

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. MARY'S HOSPITAL (14-0026) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, 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	
	1	PART A	PART B	4	
		2	3		
1	HOSPITAL	99507	-246842		1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	343	-287		5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	99850	-247129		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: 111 E. SPRING ST.
 1.01 CITY: STREATOR

STATE: IL

P.O.BOX:
 ZIP CODE: 61364

COUNTY: LASALLE

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0026	05/23/1966	N	P	P	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	14-5594	08/23/1988	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	14-7173	12/03/1979	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2009	TO: 06/30/2010				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.			NO			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			2		Y 99914	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.			2			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.			2			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.			YES			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO		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?	NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)					25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)					25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:					26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.					26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:					26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO				27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	0.8286	0.8320		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.	2	14	14		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	NO	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			40
40.01	NAME: HOSPITAL SISTERS HEALTH SYS	FI/CONTRACTOR'S NAME:			40.01
40.02	STREET: 4936 LAVERNA RD.	P.O.BOX: 19456			40.02
40.03	CITY: STPRINGFIELD	STATE: IL ZIP CODE: 62794			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE			1		53
53.01	MDH PERIOD: BEGINNING: 07/01/2009 ENDING: 06/30/2010					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					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.					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.						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)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1745	362	2755	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		1745	362	2755	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
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.	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
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	20644552		20644552	903243.00	22.86		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							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	1034045		1034045	51085.00	20.24		8
8.01 EXCLUDED AREA SALARIES	2155798	-106829	2048969	47489.00	43.15		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	260461		260461	4768.00	54.63		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	543911		543911	4404.00	123.50		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	981899		981899	12666.00	77.52		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	6163876		6163876			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	879800		879800			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						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	166653		166653	8208.00	20.30		21
22 ADMINISTRATIVE & GENERAL	3330556	28415	3358971	139708.00	24.04		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	215924		215924	1652.00	130.70		22.01
23 MAINTENANCE & REPAIRS	553232		553232	24884.00	22.23		23
24 OPERATION OF PLANT	124970		124970	9383.00	13.32		24
25 LAUNDRY & LINEN SERVICE	33277		33277	2774.00	12.00		25
26 HOUSEKEEPING	583672		583672	49361.00	11.82		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	453769		453769	30423.00	14.92		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	75854		75854	6934.00	10.94		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	674918		674918	24130.00	27.97		30
31 CENTRAL SERVICES AND SUPPLY	141016		141016	9021.00	15.63		31
32 PHARMACY	549130		549130	15347.00	35.78		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	467596		467596	29606.00	15.79		33
34 SOCIAL SERVICE		14683	14683	690.00	21.28		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	20860476		20860476	904895.00	23.05	1
2 EXCLUDED AREA SALARIES	3189843	-106829	3083014	98574.00	31.28	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	17670633	106829	17777462	806321.00	22.05	3
4 SUBTOTAL OTHER WAGES & REL COSTS	1786271		1786271	21838.00	81.80	4
5 SUBTOTAL WAGE-RELATED COSTS	6163876		6163876		34.67%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	25620780	106829	25727609	828159.00	31.07	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	7370567	43098	7413665	352121.00	21.05	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7173

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		534			534	1
2 UNDUPLICATED CENSUS COUNT		296.00		73.00	369.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	3.31		3.31	5
6 DIRECT NURSING SERVICE	4.56		4.56	6
7 NURSING SUPERVISOR	1.66		1.66	7
8 PHYSICAL THERAPY SERVICE	.41		.41	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.07		.07	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.33		.33	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.26		.26	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	3	1.01	6	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		9914	50031		20
20.01		1600	50034		20.01
20.02		6120	50298		20.02
20.03			16974		20.03
20.04			37900		20.04
20.05			99914		20.05

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7173

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC	SCIC ONLY	TOTAL 7
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2			WITHIN A PEP 5	EPISODES 6	
21 SKILLED NURSING VISITS	2513		167	41			2721 21
22 SKILLED NURSING VISIT CHARGES	464905		30895	7585			503385 22
23 PHYSICAL THERAPY VISITS	952		8				960 23
24 PHYSICAL THERAPY VISIT CHARGES	176120		1480				177600 24
25 OCCUPATIONAL THERAPY VISITS	58		1				59 25
26 OCCUPATIONAL THERAPY VISIT CHARGES	10730		185				10915 26
27 SPEECH PATHOLOGY VISITS	12						12 27
28 SPEECH PATHOLOGY VISIT CHARGES	2220						2220 28
29 MEDICAL SOCIAL SERVICE VISITS	80		1				81 29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	18400		230				18630 30
31 HOME HEALTH AIDE VISITS	255		2	4			261 31
32 HOME HEALTH AIDE VISIT CHARGES	26775		210	420			27405 32
33 TOTAL VISITS	3870		179	45			4094 33
34 OTHER CHARGES							34
35 TOTAL CHARGES	699150		33000	8005			740155 35
36 TOTAL NUMBER OF EPISODES	295		67	6			368 36
37 TOTAL NUMBER OF OUTLIER EPISODES							37
38 TOTAL MEDICAL SUPPLY CHARGES	16180		4505	69			20754 38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		3						7
8	RHB		51						8
9	RHA								9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		28						10
11	RMB		511						11
12	RMA		38						12
12.01	RMX		1018						12.01
12.02	RML		1994						12.02
13	RLB		6						13
14	RLA		80						14
15	SE3		555						15
16	SE2		549						16
17	SE1								17
18	SSC		11						18
19	SSB								19
20	SSA		101						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	AAA		2						45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		5185						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.322012 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	16221019 28
29	TOTAL GROSS MEDICAID COST	5223363 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	4241910 30
31	UNCOMPENSATED CARE COST	1365946 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	5223363 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		15533	15533	1955	17488		17488	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		143	143	753	896		896	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2123193	2123193	-227289	1895904	-5581	1890323	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2708143	2708143	16004	2724147	-111627	2612520	4
5	0500 EMPLOYEE BENEFITS	166653	7436005	7602658		7602658	-1840896	5761762	5
6	0600 ADMINISTRATIVE & GENERAL	3330556	8290874	11621430	-1109089	10512341	-2449315	8063026	6
7	0700 MAINTENANCE & REPAIRS	553232	614798	1168030		1168030		1168030	7
8	0800 OPERATION OF PLANT	124970	1032684	1157654		1157654		1157654	8
9	0900 LAUNDRY & LINEN SERVICE	33277	205978	239255		239255		239255	9
10	1000 HOUSEKEEPING	583672	119833	703505		703505	-2000	701505	10
11	1100 DIETARY	453769	164464	618233		618233	-18634	599599	11
12	1200 CAFETERIA	75854	83275	159129		159129	-147368	11761	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	674918	15128	690046		690046	-1075	688971	14
15	1500 CENTRAL SERVICES & SUPPLY	141016	308129	449145	-278388	170757		170757	15
16	1600 PHARMACY	549130	1271578	1820708	-1225644	595064		595064	16
17	1700 MEDICAL RECORDS & LIBRARY	467596	120565	588161		588161	-20548	567613	17
18	1800 SOCIAL SERVICE				14683	14683		14683	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	2652396	135101	2787497		2787497		2787497	25
26	2600 INTENSIVE CARE UNIT	875643	35619	911262		911262		911262	26
33	3300 NURSERY	83258	7068	90326		90326		90326	33
34	3400 SKILLED NURSING FACILITY	1034045	38990	1073035		1073035		1073035	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1180063	2504864	3684927	-2265157	1419770		1419770	37
39	3900 DELIVERY ROOM & LABOR ROOM	73727	41239	114966		114966		114966	39
40	4000 ANESTHESIOLOGY		214566	214566	1137504	1352070	-1137504	214566	40
41	4100 RADIOLOGY-DIAGNOSTIC	1331645	2084290	3415935		3415935	-2040	3413895	41
44	4400 LABORATORY	969739	1581815	2551554		2551554		2551554	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	510291	84960	595251	-64664	530587		530587	49
50	5000 PHYSICAL THERAPY	638417	16833	655250	50981	706231		706231	50
51	5100 OCCUPATIONAL THERAPY	155843	69207	225050	1269	226319		226319	51
52	5200 SPEECH PATHOLOGY	45952	4352	50304		50304		50304	52
52.01	3040 AUDIOLOGY	56359	94170	150529		150529		150529	52.01
53	5300 ELECTROCARDIOLOGY	30983	45462	76445		76445	-28480	47965	53
53.01	3951 CARDIAC REHAB								53.01
54	5400 ELECTROENCEPHALOGRAPHY	1425	78614	80039		80039		80039	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				1080825	1080825	-600	1080225	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				1595870	1595870		1595870	55.30
56	5600 DRUGS CHARGED TO PATIENTS				1225644	1225644		1225644	56
56.01	3480 ONCOLOGY								56.01
59	3950 OTHER ANCILLARY CHEMICAL DEPEND								59
59.97	3997 CARDIAC REHABILITATION	60576	2208	62784		62784		62784	59.97
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	174572	8047	182619		182619		182619	60
60.01	6001 OTTAWA CLINIC	613997	1479882	2093879	133522	2227401	-1064921	1162480	60.01
61	6100 EMERGENCY	845180	1704433	2549613	-49812	2499801	-1508696	991105	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	672019	49862	721881	-118865	603016		603016	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
88	8800 INTEREST EXPENSE		204961	204961		204961	-204961		88
90	9000 OTHER CAPITAL RELATED COSTS		53331	53331	-53331				90
95	SUBTOTALS	19160773	35050197	54210970	-133229	54077741	-8544246	45533495	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		25633	25633		25633		25633	96
98	9800 PHYSICIANS' PRIVATE OFFICES	1271413	1613653	2885066	128386	3013452		3013452	98
100	7950 OTHER NONREIMBURSABLE COST	212366	55977	268343	4843	273186		273186	100
101	TOTAL	20644552	36745460	57390012		57390012	-8544246	48845766	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 SUPPLY CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO P	55		278388	1
2 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		1225644	2
3 MED/SURG ER RECLASS	C	MEDICAL SUPPLIES CHARGED TO P	55		49812	3
4 MED/SURG SURGERY RECLASS	D	MEDICAL SUPPLIES CHARGED TO P	55		669287	4
5 MED/SURG RESP THER RECLASS	E	MEDICAL SUPPLIES CHARGED TO P	55		64664	5
6 MED/SURG P.T. RECLASS	F	MEDICAL SUPPLIES CHARGED TO P	55		8853	6
7 MED/SURG O.T. RECLASS	G	MEDICAL SUPPLIES CHARGED TO P	55		2628	7
8 PHY PRIV OFC DIRECT DEPR	H	PHYSICIANS' PRIVATE OFFICES	98		125324	8
9 P.T. SALARY	I	PHYSICAL THERAPY	50	59834		9
10 MSW SALARY	K	SOCIAL SERVICE	18	14683		10
11 O.T. SALARY	L	OCCUPATIONAL THERAPY	51	3897		11
12 HHA COST BILLERS	M	ADMINISTRATIVE & GENERAL	6	28415		12
13 HHA MANAGER SALARY HOSPICE	N	OTHER NONREIMBURSABLE COST	100	4843		13
14 MED SURG HH RECLASS	O	MEDICAL SUPPLIES CHARGED TO P	55		7193	14
15 ANESTHESIA PHY	P	ANESTHESIOLOGY	40		1137504	15
16 PHY PRIV OFC DIRECT DEPT	Q	PHYSICIANS' PRIVATE OFFICES	98		3062	16
17 OTTAWA CLINIC DIRECT DEPT	R	OTTAWA CLINIC	60.01		133522	17
18 MED/SURG SURGERY RELACC	S	IMPL. DEV. CHARGED TO PATIENT	55.30		1595870	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				111672	5301751	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 SUPPLY CHARGED TO PATIENTS	A	CENTRAL SERVICES & SUPPLY	15		278388	1
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		1225644	2
3 MED/SURG ER RECLASS	C	EMERGENCY	61		49812	3
4 MED/SURG SURGERY RECLASS	D	OPERATING ROOM	37		669287	4
5 MED/SURG RESP THER RECLASS	E	RESPIRATORY THERAPY	49		64664	5
6 MED/SURG P.T. RECLASS	F	PHYSICAL THERAPY	50		8853	6
7 MED/SURG O.T. RECLASS	G	OCCUPATIONAL THERAPY	51		2628	7
8 PHY PRIV OFC DIRECT DEPR	H	NEW CAP REL COSTS-BLDG & FIXT	3		125324	9 8
9 P.T. SALARY	I	HOME HEALTH AGENCY	71	59834		9
10 MSW SALARY	K	HOME HEALTH AGENCY	71	14683		10
11 O.T. SALARY	L	HOME HEALTH AGENCY	71	3897		11
12 HHA COST BILLERS	M	HOME HEALTH AGENCY	71	28415		12
13 HHA MANAGER SALARY HOSPICE	N	HOME HEALTH AGENCY	71	4843		13
14 MED SURG HH RECLASS	O	HOME HEALTH AGENCY	71		7193	14
15 ANESTHESIA PHY	P	ADMINISTRATIVE & GENERAL	6		1137504	15
16 PHY PRIV OFC DIRECT DEPT	Q	OLD CAP REL COSTS-BLDG & FIXT	1		3062	9 16
17 OTTAWA CLINIC DIRECT DEPT	R	NEW CAP REL COSTS-BLDG & FIXT	3		133522	9 17
18 MED/SURG SURGERY RELACC	S	OPERATING ROOM	37		1595870	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				111672	5301751	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	350678					350678	1
2 LAND IMPROVEMENTS	47952					47952	2
3 BUILDINGS AND FIXTURES	6854442					6854442	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	1109818				21964	1087854	6
7 SUBTOTAL	8362890				21964	8340926	7
8 RECONCILING ITEMS							8
9 TOTAL	8362890				21964	8340926	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	795905					795905	1
2 LAND IMPROVEMENTS	864981	17172		17172		882153	2
3 BUILDINGS AND FIXTURES	40395669	3544688		3544688		43940357	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	19734490	3546684		3546684	146108	23135066	6
7 SUBTOTAL	61791045	7108544		7108544	146108	68753481	7
8 RECONCILING ITEMS							8
9 TOTAL	61791045	7108544		7108544	146108	68753481	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	7253072		7253072	.094080	5017			5017 1
2 OLD CAP REL COSTS-MVBLE EQUIP	1087854		1087854	.014111	753			753 2
3 NEW CAP REL COSTS-BLDG & FIXT	45618415		45618415	.591722	31557			31557 3
4 NEW CAP REL COSTS-MVBLE EQUIP	23135066		23135066	.300087	16004			16004 4
5 TOTAL	77094407		77094407	1.000000	53331			53331 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	12471			5017			17488 1
2 OLD CAP REL COSTS-MVBLE EQUIP	143			753			896 2
3 NEW CAP REL COSTS-BLDG & FIXT	1858766			31557			1890323 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2596516			16004			2612520 4
5 TOTAL	4467896			53331			4521227 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	15533						15533 1
2 OLD CAP REL COSTS-MVBLE EQUIP	143						143 2
3 NEW CAP REL COSTS-BLDG & FIXT	2123193						2123193 3
4 NEW CAP REL COSTS-MVBLE EQUIP	2708143						2708143 4
5 TOTAL	4847012						4847012 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-7101	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3686000			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-593744			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-147368	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-20548	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	B	-4078	NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
37.01 OTHER INCOME	B	-1075	NURSING ADMINISTRATION	14	37.01
37.02 OTHER INCOME DIETARY	B	-17973	DIETARY	11	37.02
37.03 DIETARY INC	B	-661	DIETARY	11	37.03
37.04 X-RAY DEPT INC	B	-60	RADIOLOGY-DIAGNOSTIC	41	37.04
37.08 EDUCATION	B	-4629	ADMINISTRATIVE & GENERAL	6	37.08
37.11 OTHER INCOME	B	-20	EMPLOYEE BENEFITS	5	37.11
37.12 OTHER INCOME	B	-600	MEDICAL SUPPLIES CHARGED TO PAT	55	37.12
37.17 OTHER INCOME	B	-2000	HOUSEKEEPING	10	37.17
37.19 OTHER INCOME	B	-3789	ADMINISTRATIVE & GENERAL	6	37.19
37.20 OTHER INCOME	B	-8338	OTTAWA CLINIC	60.01	37.20
37.21 NON ALLOW ADVER	A	-47243	OTTAWA CLINIC	60.01	37.21
37.23 OTHER INCOME	B	-74849	ADMINISTRATIVE & GENERAL	6	37.23
37.25 ASSOC DUE LOBBY	A	-19252	ADMINISTRATIVE & GENERAL	6	37.25
37.26 OTHER INCOME	B	-502	ADMINISTRATIVE & GENERAL	6	37.26
37.28 OTHER INCOME	B	-41602	ADMINISTRATIVE & GENERAL	6	37.28
37.30 INTEREST EXPENSE	B	-204961	INTEREST EXPENSE	88	37.30
37.33 HSHS SELF IND EXP OFFSET	B	-1840876	EMPLOYEE BENEFITS	5	37.33
37.35 OTHER INCOME	B	-32225	ADMINISTRATIVE & GENERAL	6	37.35
37.38 A&G NON ALLOWABLE	A	-1741749	ADMINISTRATIVE & GENERAL	6	37.38
37.39 OTHER INCOME	B	-27332	ADMINISTRATIVE & GENERAL	6	37.39
37.40 OTHER INCOME	B	-11921	ADMINISTRATIVE & GENERAL	6	37.40
37.42 OTHER INCOME	B	-3750	ADMINISTRATIVE & GENERAL	6	37.42
38					38
39					39
40					40
41					41
42					42
43					43
44					44

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/19/2010 09:06

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-8544246			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				
		CENTRAL MGMT SERVICE	1753882	2234496	-480614	1
2						2
3		HOME OFFICE				3
4	3	NEW CAP REL COSTS-BLDG & FIXT	20087	25668	-5581	9 4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	392287	499836	-107549	9 4.01
5		TOTALS	2166256	2760000	-593744	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
1	B HOSPITAL SISTERS	100.00		6
2				
3				
4				
5				

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

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
2	53	ELECTROCARDIOLOGY	28480	28480		159800			
3	61	EMERGENCY	1630544	1337134	293410	159800	1586	121848	6092
4	44	LABORATORY	25000		25000	208000	1524	152400	7620
5	41	RADIOLOGY-DIAGNOSTIC	1980	1980		217600			
6	40	ANESTHESIOLOGY	1137504	1137504		162500			
7	60.01	OTTAWA CLINIC	1101379	879718	221661	159800	1198	92039	4602
101		TOTAL	3924887	3384816	540071		4308	366287	18314

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VERSION: 2010.09
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
				12	13	14	15	16	17	18
	2	53	ELECTROCARDIOLOGY	AGGREGATE						28480
	3	61	EMERGENCY	AGGREGATE				121848	171562	1508696
	4	44	LABORATORY					152400		
	5	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						1980
	6	40	ANESTHESIOLOGY	AGGREGATE						1137504
	7	60.01	OTTAWA CLINIC	AGGREGATE				92039	129622	1009340
101			TOTAL					366287	301184	3686000

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-
	FOR COST	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE
	ALLOCATION	BLDG&FIXT	MOV EQUIP	BLDG&FIXT	MOV EQUIP			& GENERAL
	0	1	2	3	4	5	5A	6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	17488	17488						1
2 OLD CAP REL COSTS-MVBLE EQUIP	896		896					2
3 NEW CAP REL COSTS-BLDG & FIXT	1890323			1890323				3
4 NEW CAP REL COSTS-MVBLE EQUIP	2612520				2612520			4
5 EMPLOYEE BENEFITS	5761762	72		7827	5054	5774715		5
6 ADMINISTRATIVE & GENERAL	8063026	3827		413743	303709	947227	9731532	9731532 6
7 MAINTENANCE & REPAIRS	1168030	420		45417	16843	156010	1386720	345013 7
8 OPERATION OF PLANT	1157654	3679		397686	4942	35241	1599202	397878 8
9 LAUNDRY & LINEN SERVICE	239255	150		16191		9384	264980	65926 9
10 HOUSEKEEPING	701505	206		22272	3709	164594	892286	221999 10
11 DIETARY	599599	550		59437	30073	127961	817620	203422 11
12 CAFETERIA	11761	136	895	14662	478	21391	49323	12271 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	688971	117		12664		190325	892077	221947 14
15 CENTRAL SERVICES & SUPPLY	170757	234		25289	164628	39766	400674	99687 15
16 PHARMACY	595064	180		19413	196313	154853	965823	240295 16
17 MEDICAL RECORDS & LIBRARY	567613	234		25275	14133	131861	739116	183891 17
18 SOCIAL SERVICE	14683					4141	18824	4683 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	2787497	1723		186291	82769	747968	3806248	946987 25
26 INTENSIVE CARE UNIT	911262	314		33930	95146	246929	1287581	320348 26
33 NURSERY	90326	222		24032	19563	23479	157622	39216 33
34 SKILLED NURSING FACILITY	1073035	699		75502	15918	291598	1456752	362437 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1419770	1094		118299	402633	332774	2274570	565908 37
39 DELIVERY ROOM & LABOR ROOM	114966	275		29682	38850	20791	204564	50895 39
40 ANESTHESIOLOGY	214566	32		3414	100270		318282	79188 40
41 RADIOLOGY-DIAGNOSTIC	3413895	1062		114779	749808	375520	4655064	1158159 41
44 LABORATORY	2551554	485	1	52404	84145	273463	2962052	736953 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	530587	96		10395	13950	143901	698929	173892 49
50 PHYSICAL THERAPY	706231	303		32759	9500	196905	945698	235288 50
51 OCCUPATIONAL THERAPY	226319	249		26956	1070	45046	299640	74550 51
52 SPEECH PATHOLOGY	50304	43		4632	46	12958	67983	16914 52
52.01 AUDIOLOGY	150529	27		2891	5511	15893	174851	43503 52.01
53 ELECTROCARDIOLOGY	47965	26		2825	29288	8737	88841	22103 53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY	80039	7		741		402	81189	20200 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1080225						1080225	268758 55
55.30 IMPL. DEV. CHARGED TO PATIENT	1595870						1595870	397049 55.30
56 DRUGS CHARGED TO PATIENTS	1225644						1225644	304938 56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPEND								59
59.97 CARDIAC REHABILITATION	62784	162		17475	19828	17082	117331	29192 59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	182619	99		10732	401	49229	243080	60478 60
60.01 OTTAWA CLINIC	1162480				80170	173145	1415795	352247 60.01
61 EMERGENCY	991105	484		52364	25168	238338	1307459	325293 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	603016	227		24548		158016	785807	195507 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	45533495	17434	896	1884527	2513916	5354928	45009254	8777015 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	25633	23		2488	247		28391	7064 96
98 PHYSICIANS' PRIVATE OFFICES	3013452				78889	358535	3450876	858571 98
100 OTHER NONREIMBURSABLE COST	273186	31		3308	19468	61252	357245	88882 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	48845766	17488	896	1890323	2612520	5774715	48845766	9731532 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
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	1731733								7
8 OPERATION OF PLANT	772437	2769517							8
9 LAUNDRY & LINEN SERVICE	1837	43720	376463						9
10 HOUSEKEEPING	12819	60139	9458	1196701					10
11 DIETARY	42161	160496	3010	7126	1233835				11
12 CAFETERIA	7756	39592		19193		128135			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	16284	34197		1399		5104	1171008		14
15 CENTRAL SERVICES & SUPPLY	97941	68286	3652	21598		1892		693730	15
16 PHARMACY	7714	52421		21991		3256	46639	798	16
17 MEDICAL RECORDS & LIBRARY	3689	68250		5858		6248		2	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	108755	503033	139796	239236	732438	26667	381932	41607	25
26 INTENSIVE CARE UNIT	39328	91620	26146	97146	83617	7700	110294	10383	26
33 NURSERY	2553	64891	4197	14908		660	9454	1143	33
34 SKILLED NURSING FACILITY	32848	203876	55822	199581	375293	10781	154412	11209	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	137269	319437	42646	69908	34112	9593	137395	291847	37
39 DELIVERY ROOM & LABOR ROOM	33507	80149	1008	21598		572	8193	1879	39
40 ANESTHESIOLOGY	4081	9219						38707	40
41 RADIOLOGY-DIAGNOSTIC	85332	309932	29488	72400		11617		128915	41
44 LABORATORY	41740	141503	960	60858		10385		3505	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	25709	28068		18668		4356	62395	237	49
50 PHYSICAL THERAPY	20463	88457	6474	28243		5148		450	50
51 OCCUPATIONAL THERAPY	10898	72788	3242	3935		1320		11	51
52 SPEECH PATHOLOGY	533	12507		437		220			52
52.01 AUDIOLOGY	4446	7808		437		484		4	52.01
53 ELECTROCARDIOLOGY	4362	7629	1160	1006		484	6933	70	53
53.01 CARDIAC REHAB									53.01
54 ELECTROENCEPHALOGRAPHY	1431	2001	833	219					54
55 MEDICAL SUPPLIES CHARGED TO PAT								137413	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL DEPEND									59
59.97 CARDIAC REHABILITATION	23970	47186	1514	3410		528	7563	445	59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	10884	28980	4699	4285	4002	1232	17647	2311	60
60.01 OTTAWA CLINIC	38977		4293					3454	60.01
61 EMERGENCY	46186	141396	38065	88751	4373	8404	120378	15182	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	8836	66285				5104	73109	2786	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1644746	2753866	376463	1002191	1233835	121755	1136344	692358	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	112	6718		525					96
98 PHYSICIANS' PRIVATE OFFICES	86160			193329		3696		1165	98
100 OTHER NONREIMBURSABLE COST	715	8933		656		2684	34664	207	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1731733	2769517	376463	1196701	1233835	128135	1171008	693730	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6 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	1338937						16
17 MEDICAL RECORDS & LIBRARY		1007054					17
18 SOCIAL SERVICE			23507				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		443103		7369802		7369802	25
26 INTENSIVE CARE UNIT		60423		2134586		2134586	26
33 NURSERY		10071		304715		304715	33
34 SKILLED NURSING FACILITY		50353		2913364		2913364	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		161129		4043814		4043814	37
39 DELIVERY ROOM & LABOR ROOM				402365		402365	39
40 ANESTHESIOLOGY				449477		449477	40
41 RADIOLOGY-DIAGNOSTIC	130			6451037		6451037	41
44 LABORATORY				3957956		3957956	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY				1012254		1012254	49
50 PHYSICAL THERAPY				1330221		1330221	50
51 OCCUPATIONAL THERAPY				466384		466384	51
52 SPEECH PATHOLOGY				98594		98594	52
52.01 AUDIOLOGY				231533		231533	52.01
53 ELECTROCARDIOLOGY				132588		132588	53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY				105873		105873	54
55 MEDICAL SUPPLIES CHARGED TO PAT				1486396		1486396	55
55.30 IMPL. DEV. CHARGED TO PATIENT				1992919		1992919	55.30
56 DRUGS CHARGED TO PATIENTS	1314627			2845209		2845209	56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPEND							59
59.97 CARDIAC REHABILITATION				231139		231139	59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				377598		377598	60
60.01 OTTAWA CLINIC	2673			1817439		1817439	60.01
61 EMERGENCY		281975		2377462		2377462	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			22942	1160376		1160376	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	1317430	1007054	22942	43693101		43693101	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				42810		42810	96
98 PHYSICIANS' PRIVATE OFFICES	20361			4614158		4614158	98
100 OTHER NONREIMBURSABLE COST	1146		565	495697		495697	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	1338937	1007054	23507	48845766		48845766	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP- REL COSTS BLDG&FIXT 1	OLD CAP- REL COSTS MOV EQUIP 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		72		72	72				5
6		3827		3827	5	3832			6
7		420		420	2	136	558		7
8		3679		3679		157	249	4085	8
9		150		150		26	1	64	9
10		206		206	2	87	4	89	10
11		550		550	2	80	14	237	11
12		136	895	1031		5	2	58	12
13									13
14		117		117	3	87	5	50	14
15		234		234	1	39	32	101	15
16		180		180	2	95	2	77	16
17		234		234	2	72	1	101	17
18						2			18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		1723		1723	11	373	35	742	25
26		314		314	4	126	13	135	26
33		222		222		15	1	96	33
34		699		699	4	143	11	301	34
ANCILLARY SERVICE COST CENTERS									
37		1094		1094	5	223	44	471	37
39		275		275		20	11	118	39
40		32		32		31	1	14	40
41		1062		1062	5	457	27	457	41
44		485	1	486	4	290	13	209	44
46.30									46.30
49		96		96	2	68	8	41	49
50		303		303	3	93	7	130	50
51		249		249	1	29	4	107	51
52		43		43		7		18	52
52.01		27		27		17	1	12	52.01
53		26		26		9	1	11	53
53.01									53.01
54		7		7		8		3	54
55						106			55
55.30						156			55.30
56						120			56
56.01									56.01
59									59
59.97		162		162		11	8	70	59.97
OUTPATIENT SERVICE COST CENTERS									
60		99		99	1	24	4	43	60
60.01					2	139	13		60.01
61		484		484	3	128	15	209	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		227		227	2	77	3	98	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95		17434	896	18330	66	3456	530	4062	95
NONREIMBURSABLE COST CENTERS									
96		23		23		3		10	96
98					5	338	28		98
100		31		31	1	35		13	100
101									101
102									102
103		17488	896	18384	72	3832	558	4085	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	16	17
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	241							9
10 HOUSEKEEPING	6	394						10
11 DIETARY	2	2	887					11
12 CAFETERIA		6		1102				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION					44	306		14
15 CENTRAL SERVICES & SUPPLY	2	7		16		432		15
16 PHARMACY		7		28	12		403	16
17 MEDICAL RECORDS & LIBRARY		2		54				466 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	88	82	526	230	101	25		205 25
26 INTENSIVE CARE UNIT	17	32	60	66	29	6		28 26
33 NURSERY	3	5		6	2	1		5 33
34 SKILLED NURSING FACILITY	36	66	270	93	40	7		23 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	27	23	25	82	36	189		75 37
39 DELIVERY ROOM & LABOR ROOM	1	7		5	2	1		39
40 ANESTHESIOLOGY						24		40
41 RADIOLOGY-DIAGNOSTIC	19	24		100		78		41
44 LABORATORY	1	20		89		2		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		6		37	16			49
50 PHYSICAL THERAPY	4	9		44				50
51 OCCUPATIONAL THERAPY	2	1		11				51
52 SPEECH PATHOLOGY				2				52
52.01 AUDIOLOGY				4				52.01
53 ELECTROCARDIOLOGY	1			4	2			53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY	1							54
55 MEDICAL SUPPLIES CHARGED TO PAT						84		55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS							396	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPEND								59
59.97 CARDIAC REHABILITATION	1	1		5	2			59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3	1	3	11	5	1		60
60.01 OTTAWA CLINIC	3					2	1	60.01
61 EMERGENCY	24	29	3	72	31	9		130 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				44	19	2		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	241	330	887	1047	297	431	397	466 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
98 PHYSICIANS' PRIVATE OFFICES		64		32		1	6	98
100 OTHER NONREIMBURSABLE COST				23	9			100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	241	394	887	1102	306	432	403	466 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	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	2			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		4141		4141
26 INTENSIVE CARE UNIT		830		830
33 NURSERY		356		356
34 SKILLED NURSING FACILITY		1693		1693
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		2294		2294
39 DELIVERY ROOM & LABOR ROOM		440		440
40 ANESTHESIOLOGY		102		102
41 RADIOLOGY-DIAGNOSTIC		2229		2229
44 LABORATORY		1114		1114
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		274		274
50 PHYSICAL THERAPY		593		593
51 OCCUPATIONAL THERAPY		404		404
52 SPEECH PATHOLOGY		70		70
52.01 AUDIOLOGY		61		61
53 ELECTROCARDIOLOGY		54		54
53.01 CARDIAC REHAB				53.01
54 ELECTROENCEPHALOGRAPHY		19		19
55 MEDICAL SUPPLIES CHARGED TO PAT		190		190
55.30 IMPL. DEV. CHARGED TO PATIENT		156		156
56 DRUGS CHARGED TO PATIENTS		516		516
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND				59
59.97 CARDIAC REHABILITATION		260		260
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		195		195
60.01 OTTAWA CLINIC		160		160
61 EMERGENCY		1137		1137
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	2	474		474
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	2	17762		17762
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		36		36
98 PHYSICIANS' PRIVATE OFFICES		474		474
100 OTHER NONREIMBURSABLE COST		112		112
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	2	18384		18384

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		7827	5054	12881	12881				5
6	412374	413743	303709	1129826	2115	1131941			6
7		45417	16843	62260	348	40130	102738		7
8		397686	4942	402628	79	46279	45825	494811	8
9		16191		16191	21	7668	109	7811	9
10		22272	3709	25981	367	25822	761	10745	10
11		59437	30073	89510	285	23661	2501	28675	11
12		14662	478	15140	48	1427	460	7074	12
13									13
14		12664		12664	425	25816	966	6110	14
15		25289	164628	189917	89	11595	5811	12200	15
16		19413	196313	215726	345	27950	458	9366	16
17		25275	14133	39408	294	21389	219	12194	17
18					9	545			18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		186291	82769	269060	1668	110149	6452	89872	25
26		33930	95146	129076	551	37261	2333	16369	26
33		24032	19563	43595	52	4561	151	11594	33
34		75502	15918	91420	650	42157	1949	36425	34
ANCILLARY SERVICE COST CENTERS									
37		118299	402633	520932	742	65824	8144	57072	37
39		29682	38850	68532	46	5920	1988	14320	39
40		3414	100270	103684		9211	242	1647	40
41		114779	749808	864587	838	134728	5062	55373	41
44		52404	84145	136549	610	85719	2476	25281	44
46.30									46.30
49		10395	13950	24345	321	20226	1525	5015	49
50		32759	9500	42259	439	27368	1214	15804	50
51		26956	1070	28026	100	8671	647	13005	51
52		4632	46	4678	29	1967	32	2234	52
52.01		2891	5511	8402	35	5060	264	1395	52.01
53		2825	29288	32113	19	2571	259	1363	53
53.01									53.01
54		741		741	1	2350	85	358	54
55						31261			55
55.30						46183			55.30
56						35469			56
56.01									56.01
59									59
59.97		17475	19828	37303	38	3395	1422	8430	59.97
OUTPATIENT SERVICE COST CENTERS									
60		10732	401	11133	110	7034	646	5178	60
60.01			80170	80170	386	40972	2312		60.01
61		52364	25168	77532	532	37837	2740	25262	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71		24548		24548	352	22740	524	11843	71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	412374	1884527	2513916	4810817	11944	1020916	97577	492015	95
NONREIMBURSABLE COST CENTERS									
96		2488	247	2735		822	7	1200	96
98			78889	78889	800	99865	5112		98
100		3308	19468	22776	137	10338	42	1596	100
101									101
102									102
103	412374	1890323	2612520	4915217	12881	1131941	102738	494811	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	31800								9
10	799	64475							10
11	254	384	145270						11
12		1034		25183					12
13									13
14		75		1003	47059				14
15	308	1164		372		221456			15
16		1185		640	1874	255	257799		16
17		316		1228		1		75049	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	11809	12887	86236	5242	15350	13285		33022	25
26	2209	5234	9845	1513	4432	3315		4503	26
33	355	803		130	380	365		750	33
34	4715	10753	44187	2119	6205	3579		3752	34
ANCILLARY SERVICE COST CENTERS									
37	3602	3766	4016	1885	5521	93139		12008	37
39	85	1164		112	329	600			39
40						12359			40
41	2491	3901		2283		41161	25		41
44	81	3279		2041		1119			44
46.30									46.30
49		1006		856	2507	76			49
50	547	1522		1012		144			50
51	274	212		259		4			51
52		24		43					52
52.01		24		95		1			52.01
53	98	54		95	279	22			53
53.01									53.01
54	70	12							54
55						43874			55
55.30									55.30
56							253118		56
56.01									56.01
59									59
59.97	128	184		104	304	142			59.97
OUTPATIENT SERVICE COST CENTERS									
60	397	231	471	242	709	738			60
60.01	363					1103	515		60.01
61	3215	4782	515	1652	4838	4847		21014	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71				1003	2938	889			71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	31800	53996	145270	23929	45666	221018	253658	75049	95
NONREIMBURSABLE COST CENTERS									
96		28							96
98		10416		726		372	3920		98
100		35		528	1393	66	221		100
101									101
102									102
103	31800	64475	145270	25183	47059	221456	257799	75049	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	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	554			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		655032		655032
26 INTENSIVE CARE UNIT		216641		216641
33 NURSERY		62736		62736
34 SKILLED NURSING FACILITY		247911		247911
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		776651		776651
39 DELIVERY ROOM & LABOR ROOM		93096		93096
40 ANESTHESIOLOGY		127143		127143
41 RADIOLOGY-DIAGNOSTIC		1110449		1110449
44 LABORATORY		257155		257155
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		55877		55877
50 PHYSICAL THERAPY		90309		90309
51 OCCUPATIONAL THERAPY		51198		51198
52 SPEECH PATHOLOGY		9007		9007
52.01 AUDIOLOGY		15276		15276
53 ELECTROCARDIOLOGY		36873		36873
53.01 CARDIAC REHAB				53.01
54 ELECTROENCEPHALOGRAPHY		3617		3617
55 MEDICAL SUPPLIES CHARGED TO PAT		75135		75135
55.30 IMPL. DEV. CHARGED TO PATIENT		46183		46183
56 DRUGS CHARGED TO PATIENTS		288587		288587
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND				59
59.97 CARDIAC REHABILITATION		51450		51450
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		26889		26889
60.01 OTTAWA CLINIC		125821		125821
61 EMERGENCY		184766		184766
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	541	65378		65378
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	541	4673180		4673180
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		4792		4792
98 PHYSICIANS' PRIVATE OFFICES		200100		200100
100 OTHER NONREIMBURSABLE COST	13	37145		37145
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	554	4915217		4915217

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ FEET	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ. FEE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINI- STRATIVE & GENERAL ACCUM COST 6	
	1	2	3	4	5			
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	285693							1
2 OLD CAP REL COSTS-MVBLE EQUIP		843						2
3 NEW CAP REL COSTS-BLDG & FIXT			285693					3
4 NEW CAP REL COSTS-MVBLE EQUIP				2280523				4
5 EMPLOYEE BENEFITS	1183		1183	4412	20477899			5
6 ADMINISTRATIVE & GENERAL	62531		62531	265114	3358971	-9731532	39114234	6
7 MAINTENANCE & REPAIRS	6864		6864	14703	53232		1386720	7
8 OPERATION OF PLANT	60104		60104	4314	124970		1599202	8
9 LAUNDRY & LINEN SERVICE	2447		2447		33277		264980	9
10 HOUSEKEEPING	3366		3366	3238	583672		892286	10
11 DIETARY	8983		8983	26251	453769		817620	11
12 CAFETERIA	2216	842	2216	417	75854		49323	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1914		1914		674918		892077	14
15 CENTRAL SERVICES & SUPPLY	3822		3822	143707	141016		400674	15
16 PHARMACY	2934		2934	171366	549130		965823	16
17 MEDICAL RECORDS & LIBRARY	3820		3820	12337	467596		739116	17
18 SOCIAL SERVICE					14683		18824	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	28155		28155	72251	2652396		3806248	25
26 INTENSIVE CARE UNIT	5128		5128	83055	875643		1287581	26
33 NURSERY	3632		3632	17077	83258		157622	33
34 SKILLED NURSING FACILITY	11411		11411	13895	1034045		1456752	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	17879		17879	351467	1180063		2274570	37
39 DELIVERY ROOM & LABOR ROOM	4486		4486	33913	73727		204564	39
40 ANESTHESIOLOGY	516		516	87528			318282	40
41 RADIOLOGY-DIAGNOSTIC	17347		17347	654521	1331645		4655064	41
44 LABORATORY	7920	1	7920	73452	969739		2962052	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	1571		1571	12177	510291		698929	49
50 PHYSICAL THERAPY	4951		4951	8293	698251		945698	50
51 OCCUPATIONAL THERAPY	4074		4074	934	159740		299640	51
52 SPEECH PATHOLOGY	700		700	40	45952		67983	52
52.01 AUDIOLOGY	437		437	4811	56359		174851	52.01
53 ELECTROCARDIOLOGY	427		427	25566	30983		88841	53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY	112		112		1425		81189	54
55 MEDICAL SUPPLIES CHARGED TO P							1080225	55
55.30 IMPL. DEV. CHARGED TO PATIENT							1595870	55.30
56 DRUGS CHARGED TO PATIENTS							1225644	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE								59
59.97 CARDIAC REHABILITATION	2641		2641	17308	60576		117331	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1622		1622	350	174572		243080	60
60.01 OTTAWA CLINIC				69982	613997		1415795	60.01
61 EMERGENCY	7914		7914	21970	845180		1307459	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	3710		3710		560347		785807	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	284817	843	284817	2194449	18989277	-9731532	35277722	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	376		376	216			28391	96
98 PHYSICIANS' PRIVATE OFFICES				68864	1271413		3450876	98
100 OTHER NONREIMBURSABLE COST	500		500	16994	217209		357245	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP-	OLD CAP-	NEW CAP-	NEW CAP-	EMPLOYEE	RECON-	ADMINI-	
	REL COSTS	REL COSTS	REL COSTS	REL COSTS	BENEFITS		STRATIVE	
(SQUARE	DOLLAR VA	SQUARE	DOLLAR VA	GROSS	CILIAATION	& GENERAL	ACCUM	
FEET)	OR SQ FEET	FEET	OR SQ. FEE	SALARIES	6A	COST	6	
	1	2	3	4	5			
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	17488	896	1890323	2612520	5774715		9731532	103
104 UNIT COST MULT-WS B PT I		1.062871		1.145579				104
104 UNIT COST MULT-WS B PT I	.061213		6.616623		.281997		.248798	104
105 COST TO BE ALLOC PER B PT II					72		3832	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.000004		.000098	106
107 COST TO BE ALLOC PER B PT III					12881		1131941	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.000629		.028939	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
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	123469								7
8 OPERATION OF PLANT	55073	155011							8
9 LAUNDRY & LINEN SERVICE	131	2447	86290						9
10 HOUSEKEEPING	914	3366	2168	27372					10
11 DIETARY	3006	8983	690	163	56426				11
12 CAFETERIA	553	2216		439		2912			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1161	1914		32		116	1858		14
15 CENTRAL SERVICES & SUPPLY	6983	3822	837	494		43		140554562	15
16 PHARMACY	550	2934		503		74	74	161722	16
17 MEDICAL RECORDS & LIBRARY	263	3820		134		142		403	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	7754	28155	32043	5472	33496	606	606	8429320	25
26 INTENSIVE CARE UNIT	2804	5128	5993	2222	3824	175	175	2103611	26
33 NURSERY	182	3632	962	341		15	15	231559	33
34 SKILLED NURSING FACILITY	2342	11411	12795	4565	17163	245	245	2270923	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9787	17879	9775	1599	1560	218	218	59136021	37
39 DELIVERY ROOM & LABOR ROOM	2389	4486	231	494		13	13	380674	39
40 ANESTHESIOLOGY	291	516						7841709	40
41 RADIOLOGY-DIAGNOSTIC	6084	17347	6759	1656		264		26117272	41
44 LABORATORY	2976	7920	220	1392		236		710076	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	1833	1571		427		99	99	48014	49
50 PHYSICAL THERAPY	1459	4951	1484	646		117		91214	50
51 OCCUPATIONAL THERAPY	777	4074	743	90		30		2231	51
52 SPEECH PATHOLOGY	38	700		10		5			52
52.01 AUDIOLOGY	317	437		10		11		809	52.01
53 ELECTROCARDIOLOGY	311	427	266	23		11	11	14276	53
53.01 CARDIAC REHAB									53.01
54 ELECTROENCEPHALOGRAPHY	102	112	191	5					54
55 MEDICAL SUPPLIES CHARGED TO P								27838846	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL DEPE									59
59.97 CARDIAC REHABILITATION	1709	2641	347	78		12	12	90168	59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	776	1622	1077	98	183	28	28	468101	60
60.01 OTTAWA CLINIC	2779		984					699720	60.01
61 EMERGENCY	3293	7914	8725	2030	200	191	191	3075690	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	630	3710				116	116	564329	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	117267	154135	86290	22923	56426	2767	1803	140276688	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	8	376		12					96
98 PHYSICIANS' PRIVATE OFFICES	6143			4422		84		236017	98
100 OTHER NONREIMBURSABLE COST	51	500		15		61	55	41857	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	7	8	9	10	11	12	14	15	
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1731733	2769517	376463	1196701	1233835	128135	1171008	693730	103
104 UNIT COST MULT-WS B PT I	14.025650		4.362765	43.719896	21.866427	44.002404	630.251884	.004936	104
105 COST TO BE ALLOC PER B PT II	558	4085	241	394	887	1102	306	432	105
106 UNIT COST MULT-WS B PT II	.004519		.002793	.014394	.015720	.378434	.164693		106
106 UNIT COST MULT-WS B PT II		.026353		.014394		.378434		.000003	106
107 COST TO BE ALLOC PER B PT III	102738	494811	31800	64475	145270	25183	47059	221456	107
108 UNIT COST MULT-WS B PT III	.832096		.368525		2.574522		25.327772		108
108 UNIT COST MULT-WS B PT III		3.192102		2.355509		8.648008		.001576	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	(COSTED REQUIS) 16	(TIME SPENT) 17	(TIME SPENT) 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				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY	124830857			16
17 MEDICAL RECORDS & LIBRARY		100		17
18 SOCIAL SERVICE			7070	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		44		25
26 INTENSIVE CARE UNIT		6		26
33 NURSERY		1		33
34 SKILLED NURSING FACILITY		5		34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		16		37
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	12142			41
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
52.01 AUDIOLOGY				52.01
53 ELECTROCARDIOLOGY				53
53.01 CARDIAC REHAB				53.01
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	122564402			56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPE				59
59.97 CARDIAC REHABILITATION				59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 OTTAWA CLINIC	249200			60.01
61 EMERGENCY		28		61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY			6900	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	122825744	100	6900	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
98 PHYSICIANS' PRIVATE OFFICES	1898313			98
100 OTHER NONREIMBURSABLE COST	106800		170	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	SOCIAL	
	(COSTED REQUIS) 16	RECORDS & LIBRARY (TIME SPENT) 17	SERVICE (TIME SPENT) 18	
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	1338937	1007054	23507	103
104 UNIT COST MULT-WS B PT I	.010726		3.324894	104
104 UNIT COST MULT-WS B PT I		10070.540000		104
105 COST TO BE ALLOC PER B PT II	403	466	2	105
106 UNIT COST MULT-WS B PT II	.000003		.000283	106
106 UNIT COST MULT-WS B PT II		4.660000		106
107 COST TO BE ALLOC PER B PT III	257799	75049	554	107
108 UNIT COST MULT-WS B PT III	.002065		.078359	108
108 UNIT COST MULT-WS B PT III		750.490000		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	7369802		7369802		7369802	25
26 INTENSIVE CARE UNIT	2134586		2134586		2134586	26
33 NURSERY	304715		304715		304715	33
34 SKILLED NURSING FACILITY	2913364		2913364		2913364	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4043814		4043814		4043814	37
39 DELIVERY ROOM & LABOR ROOM	402365		402365		402365	39
40 ANESTHESIOLOGY	449477		449477		449477	40
41 RADIOLOGY-DIAGNOSTIC	6451037		6451037		6451037	41
44 LABORATORY	3957956		3957956		3957956	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1012254		1012254		1012254	49
50 PHYSICAL THERAPY	1330221		1330221		1330221	50
51 OCCUPATIONAL THERAPY	466384		466384		466384	51
52 SPEECH PATHOLOGY	98594		98594		98594	52
52.01 AUDIOLOGY	231533		231533		231533	52.01
53 ELECTROCARDIOLOGY	132588		132588		132588	53
53.01 CARDIAC REHAB						53.01
54 ELECTROENCEPHALOGRAPHY	105873		105873		105873	54
55 MEDICAL SUPPLIES CHARGED TO	1486396		1486396		1486396	55
55.30 IMPL. DEV. CHARGED TO PATIE	1992919		1992919		1992919	55.30
56 DRUGS CHARGED TO PATIENTS	2845209		2845209		2845209	56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DE						59
59.97 CARDIAC REHABILITATION	231139		231139		231139	59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	377598		377598		377598	60
60.01 OTTAWA CLINIC	1817439		1817439	129622	1947061	60.01
61 EMERGENCY	2377462		2377462	171562	2549024	61
62 OBSERVATION BEDS (NON-DISTI	623687		623687		623687	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	43156412		43156412	301184	43457596	101
102 LESS OBSERVATION BEDS	623687		623687		623687	102
103 TOTAL	42532725		42532725	301184	42833909	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	8275852		8275852			25
26 INTENSIVE CARE UNIT	2911498		2911498			26
33 NURSERY	496706		496706			33
34 SKILLED NURSING FACILITY	1829450		1829450			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4825249	12572513	17397762	.232433	.232433	.232433 37
39 DELIVERY ROOM & LABOR ROOM	183621	132178	315799	1.274117	1.274117	1.274117 39
40 ANESTHESIOLOGY	1078300	1630609	2708909	.165925	.165925	.165925 40
41 RADIOLOGY-DIAGNOSTIC	9782631	26072522	35855153	.179919	.179919	.179919 41
44 LABORATORY	6287829	12412096	18699925	.211656	.211656	.211656 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1931497	219876	2151373	.470515	.470515	.470515 49
50 PHYSICAL THERAPY	1138870	1879835	3018705	.440659	.440659	.440659 50
51 OCCUPATIONAL THERAPY	414875	861362	1276237	.365437	.365437	.365437 51
52 SPEECH PATHOLOGY	78840	116300	195140	.505248	.505248	.505248 52
52.01 AUDIOLOGY		250307	250307	.924996	.924996	.924996 52.01
53 ELECTROCARDIOLOGY	541903	838201	1380104	.096071	.096071	.096071 53
53.01 CARDIAC REHAB						53.01
54 ELECTROENCEPHALOGRAPHY	5454	316343	321797	.329006	.329006	.329006 54
55 MEDICAL SUPPLIES CHARGED TO	3252894	1809256	5062150	.293629	.293629	.293629 55
55.30 IMPL. DEV. CHARGED TO PATIE	1977593	528213	2505806	.795321	.795321	.795321 55.30
56 DRUGS CHARGED TO PATIENTS	9728002	3191561	12919563	.220225	.220225	.220225 56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DE						59
59.97 CARDIAC REHABILITATION		282721	282721	.817552	.817552	.817552 59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	17300	1665565	1682865	.224378	.224378	.224378 60
60.01 OTTAWA CLINIC		1868700	1868700	.972569	.972569	1.041933 60.01
61 EMERGENCY	2280565	6193367	8473932	.280562	.280562	.300808 61
62 OBSERVATION BEDS (NON-DISTI	57673	2146274	2203947	.282986	.282986	.282986 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	57096602	74987799	132084401			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	57096602	74987799	132084401			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	4141		4141	655032		655032
26 INTENSIVE CARE UNIT	830		830	216641		216641
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	356		356	62736		62736
101 TOTAL	5327		5327	934409		934409

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	10493	6805	.39	2654	62.43	424836
26 INTENSIVE CARE UNIT	1416	871	.59	514	153.00	133263
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	498		.71		125.98	
101 TOTAL	12407	7676		3168		558099

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2294	776651	17397762	4354366	.000132	575	.044641	194383
39 DELIVERY ROOM & LABOR ROOM	440	93096	315799	2740	.001393	4	.294795	808
40 ANESTHESIOLOGY	102	127143	2708909	567649	.000038	22	.046935	26643
41 RADIOLOGY-DIAGNOSTIC	2229	1110449	35855153	5322741	.000062	330	.030970	164845
44 LABORATORY	1114	257155	18699925	4257140	.000060	255	.013752	58544
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	274	55877	2151373	1154526	.000127	147	.025973	29987
50 PHYSICAL THERAPY	593	90309	3018705	322550	.000196	63	.029916	9649
51 OCCUPATIONAL THERAPY	404	51198	1276237	81255	.000317	26	.040116	3260
52 SPEECH PATHOLOGY	70	9007	195140	31830	.000359	11	.046157	1469
52.01 AUDIOLOGY	61	15276	250307		.000244		.061029	52.01
53 ELECTROCARDIOLOGY	54	36873	1380104	421433	.000039	16	.026718	11260
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY	19	3617	321797	3030	.000059		.011240	34
55 MEDICAL SUPPLIES CHARGED TO P	190	75135	5062150	2217505	.000038	84	.014843	32914
55.30 IMPL. DEV. CHARGED TO PATIENT	156	46183	2505806	1478494	.000062	92	.018430	27249
56 DRUGS CHARGED TO PATIENTS	516	288587	12919563	5620935	.000040	225	.022337	125555
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE								59
59.97 CARDIAC REHABILITATION	260	51450	282721		.000920		.181982	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	195	26889	1682865	8455	.000116	1	.015978	135
60.01 OTTAWA CLINIC	160	125821	1868700		.000086		.067331	60.01
61 EMERGENCY	1137	184766	8473932	1790607	.000134	240	.021804	39042
62 OBSERVATION BEDS (NON-DISTINC	351	55434	2203947	57673	.000159	9	.025152	1451
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	10619	3480916	118570895	27692929		2100		727228

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/19/2010 09:06

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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					10493		6805	25
26 INTENSIVE CARE UNIT					1416		871	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					498			33
34 SKILLED NURSING FACILITY					5619		5185	34
35 NURSING FACILITY								35
101 TOTAL					18026		12861	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY							52.01
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OTTAWA CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		17397762			4354366		2438888 37
39 DELIVERY ROOM & LABOR ROOM		315799			2740		39
40 ANESTHESIOLOGY		2708909			567649		261638 40
41 RADIOLOGY-DIAGNOSTIC		35855153			5322741		4684246 41
44 LABORATORY		18699925			4257140		281664 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2151373			1154526		26619 49
50 PHYSICAL THERAPY		3018705			322550		3537 50
51 OCCUPATIONAL THERAPY		1276237			81255		51
52 SPEECH PATHOLOGY		195140			31830		52
52.01 AUDIOLOGY		250307					26973 52.01
53 ELECTROCARDIOLOGY		1380104			421433		152765 53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY		321797			3030		57396 54
55 MEDICAL SUPPLIES CHARGED TO P		5062150			2217505		266247 55
55.30 IMPL. DEV. CHARGED TO PATIENT		2505806			1478494		86988 55.30
56 DRUGS CHARGED TO PATIENTS		12919563			5620935		658793 56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
59.97 CARDIAC REHABILITATION		282721					74915 59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1682865			8455		141822 60
60.01 OTTAWA CLINIC		1868700					41837 60.01
61 EMERGENCY		8473932			1790607		520743 61
62 OBSERVATION BEDS (NON-DISTINC		2203947			57673		78113 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		118570895			27692929		9803184 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	2515854				37
39 DELIVERY ROOM & LABOR ROOM	250				39
40 ANESTHESIOLOGY	249197				40
41 RADIOLOGY-DIAGNOSTIC	4484682				41
44 LABORATORY	307263				44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY	25792				49
50 PHYSICAL THERAPY	3832				50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY	17062				52.01
53 ELECTROCARDIOLOGY	165753				53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY	69129				54
55 MEDICAL SUPPLIES CHARGED TO P	284082				55
55.30 IMPL. DEV. CHARGED TO PATIENT	156411				55.30
56 DRUGS CHARGED TO PATIENTS	669633				56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
59.97 CARDIAC REHABILITATION	107258				59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	115825				60
60.01 OTTAWA CLINIC	40598				60.01
61 EMERGENCY	554816				61
62 OBSERVATION BEDS (NON-DISTINC	70787				62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	9838224				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.232433	.232433	.232433			37
39 DELIVERY ROOM & LABOR ROOM	1.274117	1.274117	1.274117			39
40 ANESTHESIOLOGY	.165925	.165925	.165925			40
41 RADIOLOGY-DIAGNOSTIC	.179919	.179919	.179919			41
44 LABORATORY	.211656	.211656	.211656			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.470515	.470515	.470515			49
50 PHYSICAL THERAPY	.440659	.440659	.440659			50
51 OCCUPATIONAL THERAPY	.365437	.365437	.365437			51
52 SPEECH PATHOLOGY	.505248	.505248	.505248			52
52.01 AUDIOLOGY	.924996	.924996	.924996			52.01
53 ELECTROCARDIOLOGY	.096071	.096071	.096071			53
53.01 CARDIAC REHAB						53.01
54 ELECTROENCEPHALOGRAPHY	.329006	.329006	.329006			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.293629	.293629	.293629			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.795321	.795321	.795321			55.30
56 DRUGS CHARGED TO PATIENTS	.220225	.220225	.220225			56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DEPEND						59
59.97 CARDIAC REHABILITATION	.817552	.817552	.817552			59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.224378	.224378	.224378			60
60.01 OTTAWA CLINIC	.972569	.972569	.972569			60.01
61 EMERGENCY	.280562	.280562	.280562			61
62 OBSERVATION BEDS (NON-DISTINCT	.282986	.282986	.282986			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.220225	1
2 PROGRAM VACCINE CHARGES	11447	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	2521	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT 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		2438888		2515854				37
39 DELIVERY ROOM & LABOR ROOM				250				39
40 ANESTHESIOLOGY		261638		249197				40
41 RADIOLOGY-DIAGNOSTIC		4684246		4484682				41
44 LABORATORY		281664		307263				44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		26619		25792				49
50 PHYSICAL THERAPY		3537		3832				50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
52.01 AUDIOLOGY		26973		17062				52.01
53 ELECTROCARDIOLOGY		152765		165753				53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY		57396		69129				54
55 MEDICAL SUPPLIES CHARGED TO PA		266247		284082				55
55.30 IMPL. DEV. CHARGED TO PATIENT		86988		156411				55.30
56 DRUGS CHARGED TO PATIENTS		658793		669633				56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPEN								59
59.97 CARDIAC REHABILITATION		74915		107258				59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		141822		115825				60
60.01 OTTAWA CLINIC		41837		40598				60.01
61 EMERGENCY		520743		554816				61
62 OBSERVATION BEDS (NON-DISTINCT		78113		70787				62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		9803184		9838224				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		9803184		9838224				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0026) [] 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		566878		584767			37
39 DELIVERY ROOM & LABOR ROOM				319			39
40 ANESTHESIOLOGY		43412		41348			40
41 RADIOLOGY-DIAGNOSTIC		842785		806880			41
44 LABORATORY		59616		65034			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		12525		12136			49
50 PHYSICAL THERAPY		1559		1689			50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY		24950		15782			52.01
53 ELECTROCARDIOLOGY		14676		15924			53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY		18884		22744			54
55 MEDICAL SUPPLIES CHARGED TO PAT		78178		83415			55
55.30 IMPL. DEV. CHARGED TO PATIENT		69183		124397			55.30
56 DRUGS CHARGED TO PATIENTS		145083		147470			56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPEND							59
59.97 CARDIAC REHABILITATION		61247		87689			59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31822		25989			60
60.01 OTTAWA CLINIC		40689		39484			60.01
61 EMERGENCY		146101		155660			61
62 OBSERVATION BEDS (NON-DISTINCT		22105		20032			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		2179693		2250759			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2179693		2250759			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5594) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY							52.01
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OTTAWA CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5594) [] 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		17397762			4488		37
39 DELIVERY ROOM & LABOR ROOM		315799					39
40 ANESTHESIOLOGY		2708909					40
41 RADIOLOGY-DIAGNOSTIC		35855153			131670		41
44 LABORATORY		18699925			491961		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2151373			386795		49
50 PHYSICAL THERAPY		3018705			636555		50
51 OCCUPATIONAL THERAPY		1276237			261720		51
52 SPEECH PATHOLOGY		195140			42560		52
52.01 AUDIOLOGY		250307					52.01
53 ELECTROCARDIOLOGY		1380104			16998		53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY		321797			606		54
55 MEDICAL SUPPLIES CHARGED TO P		5062150			254291		55
55.30 IMPL. DEV. CHARGED TO PATIENT		2505806					55.30
56 DRUGS CHARGED TO PATIENTS		12919563			1654264		56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
59.97 CARDIAC REHABILITATION		282721					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1682865					60
60.01 OTTAWA CLINIC		1868700					60.01
61 EMERGENCY		8473932					61
62 OBSERVATION BEDS (NON-DISTINC		2203947					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		118570895			3881908		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5594)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OTTAWA CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [XX] SNF (14-5594)
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO	PROGRAM CHARGES				PROGRAM COSTS			
		OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	ALL OTHER PART B
	1	2	3	4	5	6	7	8	9
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM									37
39 DELIVERY ROOM & LABOR RO									39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC									41
44 LABORATORY									44
46.30 BLOOD CLOTTING FACTORS A									46.30
49 RESPIRATORY THERAPY									49
50 PHYSICAL THERAPY									50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
52.01 AUDIOLOGY									52.01
53 ELECTROCARDIOLOGY									53
53.01 CARDIAC REHAB									53.01
54 ELECTROENCEPHALOGRAPHY									54
55 MEDICAL SUPPLIES CHARGED									55
55.30 IMPL. DEV. CHARGED TO PA									55.30
56 DRUGS CHARGED TO PATIENT									56
56.01 ONCOLOGY									56.01
59 OTHER ANCILLARY CHEMICAL									59
59.97 CARDIAC REHABILITATION									59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 OTTAWA CLINIC									60.01
61 EMERGENCY									61
62 OBSERVATION BEDS (NON-DI									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE CHARGES (S-2 L									65.01
65.02 AMBULANCE CHARGES (S-2 L									65.02
65.03 AMBULANCE CHARGES (S-2 L									65.03
101 SUBTOTAL									101
102 CRNA CHARGES									102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS									103
104 NET CHARGES									104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.220225	1
2 PROGRAM VACCINE CHARGES	4388	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	966	3
3.01 PROGRAM COSTS		3.01

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	4141		4141	655032		655032
26 INTENSIVE CARE UNIT	830		830	216641		216641
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	356		356	62736		62736
101 TOTAL	5327		5327	934409		934409

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	10493	1010	.39	394	62.43	63054
26 INTENSIVE CARE UNIT	1416	118	.59	70	153.00	18054
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	498	235	.71	167	125.98	29605
101 TOTAL	12407	1363		631		110713

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2294	776651	17397762		.000132		.044641	37
39 DELIVERY ROOM & LABOR ROOM	440	93096	315799		.001393		.294795	39
40 ANESTHESIOLOGY	102	127143	2708909		.000038		.046935	40
41 RADIOLOGY-DIAGNOSTIC	2229	1110449	35855153		.000062		.030970	41
44 LABORATORY	1114	257155	18699925		.000060		.013752	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	274	55877	2151373		.000127		.025973	49
50 PHYSICAL THERAPY	593	90309	3018705		.000196		.029916	50
51 OCCUPATIONAL THERAPY	404	51198	1276237		.000317		.040116	51
52 SPEECH PATHOLOGY	70	9007	195140		.000359		.046157	52
52.01 AUDIOLOGY	61	15276	250307		.000244		.061029	52.01
53 ELECTROCARDIOLOGY	54	36873	1380104		.000039		.026718	53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY	19	3617	321797		.000059		.011240	54
55 MEDICAL SUPPLIES CHARGED TO P	190	75135	5062150		.000038		.014843	55
55.30 IMPL. DEV. CHARGED TO PATIENT	156	46183	2505806		.000062		.018430	55.30
56 DRUGS CHARGED TO PATIENTS	516	288587	12919563		.000040		.022337	56
56.01 ONCOLOGY								56.01
59 OTHER ANCILLARY CHEMICAL DEPE								59
59.97 CARDIAC REHABILITATION	260	51450	282721		.000920		.181982	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	195	26889	1682865		.000116		.015978	60
60.01 OTTAWA CLINIC	160	125821	1868700		.000086		.067331	60.01
61 EMERGENCY	1137	184766	8473932		.000134		.021804	61
62 OBSERVATION BEDS (NON-DISTINC	351	55434	2203947		.000159		.025152	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	10619	3480916	118570895					101

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					10493		1010	25
26 INTENSIVE CARE UNIT					1416		118	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					498		235	33
34 SKILLED NURSING FACILITY					5619			34
35 NURSING FACILITY								35
101 TOTAL					18026		1363	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 AUDIOLOGY							52.01
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OTTAWA CLINIC							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0026) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		17397762					37
39 DELIVERY ROOM & LABOR ROOM		315799					39
40 ANESTHESIOLOGY		2708909					40
41 RADIOLOGY-DIAGNOSTIC		35855153					41
44 LABORATORY		18699925					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2151373					49
50 PHYSICAL THERAPY		3018705					50
51 OCCUPATIONAL THERAPY		1276237					51
52 SPEECH PATHOLOGY		195140					52
52.01 AUDIOLOGY		250307					52.01
53 ELECTROCARDIOLOGY		1380104					53
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY		321797					54
55 MEDICAL SUPPLIES CHARGED TO P		5062150					55
55.30 IMPL. DEV. CHARGED TO PATIENT		2505806					55.30
56 DRUGS CHARGED TO PATIENTS		12919563					56
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPE							59
59.97 CARDIAC REHABILITATION		282721					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1682865					60
60.01 OTTAWA CLINIC		1868700					60.01
61 EMERGENCY		8473932					61
62 OBSERVATION BEDS (NON-DISTINC		2203947					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		118570895					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0026)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPE					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OTTAWA CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5594)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	10493					5619	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	10493					5619	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17					131	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10476					5488	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)	6805					5185	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) (14-0026)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5594)	
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	7369802					2913364	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	7369802					2913364	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8518066					1829450	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15130					45850	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8502936					1783600	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.865197					1.592481	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	890.00					350.00	32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	811.66					325.00	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	78.34					25.00	34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	67.78					39.81	35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1152					5215	36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7368650					2908149	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) (14-0026)	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	702.35					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4779492					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4779492					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	2134586	1416	1507.48	871	1313015	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) (14-0026)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	7362822					48
49 TOTAL PROGRAM INPATIENT COSTS	13455329					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	561267					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	729328					51
52 TOTAL PROGRAM EXCLUDABLE COST	1290595					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	12164734					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) (14-0026)	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. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5594)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	2908149	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	517.56	67
68 PROGRAM ROUTINE SERVICE COST	2683549	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2683549	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	249604	71
72 PER DIEM CAPITAL RELATED COSTS	44.42	72
73 PROGRAM CAPITAL RELATED COSTS	230318	73
74 INPATIENT ROUTINE SERVICE COST	2453231	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2453231	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2683549	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1149310	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	3832859	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0026)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	888	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	702.35	84
85 OBSERVATION BED COST	623687	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	4141	7369802	.000562	623687	351	86
87 NEW CAPITAL-RELATED COST	655032	7369802	.088881	623687	55434	87
88 NON PHYSICIAN ANESTHETIST		7369802		623687		88
89 MEDICAL EDUCATION		7369802		623687		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	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)	10493					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	10493					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10476					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)	1010					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	498					15
16 TITLE V OR XIX NURSERY DAYS	235					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0026)	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	7369802						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	7369802						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8518066						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15130						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8502936						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.865197						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	890.00						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	811.66						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	78.34						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	67.78						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1152						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7368650						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	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	702.35					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	709374					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	709374					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)	304715	498	611.88	235	143792	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	2134586	1416	1507.48	118	177883	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0026)	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	1031049					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	111344					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	111344					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	919705					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0026)	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. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/19/2010 09:06

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0026)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	888	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	702.35	84
85 OBSERVATION BED COST	623687	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL					
	ROUTINE COST	COLUMN 1 DIVIDED BY	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS-THROUGH COST	
	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	
	COST				
	1	2	3	4	5

86 OLD CAPITAL-RELATED COST	4141	7369802	.000562	623687	351	86
87 NEW CAPITAL-RELATED COST	655032	7369802	.088881	623687	55434	87
88 NON PHYSICIAN ANESTHETIST		7369802		623687		88
89 MEDICAL EDUCATION		7369802		623687		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0026) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		6013834		25
26 INTENSIVE CARE UNIT		1732117		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232433	4354366	1012098	37
39 DELIVERY ROOM & LABOR ROOM	1.274117	2740	3491	39
40 ANESTHESIOLOGY	.165925	567649	94187	40
41 RADIOLOGY-DIAGNOSTIC	.179919	5322741	957662	41
44 LABORATORY	.211656	4257140	901049	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.470515	1154526	543222	49
50 PHYSICAL THERAPY	.440659	322550	142135	50
51 OCCUPATIONAL THERAPY	.365437	81255	29694	51
52 SPEECH PATHOLOGY	.505248	31830	16082	52
52.01 AUDIOLOGY	.924996			52.01
53 ELECTROCARDIOLOGY	.096071	421433	40487	53
53.01 CARDIAC REHAB				53.01
54 ELECTROENCEPHALOGRAPHY	.329006	3030	997	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.293629	2217505	651124	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.795321	1478494	1175877	55.30
56 DRUGS CHARGED TO PATIENTS	.220225	5620935	1237870	56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND				59
59.97 CARDIAC REHABILITATION	.817552			59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.224378	8455	1897	60
60.01 OTTAWA CLINIC	1.041933			60.01
61 EMERGENCY	.300808	1790607	538629	61
62 OBSERVATION BEDS (NON-DISTINCT	.282986	57673	16321	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		27692929	7362822	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		27692929		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5594)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.232433	4488	1043	37
39 DELIVERY ROOM & LABOR ROOM	1.274117			39
40 ANESTHESIOLOGY	.165925			40
41 RADIOLOGY-DIAGNOSTIC	.179919	131670	23690	41
44 LABORATORY	.211656	491961	104126	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.470515	386795	181993	49
50 PHYSICAL THERAPY	.440659	636555	280504	50
51 OCCUPATIONAL THERAPY	.365437	261720	95642	51
52 SPEECH PATHOLOGY	.505248	42560	21503	52
52.01 AUDIOLOGY	.924996			52.01
53 ELECTROCARDIOLOGY	.096071	16998	1633	53
53.01 CARDIAC REHAB				53.01
54 ELECTROENCEPHALOGRAPHY	.329006	606	199	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.293629	254291	74667	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.795321			55.30
56 DRUGS CHARGED TO PATIENTS	.220225	1654264	364310	56
56.01 ONCOLOGY				56.01
59 OTHER ANCILLARY CHEMICAL DEPEND				59
59.97 CARDIAC REHABILITATION	.817552			59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.224378			60
60.01 OTTAWA CLINIC	.972569			60.01
61 EMERGENCY	.280562			61
62 OBSERVATION BEDS (NON-DISTINCT	.282986			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3881908	1149310	101
102 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3881908		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0026)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	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	.232433		37
39 DELIVERY ROOM & LABOR ROOM	1.274117		39
40 ANESTHESIOLOGY	.165925		40
41 RADIOLOGY-DIAGNOSTIC	.179919		41
44 LABORATORY	.211656		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.470515		49
50 PHYSICAL THERAPY	.440659		50
51 OCCUPATIONAL THERAPY	.365437		51
52 SPEECH PATHOLOGY	.505248		52
52.01 AUDIOLOGY	.924996		52.01
53 ELECTROCARDIOLOGY	.096071		53
53.01 CARDIAC REHAB			53.01
54 ELECTROENCEPHALOGRAPHY	.329006		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.293629		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.795321		55.30
56 DRUGS CHARGED TO PATIENTS	.220225		56
56.01 ONCOLOGY			56.01
59 OTHER ANCILLARY CHEMICAL DEPEND			59
59.97 CARDIAC REHABILITATION	.817552		59.97
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.224378		60
60.01 OTTAWA CLINIC	1.041933		60.01
61 EMERGENCY	.300808		61
62 OBSERVATION BEDS (NON-DISTINCT	.282986		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS BPB 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 (14-0026)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2568038				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2577110				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	4987331				1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	517701				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	87.93				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.16
RES. IN INIT YRS					
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	10650180					6
7	13993048					7
7.01						7.01
8	13157331					8
9	878605					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	14035936					16
17	3976					17
18	14031960					18
19	1266220					19
20	8357					20
21	217203					21
21.01	152042					21.01
21.02	179715					21.02
22	12909425					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0026)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	12909425					26
27						27
28	12809918					28
28.01						28.01
29	99507					29
30						30
TO BE COMPLETED BY INTERMEDIARY						
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 (14-0026) 1	HOSPITAL (14-0026) 1.01	HOSPITAL (14-0026) 1.02	
1 MEDICAL AND OTHER SERVICES	2521			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2179693	2250759		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1777191	1800015		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.840	0.840		1.03
1.04 LINE 1.01 TIMES LINE 1.03	1830942	1890638		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	97.06	95.21		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	45688	77030		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	2521			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	11447			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	11447			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	11447			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	8926			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2521			17
17.01 TOTAL PPS PAYMENTS	3699924			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0026) 1	HOSPITAL (14-0026) 1.01	HOSPITAL (14-0026) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	904377		18.01
LINE 17.01			
19 SUBTOTAL	2798068		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2798068		23
24 PRIMARY PAYER PAYMENTS	34		24
25 SUBTOTAL	2798034		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	126651		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	88656		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	104244		27.02
28 SUBTOTAL	2886690		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	2886690		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3133532		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-246842		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5594) 1	SNF (14-5594) 1.01	SNF (14-5594) 1.02	
1 MEDICAL AND OTHER SERVICES	966			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	966			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	4388			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	4388			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	4388			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	3422			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	966			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5594) 1	SNF (14-5594) 1.01	SNF (14-5594) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	966		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	966		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	966		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	966		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	966		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1253		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-287		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 (14-0026)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		12577099		3121552	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/15/2010 232819	01/15/2010	11980	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	232819		11980	3.99
4 TOTAL INTERIM PAYMENTS		12809918		3133532	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5594)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1635060		1253
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1635060		1253
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5594) (PPS) 2	
	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		9
	COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	1770421	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	1770421	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	1770421	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5594) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34			34
			35
35		1770421	
36		135361	
37			37
			38
38		490	
38.01			38.01
38.02			38.02
38.03		343	
			39
39			40
40		1635403	
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
50			50
51			51
52		1635403	
53			53
54			54
55		1635403	
56			56
57		1635060	
57.01			57.01
58		343	
59			58
			59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (14-0026) (PPS)	SUB I	SUB II	SUB III	SUB IV	(PPS)
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES						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						6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL						9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						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						22
23	COST OF COVERED SERVICES						23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0026) (PPS)	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						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 BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2487149			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	34850274			4
5	OTHER RECEIVABLES	861176			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-27137873			6
7	INVENTORY	1495993			7
8	PREPAID EXPENSES	408712			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	12965431			11
FIXED ASSETS					
12	LAND	1146583			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	930105			13
13.01	ACCUMULATED DEPRECIATION	-570434			13.01
14	BUILDINGS	42664412			14
14.01	ACCUMULATED DEPRECIATION	-12751388			14.01
15	LEASEHOLD IMPROVEMENTS	603867			15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	8130386			16
16.01	ACCUMULATED DEPRECIATION	-4729927			16.01
17	AUTOMOBILES AND TRUCKS	291079			17
17.01	ACCUMULATED DEPRECIATION	-268199			17.01
18	MAJOR MOVABLE EQUIPMENT	23931841			18
18.01	ACCUMULATED DEPRECIATION	-15332785			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	44045540			21
OTHER ASSETS					
22	INVESTMENTS	29749854			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2506130			25
26	TOTAL OTHER ASSETS	32255984			26
27	TOTAL ASSETS	89266955			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1673474			28
29	SALARIES, WAGES & FEES PAYABLE	2554229			29
30	PAYROLL TAXES PAYABLE	-1900			30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	2016624			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	15198			34
35	OTHER CURRENT LIABILITIES	3193483			35
36	TOTAL CURRENT LIABILITIES	9451108			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	10037783			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	18162376			41
42	TOTAL LONG TERM LIABILITIES	28200159			42
43	TOTAL LIABILITIES	37651267			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	51615688			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	51615688			51
52	TOTAL LIABILITIES AND FUND BALANCES	89266955			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	56332518			1
2 NET INCOME (LOSS)	2477251			2
3 TOTAL	58809769			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	164243			4
5 NET ASSET RELEASED FROM RESTRICTION	38593			5
6 REV AUDIT ENTRY CORRECT PREV YR POS				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	202836			10
11 SUBTOTAL	59012605			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO AFFILIATE	322000			13
14 CUM EFF OF CHNG IN ACCOUNTING PRINC				14
15 MINIMUM PENSION LIABILITY	7074917			15
16				16
17				17
18 TOTAL DEDUCTIONS	7396917			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	51615688			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	8406945		8406945	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	1829450		1829450	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	10236395		10236395	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	2916855		2916855	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	2916855		2916855	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	13153250		13153250	18
18.50 ANCILLARY SERVICES	46611252	83500956	130112208	18.50
18.60 OUTPATIENT SERVICES		2172735	2172735	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		952843	952843	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE		209592	209592	25
26 TOTAL PATIENT REVENUES	59764502	86836126	146600628	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		57390012	26
27 ADD (SPECIFY)			27
28 DEPR. DIFFERENCE			28
29 ROUNDING			29
30 LAP SCH DEP ADJUSTMENT			30
31 LAP SCH DEP ADJUSTMENT	3227		31
32 TOTAL ADDITIONS		3227	32
33 DEDUCT (SPECIFY)			33
34 LAP SCH DEP ADJUSTMENT	-2531		34
35 ROUNDING	-2		35
36 DEPR. DIFFERENCE			36
37 TOTAL DEDUCTIONS	-2533		37
38 TOTAL OPERATING EXPENSES		57390706	38

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	146600628	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	89968153	2
3	NET PATIENT REVENUES	56632475	3
4	LESS - TOTAL OPERATING EXPENSES	57390706	4
5	NET INCOME FROM SERVICE TO PATIENTS	-758231	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	86986	6
7	INCOME FROM INVESTMENTS	434782	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	7101	10
11	REBATES AND REFUNDS OF EXPENSES	-7021	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	147368	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	17973	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	20548	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	37376	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	224537	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	NON OPERATING UNREALIZED GAIN (LOSS)	1760142	24.01
24.02	WK COMP & G/P LIABILITY FUND INCOME	257100	24.02
24.03	OTHER REVENUE	248590	24.03
25	TOTAL OTHER INCOME	3235482	25
26	TOTAL	2477251	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2477251	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7173

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	296057				42669	338726
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	292032					292032
7 PHYSICAL THERAPY	59834					59834
8 OCCUPATIONAL THERAPY	3897					3897
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES	14683					14683
11 HOME HEALTH AIDE	5516					5516
12 SUPPLIES					7193	7193
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	672019				49862	721881

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7173

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	-33258	305468		305468	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		292032		292032	6
7 PHYSICAL THERAPY	-59834				7
8 OCCUPATIONAL THERAPY	-3897				8
9 SPEECH PATHOLOGY					9
10 MEDICAL SOCIAL SERVICES	-14683				10
11 HOME HEALTH AIDE		5516		5516	11
12 SUPPLIES	-7193				12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-118865	603016		603016	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7173

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
1								1
2								2
3								3
4								4
5	305468					305468	305468	5
6	292032					292032	299805	6
7								7
8								8
9								9
10								10
11	5516					5516	5663	11
12								12
13								13
13.20								13.20
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
23.50								23.50
24	603016					603016		24

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09
 11/19/2010 09:06

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-305468	297548	5
6 SKILLED NURSING CARE						292032	6
7 PHYSICAL THERAPY							7
8 OCCUPATIONAL THERAPY							8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						5516	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-305468	297548	24
25 COST TO BE ALLOC (PER W/S H)						305468	25
26 UNIT COST MULTIPLIER						1.026618	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7173

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		279606		279606			1
2 SKILLED NURSING CARE		841926		841926	267275	1109201	2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES		22942		22942	7283	30225	6
7 HOME HEALTH AIDE		15902		15902	5048	20950	7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		1160376		1160376	279606	1160376	20
21 UNIT COST MULTIPLIER					.317456		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ FEET	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP DOLLAR VA OR SQ. FEE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS MAINTENANC HOURS	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	3710		3710		262799		98884	630	1
2 SKILLED NURSING CARE					292032		674189		2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE					5516		12734		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	3710		3710		560347		785807	630	20
21 TOTAL COST TO BE ALLOCATED	227		24548		158016		195507	8836	21
22 UNIT COST MULTIPLIER	.061186		6.616712		.281997		.248798		22
22 UNIT COST MULTIPLIER								14.025397	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7173

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA DIRECT HO OF SERVICE	MAINT OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	3710				116		116	564329	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	3710				116		116	564329	20
21 TOTAL COST TO BE ALLOCATED	66285				5104		73109	2786	21
22 UNIT COST MULTIPLIER	17.866577				44.000000		630.250000		22
22 UNIT COST MULTIPLIER								.004937	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1109201		1109201	3655	303.47	1
2	PHYSICAL THERAPY	3		97745	97745	1199	81.52	2
3	OCCUPATIONAL THERAPY	4		5949	5949	88	67.60	3
4	SPEECH PATHOLOGY	5		2524	2524	27	93.48	4
5	MEDICAL SOCIAL SERV	6	30225		30225	94	321.54	5
6	HOME HEALTH AIDE SERV	7	20950		20950	313	66.93	6
7	TOTAL		1160376	106218	1266594	5376		7
LIMITATION COST COMPUTATION								
PATIENT SERVICES			MSA NO.				PROGRAM COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		9914					8
8.01	SKILLED NURSING CARE		1600					8.01
8.02	SKILLED NURSING CARE		6120					8.02
9	PHYSICAL THERAPY		9914					9
9.01	PHYSICAL THERAPY		1600					9.01
9.02	PHYSICAL THERAPY		6120					9.02
10	OCCUPATIONAL THERAPY		9914					10
10.01	OCCUPATIONAL THERAPY		1600					10.01
10.02	OCCUPATIONAL THERAPY		6120					10.02
11	SPEECH PATHOLOGY		9914					11
11.01	SPEECH PATHOLOGY		1600					11.01
11.02	SPEECH PATHOLOGY		6120					11.02
12	MEDICAL SOCIAL SERV		9914					12
12.01	MEDICAL SOCIAL SERV		1600					12.01
12.02	MEDICAL SOCIAL SERV		6120					12.02
13	HOME HEALTH AIDE SERV		9914					13
13.01	HOME HEALTH AIDE SERV		1600					13.01
13.02	HOME HEALTH AIDE SERV		6120					13.02
14	TOTAL							14

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM WKST H-5, PART I, COL 29, LINE	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
OTHER PATIENT SERVICES			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		6591	6591	22455	.293520	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
17.01	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17.01
17.02	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					6120		17.02
18	PER BENEFICIARY COST LIMITATION					9914		18
18.01	PER BENEFICIARY COST LIMITATION					1600		18.01
18.02	PER BENEFICIARY COST LIMITATION					6120		18.02
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7173

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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

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

COST PER VISIT COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	11
1	SKILLED NURSING CARE	1852	869	562026	263715	825741
2	PHYSICAL THERAPY	747	213	60895	17364	78259
3	OCCUPATIONAL THERAPY	33	26	2231	1758	3989
4	SPEECH PATHOLOGY	4	8	374	748	1122
5	MEDICAL SOCIAL SERV	46	35	14791	11254	26045
6	HOME HEALTH AIDE SERV	169	92	11311	6158	17469
7	TOTAL	2851	1243	651628	300997	952625

LIMITATION COST COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
		PART B		PART B		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	
		6	7	9	10	11
8	SKILLED NURSING CARE					8
8.01	SKILLED NURSING CARE					8.01
8.02	SKILLED NURSING CARE					8.02
9	PHYSICAL THERAPY					9
9.01	PHYSICAL THERAPY					9.01
9.02	PHYSICAL THERAPY					9.02
10	OCCUPATIONAL THERAPY					10
10.01	OCCUPATIONAL THERAPY					10.01
10.02	OCCUPATIONAL THERAPY					10.02
11	SPEECH PATHOLOGY					11
11.01	SPEECH PATHOLOGY					11.01
11.02	SPEECH PATHOLOGY					11.02
12	MEDICAL SOCIAL SERV					12
12.01	MEDICAL SOCIAL SERV					12.01
12.02	MEDICAL SOCIAL SERV					12.02
13	HOME HEALTH AIDE SERV					13
13.01	HOME HEALTH AIDE SERV					13.01
13.02	HOME HEALTH AIDE SERV					13.02
14	TOTAL					14

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7173

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	473717	202254	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	7750	12147	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2148	3360	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	483615	217761	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	483615	217761	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	483615	217761	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	483615	217761	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	483615	217761	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	483615	217761	24
25 TOTAL INTERIM PAYMENTS	483615	217761	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7173

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		483615		217761	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		483615		217761	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0026)	HOSPITAL (14-0026)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	824602				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	54003				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
4.01		0.00			4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	878605				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0026)	HOSPITAL (14-0026)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
52.01 AUDIOLOGY					52.01
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 ONCOLOGY					56.01
59 OTHER ANCILLARY CHEMICAL DEPEN					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OTTAWA CLINIC					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
100 OTHER NONREIMBURSABLE COST					100

PROVIDER NO. 14-0026 ST. MARY'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/19/2010 09:06

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	
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	64.85		9.63				74.48 25
26 INTENSIVE CARE UNIT	61.51		8.33				69.84 26
33 NURSERY			47.19				47.19 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	25.03	14.02					39.05 37
39 DELIVERY ROOM & LABOR ROOM	0.87						0.87 39
40 ANESTHESIOLOGY	20.95	9.66					30.61 40
41 RADIOLOGY-DIAGNOSTIC	14.85	13.06					27.91 41
44 LABORATORY	22.77	1.51					24.28 44
49 RESPIRATORY THERAPY	53.66	1.24					54.90 49
50 PHYSICAL THERAPY	10.69	0.12					10.81 50
51 OCCUPATIONAL THERAPY	6.37						6.37 51
52 SPEECH PATHOLOGY	16.31						16.31 52
52.01 AUDIOLOGY		10.78					10.78 52.01
53 ELECTROCARDIOLOGY	30.54	11.07					41.61 53
54 ELECTROENCEPHALOGRAPHY	0.94	17.84					18.78 54
55 MEDICAL SUPPLIES CHARGED TO PAT	43.81	5.26					49.07 55
55.30 IMPL. DEV. CHARGED TO PATIENT	59.00	3.47					62.47 55.30
56 DRUGS CHARGED TO PATIENTS	43.51	5.10					48.61 56
59.97 CARDIAC REHABILITATION		26.50					26.50 59.97
60 CLINIC	0.50	8.43					8.93 60
60.01 OTTAWA CLINIC		2.24					2.24 60.01
61 EMERGENCY	21.13	6.15					27.28 61
62 OBSERVATION BEDS (NON-DISTINCT	2.62	3.54					6.16 62
101 TOTAL CHARGES	20.97	7.42					28.39 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL	
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----				
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT			
	1	2	3	4	5	6	7		
UTILIZATION PERCENTAGES BASED ON DAYS									
34 SKILLED NURSING FACILITY		92.28					92.28	34	
UTILIZATION PERCENTAGES BASED ON CHARGES									
37 OPERATING ROOM		0.03					0.03	37	
41 RADIOLOGY-DIAGNOSTIC		0.37					0.37	41	
44 LABORATORY		2.63					2.63	44	
49 RESPIRATORY THERAPY		17.98					17.98	49	
50 PHYSICAL THERAPY		21.09					21.09	50	
51 OCCUPATIONAL THERAPY		20.51					20.51	51	
52 SPEECH PATHOLOGY		21.81					21.81	52	
53 ELECTROCARDIOLOGY		1.23					1.23	53	
54 ELECTROENCEPHALOGRAPHY		0.19					0.19	54	
55 MEDICAL SUPPLIES CHARGED TO PAT		5.02					5.02	55	
56 DRUGS CHARGED TO PATIENTS		12.80					12.80	56	
101 TOTAL CHARGES		2.94					2.94	101	

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	17488	.04	-17488	-.07		1
2	OLD CAP REL COSTS-MVBLE EQUIP	896		-896			2
3	NEW CAP REL COSTS-BLDG & FIXT	1890323	3.87	-1890323	-7.79		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2612520	5.35	-2612520	-10.77		4
5	EMPLOYEE BENEFITS	5761762	11.80	-5761762	-23.75		5
6	ADMINISTRATIVE & GENERAL	8063026	16.51	-8063026	-33.23		6
7	MAINTENANCE & REPAIRS	1168030	2.39	-1168030	-4.81		7
8	OPERATION OF PLANT	1157654	2.37	-1157654	-4.77		8
9	LAUNDRY & LINEN SERVICE	239255	.49	-239255	-.99		9
10	HOUSEKEEPING	701505	1.44	-701505	-2.89		10
11	DIETARY	599599	1.23	-599599	-2.47		11
12	CAFETERIA	11761	.02	-11761	-.05		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	688971	1.41	-688971	-2.84		14
15	CENTRAL SERVICES & SUPPLY	170757	.35	-170757	-.70		15
16	PHARMACY	595064	1.22	-595064	-2.45		16
17	MEDICAL RECORDS & LIBRARY	567613	1.16	-567613	-2.34		17
18	SOCIAL SERVICE	14683	.03	-14683	-.06		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	2787497	5.71	4582305	18.89	7369802	15.09
26	INTENSIVE CARE UNIT	911262	1.87	1223324	5.04	2134586	4.37
33	NURSERY	90326	.18	214389	.88	304715	.62
34	SKILLED NURSING FACILITY	1073035	2.20	1840329	7.59	2913364	5.96
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1419770	2.91	2624044	10.82	4043814	8.28
39	DELIVERY ROOM & LABOR ROOM	114966	.24	287399	1.18	402365	.82
40	ANESTHESIOLOGY	214566	.44	234911	.97	449477	.92
41	RADIOLOGY-DIAGNOSTIC	3413895	6.99	3037142	12.52	6451037	13.21
44	LABORATORY	2551554	5.22	1406402	5.80	3957956	8.10
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	530587	1.09	481667	1.99	1012254	2.07
50	PHYSICAL THERAPY	706231	1.45	623990	2.57	1330221	2.72
51	OCCUPATIONAL THERAPY	226319	.46	240065	.99	466384	.95
52	SPEECH PATHOLOGY	50304	.10	48290	.20	98594	.20
52.01	AUDIOLOGY	150529	.31	81004	.33	231533	.47
53	ELECTROCARDIOLOGY	47965	.10	84623	.35	132588	.27
53.01	CARDIAC REHAB						53.01
54	ELECTROENCEPHALOGRAPHY	80039	.16	25834	.11	105873	.22
55	MEDICAL SUPPLIES CHARGED TO PAT	1080225	2.21	406171	1.67	1486396	3.04
55.30	IMPL. DEV. CHARGED TO PATIENT	1595870	3.27	397049	1.64	1992919	4.08
56	DRUGS CHARGED TO PATIENTS	1225644	2.51	1619565	6.68	2845209	5.82

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56.01 ONCOLOGY							56.01
59 OTHER ANCILLARY CHEMICAL DEPEND							59
59.97 CARDIAC REHABILITATION	62784	.13	168355	.69	231139	.47	59.97
60 CLINIC	182619	.37	194979	.80	377598	.77	60
60.01 OTTAWA CLINIC	1162480	2.38	654959	2.70	1817439	3.72	60.01
61 EMERGENCY	991105	2.03	1386357	5.71	2377462	4.87	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	603016	1.23	557360	2.30	1160376	2.38	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	25633	.05	17177	.07	42810	.09	96
98 PHYSICIANS' PRIVATE OFFICES	3013452	6.17	1600706	6.60	4614158	9.45	98
100 OTHER NONREIMBURSABLE COST	273186	.56	222511	.92	495697	1.01	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	48845766	100.00	0	.00	48845766	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	778945	17397762	.044773	4354366	194958	37
39 DELIVERY ROOM & LABOR ROOM	93536	315799	.296188	2740	812	39
40 ANESTHESIOLOGY	127245	2708909	.046973	567649	26665	40
41 RADIOLOGY-DIAGNOSTIC	1112678	35855153	.031032	5322741	165175	41
44 LABORATORY	258269	18699925	.013812	4257140	58799	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	56151	2151373	.026100	1154526	30134	49
50 PHYSICAL THERAPY	90902	3018705	.030112	322550	9712	50
51 OCCUPATIONAL THERAPY	51602	1276237	.040433	81255	3286	51
52 SPEECH PATHOLOGY	9077	195140	.046516	31830	1480	52
52.01 AUDIOLOGY	15337	250307	.061273			52.01
53 ELECTROCARDIOLOGY	36927	1380104	.026757	421433	11276	53
53.01 CARDIAC REHAB						53.01
54 ELECTROENCEPHALOGRAPHY	3636	321797	.011299	3030	34	54
55 MEDICAL SUPPLIES CHARGED TO PAT	75325	5062150	.014881	2217505	32998	55
55.30 IMPL. DEV. CHARGED TO PATIENT	46339	2505806	.018492	1478494	27341	55.30
56 DRUGS CHARGED TO PATIENTS	289103	12919563	.022377	5620935	125780	56
56.01 ONCOLOGY						56.01
59 OTHER ANCILLARY CHEMICAL DEPEND						59
59.97 CARDIAC REHABILITATION	51710	282721	.182902			59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	27084	1682865	.016094	8455	136	60
60.01 OTTAWA CLINIC	125981	1868700	.067417			60.01
61 EMERGENCY	185903	8473932	.021938	1790607	39282	61
62 OBSERVATION BEDS (NON-DISTINCT	55785	2203947	.025311	57673	1460	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	3491535	118570895		27692929	729328	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	659173		659173	10493	62.82	6805	427490 25
26	INTENSIVE CARE UNIT	217471		217471	1416	153.59	871	133777 26
101	TOTAL	876644		876644			7676	561267 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							561267	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							729328	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1290595	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							1745	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							7676	
PER DISCHARGE CAPITAL COSTS							739.60	
PER DIEM CAPITAL COSTS							168.13	

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)	12164734
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	35438880
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.343

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)	1290595
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.036

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	4386472
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	19590004
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.224