

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ALEXIUS MEDICAL CENTER (14-0290) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	1153835	235122		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	1153835	235122		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	ST. ALEXIUS MEDICAL CENTER	14-0290	09/16/1979	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2009	TO: 12/31/2009				17
			1	2				
18	TYPE OF CONTROL		1					18
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1				19
20	SUBPROVIDER I							20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES				21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16974	21.03	
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04	
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.							NO	21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).							NO	21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.								21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							NO	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.								23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.								24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.								24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	149019		40
40.01	NAME: ALEXIAN BROTHERS HOSPITAL N	FI/CONTRACTOR'S NAME: 52280		FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET: 3040 SALT CREEK LANE			P.O.BOX:	40.02
40.03	CITY: ARLINGTON HEIGHTS			STATE: IL ZIP CODE: 60005	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 5407631	PAID LOSSES: 355000	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)			YES	04/13/2010	63	

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6161	3233	18595
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		6161	3233	18595
13 RPCH VISITS				13
14 SUBPROVIDER I				14
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	98458976		98458976	3361840.00	29.29		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	208826		208826	1671.00	124.97		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL	1560758		1560758	9396.00	166.11	ABHS WAGE INDEX	7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	181527	49324	230851	12419.00	18.59		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1419007		1419007	23988.00	59.15	SCHEDULE	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	16314867		16314867	338333.00	48.22	HOME OFFICE W/P	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	23448480		23448480			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	70305		70305			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	32138		32138			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1703257		1703257	16338.00	104.25		21
22	ADMINISTRATIVE & GENERAL	9158999		9158999	319150.00	28.70		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1232323		1232323	39607.00	31.11		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	2234650		2234650	163505.00	13.67		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1797037	-539111	1257926	92133.00	13.65		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		539111	539111	35234.00	15.30		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1880637		1880637	44501.00	42.26		30
31	CENTRAL SERVICES AND SUPPLY	437075		437075	24393.00	17.92		31
32	PHARMACY	2619377		2619377	73507.00	35.63		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1447626		1447626	71204.00	20.33		33
34	SOCIAL SERVICE	1444628		1444628	42531.00	33.97		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	96689392		96689392	3350773.00	28.86	1
2	EXCLUDED AREA SALARIES	181527	49324	230851	12419.00	18.59	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	96507865	-49324	96458541	3338354.00	28.89	3
4	SUBTOTAL OTHER WAGES & REL COSTS	17733874		17733874	362321.00	48.95	4
5	SUBTOTAL WAGE-RELATED COSTS	23448480		23448480		24.31%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	137690219	-49324	137640895	3700675.00	37.19	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	23955609		23955609	922103.00	25.98	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	42833333	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	42833333	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.237749	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	137812849	28
29	TOTAL GROSS MEDICAID COST	32764867	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	42511293	30
31	UNCOMPENSATED CARE COST	10107017	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32764867	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		12562336	12562336	-5744880	6817456	3170836	9988292	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				13493483	13493483	-8000	13485483	4
5	0500 EMPLOYEE BENEFITS	1703257	16287890	17991147	401100	18392247		18392247	5
6	0600 ADMINISTRATIVE & GENERAL	9158999	57713380	66872379	-2372943	64499436	-12601169	51898267	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1232323	7293360	8525683	-226033	8299650	139957	8439607	8
9	0900 LAUNDRY & LINEN SERVICE				1239413	1239413		1239413	9
10	1000 HOUSEKEEPING	2234650	2611167	4845817	-1239696	3606121		3606121	10
11	1100 DIETARY	1797037	1654629	3451666	-1035500	2416166	-20979	2395187	11
12	1200 CAFETERIA				1035500	1035500		1035500	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1880637	728330	2608967		2608967	-5567	2603400	14
15	1500 CENTRAL SERVICES & SUPPLY	437075	884719	1321794	-365430	956364		956364	15
16	1600 PHARMACY	2619377	11395534	14014911	-10890520	3124391		3124391	16
17	1700 MEDICAL RECORDS & LIBRARY	1447626	1243082	2690708	-90	2690618	-600	2690018	17
18	1800 SOCIAL SERVICE	1444628	777316	2221944		2221944		2221944	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	27125871	6398887	33524758	-291218	33233540	-405137	32828403	25
26	2600 INTENSIVE CARE UNIT	4360450	1463084	5823534	-83934	5739600		5739600	26
33	3300 NURSERY	2790342	524209	3314551	-25560	3288991	-43028	3245963	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	5595641	7315799	12911440	-812055	12099385		12099385	37
37.01	3340 ENDOSCOPY	1282690	990225	2272915	-357541	1915374		1915374	37.01
37.02	3701 IMPLANTS		10734660	10734660	-700	10733960		10733960	37.02
38	3800 RECOVERY ROOM	1155506	228300	1383806	-11259	1372547		1372547	38
39	3900 DELIVERY ROOM & LABOR ROOM	3369410	932561	4301971	-42652	4259319		4259319	39
40	4000 ANESTHESIOLOGY	74799	886023	960822	-59928	900894		900894	40
41	4100 RADIOLOGY-DIAGNOSTIC	2624716	779551	3404267	-4653	3399614		3399614	41
41.01	3630 ULTRASOUND	1211565	286676	1498241		1498241		1498241	41.01
41.02	3440 RADIOLOGY-SPECIAL PROCEDURES	855032	1010091	1865123	-4747	1860376		1860376	41.02
41.03	3450 NUCLEAR MEDICINE	527384	949817	1477201		1477201		1477201	41.03
41.04	3441 MAMMOGRAPHY	1170008	738539	1908547	-144777	1763770		1763770	41.04
41.05	3430 MRI	704707	1924271	2628978	-1346291	1282687		1282687	41.05
41.06	3230 CAT SCAN	1118937	1334143	2453080	-422829	2030251		2030251	41.06
41.07	3190 RADIATION ONCOLOGY	995296	766692	1761988	-437414	1324574		1324574	41.07
44	4400 LABORATORY	3420514	4768806	8189320	-53786	8135534		8135534	44
44.01	3951 PATHOLOGY								44.01
46	4600 WHOLE BLOOD & PACKED RED BLOOD	441026	1529062	1970088	-7840	1962248		1962248	46
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48	4800 INTRAVENOUS THERAPY	239570	149675	389245		389245		389245	48
49	4900 RESPIRATORY THERAPY	2163379	951658	3115037	-15496	3099541		3099541	49
50	5000 PHYSICAL THERAPY	879781	202822	1082603	-60	1082543		1082543	50
50.01	5001 REHAB OUTPATIENT	953074	431958	1385032	-215275	1169757		1169757	50.01
51	5100 OCCUPATIONAL THERAPY								51
52	5200 SPEECH PATHOLOGY	102425	7647	110072		110072		110072	52
53	5300 ELECTROCARDIOLOGY	983451	266982	1250433	-38113	1212320		1212320	53
53.01	3160 CARDIAC REHABILITATION								53.01
53.02	3120 CARDIAC CATH LAB	1617365	2971819	4589184	-322545	4266639		4266639	53.02
54	5400 ELECTROENCEPHALOGRAPHY	127184	59911	187095		187095		187095	54
56	5600 DRUGS CHARGED TO PATIENTS				10642345	10642345	-19918	10622427	56
57	5700 RENAL DIALYSIS		737560	737560		737560		737560	57
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	49324	108405	157729	-157729				60
60.01	4950 ENTEROSTOMAL THERAPY	86654	18660	105314	-105314				60.01
60.02	6001 PROCEDURE CLINIC	2086037	553893	2639930	-40096	2599834		2599834	60.02
60.03	6002 IMMEDIATE CARE CENTERS	112972	73497	186469	-23660	162809		162809	60.03
61	6100 EMERGENCY	6096730	5740885	11837615	-69006	11768609	-3645847	8122762	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95									
		98277449	168988511	267265960	-157729	267108231	-13439452	253668779	95
96	9600	174415	249090	423505		423505		423505	96
97	9700								97
97.01	9701	7112	9639	16751		16751		16751	97.01
98	9800		4519968	4519968	157729	4677697	-3010833	1666864	98
99	9900		3928158	3928158		3928158		3928158	99
101	TOTAL	98458976	177695366	276154342		276154342	-16450285	259704057	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
			COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1	LEASE EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		7748603	1
2		A					2
3		A					3
4		A					4
5		A					5
6		A					6
7		A					7
8		A					8
9		A					9
10		A					10
11		A					11
12		A					12
13		A					13
14		A					14
15		A					15
16		A					16
17		A					17
18		A					18
19		A					19
20		A					20
21		A					21
22		A					22
23		A					23
24		A					24
25		A					25
26		A					26
27		A					27
28		A					28
29		A					29
30		A					30
31		A					31
32		A					32
33		A					33
34	CHARGEABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		10642345	34
35							35
36	SUBTOTAL					18390948	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 LEASE EXPENSE	A	CENTRAL SERVICES & SUPPLY	15		365430	9 1
2	A	EMPLOYEE BENEFITS	5		90	2
3	A	ADMINISTRATIVE & GENERAL	6		1971753	3
4	A	OPERATION OF PLANT	8		226033	4
5	A	HOUSEKEEPING	10		283	5
6	A	PHARMACY	16		248175	6
7	A	MEDICAL RECORDS & LIBRARY	17		90	7
8	A	ADULTS & PEDIATRICS	25		396532	8
9	A	INTENSIVE CARE UNIT	26		83934	9
10	A	NURSERY	33		25560	10
11	A	OPERATING ROOM	37		812055	11
12	A	ENDOSCOPY	37.01		357541	12
13	A	IMPLANTS	37.02		700	13
14	A	RECOVERY ROOM	38		11259	14
15	A	DELIVERY ROOM & LABOR ROOM	39		42652	15
16	A	ANESTHESIOLOGY	40		59928	16
17	A	RADIOLOGY-DIAGNOSTIC	41		4653	17
18	A	RADIOLOGY-SPECIAL PROCEDURES	41.02		4747	18
19	A	MAMMOGRAPHY	41.04		144777	19
20	A	MRI	41.05		1346291	20
21	A	CAT SCAN	41.06		422829	21
22	A	RADIATION ONCOLOGY	41.07		437414	22
23	A	LABORATORY	44		53786	23
24	A	WHOLE BLOOD & PACKED RED BLOO	46		7840	24
25	A	RESPIRATORY THERAPY	49		15496	25
26	A	PHYSICAL THERAPY	50		60	26
27	A	REHAB OUTPATIENT	50.01		215275	27
28	A	ELECTROCARDIOLOGY	53		38113	28
29	A	CARDIAC CATH LAB	53.02		322545	29
30	A	PROCEDURE CLINIC	60.02		40096	30
31	A	IMMEDIATE CARE CENTERS	60.03		23660	31
32	A	EMERGENCY	61		69006	32
33						33
34 CHARGEABLE DRUGS	B	PHARMACY	16		10642345	34
35						35
36 SUBTOTAL					18390948	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		5744880
2					2
3 LAUNDRY	D	LAUNDRY & LINEN SERVICE	9		1239413
4					3
5 CAFETERIA	E	CAFETERIA	12	539111	496389
6					4
7 WORKERS COMP	F	EMPLOYEE BENEFITS	5		401190
8					5
9 FREE CLINIC	H	PHYSICIANS' PRIVATE OFFICES	98	49324	108405
10					6
11 ENT THERAPY	I	ADULTS & PEDIATRICS	25	86654	18660
12					7
13					8
14					9
15					10
16					11
17					12
18					13
19					14
20					15
21					16
22					17
23					18
24					19
25					20
26					21
27					22
28					23
29					24
30					25
31					26
32					27
33					28
34					29
35					30
36 TOTAL RECLASSIFICATIONS				675089	26399885

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER -----	DECREASE -----			WKST A-7 REF. 10
				LINE #	SALARY	OTHER	
2		1	6	7	8	9	
1	DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		5744880	9 1
2							2
3	LAUNDRY	D	HOUSEKEEPING	10		1239413	3
4							4
5	CAFETERIA	E	DIETARY	11	539111	496389	5
6							6
7	WORKERS COMP	F	ADMINISTRATIVE & GENERAL	6		401190	7
8							8
9	FREE CLINIC	H	CLINIC	60	49324	108405	9
10							10
11	ENT THERAPY	I	ENTEROSTOMAL THERAPY	60.01	86654	18660	11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				675089	26399885	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	11000000					11000000		1
2 LAND IMPROVEMENTS	14374000					14374000		2
3 BUILDINGS AND FIXTURES	81214000					81214000		3
4 BUILDING IMPROVEMENTS	55167000	2913000		2913000		58080000		4
5 FIXED EQUIPMENT	5860000	2000		2000		5862000		5
6 MOVABLE EQUIPMENT	83179000	8334000		8334000	5430000	86083000		6
7 SUBTOTAL	250794000	11249000		11249000	5430000	256613000		7
8 RECONCILING ITEMS								8
9 TOTAL	250794000	11249000		11249000	5430000	256613000		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	170530000		170530000	.664542				3
4 NEW CAP REL COSTS-MVBLE EQUIP	86083000		86083000	.335458				4
5 TOTAL	256613000		256613000	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		9988292					9988292 3
4 NEW CAP REL COSTS-MVBLE EQUIP		13485483					13485483 4
5 TOTAL		23473775					23473775 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		12562336					12562336 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL		12562336					12562336 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-11553	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-94000	OPERATION OF PLANT	8	9
10 TELEVISION AND RADIO SERVICE	A	-7600	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3138104			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	4770067			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-19918	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-600	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-20359	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.08 OTHER EDUCATION	B	-5567	NURSING ADMINISTRATION	14	37.08
37.09 MISC INCOME	B	-19369	OPERATION OF PLANT	8	37.09
37.10 FIRST FOTO	B	-1947	NURSERY	33	37.10
37.11 LOBBYING PORTION OF FEES	A	-50000	ADMINISTRATIVE & GENERAL	6	37.11
37.13 PATIENT TELEPHONE	A	-1500	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.13
37.14 CONTRIBUTIONS	A	-10035	ADMINISTRATIVE & GENERAL	6	37.14
38 PATIENT TELEPHONE	A	-6500	NEW CAP REL COSTS-MVBLE EQUIP	4	9 38
38.03 NON PATIENT RELATED	A	-236656	ADMINISTRATIVE & GENERAL	6	38.03
38.04 NON PATIENT RELATED	A	-620	DIETARY	11	38.04
38.07 PHYSICIANS PT B	A	-2947050	PHYSICIANS' PRIVATE OFFICES	98	38.07
38.08 FREE CLINIC PT B	A	-63783	PHYSICIANS' PRIVATE OFFICES	98	38.08
38.09 COMMUNITY TRANSPORT	A	-12506	ADMINISTRATIVE & GENERAL	6	38.09
38.11 PERINATAL CLASS TUITION	B	-41081	NURSERY	33	38.11
38.12 MISCELLANEOUS INCOME	B	-110861	ADMINISTRATIVE & GENERAL	6	38.12
39 BAD DEBTS	A	-13094562	ADMINISTRATIVE & GENERAL	6	39
40 EMERGENCY RM PURCH SVCES	A	-1326181	EMERGENCY	61	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-16450285			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	21370780	20445776	925004	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	2925117		2925117	9 2
3							3
4	6	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	1491466	1491466		4
4.01	25	ADULTS & PEDIATRICS	ABHN ADULT AND PEDS	413301		413301	11 4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	SALT CREEK CAPITAL	183548		183548	9 4.02
4.03	8	OPERATION OF PLANT	SALT CREEK NON CAPITAL	232492		232492	4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	ABMP	62171		62171	9 4.04
4.05	8	OPERATION OF PLANT	ABMP	28434		28434	4.05
4.06	5	EMPLOYEE BENEFITS	EXECUTIVE BENEFITS	277803	277803		4.06
5		TOTALS		26985112	22215045	4770067	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP		
1	2	3	4	5	6
1	A ABHS				1
2					2
3					3
4					4
5					5

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

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 16:07

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	AGGREGATE	818438	818438					
5	61	EMERGENCY	AGGREGATE	2319666	2319666					
101		TOTAL		3138104	3138104					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	9988292	9988292							3
4 NEW CAP REL COSTS-MVBLE EQUIP	13485483		13485483						4
5 EMPLOYEE BENEFITS	18392247	39516	137343	18569106					5
6 ADMINISTRATIVE & GENERAL	51898267	713244	1315246	1756540	55683297	55683297			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	8439607	2341346	1090503	236339	12107795	3304580	15412375		8
9 LAUNDRY & LINEN SERVICE	1239413		52890		1292303	352708		1645011	9
10 HOUSEKEEPING	3606121	130478	166709	428568	4331876	1182299	291691		10
11 DIETARY	2395187	148449	331771	247375	3122782	852301	331867		11
12 CAFETERIA	1035500	92119	240076	97266	1464961	399832	205937		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2603400	261907	426213	360674	3652194	996793	585509		14
15 CENTRAL SERVICES & SUPPLY	956364	63041	98687	83824	1201916	328039	140931		15
16 PHARMACY	3124391	63812	110723	502352	3801278	1037483	142656		16
17 MEDICAL RECORDS & LIBRARY	2690018	169814	242772	277630	3380234	922567	379629		17
18 SOCIAL SERVICE	2221944	7430		277055	2506429	684080	16611		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	32828403	2195187	3964368	5218865	44206823	12065280	4907476	792211	25
26 INTENSIVE CARE UNIT	5739600	274325	490839	836260	7341024	2003586	613269	88887	26
33 NURSERY	3245963	117931	158269	535140	4057303	1107360	263643	10685	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	12099385	510778	946118	1073149	14629430	3992810	1141877	166245	37
37.01 ENDOSCOPY	1915374	270057		245998	2431429	663610	603728		37.01
37.02 IMPLANTS	10733960				10733960	2929620			37.02
38 RECOVERY ROOM	1372547	97620	181293	221606	1873066	511216	218237	59671	38
39 DELIVERY ROOM & LABOR ROOM	4259319	366623	736308	646196	6008446	1639885	819608	26077	39
40 ANESTHESIOLOGY	900894		52240	14345	967479	264054			40
41 RADIOLOGY-DIAGNOSTIC	3399614	251623	824957	503376	4979570	1359074	562518	84369	41
41.01 ULTRASOUND	1498241	28872	28717	232358	1788188	488050	64546		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	1860376	26430	48545	163981	2099332	572971	59085		41.02
41.03 NUCLEAR MEDICINE	1477201	54685	59232	101143	1692261	461869	122252		41.03
41.04 MAMMOGRAPHY	1763770	126158		224388	2114316	577060	282035		41.04
41.05 MRI	1282687	60135		135151	1477973	403383	134436		41.05
41.06 CAT SCAN	2030251	66460		214593	2311304	630824	148576		41.06
41.07 RADIATION ONCOLOGY	1324574	319523		190881	1834978	500821	714312		41.07
44 LABORATORY	8135534	229564	405237	655996	9426331	2572729	513204		44
44.01 PATHOLOGY									44.01
46 WHOLE BLOOD & PACKED RED BLOOD	1962248	13960	31764	84581	2092553	571120	31209		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY	389245		154973	45945	590163	161073			48
49 RESPIRATORY THERAPY	3099541	39516	347603	414899	3901559	1064852	88341		49
50 PHYSICAL THERAPY	1082543	29001		168727	1280271	349424	64833		50
50.01 REHAB OUTPATIENT	1169757			182783	1352540	369149			50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	110072			19643	129715	35403			52
53 ELECTROCARDIOLOGY	1212320		223295	188609	1624224	443299		257578	53
53.01 CARDIAC REHABILITATION									53.01
53.02 CARDIAC CATH LAB	4266639	118600		310183	4695422	1281522	265137		53.02
54 ELECTROENCEPHALOGRAPHY	187095	14295	76612	24392	302394	82532	31957		54
56 DRUGS CHARGED TO PATIENTS	10622427				10622427	2899179			56
57 RENAL DIALYSIS	737560				737560	201302			57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 ENTEROSTOMAL THERAPY									60.01
60.02 PROCEDURE CLINIC	2599834	166086		400066	3165986	864093	371295		60.02
60.03 IMMEDIATE CARE CENTERS	162809			21666	184475	50349			60.03
61 EMERGENCY	8122762	538854	519456	1169249	10350321	2824913	1204641	159288	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	253668779	9947439	13462759	18511792	253547888	54003094	15321046	1645011	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	423505	40853	22724	33450	520532	142069	91329		96
97 RESEARCH									97
97.01 COMMUNITY PROGRAMS	16751			1364	18115	4944			97.01
98 PHYSICIANS' PRIVATE OFFICES	1666864			22500	1689364	461078			98
99 NONPAID WORKERS	3928158				3928158	1072112			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	259704057	9988292	13485483	18569106	259704057	55683297	15412375	1645011	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	5805866								10
11 DIETARY	127426	4434376							11
12 CAFETERIA	79073		2149803						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	224817		35696	5495009					14
15 CENTRAL SERVICES & SUPPLY	54113		19575		1744574				15
16 PHARMACY	54775		58976			5095168			16
17 MEDICAL RECORDS & LIBRARY	145766		57124				4885320		17
18 SOCIAL SERVICE	6378		34127					3247625	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	1884318	4061165	761562	3004970	274219		407157	2974295	25
26 INTENSIVE CARE UNIT	235476	373211	100313	395812	105381		74607	2733330	26
33 NURSERY	101230		60878	240213	41203		63222		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	438445		128065	505317	593444		518912		37
37.01 ENDOSCOPY	231813		32008	126296	42745		154632		37.01
37.02 IMPLANTS					27652		90765		37.02
38 RECOVERY ROOM	83796		23948	94492	15422		84749		38
39 DELIVERY ROOM & LABOR ROOM	314704		76015	299937	67346		88449		39
40 ANESTHESIOLOGY			3421		64404		106257		40
41 RADIOLOGY-DIAGNOSTIC	215989		97459		5405		146960		41
41.01 ULTRASOUND	24783		21344		14564		116651		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	22687		15320		36954		42049		41.02
41.03 NUCLEAR MEDICINE	46941		10046		2756		88040		41.03
41.04 MAMMOGRAPHY	108293		30239		25016		28942		41.04
41.05 MRI	51619		16037		10412		195367		41.05
41.06 CAT SCAN	57048		23764		39308		459602		41.06
41.07 RADIATION ONCOLOGY	274273		17523		4432		67460		41.07
44 LABORATORY	197054		128015		54773		749491		44
44.01 PATHOLOGY									44.01
46 WHOLE BLOOD & PACKED RED BLOOD	11983		14152		4962		33671		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY			4506		11174		15277		48
49 RESPIRATORY THERAPY	33920		55238		65538		203007		49
50 PHYSICAL THERAPY	24894		16321		861		31296		50
50.01 REHAB OUTPATIENT			25366		3969		27921		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY			1886		10122		2527		52
53 ELECTROCARDIOLOGY			29421				155537		53
53.01 CARDIAC REHABILITATION									53.01
53.02 CARDIAC CATH LAB	101804		26701		34967		122844		53.02
54 ELECTROENCEPHALOGRAPHY	12270		4039		1218		8720		54
56 DRUGS CHARGED TO PATIENTS						5095168	516853		56
57 RENAL DIALYSIS							16916		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 ENTEROSTOMAL THERAPY									60.01
60.02 PROCEDURE CLINIC	142566		52017	205248	36158		34636		60.02
60.03 IMMEDIATE CARE CENTERS			3421	13499	2470		2016		60.03
61 EMERGENCY	462544		154399	609225	146672		230787		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	5770798	4434376	2138922	5495009	1743547	5095168	4885320	3247625	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	35068		9679						96
97 RESEARCH			1202		37				97
97.01 COMMUNITY PROGRAMS					49				97.01
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS					941				99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5805866	4434376	2149803	5495009	1744574	5095168	4885320	3247625	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	75339476		75339476	25
26 INTENSIVE CARE UNIT	11604896		11604896	26
33 NURSERY	5945737		5945737	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	22114545		22114545	37
37.01 ENDOSCOPY	4286261		4286261	37.01
37.02 IMPLANTS	13781997		13781997	37.02
38 RECOVERY ROOM	2964597		2964597	38
39 DELIVERY ROOM & LABOR ROOM	9340467		9340467	39
40 ANESTHESIOLOGY	1405615		1405615	40
41 RADIOLOGY-DIAGNOSTIC	7451344		7451344	41
41.01 ULTRASOUND	2518126		2518126	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	2848398		2848398	41.02
41.03 NUCLEAR MEDICINE	2424165		2424165	41.03
41.04 MAMMOGRAPHY	3165901		3165901	41.04
41.05 MRI	2289227		2289227	41.05
41.06 CAT SCAN	3670426		3670426	41.06
41.07 RADIATION ONCOLOGY	3413799		3413799	41.07
44 LABORATORY	13641597		13641597	44
44.01 PATHOLOGY				44.01
46 WHOLE BLOOD & PACKED RED BLOOD	2759650		2759650	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	782193		782193	48
49 RESPIRATORY THERAPY	5412455		5412455	49
50 PHYSICAL THERAPY	1767900		1767900	50
50.01 REHAB OUTPATIENT	1778945		1778945	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	179653		179653	52
53 ELECTROCARDIOLOGY	2510059		2510059	53
53.01 CARDIAC REHABILITATION				53.01
53.02 CARDIAC CATH LAB	6528397		6528397	53.02
54 ELECTROENCEPHALOGRAPHY	443130		443130	54
56 DRUGS CHARGED TO PATIENTS	19133627		19133627	56
57 RENAL DIALYSIS	955778		955778	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 ENTEROSTOMAL THERAPY				60.01
60.02 PROCEDURE CLINIC	4871999		4871999	60.02
60.03 IMMEDIATE CARE CENTERS	256230		256230	60.03
61 EMERGENCY	16142790		16142790	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 16:07

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	251729380		251729380	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	798677		798677	96
97 RESEARCH	1239		1239	97
97.01 COMMUNITY PROGRAMS	23108		23108	97.01
98 PHYSICIANS' PRIVATE OFFICES	2150442		2150442	98
99 NONPAID WORKERS	5001211		5001211	99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	259704057		259704057	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 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		39516	137343	176859	176859				5
6 ADMINISTRATIVE & GENERAL		713244	1315246	2028490	16733	2045223			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		2341346	1090503	3431849	2251	121381	3555481		8
9 LAUNDRY & LINEN SERVICE			52890	52890		12955		65845	9
10 HOUSEKEEPING		130478	166709	297187	4083	43427	67290		10
11 DIETARY		148449	331771	480220	2357	31306	76558		11
12 CAFETERIA		92119	240076	332195	927	14686	47508		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		261907	426213	688120	3436	36613	135071		14
15 CENTRAL SERVICES & SUPPLY		63041	98687	161728	799	12049	32511		15
16 PHARMACY		63812	110723	174535	4786	38108	32909		16
17 MEDICAL RECORDS & LIBRARY		169814	242772	412586	2645	33887	87577		17
18 SOCIAL SERVICE		7430		7430	2639	25127	3832		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		2195187	3964368	6159555	49680	443088	1132107	31710	25
26 INTENSIVE CARE UNIT		274325	490839	765164	7967	73594	141475	3558	26
33 NURSERY		117931	158269	276200	5098	40674	60820	428	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		510778	946118	1456896	10223	146660	263420	6654	37
37.01 ENDOSCOPY		270057		270057	2343	24375	139274		37.01
37.02 IMPLANTS						107608			37.02
38 RECOVERY ROOM		97620	181293	278913	2111	18777	50345	2388	38
39 DELIVERY ROOM & LABOR ROOM		366623	736308	1102931	6156	60235	189075	1044	39
40 ANESTHESIOLOGY			52240	52240	137	9699			40
41 RADIOLOGY-DIAGNOSTIC		251623	824957	1076580	4795	49920	129767	3377	41
41.01 ULTRASOUND		28872	28717	57589	2214	17927	14890		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		26430	48545	74975	1562	21046	13630		41.02
41.03 NUCLEAR MEDICINE		54685	59232	113917	964	16965	28202		41.03
41.04 MAMMOGRAPHY		126158		126158	2138	21196	65063		41.04
41.05 MRI		60135		60135	1287	14817	31013		41.05
41.06 CAT SCAN		66460		66460	2044	23171	34275		41.06
41.07 RADIATION ONCOLOGY		319523		319523	1818	18396	164785		41.07
44 LABORATORY		229564	405237	634801	6249	94499	118391		44
44.01 PATHOLOGY									44.01
46 WHOLE BLOOD & PACKED RED BLOOD		13960	31764	45724	806	20978	7200		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY			154973	154973	438	5916			48
49 RESPIRATORY THERAPY		39516	347603	387119	3952	39113	20379		49
50 PHYSICAL THERAPY		29001		29001	1607	12835	14956		50
50.01 REHAB OUTPATIENT					1741	13559			50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY					187	1300			52
53 ELECTROCARDIOLOGY			223295	223295	1797	16283		10310	53
53.01 CARDIAC REHABILITATION									53.01
53.02 CARDIAC CATH LAB		118600		118600	2955	47072	61164		53.02
54 ELECTROENCEPHALOGRAPHY		14295	76612	90907	232	3031	7372		54
56 DRUGS CHARGED TO PATIENTS						106490			56
57 RENAL DIALYSIS						7394			57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 ENTEROSTOMAL THERAPY									60.01
60.02 PROCEDURE CLINIC		166086		166086	3811	31739	85654		60.02
60.03 IMMEDIATE CARE CENTERS					206	1849			60.03
61 EMERGENCY		538854	519456	1058310	11139	103762	277899	6376	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		9947439	13462759	23410198	176313	1983507	3534412	65845	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		40853	22724	63577	319	5218	21069		96
97 RESEARCH									97
97.01 COMMUNITY PROGRAMS					13	182			97.01
98 PHYSICIANS' PRIVATE OFFICES					214	16936			98
99 NONPAID WORKERS						39380			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		9988292	13485483	23473775	176859	2045223	3555481	65845	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	411987								10
11 DIETARY	9042	599483							11
12 CAFETERIA	5611		400927						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	15953		6657	885850					14
15 CENTRAL SERVICES & SUPPLY	3840		3651		214578				15
16 PHARMACY	3887		10999			265224			16
17 MEDICAL RECORDS & LIBRARY	10344		10653				557692		17
18 SOCIAL SERVICE	453		6365					45846	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	133712	549029	142025	484431	33728		46505	41987	25
26 INTENSIVE CARE UNIT	16709	50454	18708	63809	12962		8521	3859	26
33 NURSERY	7183		11354	38725	5068		7221		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	31112		23883	81462	72993		59269		37
37.01 ENDOSCOPY	16450		5969	20360	5257		17662		37.01
37.02 IMPLANTS					3401		10367		37.02
38 RECOVERY ROOM	5946		4466	15233	1897		9680		38
39 DELIVERY ROOM & LABOR ROOM	22332		14176	48353	8283		10102		39
40 ANESTHESIOLOGY			638		7921		12136		40
41 RADIOLOGY-DIAGNOSTIC	15327		18176		665		16785		41
41.01 ULTRASOUND	1759		3981		1791		13324		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	1610		2857		4545		4803		41.02
41.03 NUCLEAR MEDICINE	3331		1874		339		10056		41.03
41.04 MAMMOGRAPHY	7684		5639		3077		3306		41.04
41.05 MRI	3663		2991		1281		22314		41.05
41.06 CAT SCAN	4048		4432		4835		52495		41.06
41.07 RADIATION ONCOLOGY	19463		3268		545		7705		41.07
44 LABORATORY	13983		23874		6737		85306		44
44.01 PATHOLOGY									44.01
46 WHOLE BLOOD & PACKED RED BLOOD	850		2639		610		3846		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY			840		1374		1745		48
49 RESPIRATORY THERAPY	2407		10302		8061		23187		49
50 PHYSICAL THERAPY	1766		3044		106		3575		50
50.01 REHAB OUTPATIENT			4731		488		3189		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY			352		1245		289		52
53 ELECTROCARDIOLOGY			5487				17765		53
53.01 CARDIAC REHABILITATION									53.01
53.02 CARDIAC CATH LAB	7224		4980		4301		14031		53.02
54 ELECTROENCEPHALOGRAPHY	871		753		150		996		54
56 DRUGS CHARGED TO PATIENTS						265224	59034		56
57 RENAL DIALYSIS							1932		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 ENTEROSTOMAL THERAPY									60.01
60.02 PROCEDURE CLINIC	10117		9701	33088	4447		3956		60.02
60.03 IMMEDIATE CARE CENTERS			638	2176	304		230		60.03
61 EMERGENCY	32822		28795	98213	18040		26360		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	409499	599483	398898	885850	214451	265224	557692	45846	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	2488		1805						96
97 RESEARCH			224		5				97
97.01 COMMUNITY PROGRAMS					6				97.01
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS					116				99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	411987	599483	400927	885850	214578	265224	557692	45846	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	9247557		9247557	25
26 INTENSIVE CARE UNIT	1166780		1166780	26
33 NURSERY	452771		452771	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	2152572		2152572	37
37.01 ENDOSCOPY	501747		501747	37.01
37.02 IMPLANTS	121376		121376	37.02
38 RECOVERY ROOM	389756		389756	38
39 DELIVERY ROOM & LABOR ROOM	1462687		1462687	39
40 ANESTHESIOLOGY	82771		82771	40
41 RADIOLOGY-DIAGNOSTIC	1315392		1315392	41
41.01 ULTRASOUND	113475		113475	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	125028		125028	41.02
41.03 NUCLEAR MEDICINE	175648		175648	41.03
41.04 MAMMOGRAPHY	234261		234261	41.04
41.05 MRI	137501		137501	41.05
41.06 CAT SCAN	191760		191760	41.06
41.07 RADIATION ONCOLOGY	535503		535503	41.07
44 LABORATORY	983840		983840	44
44.01 PATHOLOGY				44.01
46 WHOLE BLOOD & PACKED RED BLOOD	82653		82653	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	165286		165286	48
49 RESPIRATORY THERAPY	494520		494520	49
50 PHYSICAL THERAPY	66890		66890	50
50.01 REHAB OUTPATIENT	23708		23708	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	3373		3373	52
53 ELECTROCARDIOLOGY	274937		274937	53
53.01 CARDIAC REHABILITATION				53.01
53.02 CARDIAC CATH LAB	260327		260327	53.02
54 ELECTROENCEPHALOGRAPHY	104312		104312	54
56 DRUGS CHARGED TO PATIENTS	430748		430748	56
57 RENAL DIALYSIS	9326		9326	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 ENTEROSTOMAL THERAPY				60.01
60.02 PROCEDURE CLINIC	348599		348599	60.02
60.03 IMMEDIATE CARE CENTERS	5403		5403	60.03
61 EMERGENCY	1661716		1661716	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
05/26/2010 16:07

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	23322223		23322223	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	94476		94476	96
97 RESEARCH	229		229	97
97.01 COMMUNITY PROGRAMS	201		201	97.01
98 PHYSICIANS' PRIVATE OFFICES	17150		17150	98
99 NONPAID WORKERS	39496		39496	99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	23473775		23473775	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		CILATION
	1	2	3	4	5	6A	6
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	386911	386911	386911	269563	96524868	-55683297	197864591 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1589	1589	1589	455	174415		520532 96
97 RESEARCH							97
97.01 COMMUNITY PROGRAMS					7112		18115 97.01
98 PHYSICIANS' PRIVATE OFFICES					117318		1689364 98
99 NONPAID WORKERS							3928158 99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I			9988292	13485483	18569106		55683297 103
104 UNIT COST MULT-WS B PT I				49.942904			104
104 UNIT COST MULT-WS B PT I			25.709889		.191783		.272930 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					176859		2045223 107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.001827		.010025 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA FTE'S	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	7	8	9	10	11	12	14	15	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	357632	266564	1590202	261489	72110	128170	83450	8109885	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	1589	1589		1589		580			96
97 RESEARCH						72			97
97.01 COMMUNITY PROGRAMS								174	97.01
98 PHYSICIANS' PRIVATE OFFICES								229	98
99 NONPAID WORKERS								2	99
101 CROSS FOOT ADJUSTMENTS								4378	101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		15412375	1645011	5805866	4434376	2149803	5495009	1744574	103
104 UNIT COST MULT-WS B PT I			1.034467		61.494605		65.847921		104
104 UNIT COST MULT-WS B PT I		57.476049		22.068991		16.688167		.214990	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		3555481	65845	411987	599483	400927	885850	214578	107
108 UNIT COST MULT-WS B PT III			.041407		8.313452		10.615339		108
108 UNIT COST MULT-WS B PT III		13.259151		1.566026		3.112256		.026443	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	COSTED REQUIS. 16	GROSS REVENUE 17	PATIENT DAYS 18	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16	10642345			16
17		1058801950		17
18			72110	18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25		88243926	66041	25
26		16169789	6069	26
33		13702252		33
ANCILLARY SERVICE COST CENTERS				
37		112464575		37
37.01		33513693		37.01
37.02		19671645		37.02
38		18367767		38
39		19169611		39
40		23029348		40
41		31850882		41
41.01		25281998		41.01
41.02		9113304		41.02
41.03		19081035		41.03
41.04		6272706		41.04
41.05		42342272		41.05
41.06		99610211		41.06
41.07		14620665		41.07
44		162436653		44
44.01				44.01
46		7297609		46
46.30				46.30
48		3311080		48
49		43997943		49
50		6782810		50
50.01		6051429		50.01
51				51
52		547637		52
53		33709862		53
53.01				53.01
53.02		26624156		53.02
54		1889862		54
56	10642345	112018336		56
57		3666281		57
OUTPATIENT SERVICE COST CENTERS				
60				60
60.01				60.01
60.02		7506746		60.02
60.03		436941		60.03
61		50018926		61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	COSTED REQUIS. 16	GROSS REVENUE 17	PATIENT DAYS 18	
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	10642345	1058801950	72110	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
97 RESEARCH				97
97.01 COMMUNITY PROGRAMS				97.01
98 PHYSICIANS' PRIVATE OFFICES				98
99 NONPAID WORKERS				99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	5095168	4885320	3247625	103
104 UNIT COST MULT-WS B PT I	.478764		45.037096	104
104 UNIT COST MULT-WS B PT I		.004614		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	265224	557692	45846	107
108 UNIT COST MULT-WS B PT III	.024922		.635779	108
108 UNIT COST MULT-WS B PT III		.000527		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	75339476		75339476		75339476	25
26 INTENSIVE CARE UNIT	11604896		11604896		11604896	26
33 NURSERY	5945737		5945737		5945737	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	22114545		22114545		22114545	37
37.01 ENDOSCOPY	4286261		4286261		4286261	37.01
37.02 IMPLANTS	13781997		13781997		13781997	37.02
38 RECOVERY ROOM	2964597		2964597		2964597	38
39 DELIVERY ROOM & LABOR ROOM	9340467		9340467		9340467	39
40 ANESTHESIOLOGY	1405615		1405615		1405615	40
41 RADIOLOGY-DIAGNOSTIC	7451344		7451344		7451344	41
41.01 ULTRASOUND	2518126		2518126		2518126	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURE	2848398		2848398		2848398	41.02
41.03 NUCLEAR MEDICINE	2424165		2424165		2424165	41.03
41.04 MAMMOGRAPHY	3165901		3165901		3165901	41.04
41.05 MRI	2289227		2289227		2289227	41.05
41.06 CAT SCAN	3670426		3670426		3670426	41.06
41.07 RADIATION ONCOLOGY	3413799		3413799		3413799	41.07
44 LABORATORY	13641597		13641597		13641597	44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BL	2759650		2759650		2759650	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	782193		782193		782193	48
49 RESPIRATORY THERAPY	5412455		5412455		5412455	49
50 PHYSICAL THERAPY	1767900		1767900		1767900	50
50.01 REHAB OUTPATIENT	1778945		1778945		1778945	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	179653		179653		179653	52
53 ELECTROCARDIOLOGY	2510059		2510059		2510059	53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	6528397		6528397		6528397	53.02
54 ELECTROENCEPHALOGRAPHY	443130		443130		443130	54
56 DRUGS CHARGED TO PATIENTS	19133627		19133627		19133627	56
57 RENAL DIALYSIS	955778		955778		955778	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	4871999		4871999		4871999	60.02
60.03 IMMEDIATE CARE CENTERS	256230		256230		256230	60.03
61 EMERGENCY	16142790		16142790		16142790	61
62 OBSERVATION BEDS (NON-DISTI	5741429		5741429		5741429	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	257470809		257470809		257470809	101
102 LESS OBSERVATION BEDS	5741429		5741429		5741429	102
103 TOTAL	251729380		251729380		251729380	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	82223573		82223573			25
26 INTENSIVE CARE UNIT	16169789		16169789			26
33 NURSERY	13702252		13702252			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	49959801	62504774	112464575	.196636	.196636	.196636 37
37.01 ENDOSCOPY	7851966	25661727	33513693	.127896	.127896	.127896 37.01
37.02 IMPLANTS	14673389	4998256	19671645	.700602	.700602	.700602 37.02
38 RECOVERY ROOM	7762451	10605316	18367767	.161402	.161402	.161402 38
39 DELIVERY ROOM & LABOR ROOM	16589938	2579673	19169611	.487254	.487254	.487254 39
40 ANESTHESIOLOGY	9422887	13606461	23029348	.061036	.061036	.061036 40
41 RADIOLOGY-DIAGNOSTIC	11137495	20713387	31850882	.233945	.233945	.233945 41
41.01 ULTRASOUND	7197416	18084582	25281998	.099602	.099602	.099602 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURE	5336186	3777118	9113304	.312554	.312554	.312554 41.02
41.03 NUCLEAR MEDICINE	8464944	10616091	19081035	.127046	.127046	.127046 41.03
41.04 MAMMOGRAPHY	6172	6266534	6272706	.504711	.504711	.504711 41.04
41.05 MRI	15001127	27341145	42342272	.054065	.054065	.054065 41.05
41.06 CAT SCAN	35247867	64362344	99610211	.036848	.036848	.036848 41.06
41.07 RADIATION ONCOLOGY	434094	14186571	14620665	.233491	.233491	.233491 41.07
44 LABORATORY	78828188	83608465	162436653	.083981	.083981	.083981 44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BL	5968960	1328649	7297609	.378158	.378158	.378158 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	3019812	291268	3311080	.236235	.236235	.236235 48
49 RESPIRATORY THERAPY	40579551	3418392	43997943	.123016	.123016	.123016 49
50 PHYSICAL THERAPY	6523524	259286	6782810	.260644	.260644	.260644 50
50.01 REHAB OUTPATIENT		6051429	6051429	.293971	.293971	.293971 50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	531872	15765	547637	.328051	.328051	.328051 52
53 ELECTROCARDIOLOGY	18473673	15236189	33709862	.074461	.074461	.074461 53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	21337723	5286433	26624156	.245206	.245206	.245206 53.02
54 ELECTROENCEPHALOGRAPHY	891001	998861	1889862	.234477	.234477	.234477 54
56 DRUGS CHARGED TO PATIENTS	78185797	33832539	112018336	.170808	.170808	.170808 56
57 RENAL DIALYSIS	3606496	59785	3666281	.260694	.260694	.260694 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	199997	7306749	7506746	.649016	.649016	.649016 60.02
60.03 IMMEDIATE CARE CENTERS	5929	431012	436941	.586418	.586418	.586418 60.03
61 EMERGENCY	16446471	33572455	50018926	.322734	.322734	.322734 61
62 OBSERVATION BEDS (NON-DISTI		6020353	6020353	.953670	.953670	.953670 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	575780341	483021609	1058801950			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	575780341	483021609	1058801950			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				9247557		9247557	25
26 INTENSIVE CARE UNIT				1166780		1166780	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				452771		452771	33
101 TOTAL				10867108		10867108	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	71489	28122			129.36	3637862	25
26 INTENSIVE CARE UNIT	6069	2908			192.25	559063	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	9629				47.02		33
101 TOTAL	87187	31030				4196925	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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		2152572	112464575	16939660			.019140	324225 37
37.01 ENDOSCOPY		501747	33513693	4097223			.014971	61340 37.01
37.02 IMPLANTS		121376	19671645	6038718			.006170	37259 37.02
38 RECOVERY ROOM		389756	18367767	2681957			.021220	56911 38
39 DELIVERY ROOM & LABOR ROOM		1462687	19169611	25478			.076302	1944 39
40 ANESTHESIOLOGY		82771	23029348	3059468			.003594	10996 40
41 RADIOLOGY-DIAGNOSTIC		1315392	31850882	5932049			.041298	244982 41
41.01 ULTRASOUND		113475	25281998	3539354			.004488	15885 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		125028	9113304	3126612			.013719	42894 41.02
41.03 NUCLEAR MEDICINE		175648	19081035	4923082			.009205	45317 41.03
41.04 MAMMOGRAPHY		234261	6272706	1816			.037346	68 41.04
41.05 MRI		137501	42342272	6348262			.003247	20613 41.05
41.06 CAT SCAN		191760	99610211	16787561			.001925	32316 41.06
41.07 RADIATION ONCOLOGY		535503	14620665	244008			.036626	8937 41.07
44 LABORATORY		983840	162436653	37587627			.006057	227668 44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOO		82653	7297609	2442241			.011326	27661 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		165286	3311080	1552982			.049919	77523 48
49 RESPIRATORY THERAPY		494520	43997943	20773485			.011240	233494 49
50 PHYSICAL THERAPY		66890	6782810	4207513			.009862	41494 50
50.01 REHAB OUTPATIENT		23708	6051429				.003918	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3373	547637	359282			.006159	2213 52
53 ELECTROCARDIOLOGY		274937	33709862	9856595			.008156	80390 53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		260327	26624156	11039408			.009778	107943 53.02
54 ELECTROENCEPHALOGRAPHY		104312	1889862	334053			.055196	18438 54
56 DRUGS CHARGED TO PATIENTS		430748	112018336	34109178			.003845	131150 56
57 RENAL DIALYSIS		9326	3666281	2488578			.002544	6331 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY								60.01
60.02 PROCEDURE CLINIC		348599	7506746	78533			.046438	3647 60.02
60.03 IMMEDIATE CARE CENTERS		5403	436941	753			.012366	9 60.03
61 EMERGENCY		1661716	50018926	7505664			.033222	249353 61
62 OBSERVATION BEDS (NON-DISTINC		704732	6020353				.117058	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13159847	946706336	206081140				2111001 101

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 16:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	COSTS
101 TOTAL								
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					71489		28122	25
26 INTENSIVE CARE UNIT					6069		2908	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					9629			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					87187		31030	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES							41.02
41.03 NUCLEAR MEDICINE							41.03
41.04 MAMMOGRAPHY							41.04
41.05 MRI							41.05
41.06 CAT SCAN							41.06
41.07 RADIATION ONCOLOGY							41.07
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHAB OUTPATIENT							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	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		112464575			16939660		8320779 37
37.01 ENDOSCOPY		33513693			4097223		7252070 37.01
37.02 IMPLANTS		19671645			6038718		799331 37.02
38 RECOVERY ROOM		18367767			2681957		1020796 38
39 DELIVERY ROOM & LABOR ROOM		19169611			25478		4088 39
40 ANESTHESIOLOGY		23029348			3059468		1772791 40
41 RADIOLOGY-DIAGNOSTIC		31850882			5932049		3800570 41
41.01 ULTRASOUND		25281998			3539354		2564382 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		9113304			3126612		2025186 41.02
41.03 NUCLEAR MEDICINE		19081035			4923082		2926410 41.03
41.04 MAMMOGRAPHY		6272706			1816		247458 41.04
41.05 MRI		42342272			6348262		5413234 41.05
41.06 CAT SCAN		99610211			16787561		14253962 41.06
41.07 RADIATION ONCOLOGY		14620665			244008		4978636 41.07
44 LABORATORY		162436653			37587627		2527806 44
44.01 PATHOLOGY							
46 WHOLE BLOOD & PACKED RED BLOO		7297609			2442241		400566 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
48 INTRAVENOUS THERAPY		3311080			1552982		95319 48
49 RESPIRATORY THERAPY		43997943			20773485		531596 49
50 PHYSICAL THERAPY		6782810			4207513		
50.01 REHAB OUTPATIENT		6051429					402 50.01
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY		547637			359282		
53 ELECTROCARDIOLOGY		33709862			9856595		2719314 53
53.01 CARDIAC REHABILITATION							
53.02 CARDIAC CATH LAB		26624156			11039408		2359097 53.02
54 ELECTROENCEPHALOGRAPHY		1889862			334053		153928 54
56 DRUGS CHARGED TO PATIENTS		112018336			34109178		9290623 56
57 RENAL DIALYSIS		3666281			2488578		27024 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							
60.01 ENTEROSTOMAL THERAPY							
60.02 PROCEDURE CLINIC		7506746			78533		2848104 60.02
60.03 IMMEDIATE CARE CENTERS		436941			753		20564 60.03
61 EMERGENCY		50018926			7505664		3641128 61
62 OBSERVATION BEDS (NON-DISTINC		6020353					1126320 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		946706336			206081140		81121484 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHAB OUTPATIENT					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0290) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		8320779						37
37.01 ENDOSCOPY		7252070						37.01
37.02 IMPLANTS		799331						37.02
38 RECOVERY ROOM		1020796						38
39 DELIVERY ROOM & LABOR ROOM		4088						39
40 ANESTHESIOLOGY		1772791						40
41 RADIOLOGY-DIAGNOSTIC		3800570						41
41.01 ULTRASOUND		2564382						41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		2025186						41.02
41.03 NUCLEAR MEDICINE		2926410						41.03
41.04 MAMMOGRAPHY		247458						41.04
41.05 MRI		5413234						41.05
41.06 CAT SCAN		14253962						41.06
41.07 RADIATION ONCOLOGY		4978636						41.07
44 LABORATORY		2527806						44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOOD		400566						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		95319						48
49 RESPIRATORY THERAPY		531596						49
50 PHYSICAL THERAPY								50
50.01 REHAB OUTPATIENT		402						50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2719314						53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		2359097						53.02
54 ELECTROENCEPHALOGRAPHY		153928						54
56 DRUGS CHARGED TO PATIENTS		9290623						56
57 RENAL DIALYSIS		27024						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY								60.01
60.02 PROCEDURE CLINIC		2848104						60.02
60.03 IMMEDIATE CARE CENTERS		20564						60.03
61 EMERGENCY		3641128						61
62 OBSERVATION BEDS (NON-DISTINCT		1126320						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		81121484						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		81121484						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0290) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1636165					37
37.01 ENDOSCOPY		927511					37.01
37.02 IMPLANTS		560013					37.02
38 RECOVERY ROOM		164759					38
39 DELIVERY ROOM & LABOR ROOM		1992					39
40 ANESTHESIOLOGY		108204					40
41 RADIOLOGY-DIAGNOSTIC		889124					41
41.01 ULTRASOUND		255418					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		632980					41.02
41.03 NUCLEAR MEDICINE		371789					41.03
41.04 MAMMOGRAPHY		124895					41.04
41.05 MRI		292666					41.05
41.06 CAT SCAN		525230					41.06
41.07 RADIATION ONCOLOGY		1162467					41.07
44 LABORATORY		212288					44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOOD		151477					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		22518					48
49 RESPIRATORY THERAPY		65395					49
50 PHYSICAL THERAPY							50
50.01 REHAB OUTPATIENT		118					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		202483					53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB		578465					53.02
54 ELECTROENCEPHALOGRAPHY		36093					54
56 DRUGS CHARGED TO PATIENTS		1586913					56
57 RENAL DIALYSIS		7045					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC		1848465					60.02
60.03 IMMEDIATE CARE CENTERS		12059					60.03
61 EMERGENCY		1175116					61
62 OBSERVATION BEDS (NON-DISTINCT		1074138					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		14625786					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14625786					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				9247557		9247557	25
26 INTENSIVE CARE UNIT				1166780		1166780	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY				452771		452771	33
101 TOTAL				10867108		10867108	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	71489	9276			129.36	1199943	25
26 INTENSIVE CARE UNIT	6069	467			192.25	89781	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
33 NURSERY	9629	4309			47.02	202609	33
101 TOTAL	87187	14052				1492333	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2152572	112464575				.019140	37
37.01 ENDOSCOPY		501747	33513693				.014971	37.01
37.02 IMPLANTS		121376	19671645				.006170	37.02
38 RECOVERY ROOM		389756	18367767				.021220	38
39 DELIVERY ROOM & LABOR ROOM		1462687	19169611				.076302	39
40 ANESTHESIOLOGY		82771	23029348				.003594	40
41 RADIOLOGY-DIAGNOSTIC		1315392	31850882				.041298	41
41.01 ULTRASOUND		113475	25281998				.004488	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		125028	9113304				.013719	41.02
41.03 NUCLEAR MEDICINE		175648	19081035				.009205	41.03
41.04 MAMMOGRAPHY		234261	6272706				.037346	41.04
41.05 MRI		137501	42342272				.003247	41.05
41.06 CAT SCAN		191760	99610211				.001925	41.06
41.07 RADIATION ONCOLOGY		535503	14620665				.036626	41.07
44 LABORATORY		983840	162436653				.006057	44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOO		82653	7297609				.011326	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		165286	3311080				.049919	48
49 RESPIRATORY THERAPY		494520	43997943				.011240	49
50 PHYSICAL THERAPY		66890	6782810				.009862	50
50.01 REHAB OUTPATIENT		23708	6051429				.003918	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3373	547637				.006159	52
53 ELECTROCARDIOLOGY		274937	33709862				.008156	53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		260327	26624156				.009778	53.02
54 ELECTROENCEPHALOGRAPHY		104312	1889862				.055196	54
56 DRUGS CHARGED TO PATIENTS		430748	112018336				.003845	56
57 RENAL DIALYSIS		9326	3666281				.002544	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY								60.01
60.02 PROCEDURE CLINIC		348599	7506746				.046438	60.02
60.03 IMMEDIATE CARE CENTERS		5403	436941				.012366	60.03
61 EMERGENCY		1661716	50018926				.033222	61
62 OBSERVATION BEDS (NON-DISTINC		704732	6020353				.117058	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13159847	946706336					101

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
 PERIOD FROM 01/01/2009 TO 12/31/2009

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

VERSION: 2010.02
 05/26/2010 16:07

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					71489		9276	25
26 INTENSIVE CARE UNIT					6069		467	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					9629		4309	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					87187		14052	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES							41.02
41.03 NUCLEAR MEDICINE							41.03
41.04 MAMMOGRAPHY							41.04
41.05 MRI							41.05
41.06 CAT SCAN							41.06
41.07 RADIATION ONCOLOGY							41.07
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHAB OUTPATIENT							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	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		112464575					37
37.01 ENDOSCOPY		33513693					37.01
37.02 IMPLANTS		19671645					37.02
38 RECOVERY ROOM		18367767					38
39 DELIVERY ROOM & LABOR ROOM		19169611					39
40 ANESTHESIOLOGY		23029348					40
41 RADIOLOGY-DIAGNOSTIC		31850882					41
41.01 ULTRASOUND		25281998					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		9113304					41.02
41.03 NUCLEAR MEDICINE		19081035					41.03
41.04 MAMMOGRAPHY		6272706					41.04
41.05 MRI		42342272					41.05
41.06 CAT SCAN		99610211					41.06
41.07 RADIATION ONCOLOGY		14620665					41.07
44 LABORATORY		162436653					44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO		7297609					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		3311080					48
49 RESPIRATORY THERAPY		43997943					49
50 PHYSICAL THERAPY		6782810					50
50.01 REHAB OUTPATIENT		6051429					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		547637					52
53 ELECTROCARDIOLOGY		33709862					53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB		26624156					53.02
54 ELECTROENCEPHALOGRAPHY		1889862					54
56 DRUGS CHARGED TO PATIENTS		112018336					56
57 RENAL DIALYSIS		3666281					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC		7506746					60.02
60.03 IMMEDIATE CARE CENTERS		436941					60.03
61 EMERGENCY		50018926					61
62 OBSERVATION BEDS (NON-DISTINC		6020353					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		946706336					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.01 ENDOSCOPY						37.01
37.02 IMPLANTS						37.02
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES						41.02
41.03 NUCLEAR MEDICINE						41.03
41.04 MAMMOGRAPHY						41.04
41.05 MRI						41.05
41.06 CAT SCAN						41.06
41.07 RADIATION ONCOLOGY						41.07
44 LABORATORY						44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 REHAB OUTPATIENT						50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB						53.02
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC						60.02
60.03 IMMEDIATE CARE CENTERS						60.03
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71489						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71489						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71489						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)	28122						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	75339476						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	75339476						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.856083						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	567.79						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	75339476						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1053.86					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29636651					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29636651					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	11604896	6069	1912.16	2908	5560561	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	33765295	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	68962507					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4196925					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2111001					51
52 TOTAL PROGRAM EXCLUDABLE COST	6307926					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	62654581					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5448	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1053.86	84
85 OBSERVATION BED COST	5741429	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		75339476		5741429		86
87 NEW CAPITAL-RELATED COST	9247557	75339476	.122745	5741429	704732	87
88 NON PHYSICIAN ANESTHETIST		75339476		5741429		88
89 MEDICAL EDUCATION		75339476		5741429		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71489						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71489						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71489						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)	9276						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	9629						15
16 TITLE V OR XIX NURSERY DAYS	4309						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	75339476						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	75339476						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.856083						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	567.79						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	75339476						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1			
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1053.86						38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9775605						39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9775605						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)	5945737	9629	617.48	4309	2660721		42	
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
44	INTENSIVE CARE UNIT	11604896	6069	1912.16	467	892979		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 (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV			
		1	1	1	1	1			
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48	
49	TOTAL PROGRAM INPATIENT COSTS	13329305						49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1492333						50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51	
52	TOTAL PROGRAM EXCLUDABLE COST	1492333						52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53	

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
PERIOD FROM 01/01/2009 TO 12/31/2009

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IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02
05/26/2010 16:07

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5448	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1053.86	84
85 OBSERVATION BED COST	5741429	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		36510125		25
26 INTENSIVE CARE UNIT		7972904		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.196636	16939660	3330947	37
37.01 ENDOSCOPY	.127896	4097223	524018	37.01
37.02 IMPLANTS	.700602	6038718	4230738	37.02
38 RECOVERY ROOM	.161402	2681957	432873	38
39 DELIVERY ROOM & LABOR ROOM	.487254	25478	12414	39
40 ANESTHESIOLOGY	.061036	3059468	186738	40
41 RADIOLOGY-DIAGNOSTIC	.233945	5932049	1387773	41
41.01 ULTRASOUND	.099602	3539354	352527	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.312554	3126612	977235	41.02
41.03 NUCLEAR MEDICINE	.127046	4923082	625458	41.03
41.04 MAMMOGRAPHY	.504711	1816	917	41.04
41.05 MRI	.054065	6348262	343219	41.05
41.06 CAT SCAN	.036848	16787561	618588	41.06
41.07 RADIATION ONCOLOGY	.233491	244008	56974	41.07
44 LABORATORY	.083981	37587627	3156647	44
44.01 PATHOLOGY				44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.378158	2442241	923553	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.236235	1552982	366869	48
49 RESPIRATORY THERAPY	.123016	20773485	2555471	49
50 PHYSICAL THERAPY	.260644	4207513	1096663	50
50.01 REHAB OUTPATIENT	.293971			50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.328051	359282	117863	52
53 ELECTROCARDIOLOGY	.074461	9856595	733932	53
53.01 CARDIAC REHABILITATION				53.01
53.02 CARDIAC CATH LAB	.245206	11039408	2706929	53.02
54 ELECTROENCEPHALOGRAPHY	.234477	334053	78328	54
56 DRUGS CHARGED TO PATIENTS	.170808	34109178	5826120	56
57 RENAL DIALYSIS	.260694	2488578	648757	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 ENTEROSTOMAL THERAPY				60.01
60.02 PROCEDURE CLINIC	.649016	78533	50969	60.02
60.03 IMMEDIATE CARE CENTERS	.586418	753	442	60.03
61 EMERGENCY	.322734	7505664	2422333	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.953670			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		206081140	33765295	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		206081140		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.196636		37
37.01 ENDOSCOPY	.127896		37.01
37.02 IMPLANTS	.700602		37.02
38 RECOVERY ROOM	.161402		38
39 DELIVERY ROOM & LABOR ROOM	.487254		39
40 ANESTHESIOLOGY	.061036		40
41 RADIOLOGY-DIAGNOSTIC	.233945		41
41.01 ULTRASOUND	.099602		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.312554		41.02
41.03 NUCLEAR MEDICINE	.127046		41.03
41.04 MAMMOGRAPHY	.504711		41.04
41.05 MRI	.054065		41.05
41.06 CAT SCAN	.036848		41.06
41.07 RADIATION ONCOLOGY	.233491		41.07
44 LABORATORY	.083981		44
44.01 PATHOLOGY			44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.378158		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.236235		48
49 RESPIRATORY THERAPY	.123016		49
50 PHYSICAL THERAPY	.260644		50
50.01 REHAB OUTPATIENT	.293971		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.328051		52
53 ELECTROCARDIOLOGY	.074461		53
53.01 CARDIAC REHABILITATION			53.01
53.02 CARDIAC CATH LAB	.245206		53.02
54 ELECTROENCEPHALOGRAPHY	.234477		54
56 DRUGS CHARGED TO PATIENTS	.170808		56
57 RENAL DIALYSIS	.260694		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
60.01 ENTEROSTOMAL THERAPY			60.01
60.02 PROCEDURE CLINIC	.649016		60.02
60.03 IMMEDIATE CARE CENTERS	.586418		60.03
61 EMERGENCY	.322734		61
62 OBSERVATION BEDS (NON-DISTINCT	.953670		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	36416772					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12138924					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	28958					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2464535					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	325.00					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	0.17					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)	2.83					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	3.00					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	1.34					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	2.68					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	1.34				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.004123				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.005000				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	0.004123				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	82076				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	27337				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]					3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	109413 0	109413			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0218				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1719				4.01
4.02	SUM OF 4 AND 4.01	0.1937				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0534				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2592874				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	53722518				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	53722518				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4987447				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	43251				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	58753216				16
17	PRIMARY PAYER PAYMENTS	433205				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	58320011				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4221872				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	287259				20
21	REIMBURSABLE BAD DEBTS	1013942				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	709759				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	718655				21.02
22	SUBTOTAL	54520639				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	54520639					26
27						27
28	53366804					28
28.01						28.01
29	1153835					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0290) 1	HOSPITAL (14-0290) 1.01	HOSPITAL (14-0290) 1.02	
1 MEDICAL AND OTHER SERVICES	17813			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14625786			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13158372			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	17813			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	104287			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	104287			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	104287			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	86474			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	17813			17
17.01 TOTAL PPS PAYMENTS	13158372			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0290) 1	HOSPITAL (14-0290) 1.01	HOSPITAL (14-0290) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3286158		18.01
19 SUBTOTAL	9890027		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	9222		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	9899249		23
24 PRIMARY PAYER PAYMENTS	31238		24
25 SUBTOTAL	9868011		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	865295		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	605707		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	662718		27.02
28 SUBTOTAL	10473718		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	10473718		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10238596		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	235122		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		52868804		10238596	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.		498000		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		53366804		10238596	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	1153835		235122	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		54520639		10473718	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0290) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	13329305					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	13329305					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	13329305					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13329305					22
23	COST OF COVERED SERVICES	13329305					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	13329305					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	13329305					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0290) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	13329305					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	0.17 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)	2.83 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	3.00 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 [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		1.34	3.19
3.20	SEE INSTRUCTIONS		2.68	3.20
3.21	SEE INSTRUCTIONS		1.34	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		1.34	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		91000.00	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		121940	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		121940	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		31030	4
5	TOTAL INPATIENT DAYS		72110	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.430315	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 52473	0	52473	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		72110	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		3666281	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

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

12	PART A REASONABLE COST			
	REASONABLE COST	68962507		12
13	ORGAN ACQUISITION COSTS			13
14	COST OF TEACHING PHYSICIANS			14
15	PRIMARY PAYER PAYMENTS	433205		15
16	TOTAL PART A REASONABLE COST	68529302		16
	PART B REASONABLE COST			
17	REASONABLE COST	14643599		17
18	PRIMARY PAYER PAYMENTS	31238		18
19	TOTAL PART B REASONABLE COST	14612361		19
20	TOTAL REASONABLE COST	83141663		20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.824247		21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.175753		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	52473		23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	43251		24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	9222		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	9743	4
5	TOTAL INPATIENT DAYS	72110	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.135113	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	72110	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

1	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
5	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
13	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
16	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

1	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
5	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
13	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
16	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	3879000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	32513000			4
5	OTHER RECEIVABLES	1378000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4425000			7
8	PREPAID EXPENSES	1012000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	43207000			11
FIXED ASSETS					
12	LAND	11000000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	14374000			13
13.01	ACCUMULATED DEPRECIATION	-5539000			13.01
14	BUILDINGS	127299000			14
14.01	ACCUMULATED DEPRECIATION	-35354000			14.01
15	LEASEHOLD IMPROVEMENTS	11995000			15
15.01	ACCUMULATED AMORTIZATION	-2454000			15.01
16	FIXED EQUIPMENT	5862000			16
16.01	ACCUMULATED DEPRECIATION	-3940000			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	86083000			18
18.01	ACCUMULATED DEPRECIATION	-69772000			18.01
19	MINOR EQUIPMENT DEPRECIABLE	4485000			19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	144039000			21
OTHER ASSETS					
22	INVESTMENTS	22000000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	5524000			25
26	TOTAL OTHER ASSETS	27524000			26
27	TOTAL ASSETS	214770000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	5594000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	26286000			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	15585000			35
36	TOTAL CURRENT LIABILITIES	47465000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	7764000			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	7767000			41
42	TOTAL LONG TERM LIABILITIES	15531000			42
43	TOTAL LIABILITIES	62996000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	151774000			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	151774000			51
52	TOTAL LIABILITIES AND FUND BALANCES	214770000			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	169410000			1
2 NET INCOME (LOSS)	24646000			2
3 TOTAL	194056000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFERS FROM AFFILIATES				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	194056000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED	42282000			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	42282000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	151774000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	82223000		82223000	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	82223000		82223000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	16170000		16170000	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	16170000		16170000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	98393000		98393000	18
18.50 ANCILLARY SERVICES	477781000	490405000	968186000	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	576174000	490405000	1066579000	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		276154342	26
27 ADD (SPECIFY)			27
28			28
29 INTEREST	7356000		29
30 DOCTOR'S OFFICE BUILDING	1099000		30
31 IMMATERIAL VARIANCE	2658		31
32			32
33 TOTAL ADDITIONS		8457658	33
34 ROUNDING			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		284612000	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1066579000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	762164000	2
3	NET PATIENT REVENUES	304415000	3
4	LESS - TOTAL OPERATING EXPENSES	284612000	4
5	NET INCOME FROM SERVICE TO PATIENTS	19803000	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	158000	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	20000	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	149000	20
21	RENTAL OF VENDING MACHINES	20000	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NW PRIMARY CARE CAPITATION	689000	24
24.01	PERINATAL CLASS TUITION	41000	24.01
24.02	STARBUCKS	290000	24.02
24.03	MISCELLANEOUS	177000	24.03
24.04	DOCTOR'S BUILDING	1222000	24.04
24.05	FOUNDATION RESTR FUNDS UTILIZED	287000	24.05
24.06	PHYSICIAN OFFICE RENTAL	948000	24.06
24.07	INCOME FROM EASEMENT	124000	24.07
24.08	HOFFMAN ESTATES SURGICENTER	718000	24.08
25	TOTAL OTHER INCOME	4843000	25
26	TOTAL	24646000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	24646000	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0290)	HOSPITAL (14-0290)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	4008225				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	811277				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	197.56				4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18] [E,PT A, LN.3.17][x E-3,PT VI, LN.1]					
4.01	1.34	0.00	1.34		4.01
NO. OF INTERNS & RESIDENTS					
4.02			0.19		4.02
INDIRECT MEDICAL EDUCATION PERCENTAGE					
4.03			7616		4.03
INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.0218				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01	0.1719				5.01
% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					
5.02	0.1937				5.02
SUM OF LINES 5 AND 5.01					
5.03	0.0400				5.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					
5.04	160329				5.04
DISPROPORTIONATE SHARE ADJUSTMENT					
6	4987447				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHAB OUTPATIENT					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					

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	
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CA						96
97 RESEARCH						97
97.01 COMMUNITY PROGRAMS						97.01
98 PHYSICIANS' PRIVATE OFFICES						98
99 NONPAID WORKERS						99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	39.34		12.98				52.32 25
26 INTENSIVE CARE UNIT	47.92		7.69				55.61 26
33 NURSERY			44.75				44.75 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	15.06	7.40					22.46 37
37.01 ENDOSCOPY	12.23	21.64					33.87 37.01
37.02 IMPLANTS	30.70	4.06					34.76 37.02
38 RECOVERY ROOM	14.60	5.56					20.16 38
39 DELIVERY ROOM & LABOR ROOM	0.13	0.02					0.15 39
40 ANESTHESIOLOGY	13.29	7.70					20.99 40
41 RADIOLOGY-DIAGNOSTIC	18.62	11.93					30.55 41
41.01 ULTRASOUND	14.00	10.14					24.14 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	34.31	22.22					56.53 41.02
41.03 NUCLEAR MEDICINE	25.80	15.34					41.14 41.03
41.04 MAMMOGRAPHY	0.03	3.94					3.97 41.04
41.05 MRI	14.99	12.78					27.77 41.05
41.06 CAT SCAN	16.85	14.31					31.16 41.06
41.07 RADIATION ONCOLOGY	1.67	34.05					35.72 41.07
44 LABORATORY	23.14	1.56					24.70 44
46 WHOLE BLOOD & PACKED RED BLOOD	33.47	5.49					38.96 46
48 INTRAVENOUS THERAPY	46.90	2.88					49.78 48
49 RESPIRATORY THERAPY	47.21	1.21					48.42 49
50 PHYSICAL THERAPY	62.03						62.03 50
50.01 REHAB OUTPATIENT		0.01					0.01 50.01
52 SPEECH PATHOLOGY	65.61						65.61 52
53 ELECTROCARDIOLOGY	29.24	8.07					37.31 53
53.02 CARDIAC CATH LAB	41.46	8.86					50.32 53.02
54 ELECTROENCEPHALOGRAPHY	17.68	8.14					25.82 54
56 DRUGS CHARGED TO PATIENTS	30.45	8.29					38.74 56
57 RENAL DIALYSIS	67.88	0.74					68.62 57
60.02 PROCEDURE CLINIC	1.05	37.94					38.99 60.02
60.03 IMMEDIATE CARE CENTERS	0.17	4.71					4.88 60.03
61 EMERGENCY	15.01	7.28					22.29 61
62 OBSERVATION BEDS (NON-DISTINCT)		18.71					18.71 62
101 TOTAL CHARGES	19.46	7.66					27.12 101

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	9988292	3.85	-9988292	-8.18		3
4	NEW CAP REL COSTS-MVBLE EQUIP	13485483	5.19	-13485483	-11.05		4
5	EMPLOYEE BENEFITS	18392247	7.08	-18392247	-15.07		5
6	ADMINISTRATIVE & GENERAL	51898267	19.98	-51898267	-42.51		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	8439607	3.25	-8439607	-6.91		8
9	LAUNDRY & LINEN SERVICE	1239413	.48	-1239413	-1.02		9
10	HOUSEKEEPING	3606121	1.39	-3606121	-2.95		10
11	DIETARY	2395187	.92	-2395187	-1.96		11
12	CAFETERIA	1035500	.40	-1035500	-.85		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2603400	1.00	-2603400	-2.13		14
15	CENTRAL SERVICES & SUPPLY	956364	.37	-956364	-.78		15
16	PHARMACY	3124391	1.20	-3124391	-2.56		16
17	MEDICAL RECORDS & LIBRARY	2690018	1.04	-2690018	-2.20		17
18	SOCIAL SERVICE	2221944	.86	-2221944	-1.82		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	32828403	12.64	42511073	34.82	75339476	29.01
26	INTENSIVE CARE UNIT	5739600	2.21	5865296	4.80	11604896	4.47
33	NURSERY	3245963	1.25	2699774	2.21	5945737	2.29
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	12099385	4.66	10015160	8.20	22114545	8.52
37.01	ENDOSCOPY	1915374	.74	2370887	1.94	4286261	1.65
37.02	IMPLANTS	10733960	4.13	3048037	2.50	13781997	5.31
38	RECOVERY ROOM	1372547	.53	1592050	1.30	2964597	1.14
39	DELIVERY ROOM & LABOR ROOM	4259319	1.64	5081148	4.16	9340467	3.60
40	ANESTHESIOLOGY	900894	.35	504721	.41	1405615	.54
41	RADIOLOGY-DIAGNOSTIC	3399614	1.31	4051730	3.32	7451344	2.87
41.01	ULTRASOUND	1498241	.58	1019885	.84	2518126	.97
41.02	RADIOLOGY-SPECIAL PROCEDURES	1860376	.72	988022	.81	2848398	1.10
41.03	NUCLEAR MEDICINE	1477201	.57	946964	.78	2424165	.93
41.04	MAMMOGRAPHY	1763770	.68	1402131	1.15	3165901	1.22
41.05	MRI	1282687	.49	1006540	.82	2289227	.88
41.06	CAT SCAN	2030251	.78	1640175	1.34	3670426	1.41
41.07	RADIATION ONCOLOGY	1324574	.51	2089225	1.71	3413799	1.31
44	LABORATORY	8135534	3.13	5506063	4.51	13641597	5.25
44.01	PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOOD	1962248	.76	797402	.65	2759650	1.06
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
48 INTRAVENOUS THERAPY	389245	.15	392948	.32	782193	.30	48
49 RESPIRATORY THERAPY	3099541	1.19	2312914	1.89	5412455	2.08	49
50 PHYSICAL THERAPY	1082543	.42	685357	.56	1767900	.68	50
50.01 REHAB OUTPATIENT	1169757	.45	609188	.50	1778945	.68	50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	110072	.04	69581	.06	179653	.07	52
53 ELECTROCARDIOLOGY	1212320	.47	1297739	1.06	2510059	.97	53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB	4266639	1.64	2261758	1.85	6528397	2.51	53.02
54 ELECTROENCEPHALOGRAPHY	187095	.07	256035	.21	443130	.17	54
56 DRUGS CHARGED TO PATIENTS	10622427	4.09	8511200	6.97	19133627	7.37	56
57 RENAL DIALYSIS	737560	.28	218218	.18	955778	.37	57
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC	2599834	1.00	2272165	1.86	4871999	1.88	60.02
60.03 IMMEDIATE CARE CENTERS	162809	.06	93421	.08	256230	.10	60.03
61 EMERGENCY	8122762	3.13	8020028	6.57	16142790	6.22	61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	423505	.16	375172	.31	798677	.31	96
97 RESEARCH			1239		1239		97
97.01 COMMUNITY PROGRAMS	16751	.01	6357	.01	23108	.01	97.01
98 PHYSICIANS' PRIVATE OFFICES	1666864	.64	483578	.40	2150442	.83	98
99 NONPAID WORKERS	3928158	1.51	1073053	.88	5001211	1.93	99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	259704057	100.00	0	.00	259704057	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	2152572	112464575	.019140	16939660	324225	37
37.01 ENDOSCOPY	501747	33513693	.014971	4097223	61340	37.01
37.02 IMPLANTS	121376	19671645	.006170	6038718	37259	37.02
38 RECOVERY ROOM	389756	18367767	.021220	2681957	56911	38
39 DELIVERY ROOM & LABOR ROOM	1462687	19169611	.076302	25478	1944	39
40 ANESTHESIOLOGY	82771	23029348	.003594	3059468	10996	40
41 RADIOLOGY-DIAGNOSTIC	1315392	31850882	.041298	5932049	244982	41
41.01 ULTRASOUND	113475	25281998	.004488	3539354	15885	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	125028	9113304	.013719	3126612	42894	41.02
41.03 NUCLEAR MEDICINE	175648	19081035	.009205	4923082	45317	41.03
41.04 MAMMOGRAPHY	234261	6272706	.037346	1816	68	41.04
41.05 MRI	137501	42342272	.003247	6348262	20613	41.05
41.06 CAT SCAN	191760	99610211	.001925	16787561	32316	41.06
41.07 RADIATION ONCOLOGY	535503	14620665	.036626	244008	8937	41.07
44 LABORATORY	983840	162436653	.006057	37587627	227668	44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOOD	82653	7297609	.011326	2442241	27661	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	165286	3311080	.049919	1552982	77523	48
49 RESPIRATORY THERAPY	494520	43997943	.011240	20773485	233494	49
50 PHYSICAL THERAPY	66890	6782810	.009862	4207513	41494	50
50.01 REHAB OUTPATIENT	23708	6051429	.003918			50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	3373	547637	.006159	359282	2213	52
53 ELECTROCARDIOLOGY	274937	33709862	.008156	9856595	80390	53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	260327	26624156	.009778	11039408	107943	53.02
54 ELECTROENCEPHALOGRAPHY	104312	1889862	.055196	334053	18438	54
56 DRUGS CHARGED TO PATIENTS	430748	112018336	.003845	34109178	131150	56
57 RENAL DIALYSIS	9326	3666281	.002544	2488578	6331	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	348599	7506746	.046438	78533	3647	60.02
60.03 IMMEDIATE CARE CENTERS	5403	436941	.012366	753	9	60.03
61 EMERGENCY	1661716	50018926	.033222	7505664	249353	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	704732	6020353	.117058			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	13159847	946706336		206081140	2111001	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	9247557		9247557	71489	129.36	28122	3637862 25
26	INTENSIVE CARE UNIT	1166780		1166780	6069	192.25	2908	559063 26
101	TOTAL	10414337		10414337			31030	4196925 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4196925	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2111001	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6307926	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							6161	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							31030	
PER DISCHARGE CAPITAL COSTS							1023.85	
PER DIEM CAPITAL COSTS							203.28	

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)	62654581
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	250564169
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.250

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)	6307926
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.025

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)	14618623
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)	81094058
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.180