.454425	60
61 EMERGENCY		322223	20702011	3733278			.015565	58108 61
61.01 PARTIAL HOSPITALIZATION		8853	1629951				.005431	61.01
62 OBSERVATION BEDS (NON-DISTINC		151575	2923169				.051853	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8013614	400774107	106911885				1880863 101

PROVIDER NO. 14-0224 SAINT JOSEPH 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
 11/28/2009 06:20

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 PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT					PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					48136		19320	25
26 INTENSIVE CARE UNIT					4534		1895	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					9524		5129	31
31.01 SUBPROVIDER II					4359		3272	31.01
33 NURSERY					5811			33
34 SKILLED NURSING FACILITY					5811		4270	34
35 NURSING FACILITY								35
101 TOTAL					78175		33886	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		42857293			7548654		5043865 37
38 RECOVERY ROOM		13141921			1502013		1058770 38
40 ANESTHESIOLOGY		12335271			1727592		1414745 40
41 RADIOLOGY-DIAGNOSTIC		71401611			14084013		11727688 41
42 RADIOLOGY-THERAPEUTIC		6289660			240982		2157286 42
44 LABORATORY		63593384			22447261		1177764 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14495872			7760178		213899 49
50 PHYSICAL THERAPY		11616603			1304842		102513 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		27411702			8659723		3681110 53
54 ELECTROENCEPHALOGRAPHY		1228058			266395		226829 54
55 MEDICAL SUPPLIES CHARGED TO P		27897034			10733819		2690296 55
55.01 DEVICES AND IMPLANTABLES		9462240			3152206		816627 55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		71117779			22580269		3501410 56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS		2470419			1162093		57
59 CARDIAC REHAB		199372			8567		78860 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		757					60
61 EMERGENCY		20702011			3733278		2465420 61
61.01 PARTIAL HOSPITALIZATION		1629951					97250 61.01
62 OBSERVATION BEDS (NON-DISTINC		2923169					1001053 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		400774107			106911885		37455385 101

PROVIDER NO. 14-0224 SAINT JOSEPH 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
 11/28/2009 06:20

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.362217	.362217	.362217			37
38 RECOVERY ROOM	.109830	.109830	.109830			38
40 ANESTHESIOLOGY	.052556	.052556	.052556			40
41 RADIOLOGY-DIAGNOSTIC	.146190	.146190	.146190			41
42 RADIOLOGY-THERAPEUTIC	.281342	.281342	.281342			42
44 LABORATORY	.161887	.161887	.161887			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.166804	.166804	.166804			49
50 PHYSICAL THERAPY	.423474	.423474	.423474			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.146061	.146061	.146061			53
54 ELECTROENCEPHALOGRAPHY	.292356	.292356	.292356			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741	.269741	.269741			55
55.01 DEVICES AND IMPLANTABLES	.991320	.991320	.991320			55.01
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.176547	.176547	.176547			56
56.01 DRUGS CHARGED						56.01
57 RENAL DIALYSIS	.299156	.299156	.299156			57
59 CARDIAC REHAB	1.575632	1.575632	1.575632			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	819.171731	819.171731	819.171731			60
61 EMERGENCY	.181781	.181781	.181781			61
61.01 PARTIAL HOSPITALIZATION	.159789	.159789	.159789			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.399082	.399082	.399082			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.176547	1
2 PROGRAM VACCINE CHARGES		2	16983	2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS			2998	3
3.01 PROGRAM COSTS				3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5043865	4646					37
38 RECOVERY ROOM		1058770						38
40 ANESTHESIOLOGY		1414745						40
41 RADIOLOGY-DIAGNOSTIC		11727688						41
42 RADIOLOGY-THERAPEUTIC		2157286						42
44 LABORATORY		1177764						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		213899						49
50 PHYSICAL THERAPY		102513						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		3681110						53
54 ELECTROENCEPHALOGRAPHY		226829						54
55 MEDICAL SUPPLIES CHARGED TO PA		2690296	386					55
55.01 DEVICES AND IMPLANTABLES		816627						55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		3501410	290					56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS								57
59 CARDIAC REHAB		78860						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY		2465420						61
61.01 PARTIAL HOSPITALIZATION		97250						61.01
62 OBSERVATION BEDS (NON-DISTINCT		1001053						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		37455385	5322					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		37455385	5322					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1826974	1683				37
38 RECOVERY ROOM		116285					38
40 ANESTHESIOLOGY		74353					40
41 RADIOLOGY-DIAGNOSTIC		1714471					41
42 RADIOLOGY-THERAPEUTIC		606935					42
44 LABORATORY		190665					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		35679					49
50 PHYSICAL THERAPY		43412					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		537667					53
54 ELECTROENCEPHALOGRAPHY		66315					54
55 MEDICAL SUPPLIES CHARGED TO PAT		725683	104				55
55.01 DEVICES AND IMPLANTABLES		809539					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		618163	51				56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS							57
59 CARDIAC REHAB		124254					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		448167					61
61.01 PARTIAL HOSPITALIZATION		15539					61.01
62 OBSERVATION BEDS (NON-DISTINCT		399502					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		8353603	1838				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8353603	1838				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2033225	42857293	2070			.047442	98 37
38 RECOVERY ROOM		55162	13141921	48935			.004197	205 38
40 ANESTHESIOLOGY		64259	12335271	21774			.005209	113 40
41 RADIOLOGY-DIAGNOSTIC		1377985	71401611	101055			.019299	1950 41
42 RADIOLOGY-THERAPEUTIC		293115	6289660				.046603	42
44 LABORATORY		880419	63593384	817012			.013845	11312 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		186543	14495872	117918			.012869	1517 49
50 PHYSICAL THERAPY		346004	11616603	68492			.029785	2040 50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		480889	27411702	40605			.017543	712 53
54 ELECTROENCEPHALOGRAPHY		95490	1228058	17460			.077757	1358 54
55 MEDICAL SUPPLIES CHARGED TO P		419213	27897034	32120			.015027	483 55
55.01 DEVICES AND IMPLANTABLES		512655	9462240				.054179	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		559174	71117779	1653293			.007863	13000 56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS		65025	2470419	13184			.026321	347 57
59 CARDIAC REHAB		91473	199372				.458806	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		69988	757				92.454425	60
61 EMERGENCY		322223	20702011	442187			.015565	6883 61
61.01 PARTIAL HOSPITALIZATION		8853	1629951	74114			.005431	403 61.01
62 OBSERVATION BEDS (NON-DISTINC		151575	2923169				.051853	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8013614	400774107	3450219				40421 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		42857293			2070		37
38 RECOVERY ROOM		13141921			48935		38
40 ANESTHESIOLOGY		12335271			21774		40
41 RADIOLOGY-DIAGNOSTIC		71401611			101055		41
42 RADIOLOGY-THERAPEUTIC		6289660					42
44 LABORATORY		63593384			817012		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14495872			117918		49
50 PHYSICAL THERAPY		11616603			68492		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		27411702			40605		53
54 ELECTROENCEPHALOGRAPHY		1228058			17460		54
55 MEDICAL SUPPLIES CHARGED TO P		27897034			32120		55
55.01 DEVICES AND IMPLANTABLES		9462240					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		71117779			1653293		56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS		2470419			13184		57
59 CARDIAC REHAB		199372					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		757					60
61 EMERGENCY		20702011			442187		61
61.01 PARTIAL HOSPITALIZATION		1629951			74114		61.01
62 OBSERVATION BEDS (NON-DISTINC		2923169					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		400774107			3450219		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2033225	42857293	37686			.047442	1788 37
38 RECOVERY ROOM		55162	13141921	7388			.004197	31 38
40 ANESTHESIOLOGY		64259	12335271	6468			.005209	34 40
41 RADIOLOGY-DIAGNOSTIC		1377985	71401611	427859			.019299	8257 41
42 RADIOLOGY-THERAPEUTIC		293115	6289660	858			.046603	40 42
44 LABORATORY		880419	63593384	766542			.013845	10613 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		186543	14495872	210924			.012869	2714 49
50 PHYSICAL THERAPY		346004	11616603	2307363			.029785	68725 50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		480889	27411702	42643			.017543	748 53
54 ELECTROENCEPHALOGRAPHY		95490	1228058	4253			.077757	331 54
55 MEDICAL SUPPLIES CHARGED TO P		419213	27897034	278295			.015027	4182 55
55.01 DEVICES AND IMPLANTABLES		512655	9462240	9446			.054179	512 55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		559174	71117779	1286712			.007863	10117 56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS		65025	2470419	92195			.026321	2427 57
59 CARDIAC REHAB		91473	199372	149			.458806	68 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		69988	757				92.454425	60
61 EMERGENCY		322223	20702011	2384			.015565	37 61
61.01 PARTIAL HOSPITALIZATION		8853	1629951				.005431	61.01
62 OBSERVATION BEDS (NON-DISTINC		151575	2923169				.051853	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8013614	400774107	5481165				110624 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		42857293			37686		37
38 RECOVERY ROOM		13141921			7388		38
40 ANESTHESIOLOGY		12335271			6468		40
41 RADIOLOGY-DIAGNOSTIC		71401611			427859		41
42 RADIOLOGY-THERAPEUTIC		6289660			858	15194	42
44 LABORATORY		63593384			766542		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14495872			210924		49
50 PHYSICAL THERAPY		11616603			2307363		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		27411702			42643	950	53
54 ELECTROENCEPHALOGRAPHY		1228058			4253		54
55 MEDICAL SUPPLIES CHARGED TO P		27897034			278295		55
55.01 DEVICES AND IMPLANTABLES		9462240			9446		55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		71117779			1286712	5667	56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS		2470419			92195		57
59 CARDIAC REHAB		199372			149		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		757					60
61 EMERGENCY		20702011			2384		61
61.01 PARTIAL HOSPITALIZATION		1629951					61.01
62 OBSERVATION BEDS (NON-DISTINC		2923169					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		400774107			5481165	21811	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T224) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		15194						41
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		950						53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.01 DEVICES AND IMPLANTABLES								55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		5667						56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS								57
59 CARDIAC REHAB								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
61.01 PARTIAL HOSPITALIZATION								61.01
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		21811						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		21811						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T224) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	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							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		2221					41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		139					53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.01 DEVICES AND IMPLANTABLES							55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		1000					56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		3360					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3360					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		42857293			8328		37
38 RECOVERY ROOM		13141921					38
40 ANESTHESIOLOGY		12335271			4588		40
41 RADIOLOGY-DIAGNOSTIC		71401611			80114		41
42 RADIOLOGY-THERAPEUTIC		6289660			69859		42
44 LABORATORY		63593384			946196		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14495872			520162		49
50 PHYSICAL THERAPY		11616603			867057		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		27411702			19258		53
54 ELECTROENCEPHALOGRAPHY		1228058			2231		54
55 MEDICAL SUPPLIES CHARGED TO P		27897034			569223		55
55.01 DEVICES AND IMPLANTABLES		9462240					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		71117779			2344395		56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS		2470419					57
59 CARDIAC REHAB		199372					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		757					60
61 EMERGENCY		20702011					61
61.01 PARTIAL HOSPITALIZATION		1629951					61.01
62 OBSERVATION BEDS (NON-DISTINC		2923169					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		400774107			5431411		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS				5156347		5156347	26
27 INTENSIVE CARE UNIT				731984		731984	27
28 CORONARY CARE UNIT				-261		-261	28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I				922987		922987	31
31.01 SUBPROVIDER II				336713		336713	31.01
33 NURSERY				242662		242662	33
101 TOTAL				7390432		7390432	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							25
26 ADULTS & PEDIATRICS	48136	6687			107.12	716311	26
27 INTENSIVE CARE UNIT	4534	250			161.44	40360	27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER I	9524	3053			96.91	295866	31
31.01 SUBPROVIDER II	4359	334			77.25	25802	31.01
33 NURSERY	5811	2755			41.76	115049	33
101 TOTAL	72364	13079				1193388	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2033225	42857293				.047442	37
38 RECOVERY ROOM		55162	13141921				.004197	38
40 ANESTHESIOLOGY		64259	12335271				.005209	40
41 RADIOLOGY-DIAGNOSTIC		1377985	71401611				.019299	41
42 RADIOLOGY-THERAPEUTIC		293115	6289660				.046603	42
44 LABORATORY		880419	63593384				.013845	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		186543	14495872				.012869	49
50 PHYSICAL THERAPY		346004	11616603				.029785	50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		480889	27411702				.017543	53
54 ELECTROENCEPHALOGRAPHY		95490	1228058				.077757	54
55 MEDICAL SUPPLIES CHARGED TO P		419213	27897034				.015027	55
55.01 DEVICES AND IMPLANTABLES		512655	9462240				.054179	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		559174	71117779				.007863	56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS		65025	2470419				.026321	57
59 CARDIAC REHAB		91473	199372				.458806	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		69988	757				92.454425	60
61 EMERGENCY		322223	20702011				.015565	61
61.01 PARTIAL HOSPITALIZATION		8853	1629951				.005431	61.01
62 OBSERVATION BEDS (NON-DISTINC		151575	2923169				.051853	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8013614	400774107					101

PROVIDER NO. 14-0224 SAINT JOSEPH 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
 11/28/2009 06:20

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT					PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					48136		6687	25
26 INTENSIVE CARE UNIT					4534		250	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					9524		3053	31
31.01 SUBPROVIDER II					4359		334	31.01
33 NURSERY					5811		2755	33
34 SKILLED NURSING FACILITY					5811			34
35 NURSING FACILITY								35
101 TOTAL					78175		13079	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.01 DEVICES AND IMPLANTABLES							55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS							57
59 CARDIAC REHAB							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 PARTIAL HOSPITALIZATION							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		42857293					37
38 RECOVERY ROOM		13141921					38
40 ANESTHESIOLOGY		12335271					40
41 RADIOLOGY-DIAGNOSTIC		71401611					41
42 RADIOLOGY-THERAPEUTIC		6289660					42
44 LABORATORY		63593384					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14495872					49
50 PHYSICAL THERAPY		11616603					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		27411702					53
54 ELECTROENCEPHALOGRAPHY		1228058					54
55 MEDICAL SUPPLIES CHARGED TO P		27897034					55
55.01 DEVICES AND IMPLANTABLES		9462240					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		71117779					56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS		2470419					57
59 CARDIAC REHAB		199372					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		757					60
61 EMERGENCY		20702011					61
61.01 PARTIAL HOSPITALIZATION		1629951					61.01
62 OBSERVATION BEDS (NON-DISTINC		2923169					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		400774107					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2033225	42857293				.047442	37
38 RECOVERY ROOM		55162	13141921				.004197	38
40 ANESTHESIOLOGY		64259	12335271				.005209	40
41 RADIOLOGY-DIAGNOSTIC		1377985	71401611				.019299	41
42 RADIOLOGY-THERAPEUTIC		293115	6289660				.046603	42
44 LABORATORY		880419	63593384				.013845	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		186543	14495872				.012869	49
50 PHYSICAL THERAPY		346004	11616603				.029785	50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		480889	27411702				.017543	53
54 ELECTROENCEPHALOGRAPHY		95490	1228058				.077757	54
55 MEDICAL SUPPLIES CHARGED TO P		419213	27897034				.015027	55
55.01 DEVICES AND IMPLANTABLES		512655	9462240				.054179	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		559174	71117779				.007863	56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS		65025	2470419				.026321	57
59 CARDIAC REHAB		91473	199372				.458806	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		69988	757				92.454425	60
61 EMERGENCY		322223	20702011				.015565	61
61.01 PARTIAL HOSPITALIZATION		8853	1629951				.005431	61.01
62 OBSERVATION BEDS (NON-DISTINC		151575	2923169				.051853	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8013614	400774107					101

PROVIDER NO. 14-0224 SAINT JOSEPH 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
 11/28/2009 06:20

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	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		42857293					37
38 RECOVERY ROOM		13141921					38
40 ANESTHESIOLOGY		12335271					40
41 RADIOLOGY-DIAGNOSTIC		71401611					41
42 RADIOLOGY-THERAPEUTIC		6289660					42
44 LABORATORY		63593384					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14495872					49
50 PHYSICAL THERAPY		11616603					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		27411702					53
54 ELECTROENCEPHALOGRAPHY		1228058					54
55 MEDICAL SUPPLIES CHARGED TO P		27897034					55
55.01 DEVICES AND IMPLANTABLES		9462240					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		71117779					56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS		2470419					57
59 CARDIAC REHAB		199372					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		757					60
61 EMERGENCY		20702011					61
61.01 PARTIAL HOSPITALIZATION		1629951					61.01
62 OBSERVATION BEDS (NON-DISTINC		2923169					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		400774107					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2033225	42857293				.047442	37
38 RECOVERY ROOM		55162	13141921				.004197	38
40 ANESTHESIOLOGY		64259	12335271				.005209	40
41 RADIOLOGY-DIAGNOSTIC		1377985	71401611				.019299	41
42 RADIOLOGY-THERAPEUTIC		293115	6289660				.046603	42
44 LABORATORY		880419	63593384				.013845	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		186543	14495872				.012869	49
50 PHYSICAL THERAPY		346004	11616603				.029785	50
51 OCCUPATIONAL THERAPY		247						51
52 SPEECH PATHOLOGY		97						52
53 ELECTROCARDIOLOGY		480889	27411702				.017543	53
54 ELECTROENCEPHALOGRAPHY		95490	1228058				.077757	54
55 MEDICAL SUPPLIES CHARGED TO P		419213	27897034				.015027	55
55.01 DEVICES AND IMPLANTABLES		512655	9462240				.054179	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		559174	71117779				.007863	56
56.01 DRUGS CHARGED								56.01
57 RENAL DIALYSIS		65025	2470419				.026321	57
59 CARDIAC REHAB		91473	199372				.458806	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		69988	757				92.454425	60
61 EMERGENCY		322223	20702011				.015565	61
61.01 PARTIAL HOSPITALIZATION		8853	1629951				.005431	61.01
62 OBSERVATION BEDS (NON-DISTINC		151575	2923169				.051853	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8013614	400774107					101

PROVIDER NO. 14-0224 SAINT JOSEPH 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
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	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		42857293					37
38 RECOVERY ROOM		13141921					38
40 ANESTHESIOLOGY		12335271					40
41 RADIOLOGY-DIAGNOSTIC		71401611					41
42 RADIOLOGY-THERAPEUTIC		6289660					42
44 LABORATORY		63593384					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14495872					49
50 PHYSICAL THERAPY		11616603					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		27411702					53
54 ELECTROENCEPHALOGRAPHY		1228058					54
55 MEDICAL SUPPLIES CHARGED TO P		27897034					55
55.01 DEVICES AND IMPLANTABLES		9462240					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		71117779					56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS		2470419					57
59 CARDIAC REHAB		199372					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		757					60
61 EMERGENCY		20702011					61
61.01 PARTIAL HOSPITALIZATION		1629951					61.01
62 OBSERVATION BEDS (NON-DISTINC		2923169					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		400774107					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0224)	SUB I (PPS) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	SNF (PPS) (14-5568)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	48136	9524	4359			5811	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	48136	9524	4359			5811	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48136	9524	4359			5811	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)	19320	5129	3272			4270	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0224)	SUB I (PPS) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	SNF (PPS) (14-5568)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	39685246	6690022	3042104			4027874	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	39685246	6690022	3042104			4027874	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919			3272635	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919			3272635	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.506642	.828667	.657053			1.230774	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1627.26	847.67	1062.15			563.18	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	39685246	6690022	3042104			4027874	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0224)	SUB I (PPS) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	824.44	702.44	697.89			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15928181	3602815	2283496			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15928181	3602815	2283496			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	7638008	4534	1684.61	1895	3192336	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0224)	SUB I (PPS) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	22986857	610907	1561293			48
49 TOTAL PROGRAM INPATIENT COSTS	42107374	4213722	3844789			49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2375487	497051	252762			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1880863	40421	110624			51
52 TOTAL PROGRAM EXCLUDABLE COST	4256350	537472	363386			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	37851024	3676250	3481403			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0224)	SUB I (PPS) (14-S224)	SUB II (PPS) (14-T224)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

	SNF (PPS) (14-5568) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	4027874	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	693.15	67
68 PROGRAM ROUTINE SERVICE COST	2959751	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2959751	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	762754	71
72 PER DIEM CAPITAL RELATED COSTS	131.26	72
73 PROGRAM CAPITAL RELATED COSTS	560480	73
74 INPATIENT ROUTINE SERVICE COST	2399271	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2399271	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2959751	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1212646	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4172397	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1415	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	824.44	84
85 OBSERVATION BED COST	1166583	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		39685246		1166583		86
87 NEW CAPITAL-RELATED COST	5156347	39685246	.129931	1166583	151575	87
88 NON PHYSICIAN ANESTHETIST		39685246		1166583		88
89 MEDICAL EDUCATION		39685246		1166583		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	48136	9524	4359			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	48136	9524	4359			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48136	9524	4359			4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6687	3053	334			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	5811					15
16 TITLE V OR XIX NURSERY DAYS	2755					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	39685246	6644099	2962913				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	39685246	6644099	2962913				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78329997	8073237	4629919				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.506642	.822978	.639949				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1627.26	847.67	1062.15				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	39685246	6644099	2962913				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	824.44	697.62	679.72			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5513030	2129834	227026			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5513030	2129834	227026			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)	2817029	5811	484.78	2755	1335569	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7638008	4534	1684.61	250	421153	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST				1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	7269752	2129834	227026			49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	871720	295866	25802			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	871720	295866	25802			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0224)	SUB I (OTHER) (14-S224)	SUB II (OTHER) (14-T224)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		400	31			54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
11/28/2009 06:20

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1415	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	824.44	84
85 OBSERVATION BED COST	1166583	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		30719233		25
26 INTENSIVE CARE UNIT		7695515		26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.362217	7548654	2734251	37
38 RECOVERY ROOM	.109830	1502013	164966	38
40 ANESTHESIOLOGY	.052556	1727592	90795	40
41 RADIOLOGY-DIAGNOSTIC	.146190	14084013	2058942	41
42 RADIOLOGY-THERAPEUTIC	.281342	240982	67798	42
44 LABORATORY	.161887	22447261	3633920	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.166804	7760178	1294429	49
50 PHYSICAL THERAPY	.423474	1304842	552567	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.146061	8659723	1264848	53
54 ELECTROENCEPHALOGRAPHY	.292356	266395	77882	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741	10733819	2895351	55
55.01 DEVICES AND IMPLANTABLES	.991320	3152206	3124845	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.176547	22580269	3986479	56
56.01 DRUGS CHARGED				56.01
57 RENAL DIALYSIS	.299156	1162093	347647	57
59 CARDIAC REHAB	1.575632	8567	13498	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	819.171731			60
61 EMERGENCY	.181781	3733278	678639	61
61.01 PARTIAL HOSPITALIZATION	.162152			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.399082			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		106911885	22986857	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		106911885		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		7324758		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.362217	2070	750	37
38 RECOVERY ROOM	.109830	48935	5375	38
40 ANESTHESIOLOGY	.052556	21774	1144	40
41 RADIOLOGY-DIAGNOSTIC	.146190	101055	14773	41
42 RADIOLOGY-THERAPEUTIC	.281342			42
44 LABORATORY	.161887	817012	132264	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.166804	117918	19669	49
50 PHYSICAL THERAPY	.423474	68492	29005	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.146061	40605	5931	53
54 ELECTROENCEPHALOGRAPHY	.292356	17460	5105	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741	32120	8664	55
55.01 DEVICES AND IMPLANTABLES	.991320			55.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.176547	1653293	291884	56
56.01 DRUGS CHARGED				56.01
57 RENAL DIALYSIS	.299156	13184	3944	57
59 CARDIAC REHAB	1.575632			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	819.171731			60
61 EMERGENCY	.181781	442187	80381	61
61.01 PARTIAL HOSPITALIZATION	.162152	74114	12018	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.399082			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3450219	610907	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3450219		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		4033187		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.362217	37686	13651	37
38 RECOVERY ROOM	.109830	7388	811	38
40 ANESTHESIOLOGY	.052556	6468	340	40
41 RADIOLOGY-DIAGNOSTIC	.146190	427859	62549	41
42 RADIOLOGY-THERAPEUTIC	.281342	858	241	42
44 LABORATORY	.161887	766542	124093	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.166804	210924	35183	49
50 PHYSICAL THERAPY	.423474	2307363	977108	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.146061	42643	6228	53
54 ELECTROENCEPHALOGRAPHY	.292356	4253	1243	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741	278295	75068	55
55.01 DEVICES AND IMPLANTABLES	.991320	9446	9364	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.176547	1286712	227165	56
56.01 DRUGS CHARGED				56.01
57 RENAL DIALYSIS	.299156	92195	27581	57
59 CARDIAC REHAB	1.575632	149	235	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	819.171731			60
61 EMERGENCY	.181781	2384	433	61
61.01 PARTIAL HOSPITALIZATION	.162152			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.399082			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		5481165	1561293	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5481165		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.362217	8328	3017	37
38 RECOVERY ROOM	.109830			38
40 ANESTHESIOLOGY	.052556	4588	241	40
41 RADIOLOGY-DIAGNOSTIC	.146190	80114	11712	41
42 RADIOLOGY-THERAPEUTIC	.281342	69859	19654	42
44 LABORATORY	.161887	946196	153177	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.166804	520162	86765	49
50 PHYSICAL THERAPY	.423474	867057	367176	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.146061	19258	2813	53
54 ELECTROENCEPHALOGRAPHY	.292356	2231	652	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741	569223	153543	55
55.01 DEVICES AND IMPLANTABLES	.991320			55.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.176547	2344395	413896	56
56.01 DRUGS CHARGED				56.01
57 RENAL DIALYSIS	.299156			57
59 CARDIAC REHAB	1.575632			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	819.171731			60
61 EMERGENCY	.181781			61
61.01 PARTIAL HOSPITALIZATION	.159789			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.399082			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		5431411	1212646	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5431411		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.362217		37
38 RECOVERY ROOM	.109830		38
40 ANESTHESIOLOGY	.052556		40
41 RADIOLOGY-DIAGNOSTIC	.146190		41
42 RADIOLOGY-THERAPEUTIC	.281342		42
44 LABORATORY	.161887		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.166804		49
50 PHYSICAL THERAPY	.423474		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.146061		53
54 ELECTROENCEPHALOGRAPHY	.292356		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741		55
55.01 DEVICES AND IMPLANTABLES	.991320		55.01
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.176547		56
56.01 DRUGS CHARGED			56.01
57 RENAL DIALYSIS	.299156		57
59 CARDIAC REHAB	1.575632		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	819.171731		60
61 EMERGENCY	.181781		61
61.01 PARTIAL HOSPITALIZATION	.159789		61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.399082		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.362217		37
38 RECOVERY ROOM	.109830		38
40 ANESTHESIOLOGY	.052556		40
41 RADIOLOGY-DIAGNOSTIC	.146190		41
42 RADIOLOGY-THERAPEUTIC	.281342		42
44 LABORATORY	.161887		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.166804		49
50 PHYSICAL THERAPY	.423474		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.146061		53
54 ELECTROENCEPHALOGRAPHY	.292356		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741		55
55.01 DEVICES AND IMPLANTABLES	.991320		55.01
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.176547		56
56.01 DRUGS CHARGED			56.01
57 RENAL DIALYSIS	.299156		57
59 CARDIAC REHAB	1.575632		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	819.171731		60
61 EMERGENCY	.181781		61
61.01 PARTIAL HOSPITALIZATION	.159789		61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.399082		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.362217		37
38 RECOVERY ROOM	.109830		38
40 ANESTHESIOLOGY	.052556		40
41 RADIOLOGY-DIAGNOSTIC	.146190		41
42 RADIOLOGY-THERAPEUTIC	.281342		42
44 LABORATORY	.161887		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.166804		49
50 PHYSICAL THERAPY	.423474		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	.146061		53
54 ELECTROENCEPHALOGRAPHY	.292356		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.269741		55
55.01 DEVICES AND IMPLANTABLES	.991320		55.01
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.176547		56
56.01 DRUGS CHARGED			56.01
57 RENAL DIALYSIS	.299156		57
59 CARDIAC REHAB	1.575632		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	819.171731		60
61 EMERGENCY	.181781		61
61.01 PARTIAL HOSPITALIZATION	.159789		61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.399082		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0224)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	7572732					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7572732					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	15145463					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	343678					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	343678					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	687357					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	1069979					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	251.12					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	139.15					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [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	116.37	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	112.31					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	10.00					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	122.31					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	121.69					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	122.97					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	122.32	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0224)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.487098				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.520000				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.487098				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1863309				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1863309				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	3726618				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	7453236 0	7453236			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0796				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1869				4.01
4.02	SUM OF 4 AND 4.01	0.2665				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1091				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	3304740				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	42118882				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	42118882				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3443266				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	5594824				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	51156972				16
17	PRIMARY PAYER PAYMENTS	72476				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	51084496				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2762796				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	232907				20
21	REIMBURSABLE BAD DEBTS	871153				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	609807				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	770693				21.02
22	SUBTOTAL	48698600				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0224)	HOSPITAL (14-0224)	HOSPITAL (14-0224)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES	4836		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8353603		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7592367		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO			1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	4836		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	22305		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	22305		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	22305		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	17469		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	4836		17
17.01 TOTAL PPS PAYMENTS	7592367		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0224) 1	HOSPITAL (14-0224) 1.01	HOSPITAL (14-0224) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2130002		18.01
19 SUBTOTAL	5467201		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	881259		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	6348460		23
24 PRIMARY PAYER PAYMENTS	7814		24
25 SUBTOTAL	6340646		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	539976		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	377983		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	504283		27.02
28 SUBTOTAL	6718629		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	6718629		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7045264		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-326635		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S224)	SUB I (14-S224)	SUB I (14-S224)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S224)	SUB I (14-S224)	SUB I (14-S224)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR			
PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T224)	SUB II (14-T224)	SUB II (14-T224)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3360			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2683			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	2683			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T224) 1	SUB II (14-T224) 1.01	SUB II (14-T224) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	950		18.01
19 SUBTOTAL	1733		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	1733		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1733		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	1733		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	1733		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1733		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0224)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		41859753		5750205	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.		7007133		1253259	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 PROGRAM .04 .05 .08 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	02/13/2009 06/23/2009	132159 400015	02/13/2009 41800	3.01 3.02 3.03 3.04 3.05 3.08 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	532174		41800	3.99
4 TOTAL INTERIM PAYMENTS		49399060		7045264	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE NONE	NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		-700460	-326635	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		48698600		6718629	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

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		3616856		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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3616856		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	228909		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3845765		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4708378		1733	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		4708378		1733	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	52431			6.01
	PROVIDER TO .02				6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		4760809		1733	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

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

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		1592349		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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1592349		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1100		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1593449		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S224)	SUB II (14-T224)	SUB III	SUB IV	
1						1
1.01						1.01
1.02			4477596			1.02
1.03			0.0420			1.03
1.04			323829			1.04
1.05			2140			1.05
1.06			4803565			1.06
1.07						1.07
1.08		3970872				1.08
1.09		958				1.09
1.10		22002				1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		26.093151				1.16
1.17						1.17
1.18						1.18
1.19		3993832				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		3993832				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40			11.942466			1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		3993832	4803565			4
5		11253	5406			5
6		3982579	4798159			6
7		267468	26128			7
8		3715111	4772031			8
9		98256	19899			9
10		3616855	4752132			10
11		327014	12396			11
11.01		228910	8677			11.01
11.02		311691	8820			11.02
12		3845765	4760809			12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S224)	SUB II (14-T224)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		3845765	4760809			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		3616856	4708378			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		228909	52431			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5568)
 (PPS)
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

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

SNF I
 (14-5568)
 (PPS)
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	1657775	35
36	COINSURANCE	65426	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	1572	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	1100	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	1593449	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	LOSS ON SALE OF ASSETS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	1593449	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1593449	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	1592349	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	1100	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0224) (OTHER)	SUB I (14-S224) (OTHER)	SUB II (14-T224) (OTHER)	SUB III SUB IV NF I (PPS)
	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	7269752	2129834	227026
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL	7269752	2129834	227026
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL	7269752	2129834	227026
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES			10
13	ANCILLARY SERVICE CHARGES			11
14	INTERNS AND RESIDENTS SERVICE CHARGES			12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			13
16	TEACHING PHYSICIANS			14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			15
18	TOTAL REASONABLE CHARGES			16
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			19
25	TOTAL CUSTOMARY CHARGES			20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7269752	2129834	227026
28	COST OF COVERED SERVICES	7269752	2129834	227026
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			24
31	OUTLIER PAYMENTS			25
32	PROGRAM CAPITAL PAYMENTS			26
33	CAPITAL EXCEPTION PAYMENTS			27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			29
36	SUBTOTAL	7269752	2129834	227026
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED			30
38	LESSER OF LINES 30 OR 31	7269752	2129834	227026
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		NF I
	HOSPITAL (14-0224) (OTHER) 1	SUB I (14-S224) (OTHER) 1	SUB II (14-T224) (OTHER) 1	SUB III	SUB IV
				1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
35	EXCESS OF REASONABLE COST	7269752	2129834	227026	34
36	SUBTOTAL				35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				37
38	REIMBURSABLE BAD DEBTS				38
38.01	REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE				38.02
	BENEFICIARIES (SEE INSTRUCTIONS)				
39	UTILIZATION REVIEW				39
40	SUBTOTAL				40
41	INPATIENT ROUTINE SERVICE COST				41
42	MEDICARE INPATIENT ROUTINE CHARGES				42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
	ACCORDANCE WITH 42 CFR 413.13(E)				
45	RATIO OF LINE 43 TO LINE 44				45
46	TOTAL CUSTOMARY CHARGES				46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM				49
	UTILIZATION				
50	LOSS ON SALE OF ASSETS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING				51
	DEPRECIABLE ASSETS				
52	SUBTOTAL				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT				59
	SECTION 115.2				

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	142.44	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	-3.60	3.03
3.04	FTE ADJUSTMENT CAP 118.83 -3.60	115.23	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	116.12	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	115.23	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	90.99	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	25.13	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	116.12	3.09
3.10	SEE INSTRUCTIONS	115.23	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	7.74	3.11
3.12	SEE INSTRUCTIONS	32.68	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	23.78	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	28.49	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	28.32	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	28.32	3.16
3.17	SEE INSTRUCTIONS	110936.04	3.17
3.18	SEE INSTRUCTIONS	3141709	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX		
3.19 SEE INSTRUCTIONS			93.89	3.19
3.20 SEE INSTRUCTIONS			96.48	3.20
3.21 SEE INSTRUCTIONS			93.55	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			93.55	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			115095.77	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			10767209	3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			13908918	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			29616	4
5 TOTAL INPATIENT DAYS			65138	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.454665	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6323898	0		6323898	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			830	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			65138	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			152185	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0			6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			2470419	8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	53125636 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	89135 15
16	TOTAL PART A REASONABLE COST	53036501 16
PART B REASONABLE COST		
17	REASONABLE COST	8361799 17
18	PRIMARY PAYER PAYMENTS	7814 18
19	TOTAL PART B REASONABLE COST	8353985 19
20	TOTAL REASONABLE COST	61390486 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.863921 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.136079 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	6476083 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	5594824 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	881259 25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
3.19 SEE INSTRUCTIONS				3.19
3.20 SEE INSTRUCTIONS				3.20
3.21 SEE INSTRUCTIONS				3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			0.00	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			0.00	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			10324	4
5 TOTAL INPATIENT DAYS			65138	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.158494	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0		6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			65138	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

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

WORKSHEET E-3
 PART VI

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

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

WORKSHEET E-3
 PART VI

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

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	169755			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	19765182			4
5	OTHER RECEIVABLES	1305713			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3628442			7
8	PREPAID EXPENSES	496570			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	25365662			11
FIXED ASSETS					
12	LAND	7327666			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	11980239			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	56469372			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	39887773			18
18.01	ACCUMULATED DEPRECIATION	-37755445			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	77909605			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS				26
27	TOTAL ASSETS	103275267			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3418309			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	28507225			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	20102176			35
36	TOTAL CURRENT LIABILITIES	52027710			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	18074426			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES	18074426			42
43	TOTAL LIABILITIES	70102136			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	33173131			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	33173131			51
52	TOTAL LIABILITIES AND FUND BALANCES	103275267			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	20566278			1
2 NET INCOME (LOSS)	5447954			2
3 TOTAL	26014232			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 RELEASED FROM RESTRICTIONS				6
7 TRANSFER FROM TEMP RESTRICTED ASSET				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	26014232			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATE				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	26014232			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	89979332		89979332	1
2 SUBPROVIDER I	14662802		14662802	2
2.01 SUBPROVIDER II	6660147		6660147	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	3849766		3849766	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	115152047		115152047	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	3344479		3344479	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	3344479		3344479	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	118496526		118496526	16
17 ANCILLARY SERVICES	239482776	172256245	411739021	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	357979302	172256245	530235547	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		175168188	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	6978970		28
29	8513544		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		15492514	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		190660702	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	530235547	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	337685763	2
3	NET PATIENT REVENUES	192549784	3
4	LESS - TOTAL OPERATING EXPENSES	190660702	4
5	NET INCOME FROM SERVICE TO PATIENTS	1889082	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NET ASSETS RELEASED	182615	24
24.01	OTHER INCOME	3213381	24.01
24.02	NON OPERATING	162876	24.02
25	TOTAL OTHER INCOME	3558872	25
26	TOTAL	5447954	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	5447954	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0224)	HOSPITAL (14-0224)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	2522669				3
3.01	77773				3.01
4	140.42				4
4.01	122.32	0.00			4.01
4.02		27.87			4.02
4.03	703068				4.03
5	0.0796				5
5.01	0.1869				5.01
5.02	0.2665				5.02
5.03	0.0554				5.03
5.04	139756				5.04
6	3443266				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NONPATIENT TELEPHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING,RECEIVING&STORES					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCTS RECEIVABLE					6.05
6.06 ADMINISTRATION & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
36 OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.01 DEVICES AND IMPLANTABLES					55.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 DRUGS CHARGED					56.01
57 RENAL DIALYSIS					57
59 CARDIAC REHAB					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 PARTIAL HOSPITALIZATION					61.01
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02

PROVIDER NO. 14-0224 SAINT JOSEPH 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
11/28/2009 06:20

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES						98
00 OTHER						00
00.01 LAKESHORE GUEST UNIT						00.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	40.14		13.89				54.03 25
26 INTENSIVE CARE UNIT	41.80		5.51				47.31 26
33 NURSERY			47.41				47.41 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	17.61	11.77					29.38 37
38 RECOVERY ROOM	11.43	8.06					19.49 38
40 ANESTHESIOLOGY	14.01	11.47					25.48 40
41 RADIOLOGY-DIAGNOSTIC	19.73	16.42					36.15 41
42 RADIOLOGY-THERAPEUTIC	3.83	34.30					38.13 42
44 LABORATORY	35.30	1.85					37.15 44
49 RESPIRATORY THERAPY	53.53	1.48					55.01 49
50 PHYSICAL THERAPY	11.23	0.88					12.11 50
53 ELECTROCARDIOLOGY	31.59	13.43					45.02 53
54 ELECTROENCEPHALOGRAPHY	21.69	18.47					40.16 54
55 MEDICAL SUPPLIES CHARGED TO PAT	38.48	9.64					48.12 55
55.01 DEVICES AND IMPLANTABLES	33.31	8.63					41.94 55.01
56 DRUGS CHARGED TO PATIENTS	31.75	4.92					36.67 56
57 RENAL DIALYSIS	47.04						47.04 57
59 CARDIAC REHAB	4.30	39.55					43.85 59
61 EMERGENCY	18.03	11.91					29.94 61
61.01 PARTIAL HOSPITALIZATION		5.97					5.97 61.01
62 OBSERVATION BEDS (NON-DISTINCT)		34.25					34.25 62
101 TOTAL CHARGES	20.67	7.24					27.91 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	53.85		32.06				85.91 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	0.37						0.37 38
40 ANESTHESIOLOGY	0.18						0.18 40
41 RADIOLOGY-DIAGNOSTIC	0.14						0.14 41
44 LABORATORY	1.28						1.28 44
49 RESPIRATORY THERAPY	0.81						0.81 49
50 PHYSICAL THERAPY	0.59						0.59 50
53 ELECTROCARDIOLOGY	0.15						0.15 53
54 ELECTROENCEPHALOGRAPHY	1.42						1.42 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.12						0.12 55
56 DRUGS CHARGED TO PATIENTS	2.32						2.32 56
57 RENAL DIALYSIS	0.53						0.53 57
61 EMERGENCY	2.14						2.14 61
61.01 PARTIAL HOSPITALIZATION	4.55						4.55 61.01
101 TOTAL CHARGES	0.67						0.67 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	75.06		7.66				82.72 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.09						0.09 37
38 RECOVERY ROOM	0.06						0.06 38
40 ANESTHESIOLOGY	0.05						0.05 40
41 RADIOLOGY-DIAGNOSTIC	0.60	0.02					0.62 41
42 RADIOLOGY-THERAPEUTIC	0.01						0.01 42
44 LABORATORY	1.21						1.21 44
49 RESPIRATORY THERAPY	1.46						1.46 49
50 PHYSICAL THERAPY	19.86						19.86 50
53 ELECTROCARDIOLOGY	0.16						0.16 53
54 ELECTROENCEPHALOGRAPHY	0.35						0.35 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.00						1.00 55
55.01 DEVICES AND IMPLANTABLES	0.10						0.10 55.01
56 DRUGS CHARGED TO PATIENTS	1.81	0.01					1.82 56
57 RENAL DIALYSIS	3.73						3.73 57
59 CARDIAC REHAB	0.07						0.07 59
61 EMERGENCY	0.01						0.01 61
101 TOTAL CHARGES	1.06						1.06 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----		
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	
	1	2	3	4	5	6	7
UTILIZATION PERCENTAGES BASED ON DAYS							
34 SKILLED NURSING FACILITY		73.48					73.48 34
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM		0.02					0.02 37
40 ANESTHESIOLOGY		0.04					0.04 40
41 RADIOLOGY-DIAGNOSTIC		0.11					0.11 41
42 RADIOLOGY-THERAPEUTIC		1.11					1.11 42
44 LABORATORY		1.49					1.49 44
49 RESPIRATORY THERAPY		3.59					3.59 49
50 PHYSICAL THERAPY		7.46					7.46 50
53 ELECTROCARDIOLOGY		0.07					0.07 53
54 ELECTROENCEPHALOGRAPHY		0.18					0.18 54
55 MEDICAL SUPPLIES CHARGED TO PAT		2.04					2.04 55
56 DRUGS CHARGED TO PATIENTS		3.30					3.30 56
101 TOTAL CHARGES		1.05					1.05 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	--	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	16382433	9.42	-16382433	-19.50		3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS	13054130	7.51	-13054130	-15.54		5
6.01	NONPATIENT TELEPHONES	236138	.14	-236138	-.28		6.01
6.02	DATA PROCESSING	4359667	2.51	-4359667	-5.19		6.02
6.03	PURCHASING,RECEIVING&STORES	434464	.25	-434464	-.52		6.03
6.04	ADMITTING	1575219	.91	-1575219	-1.88		6.04
6.05	CASHIERING/ACCTS RECEIVABLE	1889850	1.09	-1889850	-2.25		6.05
6.06	ADMINISTRATION & GENERAL	12895045	7.42	-12895045	-15.35		6.06
7	MAINTENANCE & REPAIRS	1322225	.76	-1322225	-1.57		7
8	OPERATION OF PLANT	5924864	3.41	-5924864	-7.05		8
9	LAUNDRY & LINEN SERVICE	895052	.51	-895052	-1.07		9
10	HOUSEKEEPING	2226226	1.28	-2226226	-2.65		10
11	DIETARY	1614245	.93	-1614245	-1.92		11
12	CAFETERIA	529539	.30	-529539	-.63		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1960029	1.13	-1960029	-2.33		14
15	CENTRAL SERVICES & SUPPLY	753490	.43	-753490	-.90		15
16	PHARMACY	2611709	1.50	-2611709	-3.11		16
17	MEDICAL RECORDS & LIBRARY	1999791	1.15	-1999791	-2.38		17
18	SOCIAL SERVICE	464909	.27	-464909	-.55		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	544089	.31	-544089	-.65		22
23	I&R SERVICES-OTHER PRGM COSTS A	12329774	7.09	-12329774	-14.68		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	19593104	11.27	31015834	36.92	50608938	29.10
26	INTENSIVE CARE UNIT	4463473	2.57	5791634	6.89	10255107	5.90
27	CORONARY CARE UNIT						27
31	SUBPROVIDER I	3093634	1.78	3550465	4.23	6644099	3.82
31.01	SUBPROVIDER II	1437310	.83	1525603	1.82	2962913	1.70
33	NURSERY	1660439	.95	1156590	1.38	2817029	1.62
34	SKILLED NURSING FACILITY	1600384	.92	2427490	2.89	4027874	2.32
36	OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	8471842	4.87	7685842	9.15	16157684	9.29
38	RECOVERY ROOM	871833	.50	571549	.68	1443382	.83
40	ANESTHESIOLOGY	218740	.13	429556	.51	648296	.37
41	RADIOLOGY-DIAGNOSTIC	5755277	3.31	5026913	5.98	10782190	6.20
42	RADIOLOGY-THERAPEUTIC	911885	.52	857662	1.02	1769547	1.02
44	LABORATORY	6464770	3.72	3968433	4.72	10433203	6.00
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1423733	.82	1269105	1.51	2692838	1.55

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
50 PHYSICAL THERAPY	3229114	1.86	1965084	2.34	5194198	2.99	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	2118655	1.22	1885126	2.24	4003781	2.30	53
54 ELECTROENCEPHALOGRAPHY	113115	.07	879954	1.05	993069	.57	54
55 MEDICAL SUPPLIES CHARGED TO PAT	5688354	3.27	1836606	2.19	7524960	4.33	55
55.01 DEVICES AND IMPLANTABLES	7377807	4.24	2002305	2.38	9380112	5.39	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	6926114	3.98	5629503	6.70	12555617	7.22	56
56.01 DRUGS CHARGED							56.01
57 RENAL DIALYSIS	526458	.30	212583	.25	739041	.42	57
59 CARDIAC REHAB	91622	.05	222515	.26	314137	.18	59
60 CLINIC	366324	.21	253789	.30	620113	.36	60
61 EMERGENCY	2105800	1.21	1657423	1.97	3763223	2.16	61
61.01 PARTIAL HOSPITALIZATION	184024	.11	76425	.09	260449	.15	61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	1616670	.93	655502	.78	2272172	1.31	98
100 OTHER	3591275	2.07	1240393	1.48	4831668	2.78	100
100.01 LAKESHORE GUEST UNIT			209004	.25	209004	.12	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	173904644	100.00	0	.00	173904644	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2033225	42857293	.047442	7548654	358123	37
38 RECOVERY ROOM	55162	13141921	.004197	1502013	6304	38
40 ANESTHESIOLOGY	64259	12335271	.005209	1727592	8999	40
41 RADIOLOGY-DIAGNOSTIC	1377985	71401611	.019299	14084013	271807	41
42 RADIOLOGY-THERAPEUTIC	293115	6289660	.046603	240982	11230	42
44 LABORATORY	880419	63593384	.013845	22447261	310782	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	186543	14495872	.012869	7760178	99866	49
50 PHYSICAL THERAPY	346004	11616603	.029785	1304842	38865	50
51 OCCUPATIONAL THERAPY	247					51
52 SPEECH PATHOLOGY	97					52
53 ELECTROCARDIOLOGY	480889	27411702	.017543	8659723	151918	53
54 ELECTROENCEPHALOGRAPHY	95490	1228058	.077757	266395	20714	54
55 MEDICAL SUPPLIES CHARGED TO PAT	419213	27897034	.015027	10733819	161297	55
55.01 DEVICES AND IMPLANTABLES	512655	9462240	.054179	3152206	170783	55.01
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	559174	71117779	.007863	22580269	177549	56
56.01 DRUGS CHARGED						56.01
57 RENAL DIALYSIS	65025	2470419	.026321	1162093	30587	57
59 CARDIAC REHAB	91473	199372	.458806	8567	3931	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	69988	757	92.454425			60
61 EMERGENCY	322223	20702011	.015565	3733278	58108	61
61.01 PARTIAL HOSPITALIZATION	8853	1629951	.005431			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	151575	2923169	.051853			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8013614	400774107		106911885	1880863	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	5156347		5156347	48136	107.12	19320	2069558 25
26	INTENSIVE CARE UNIT	731984		731984	4534	161.44	1895	305929 26
27	CORONARY CARE UNIT	-261		-261				27
101	TOTAL	5888070		5888070			21215	2375487 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2375487	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1880863	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4256350	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							4264	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							21215	
PER DISCHARGE CAPITAL COSTS							998.21	
PER DIEM CAPITAL COSTS							200.63	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	37851024
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	145326633
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.260

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3844789
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	9840504
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.391

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	4213722
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	10774977
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.391

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4256350
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.029

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8310191
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	37352872
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.222