

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. ANTHONY'S MEMORIAL HOSPITAL (14-0032) (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	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	896666	20878		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	896666	20878		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: 503 N MAPLE P.O. BOX: 1
 1.01 CITY: EFFINGHAM STATE: IL ZIP CODE: 62401- COUNTY: EFFINGHAM 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2 HOSPITAL	ST. ANTHONY'S MEMORIAL HOSPITAL	14-0032	07/01/1966	N	P	O	2
3 SUBPROVIDER I							3
4 SWING BEDS - SNF							4
5 SWING BEDS - NF							5
6 HOSPITAL-BASED SNF	ST. ANTHONY'S MEMORIAL HOSPITAL SN 14-5940		06/27/1997	N	P	N	6
7 HOSPITAL-BASED NF							7
8 HOSPITAL-BASED OLTC							8
9 HOSPITAL-BASED HHA	ST. ANTHONY'S MEMORIAL HOSPITAL HH 14-7661		02/17/1997	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
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N N 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. NO 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. YES 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? YES 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		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	28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	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 (EXLUDED 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:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 4936 LAVERNA ROAD			P.O. BOX:	40.02
40.03	CITY: SPRINGFIELD, IL 62707			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 268391 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. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		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		3609	794	6670	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		3609	794	6670	12
13	RPCH VISITS					13
14	SUBPROVIDER I		369		413	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							1
1	TOTAL SALARIES	31436441		31436441	1442489.00	21.79		2
2	NON-PHYSICIAN ANESTHETIST PART A							3
3	NON-PHYSICIAN ANESTHETIST PART B							4
4	PHYSICIAN - PART A							4.01
4.01	TEACHING PHYSICIAN SALARIES							5
5	PHYSICIAN - PART B							5.01
5.01	NON-PHYSICIAN - PART B							6
6	INTERNS & RESIDENTS (IN APPR PGM)							6.01
6.01	CONTRACT SERVICES, I&R							7
7	HOME OFFICE PERSONNEL							8
8	SNF	734596		734596	36044.00	20.38		8.01
8.01	EXCLUDED AREA SALARIES	855356		855356	34138.52	25.06		9
	OTHER WAGES & RELATED COSTS							9.01
9	CONTRACT LABOR		59153	59153	1360.00	43.49		9.02
9.01	PHARMACY SERVICES UNDER CONTRACT							9.03
9.02	LABORATORY SERVICES UNDER CONTRACT							10
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							10.01
10	CONTRACT LABOR: PHYSICIAN PART A							11
10.01	TEACHING PHYSICIAN UNDER CONTRACT							12
11	HOME OFFICE SALARIES & WAGE REL COSTS	1546498		1546498	18817.00	82.19		12.01
12	HOME OFFICE: PHYSICIAN PART A							13
12.01	TEACHING PHYSICIAN SALARIES							14
	WAGE-RELATED COSTS							15
13	WAGE RELATED COSTS (CORE)	12923676		12923676			CMS 339	16
14	WAGE RELATED COSTS (OTHER)						CMS 339	17
15	EXCLUDED AREAS	343313		343313			CMS 339	18
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	18.01
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	19
18	PHYSICIAN PART A						CMS 339	19.01
18.01	PART A TEACHING PHYSICIANS						CMS 339	20
19	PHYSICIAN PART B						CMS 339	21
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	22
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	22.01
	OVERHEAD COSTS - DIRECT SALARIES							23
21	EMPLOYEE BENEFITS	148215	193723	341938	13799.00	24.78		24
22	ADMINISTRATIVE & GENERAL	3822860	-193723	3629137	177698.00	20.42		25
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	343610		343610	2629.00	130.70		26
23	MAINTENANCE & REPAIRS	569504		569504	26738.00	21.30		27
24	OPERATION OF PLANT	148416		148416	10220.00	14.52		28
25	LAUNDRY & LINEN SERVICE	136872		136872	12754.00	10.73		29
26	HOUSEKEEPING	705003		705003	65227.00	10.81		30
26.01	HOUSEKEEPING UNDER CONTRACT							31
27	DIETARY	613847	-181011	432836	30220.42	14.32		32
27.01	DIETARY UNDER CONTRACT							33
28	CAFETERIA	58986	181011	239997	17642.00	13.60		34
29	MAINTENANCE OF PERSONNEL							35
30	NURSING ADMINISTRATION	644976		644976	18086.00	35.66		
31	CENTRAL SERVICES AND SUPPLY							
32	PHARMACY	1170287		1170287	31854.00	36.74		
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1781792		1781792	79563.00	22.39		
34	SOCIAL SERVICE							
35	OTHER GENERAL SERVICE							

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	2	3	4	5	
1	NET SALARIES	31780051		31780051	1445118.00	21.99	1
2	EXCLUDED AREA SALARIES	1589952		1589952	70182.52	22.65	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	30190099		30190099	1374935.48	21.96	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1546498	59153	1605651	20177.00	79.58	4
5	SUBTOTAL WAGE-RELATED COSTS	12923676		12923676		42.81%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	44660273	59153	44719426	1395112.48	32.05	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	10144368		10144368	486430.42	20.85	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7661

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1073	49	97	1219	1
2 UNDUPLICATED CENSUS COUNT		368.00	38.00	104.00	496.00	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)				4
5 OTHER ADMINISTRATIVE PERSONNEL	2.51		2.51	5
6 DIRECT NURSING SERVICE	9.55		9.55	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	1.52		1.52	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.09		.09	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.02		.02	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.23		.23	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.46		1.46	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	1	1.01	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)		0014		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7661

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	3133	449	102	136		3820	21
22	SKILLED NURSING VISIT CHARGES	393859	56496	12840	17076		480271	22
23	PHYSICAL THERAPY VISITS	871	1	17	14		903	23
24	PHYSICAL THERAPY VISIT CHARGES	127736	147	2492	2058		132433	24
25	OCCUPATIONAL THERAPY VISITS	303		1	15		319	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	44513		147	2205		46865	26
27	SPEECH PATHOLOGY VISITS	16			1		17	27
28	SPEECH PATHOLOGY VISIT CHARGES	2352			147		2499	28
29	MEDICAL SOCIAL SERVICE VISITS	27	1	2			30	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	4961	184	368			5513	30
31	HOME HEALTH AIDE VISITS	357	6	3	16		382	31
32	HOME HEALTH AIDE VISIT CHARGES	26227	441	220	1176		28064	32
33	TOTAL VISITS	4707	457	125	182		5471	33
34	OTHER CHARGES	15890	2489	1194	614		20187	34
35	TOTAL CHARGES	615538	59757	17261	23276		715832	35
36	TOTAL NUMBER OF EPISODES	369		43	14		426	36
37	TOTAL NUMBER OF OUTLIER EPISODES		9		1		10	37
38	TOTAL MEDICAL SUPPLY CHARGES							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		9						6.02
7	RHC		178						7
8	RHB		273						8
9	RHA		93						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		21						10
11	RMB		79						11
12	RMA		19						12
12.01	RMX		158						12.01
12.02	RML		1803						12.02
13	RLB								13
14	RLA								14
15	SE3		16						15
16	SE2		83						16
17	SE1		4						17
18	SSC								18
19	SSB								19
20	SSA		69						20
21	CC2								21
22	CC1		2						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		1						44
45	AAA								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		2808						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	0.368498
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	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2443913	2443913	451525	2895438	-379814	2515624	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4226764	4226764	50411	4277175	-53177	4223998	4
5	0500 EMPLOYEE BENEFITS	148215	13314046	13462261	213310	13675571	-7289	13668282	5
6	0600 ADMINISTRATIVE & GENERAL	3822860	9340858	13163718	-285021	12878697	-985265	11893432	6
7	0700 MAINTENANCE & REPAIRS	569504	319269	888773		888773	-14400	874373	7
8	0800 OPERATION OF PLANT	148416	1443633	1592049		1592049	-1896	1590153	8
9	0900 LAUNDRY & LINEN SERVICE	136872	81121	217993		217993		217993	9
10	1000 HOUSEKEEPING	705003	120646	825649		825649	-93	825556	10
11	1100 DIETARY	613847	272465	886312	-207691	678621	-79385	599236	11
12	1200 CAFETERIA	58986	114623	173609	207691	381300	-208860	172440	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	644976	11265	656241		656241		656241	14
15	1500 CENTRAL SERVICES & SUPPLY		1444453	1444453	-1441612	2841		2841	15
16	1600 PHARMACY	1170287	2751324	3921611	-2661547	1260064	-3200	1256864	16
17	1700 MEDICAL RECORDS & LIBRARY	1781792	499382	2281174		2281174	-73998	2207176	17
18	1800 SOCIAL SERVICE		3017	3017		3017		3017	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	6813759	229047	7042806		7042806	-1828	7040978	25
26	2600 INTENSIVE CARE UNIT	1453127	60294	1513421		1513421		1513421	26
31	3100 SUBPROVIDER I								31
33	3300 NURSERY	39	21151	21190		21190		21190	33
34	3400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	734596	28940	763536		763536		763536	34
37	3700 OPERATING ROOM	3445372	1245097	15895969		15895969	-569792	15326177	37
39	3900 DELIVERY ROOM & LABOR ROOM	160385	117206	277591		277591		277591	39
40	4000 ANESTHESIOLOGY		1350053	1350053		1350053	-1233710	116343	40
41	4100 RADIOLOGY-DIAGNOSTIC	1521694	953444	2475138		2475138	-3220	2471918	41
41.01	3630 ULTRASOUND	157523	66351	223874		223874		223874	41.01
41.02	3450 NUCLEAR MEDICINE-DIAGNOSTIC	252141	521971	774112		774112	-45	774067	41.02
41.03	3230 CAT SCAN	212285	450863	663148		663148		663148	41.03
41.04	3480 RADIATION ONC								41.04
41.05	3430 MAGNETIC RESONANCE IMAGING (MRI)	202104	1227982	1430086		1430086		1430086	41.05
41.06	4101 PET SCAN		206026	206026		206026	-26109	179917	41.06
44	4400 LABORATORY	1160707	2164929	3325636		3325636	-27141	3298495	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1150835	114076	1264911		1264911	-22615	1242296	49
50	5000 PHYSICAL THERAPY	756835	32311	789146		789146	-810	788336	50
51	5100 OCCUPATIONAL THERAPY	150541	28750	179291		179291		179291	51
53	5300 ELECTROCARDIOLOGY	449575	359847	809422		809422	-183874	625548	53
53.01	3120 CARD CATH	251677	127954	379631		379631		379631	53.01
54	5400 ELECTROENCEPHALOGRAPHY	139692	154586	294278		294278	-128515	165763	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				1441612	1441612	-28311	1413301	55
56	5600 DRUGS CHARGED TO PATIENTS				2661547	2661547	-124154	2537393	56
57	5700 RENAL DIALYSIS		34326	34326		34326		34326	57
59	3050 BACTERIOLOGY & MICROBIOLOGY								59
59.01	3650 VASCULAR LAB	173116	111025	284141		284141	-41053	243088	59.01
59.02	3651 CARDIAC REHAB	57616	1899	59515		59515		59515	59.02
59.03	3950 WOUND CARE	69344	248470	317814		317814	-23393	294421	59.03
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	1467364	819202	2286566		2286566	-700202	1586364	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	816606	150193	966799		966799	-1222	965577	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
88	8800 INTEREST EXPENSE		430225	430225	-430225				88
95	SUBTOTALS	31397691	58848497	90246188		90246188	-4923371	85322817	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		38201	38201		38201		38201	96
98	9800 PHYSICIANS' PRIVATE OFFICES		9289	9289		9289		9289	98

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
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
11/24/2010 09:50

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
100	7950	PHILANTHROPY DEVELOPMENT	38750	68427	107177	107177		107177 100
100.01	7951	VENDING						100.01
100.02	7952	MEALS ON WHEELS						100.02
101		TOTAL	31436441	58964414	90400855	90400855	-4923371	85477484 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 PERSONNELCOSTS	A	EMPLOYEE BENEFITS	5	193723	19587	1
2 CAFETERIA COSTS	B	CAFETERIA	12	181011	26680	2
3 PHARMACY DRUGS	C	DRUGS CHARGED TO PATIENTS	56		2661547	3
4 CENTRAL SUPPLY	D	MEDICAL SUPPLIES CHARGED TO P	55		1441612	4
5 BUSINESS PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		71711	5
6 INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		379814	6
7 INTEREST EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		50411	7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				374734	4651362	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 PERSONNELCOSTS	A	ADMINISTRATIVE & GENERAL	6	193723	19587	1
2 CAFETERIA COSTS	B	DIETARY	11	181011	26680	2
3 PHARMACY DRUGS	C	PHARMACY	16		2661547	3
4 CENTRAL SUPPLY	D	CENTRAL SERVICES & SUPPLY	15		1441612	4
5 BUSINESS PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL	6		71711	9 5
6 INTEREST EXPENSE	F					9 6
7 INTEREST EXPENSE	F	INTEREST EXPENSE	88		430225	9 7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				374734	4651362	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	713037	334494		334494		1047531		1
2 LAND IMPROVEMENTS	1649822	204310		204310		1854132	1407801	2
3 BUILDINGS AND FIXTURES	51775168	4858846		4858846		56634014	19389498	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	14225583	-2078		-2078		14223505	12674312	5
6 MOVABLE EQUIPMENT	53029505	1627785		1627785	143585	54513705	41367859	6
7 SUBTOTAL	121393115	7023357		7023357	143585	128272887	74839470	7
8 RECONCILING ITEMS								8
9 TOTAL	121393115	7023357		7023357	143585	128272887	74839470	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2895438		-379814				2515624	3
4 NEW CAP REL COSTS-MVBLE EQUIP	3436225	838184	-50411				4223998	4
5 TOTAL	6331663	838184	-430225				6739622	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	2443913						2443913	3
4 NEW CAP REL COSTS-MVBLE EQUIP	3388580	838184					4226764	4
5 TOTAL	5832493	838184					6670677	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-379814	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-13689	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)	A	-2766	NEW CAP REL COSTS-MVBLE EQUIP	4	9 9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2905717			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-429933			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-208860	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	-66998	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A		NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A		NEW CAP REL COSTS-MVBLE EQUIP	4	9 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 TELEPHONE EMPLOYEE BENEFITS	A	-1894	EMPLOYEE BENEFITS	5	37
38 TELEPHONE A&G SALARIES	A	-4476	ADMINISTRATIVE & GENERAL	6	38
39 TELEPHONE A&G EXPENSES	A	-5555	ADMINISTRATIVE & GENERAL	6	39
40 TELEVISION EMPLOYEE BENEFITS	A	-876	EMPLOYEE BENEFITS	5	40
41 TELEVISION MAINTENANCE SALARIES	A	-2070	MAINTENANCE & REPAIRS	7	41
42 TELEVISION MAINTENANCE CABLE	A	-12330	MAINTENANCE & REPAIRS	7	42
43 TELEVISION PLANT ELECTRIC	A	-720	OPERATION OF PLANT	8	43
44 RECYCLING	B	-724	OPERATION OF PLANT	8	44
45 BOND INDENTURE FEES	A	-23805	ADMINISTRATIVE & GENERAL	6	45
46 NON-OPERATING BUILDINGS	A	-18034	ADMINISTRATIVE & GENERAL	6	46
47 PHYSICIAN EXPENSE	A	-38157	ADMINISTRATIVE & GENERAL	6	47
48 COMMUNITY RELATION ADVERTISING	A	-307131	ADMINISTRATIVE & GENERAL	6	48
49 HOUSEKEEPING	B	-93	HOUSEKEEPING	10	49
49.02 INTEREST NEW EQUIP	A	-50411	NEW CAP REL COSTS-MVBLE EQUIP	4	11 49.02
49.03 NURSERY PHOTOS	B	-1828	ADULTS & PEDIATRICS	25	49.03
49.04 LOBBYING EXPENSE	A	-24722	ADMINISTRATIVE & GENERAL	6	49.04
49.05 COUNTRY CLUB DUES	A	-2240	ADMINISTRATIVE & GENERAL	6	49.05
49.06 NAME BADGES	B	-72	EMPLOYEE BENEFITS	5	49.06
49.07 PHYSICIAN APPLICATIONS	B	-1200	ADMINISTRATIVE & GENERAL	6	49.07
49.08 GUEST MEALS	B	-609	DIETARY	11	49.08
49.09 DIETARY SUPPLIES	B	-47892	DIETARY	11	49.09
49.10 PHYSICIAN RECRUITMENT	A	-76582	ADMINISTRATIVE & GENERAL	6	49.10
49.12 REBATES	B	-11328	DIETARY	11	49.12
49.13 REBATES	B	-124154	DRUGS CHARGED TO PATIENTS	56	49.13
49.14 REBATES	B	-4174	MEDICAL SUPPLIES CHARGED TO PAT	55	49.14
49.15 REBATES	B	-1641	LABORATORY	44	49.15
49.17 REBATES	B	-24137	MEDICAL SUPPLIES CHARGED TO PAT	55	49.17
49.18 REBATES	B	-10462	OPERATING ROOM	37	49.18
49.19 REBATES	B	-452	OPERATION OF PLANT	8	49.19
49.20 REBATES	B	-3220	RADIOLOGY-DIAGNOSTIC	41	49.20

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.22 ALCOHOLIC BEVERAGES	A	-3651	ADMINISTRATIVE & GENERAL	6	49.22
49.24 LIFELINE-HOME CARE	B	-1222	HOME HEALTH AGENCY	71	49.24
49.26 IN-SERVICE	B	-822	ADMINISTRATIVE & GENERAL	6	49.26
49.27 EEG'S RICHLAND MEMORIAL	B	-1365	ELECTROENCEPHALOGRAPHY	54	49.27
49.28 MISC INCOME - SPIRIT COMMITTEE	B	-13089	EMPLOYEE BENEFITS	5	49.28
49.30 IN-SERVICE	B	-810	PHYSICAL THERAPY	50	49.30
49.40 MISC INC	B	-500	LABORATORY	44	49.40
49.42 MISC INC-PATIENT ACCTS	B	-216	ADMINISTRATIVE & GENERAL	6	49.42
49.43 DRUGS NON PATIENT	B	-3200	PHARMACY	16	49.43
49.45 STUDENT FEES	B	-45	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	49.45
49.47 PHYSICIAN DUES	B	-13000	ADMINISTRATIVE & GENERAL	6	49.47
49.48 DIABETES INSTRUCTION	B	-19556	DIETARY	11	49.48
49.49 OKLAHOMA STUDY	B	-7000	MEDICAL RECORDS & LIBRARY	17	49.49
49.50 HOUSEKEEPING 900 W TEMPLE	B	-13410	ADMINISTRATIVE & GENERAL	6	49.50
49.51 ALLIANCE IMAGING SALARIES	B	-26109	PET SCAN	41.06	49.51
49.52 SUPPORT PMT NURSE CHAMPION	B	-10610	EMERGENCY	61	49.52
50 TOTAL		-4923371			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	MANAGEMENT FEES	1358955	3909996	-2551041	1
2	6	ADMINISTRATIVE & GENERAL	CCC (FAMIS) FEE	2112466		2112466	2
3	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	10461809	10453167	8642	3
4							4
5		TOTALS		13933230	14363163	-429933	5

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

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	61	EMERGENCY	EMERGENCY	689592	689592				
2	40	ANESTHESIOLOGY	ANESTHESIA	1233710	1233710				
3	53	ELECTROCARDIOLOGY	CARDIOLOGY	183874	183874				
4	49	RESPIRATORY THERAPY	RESPIRATORY CARE	22615	22615				
5	59.01	VASCULAR LAB	VASCULAR LAB	41053	41053				
6	44	LABORATORY	LABORATORY	25000	25000				
7	59.03	WOUND CARE	WOUND CARE	23393	23393				
8	41	RADIOLOGY-DIAGNOSTIC	WOMENS WELLNESS						
9	54	ELECTROENCEPHALOGRAPHY	NEUROLOGY	127150	127150				
10	53	ELECTROCARDIOLOGY	PRAIRIE CARDIOVASCU						
11	37	OPERATING ROOM	HSMS MEDICAL GROUP	559330	559330				
101		TOTAL		2905717	2905717				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS	OF PLANT
	0	3	4	5	5A	6	7	8
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	2515624	2515624						3
4 NEW CAP REL COSTS-MVBLE EQUIP	4223998		4223998					4
5 EMPLOYEE BENEFITS	13668282	6403		13674685				5
6 ADMINISTRATIVE & GENERAL	11893432	738709	640775	1594086	14867002	14867002		6
7 MAINTENANCE & REPAIRS	874373	36114	15564	249551	1175602	247523	1423125	7
8 OPERATION OF PLANT	1590153	409967	1414901	65272	3480293	732776	727756	4940825
9 LAUNDRY & LINEN SERVICE	217993	25851	3417	60195	307456	64735	43798	96437
10 HOUSEKEEPING	825556	27879	5427	310053	1168915	246115	12675	104004
11 DIETARY	599236	36801	12702	190357	839096	176672	32629	137288
12 CAFETERIA	172440	13183	3513	105548	294684	62046		49180
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	656241	13036	4245	283653	957175	201533	3137	48631
15 CENTRAL SERVICES & SUPPLY	2841	40441			43282	9113		150865
16 PHARMACY	1256864	13845	203696	514679	1989084	418802	8785	51651
17 MEDICAL RECORDS & LIBRARY	2207176	43990	12539	783613	3047318	641613	7153	164105
18 SOCIAL SERVICE	3017				3017	635		
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A								
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	7040978	331359	124698	3058045	10555080	2222372	126876	1236143
26 INTENSIVE CARE UNIT	1513421	35010	52419	639069	2239919	471615	51955	130607
31 SUBPROVIDER I								
33 NURSERY	21190	6518	3135	17	30860	6498	4518	24315
34 SKILLED NURSING FACILITY	763536	48856	2283	323067	1137742	239552	22338	182258
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15326177	244762	465960	1453820	17490719	3682636	154862	913090
39 DELIVERY ROOM & LABOR ROOM	277591	38257	317	70536	386701	81420	37649	142719
40 ANESTHESIOLOGY	116343	1202	79136		196681	41411	6651	4485
41 RADIOLOGY-DIAGNOSTIC	2471918	91832	496585	669224	3729559	785259	37272	342580
41.01 ULTRASOUND	223874	3517	1937	69277	298605	62871	376	13119
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	774067	6698	75588	110889	967242	203653	2510	24986
41.03 CAT SCAN	663148	5079	111760	93361	873348	183883	125	18946
41.04 RADIATION ONC								
41.05 MAGNETIC RESONANCE IMAGING (MRI)	1430086	2633		88883	1521602	320373		9824
41.06 PET SCAN	179917	1636			181553	38226	2635	6102
44 LABORATORY	3298495	47711	64892	510466	3921564	825685	25099	177987
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	1242296	6264	29568	506125	1784253	375674	26856	23370
50 PHYSICAL THERAPY	788336	29466	26000	332848	1176650	247744	20330	109922
51 OCCUPATIONAL THERAPY	179291	5782		66206	251279	52907	125	21570
53 ELECTROCARDIOLOGY	625548	59528	296308	200247	1181631	248792	8032	222072
53.01 CARD CATH	379631	15146		110685	505462	106425	2384	56502
54 ELECTROENCEPHALOGRAPHY	165763	5586		61435	232784	49013		20837
55 MEDICAL SUPPLIES CHARGED TO PAT	1413301				1413301	297571		
56 DRUGS CHARGED TO PATIENTS	2537393				2537393	534248		
57 RENAL DIALYSIS	34326				34326	7227		
59 BACTERIOLOGY & MICROBIOLOGY								
59.01 VASCULAR LAB	243088	3116	14710	76135	337049	70966	10793	11624
59.02 CARDIAC REHAB	59515	3786	10067	25339	98707	20783	3263	14125
59.03 WOUND CARE	294421	3410		30497	328328	69129	753	12722
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1586364	75181	29269	645331	2336145	491875	33633	280465
62 OBSERVATION BEDS (NON-DISTINCT								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERAPY								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY	965577	10942	14774	359134	1350427	284332	7530	40820
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
95 SUBTOTALS	85322817	2489496	4216185	13657643	85271834	14823703	1422498	4843351
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	38201	4522	643		43366	9131		16871
98 PHYSICIANS' PRIVATE OFFICES	9289	18564	7170		35023	7374	627	69254
100 PHILANTHROPY DEVELOPMENT	107177	1734		17042	125953	26519		6468

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT		5A	GENERAL	REPAIRS	8	
	0	3	4	5		6	7		
100.01VENDING		1308			1308	275		4881	100.01
100.02MEALS ON WHEELS									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	85477484	2515624	4223998	13674685	85477484	14867002	1423125	4940825	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 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	512426								9
10 HOUSEKEEPING	18739	1550448							10
11 DIETARY	3058	45569	1234312						11
12 CAFETERIA		16324		422234					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		16142		7012	1233630				14
15 CENTRAL SERVICES & SUPPLY		50076				253336			15
16 PHARMACY		17145		12330		124	2497921		16
17 MEDICAL RECORDS & LIBRARY		54470		30819				3945478	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	242180	410301	968428	127464	611430	2381	8845	3190313	25
26 INTENSIVE CARE UNIT	23026	43351	82789	23108	110873	475	1838	292360	26
31 SUBPROVIDER I									31
33 NURSERY		8071				324			33
34 SKILLED NURSING FACILITY	20606	60496	140543	13958	66981	193	664	462805	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	117629	303073		56375	270479	195340	1621		37
39 DELIVERY ROOM & LABOR ROOM		47372				1987			39
40 ANESTHESIOLOGY		1486				458	51483		40
41 RADIOLOGY-DIAGNOSTIC	15780	113706		26786		2263	1932		41
41.01 ULTRASOUND	1262	4355		2138		239			41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	2242	8294		3357		53	8023		41.02
41.03 CAT SCAN	4699	6289		3235		283	42		41.03
41.04 RADIATION ONC									41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI	6023	3261		3113		120			41.05
41.06 PET SCAN		2025							41.06
44 LABORATORY	152	59078		21380		16185	33		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	6809	7757		22488		1551	136		49
50 PHYSICAL THERAPY	2469	36485		10535		391	31		50
51 OCCUPATIONAL THERAPY	610	7159		1750		458			51
53 ELECTROCARDIOLOGY	2445	73711		13703		704			53
53.01 CARD CATH		18754				660	137		53.01
54 ELECTROENCEPHALOGRAPHY	51	6917		2138		333			54
55 MEDICAL SUPPLIES CHARGED TO PAT						25747	91		55
56 DRUGS CHARGED TO PATIENTS							2420596		56
57 RENAL DIALYSIS						3			57
59 BACTERIOLOGY & MICROBIOLOGY									59
59.01 VASCULAR LAB	259	3859		2415		14			59.01
59.02 CARDIAC REHAB	454	4689		753		18			59.02
59.03 WOUND CARE		4219		1130		1135			59.03
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	43933	93098		23707	113710	1436	2377		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		13549		12540	60157	447	72		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	512426	1541081	1191760	422234	1233630	253322	2497921	3945478	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5600							96
98 PHYSICIANS' PRIVATE OFFICES						14			98
100 PHILANTHROPY DEVELOPMENT		2147							100

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
100.01VENDING		1620						100.01
100.02MEALS ON WHEELS			42552					100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	512426	1550448	1234312	422234	1233630	253336	2497921	3945478 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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	3652				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	2953	19704766		19704766	25
26 INTENSIVE CARE UNIT	271	3472187		3472187	26
31 SUBPROVIDER I					31
33 NURSERY		74586		74586	33
34 SKILLED NURSING FACILITY	428	2348564		2348564	34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		23185824		23185824	37
39 DELIVERY ROOM & LABOR ROOM		697848		697848	39
40 ANESTHESIOLOGY		302655		302655	40
41 RADIOLOGY-DIAGNOSTIC		5055137		5055137	41
41.01 ULTRASOUND		382965		382965	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		1220360		1220360	41.02
41.03 CAT SCAN		1090850		1090850	41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI		1864316		1864316	41.05
41.06 PET SCAN		230541		230541	41.06
44 LABORATORY		5047163		5047163	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		2248894		2248894	49
50 PHYSICAL THERAPY		1604557		1604557	50
51 OCCUPATIONAL THERAPY		335858		335858	51
53 ELECTROCARDIOLOGY		1751090		1751090	53
53.01 CARD CATH		690324		690324	53.01
54 ELECTROENCEPHALOGRAPHY		312073		312073	54
55 MEDICAL SUPPLIES CHARGED TO PAT		1736710		1736710	55
56 DRUGS CHARGED TO PATIENTS		5492237		5492237	56
57 RENAL DIALYSIS		41556		41556	57
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB		436979		436979	59.01
59.02 CARDIAC REHAB		142792		142792	59.02
59.03 WOUND CARE		417416		417416	59.03
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY		3420379		3420379	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		1769874		1769874	71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS	3652	85078501		85078501	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		74968		74968	96
98 PHYSICIANS' PRIVATE OFFICES		112292		112292	98
100 PHILANTHROPY DEVELOPMENT		161087		161087	100

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PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	18	25	26	27	
100.01VENDING		8084		8084	100.01
100.02MEALS ON WHEELS		42552		42552	100.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	3652	85477484		85477484	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
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		6403		6403	6403				5
6 ADMINISTRATIVE & GENERAL	738709		640775	1379484	747	1380231			6
7 MAINTENANCE & REPAIRS	36114		15564	51678	117	22979	74774		7
8 OPERATION OF PLANT	409967		1414901	1824868	31	68029	38238	1931166	8
9 LAUNDRY & LINEN SERVICE	25851		3417	29268	28	6010	2301	37693	9
10 HOUSEKEEPING	27879		5427	33306	145	22849	666	40651	10
11 DIETARY	36801		12702	49503	89	16402	1714	53660	11
12 CAFETERIA	13183		3513	16696	49	5760		19222	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	13036		4245	17281	133	18710	165	19008	14
15 CENTRAL SERVICES & SUPPLY	40441			40441		846		58967	15
16 PHARMACY	13845		203696	217541	241	38881	462	20188	16
17 MEDICAL RECORDS & LIBRARY	43990		12539	56529	367	59566	376	64142	17
18 SOCIAL SERVICE						59			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		331359	124698	456057	1431	206320	6666	483158	25
26 INTENSIVE CARE UNIT		35010	52419	87429	299	43784	2730	51049	26
31 SUBPROVIDER I									31
33 NURSERY		6518	3135	9653		603	237	9504	33
34 SKILLED NURSING FACILITY		48856	2283	51139	151	22239	1174	71237	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		244762	465960	710722	681	341897	8137	356889	37
39 DELIVERY ROOM & LABOR ROOM		38257	317	38574	33	7559	1978	55783	39
40 ANESTHESIOLOGY		1202	79136	80338		3845	349	1753	40
41 RADIOLOGY-DIAGNOSTIC		91832	496585	588417	313	72902	1958	133901	41
41.01 ULTRASOUND		3517	1937	5454	32	5837	20	5128	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		6698	75588	82286	52	18907	132	9766	41.02
41.03 CAT SCAN		5079	111760	116839	44	17071	7	7405	41.03
41.04 RADIATION ONC									41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI		2633		2633	42	29743		3840	41.05
41.06 PET SCAN		1636		1636		3549	138	2385	41.06
44 LABORATORY		47711	64892	112603	239	76655	1319	69568	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		6264	29568	35832	237	34877	1411	9134	49
50 PHYSICAL THERAPY		29466	26000	55466	156	23000	1068	42964	50
51 OCCUPATIONAL THERAPY		5782		5782	31	4912	7	8431	51
53 ELECTROCARDIOLOGY		59528	296308	355836	94	23097	422	86799	53
53.01 CARD CATH		15146		15146	52	9880	125	22084	53.01
54 ELECTROENCEPHALOGRAPHY		5586		5586	29	4550		8144	54
55 MEDICAL SUPPLIES CHARGED TO PAT						27626			55
56 DRUGS CHARGED TO PATIENTS						49598			56
57 RENAL DIALYSIS						671			57
59 BACTERIOLOGY & MICROBIOLOGY									59
59.01 VASCULAR LAB		3116	14710	17826	36	6588	567	4543	59.01
59.02 CARDIAC REHAB		3786	10067	13853	12	1929	171	5521	59.02
59.03 WOUND CARE		3410		3410	14	6418	40	4973	59.03
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		75181	29269	104450	302	45665	1767	109622	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		10942	14774	25716	168	26397	396	15955	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS		2489496	4216185	6705681	6395	1376210	74741	1893067	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4522	643	5165		848		6594	96
98 PHYSICIANS' PRIVATE OFFICES		18564	7170	25734		685	33	27069	98
100 PHILANTHROPY DEVELOPMENT		1734		1734	8	2462		2528	100

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 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION	
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL	REPAIRS		
	0	3	4	4A	5	6	7	8	
100.01VENDING		1308		1308		26		1908	100.01
100.02MEALS ON WHEELS									100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		2515624	4223998	6739622	6403	1380231	74774	1931166	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	SERVICES & SUPPLY 15	16	RECORDS & LIBRARY 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	75300								9
10 HOUSEKEEPING	2754	100371							10
11 DIETARY	449	2950	124767						11
12 CAFETERIA		1057		42784					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		1045		711	57053				14
15 CENTRAL SERVICES & SUPPLY		3242				103496			15
16 PHARMACY		1110		1249		51	279723		16
17 MEDICAL RECORDS & LIBRARY		3526		3123				187629	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	35589	26560	97892	12916	28277	973	990	151717	25
26 INTENSIVE CARE UNIT	3384	2806	8368	2342	5128	194	206	13903	26
31 SUBPROVIDER I									31
33 NURSERY		523				132			33
34 SKILLED NURSING FACILITY	3028	3916	14206	1414	3098	79	74	22009	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	17285	19620		5712	12509	79800	181		37
39 DELIVERY ROOM & LABOR ROOM		3067				812			39
40 ANESTHESIOLOGY		96				187	5765		40
41 RADIOLOGY-DIAGNOSTIC	2319	7361		2714		925	216		41
41.01 ULTRASOUND	185	282		217		97			41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	329	537		340		22	898		41.02
41.03 CAT SCAN	690	407		328		116	5		41.03
41.04 RADIATION ONC									41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI	885	211		315		49			41.05
41.06 PET SCAN		131							41.06
44 LABORATORY	22	3825		2166		6612	4		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1001	502		2279		634	15		49
50 PHYSICAL THERAPY	363	2362		1067		160	3		50
51 OCCUPATIONAL THERAPY	90	463		177		187			51
53 ELECTROCARDIOLOGY	359	4772		1389		287			53
53.01 CARD CATH		1214				270	15		53.01
54 ELECTROENCEPHALOGRAPHY	7	448		217		136			54
55 MEDICAL SUPPLIES CHARGED TO PAT						10519	10		55
56 DRUGS CHARGED TO PATIENTS							271067		56
57 RENAL DIALYSIS						1			57
59 BACTERIOLOGY & MICROBIOLOGY									59
59.01 VASCULAR LAB	38	250		245		6			59.01
59.02 CARDIAC REHAB	67	304		76		7			59.02
59.03 WOUND CARE		273		114		464			59.03
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	6456	6027		2402	5259	587	266		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		877		1271	2782	183	8		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	75300	99764	120466	42784	57053	103490	279723	187629	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		363							96
98 PHYSICIANS' PRIVATE OFFICES						6			98
100 PHILANTHROPY DEVELOPMENT		139							100

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
 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
 11/24/2010 09:50

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
100.01VENDING		105						100.01
100.02MEALS ON WHEELS			4301					100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	75300	100371	124767	42784	57053	103496	279723	187629 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	59			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	48	1508594		1508594
26 INTENSIVE CARE UNIT	4	221626		221626
31 SUBPROVIDER I				31
33 NURSERY		20652		20652
34 SKILLED NURSING FACILITY	7	193771		193771
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		1553433		1553433
39 DELIVERY ROOM & LABOR ROOM		107806		107806
40 ANESTHESIOLOGY		92333		92333
41 RADIOLOGY-DIAGNOSTIC		811026		811026
41.01 ULTRASOUND		17252		17252
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		113269		113269
41.03 CAT SCAN		142912		142912
41.04 RADIATION ONC				41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)		37718		37718
41.06 PET SCAN		7839		7839
44 LABORATORY		273013		273013
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		85922		85922
50 PHYSICAL THERAPY		126609		126609
51 OCCUPATIONAL THERAPY		20080		20080
53 ELECTROCARDIOLOGY		473055		473055
53.01 CARD CATH		48786		48786
54 ELECTROENCEPHALOGRAPHY		19117		19117
55 MEDICAL SUPPLIES CHARGED TO PAT		38155		38155
56 DRUGS CHARGED TO PATIENTS		320665		320665
57 RENAL DIALYSIS		672		672
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB		30099		30099
59.02 CARDIAC REHAB		21940		21940
59.03 WOUND CARE		15706		15706
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		282803		282803
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		73753		73753
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	59	6658606		6658606
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		12970		12970
98 PHYSICIANS' PRIVATE OFFICES		53527		53527
100 PHILANTHROPY DEVELOPMENT		6871		6871

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2009 TO 06/30/2010

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

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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	
100.01VENDING		3347		3347	100.01
100.02MEALS ON WHEELS		4301		4301	100.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	59	6739622		6739622	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIAATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	MAINT. HOURS	OF PLANT SQUARE FEET	
	3	4	5	6A	6	7	8	
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	307606							3
4 NEW CAP REL COSTS-MVBLE EQUIP		6709227						4
5 EMPLOYEE BENEFITS		783	31093707					5
6 ADMINISTRATIVE & GENERAL	90328	1017782	3624661	-14867002	70610482			6
7 MAINTENANCE & REPAIRS	4416	24722	567434		1175602	11340		7
8 OPERATION OF PLANT	50130	2247368	148416		3480293	5799	161949	8
9 LAUNDRY & LINEN SERVICE	3161	5428	136872		307456	349	3161	9
10 HOUSEKEEPING	3409	8620	705003		1168915	101	3409	10
11 DIETARY	4500	20175	432836		839096	260	4500	11
12 CAFETERIA	1612	5580	239997		294684		1612	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1594	6742	644976		957175	25	1594	14
15 CENTRAL SERVICES & SUPPLY	4945				43282		4945	15
16 PHARMACY	1693	323542	1170287		1989084	70	1693	16
17 MEDICAL RECORDS & LIBRARY	5379	19916	1781792		3047318	57	5379	17
18 SOCIAL SERVICE					3017			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	40518	198066	6953410		10555080	1011	40518	25
26 INTENSIVE CARE UNIT	4281	83260	1453127		2239919	414	4281	26
31 SUBPROVIDER I								31
33 NURSERY	797	4979	39		30860	36	797	33
34 SKILLED NURSING FACILITY	5974	3627	734596		1137742	178	5974	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	29929	740113	3305721		17490719	1234	29929	37
39 DELIVERY ROOM & LABOR ROOM	4678	503	160385		386701	300	4678	39
40 ANESTHESIOLOGY	147	125696			196681	53	147	40
41 RADIOLOGY-DIAGNOSTIC	11229	788756	1521694		3729559	297	11229	41
41.01 ULTRASOUND	430	3076	157523		298605	3	430	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	819	120061	252141		967242	20	819	41.02
41.03 CAT SCAN	621	177515	212285		873348	1	621	41.03
41.04 RADIATION ONC								41.04
41.05 MAGNETIC RESONANCE IMAGING (M	322		202104		1521602		322	41.05
41.06 PET SCAN	200				181553	21	200	41.06
44 LABORATORY	5834	103072	1160707		3921564	200	5834	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	766	46964	1150835		1784253	214	766	49
50 PHYSICAL THERAPY	3603	41297	756835		1176650	162	3603	50
51 OCCUPATIONAL THERAPY	707		150541		251279	1	707	51
53 ELECTROCARDIOLOGY	7279	470644	455325		1181631	64	7279	53
53.01 CARD CATH	1852		251677		505462	19	1852	53.01
54 ELECTROENCEPHALOGRAPHY	683		139692		232784		683	54
55 MEDICAL SUPPLIES CHARGED TO P					1413301			55
56 DRUGS CHARGED TO PATIENTS					2537393			56
57 RENAL DIALYSIS					34326			57
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB	381	23365	173116		337049	86	381	59.01
59.02 CARDIAC REHAB	463	15990	57616		98707	26	463	59.02
59.03 WOUND CARE	417		69344		328328	6	417	59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	9193	46490	1467364		2336145	268	9193	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	1338	23467	816606		1350427	60	1338	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	304411	6696816	31054957	-14867002	70404832	11335	158754	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	553	1022			43366		553	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	MAINT. HOURS	OF PLANT SQUARE FEET	
	3	4	5	6A	6	7	8	
98 PHYSICIANS' PRIVATE OFFICES	2270	11389			35023		2270	98
100 PHILANTHROPY DEVELOPMENT	212		38750		125953		212	100
100.01 VENDING	160				1308		160	100.01
100.02 MEALS ON WHEELS								100.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2515624	4223998	13674685		14867002	1423125	4940825	103
104 UNIT COST MULT-WS B PT I		.629580				125.496032		104
104 UNIT COST MULT-WS B PT I	8.178072		.439789		.210550		30.508524	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			6403		1380231	74774	1931166	107
108 UNIT COST MULT-WS B PT III						6.593827		108
108 UNIT COST MULT-WS B PT III			.000206		.019547		11.924532	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	895896								9
10	32763	1638569							10
11	5347	48159	123165						11
12		17252		38115					12
13									13
14		17059		633	663844				14
15		52922				14183962			15
16		18119		1113		6970	2746569		16
17		57566		2782				10000	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	423411	433625	96634	11506	329024	133307	9725	8086	25
26	40258	45815	8261	2086	59663	26621	2021	741	26
31									31
33		8530				18124			33
34	36027	63934	14024	1260	36044	10817	730	1173	34
ANCILLARY SERVICE COST CENTERS									
37	205656	320298		5089	145551	10936840	1782		37
39		50064				111270			39
40		1570				25618	56608		40
41	27588	120169		2418		126706	2124		41
41.01	2206	4602		193		13358			41.01
41.02	3920	8765		303		2987	8822		41.02
41.03	8215	6646		292		15850	46		41.03
41.04									41.04
41.05	10530	3446		281		6720			41.05
41.06		2140							41.06
44	266	62436		1930		906152	36		44
46.30									46.30
49	11905	8198		2030		86833	150		49
50	4317	38559		951		21886	34		50
51	1066	7566		158		25658			51
53	4275	77900		1237		39394			53
53.01		19820				36955	151		53.01
54	89	7310		193		18647			54
55						1441511	100		55
56							2661547		56
57						186			57
59									59
59.01	453	4078		218		757			59.01
59.02	794	4955		68		999			59.02
59.03		4459		102		63571			59.03
OUTPATIENT SERVICE COST CENTERS									
61	76810	98389		2140	61190	80400	2614		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		14319		1132	32372	25038	79		71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95	895896	1628670	118919	38115	663844	14183175	2746569	10000	95
NONREIMBURSABLE COST CENTERS									
96		5918							96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	
98 PHYSICIANS' PRIVATE OFFICES						787			98
100 PHILANTHROPY DEVELOPMENT		2269							100
100.01 VENDING		1712							100.01
100.02 MEALS ON WHEELS			4246						100.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	512426	1550448	1234312	422234	1233630	253336	2497921	3945478	103
104 UNIT COST MULT-WS B PT I	.571970		10.021613		1.858313		.909470		104
104 UNIT COST MULT-WS B PT I		.946221		11.077896		.017861		394.547800	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	75300	100371	124767	42784	57053	103496	279723	187629	107
108 UNIT COST MULT-WS B PT III	.084050		1.013007		.085943		.101845		108
108 UNIT COST MULT-WS B PT III		.061255		1.122498		.007297		18.762900	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	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		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE	10000	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	8086	25
26	INTENSIVE CARE UNIT	741	26
31	SUBPROVIDER I		31
33	NURSERY		33
34	SKILLED NURSING FACILITY	1173	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
41.01	ULTRASOUND		41.01
41.02	NUCLEAR MEDICINE-DIAGNOSTIC		41.02
41.03	CAT SCAN		41.03
41.04	RADIATION ONC		41.04
41.05	MAGNETIC RESONANCE IMAGING (M		41.05
41.06	PET SCAN		41.06
44	LABORATORY		44
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
51	OCCUPATIONAL THERAPY		51
53	ELECTROCARDIOLOGY		53
53.01	CARD CATH		53.01
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
57	RENAL DIALYSIS		57
59	BACTERIOLOGY & MICROBIOLOGY		59
59.01	VASCULAR LAB		59.01
59.02	CARDIAC REHAB		59.02
59.03	WOUND CARE		59.03
OUTPATIENT SERVICE COST CENTERS			
61	EMERGENCY		61
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERA		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
95	SUBTOTALS	10000	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C		96

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/24/2010 09:50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
98 PHYSICIANS' PRIVATE OFFICES			98
100 PHILANTHROPY DEVELOPMENT			100
100.01 VENDING			100.01
100.02 MEALS ON WHEELS			100.02
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I		3652	103
104 UNIT COST MULT-WS B PT I		.365200	104
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III		59	107
108 UNIT COST MULT-WS B PT III		.005900	108
108 UNIT COST MULT-WS B PT III			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19704766		19704766		19704766	25
26 INTENSIVE CARE UNIT	3472187		3472187		3472187	26
31 SUBPROVIDER I						31
33 NURSERY	74586		74586		74586	33
34 SKILLED NURSING FACILITY	2348564		2348564		2348564	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	23185824		23185824		23185824	37
39 DELIVERY ROOM & LABOR ROOM	697848		697848		697848	39
40 ANESTHESIOLOGY	302655		302655		302655	40
41 RADIOLOGY-DIAGNOSTIC	5055137		5055137		5055137	41
41.01 ULTRASOUND	382965		382965		382965	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	1220360		1220360		1220360	41.02
41.03 CAT SCAN	1090850		1090850		1090850	41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING	1864316		1864316		1864316	41.05
41.06 PET SCAN	230541		230541		230541	41.06
44 LABORATORY	5047163		5047163		5047163	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2248894		2248894		2248894	49
50 PHYSICAL THERAPY	1604557		1604557		1604557	50
51 OCCUPATIONAL THERAPY	335858		335858		335858	51
53 ELECTROCARDIOLOGY	1751090		1751090		1751090	53
53.01 CARD CATH	690324		690324		690324	53.01
54 ELECTROENCEPHALOGRAPHY	312073		312073		312073	54
55 MEDICAL SUPPLIES CHARGED TO	1736710		1736710		1736710	55
56 DRUGS CHARGED TO PATIENTS	5492237		5492237		5492237	56
57 RENAL DIALYSIS	41556		41556		41556	57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	436979		436979		436979	59.01
59.02 CARDIAC REHAB	142792		142792		142792	59.02
59.03 WOUND CARE	417416		417416		417416	59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3420379		3420379		3420379	61
62 OBSERVATION BEDS (NON-DISTI	1561210		1561210		1561210	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	84869837		84869837		84869837	101
102 LESS OBSERVATION BEDS	1561210		1561210		1561210	102
103 TOTAL	83308627		83308627		83308627	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	14376579		14376579			25
26 INTENSIVE CARE UNIT	3120590		3120590			26
31 SUBPROVIDER I						31
33 NURSERY	1007440		1007440			33
34 SKILLED NURSING FACILITY	833314		833314			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	28486232	19926520	48412752	.478920	.478920	.478920 37
39 DELIVERY ROOM & LABOR ROOM	1966619	167768	2134387	.326955	.326955	.326955 39
40 ANESTHESIOLOGY	2253312	3211832	5465144	.055379	.055379	.055379 40
41 RADIOLOGY-DIAGNOSTIC	2247479	10431346	12678825	.398707	.398707	.398707 41
41.01 ULTRASOUND	301262	1868266	2169528	.176520	.176520	.176520 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	949259	9238639	10187898	.119785	.119785	.119785 41.02
41.03 CAT SCAN	5450024	17460144	22910168	.047614	.047614	.047614 41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING	1092427	8700912	9793339	.190366	.190366	.190366 41.05
41.06 PET SCAN	60726	597671	658397	.350155	.350155	.350155 41.06
44 LABORATORY	7868518	8916958	16785476	.300686	.300686	.300686 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4337910	789245	5127155	.438624	.438624	.438624 49
50 PHYSICAL THERAPY	1334391	903729	2238120	.716922	.716922	.716922 50
51 OCCUPATIONAL THERAPY	387170	156621	543791	.617623	.617623	.617623 51
53 ELECTROCARDIOLOGY	2008100	6451976	8460076	.206983	.206983	.206983 53
53.01 CARD CATH	211811	1032341	1244152	.554855	.554855	.554855 53.01
54 ELECTROENCEPHALOGRAPHY	174482	992257	1166739	.267475	.267475	.267475 54
55 MEDICAL SUPPLIES CHARGED TO	8428723	5555481	13984204	.124191	.124191	.124191 55
56 DRUGS CHARGED TO PATIENTS	17675791	6517031	24192822	.227019	.227019	.227019 56
57 RENAL DIALYSIS	56302	1800	58102	.715225	.715225	.715225 57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	244001	977237	1221238	.357816	.357816	.357816 59.01
59.02 CARDIAC REHAB	623	244761	245384	.581912	.581912	.581912 59.02
59.03 WOUND CARE	2104	798225	800329	.521556	.521556	.521556 59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2795927	11391097	14187024	.241092	.241092	.241092 61
62 OBSERVATION BEDS (NON-DISTI	83949	1989119	2073068	.753092	.753092	.753092 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	107755065	118320976	226076041			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	107755065	118320976	226076041			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				1508594		1508594
26 INTENSIVE CARE UNIT				221626		221626
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				20652		20652
101 TOTAL				1750872		1750872

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	23476	13700			64.26	880362
26 INTENSIVE CARE UNIT	1980	1433			111.93	160396
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1796				11.50	
101 TOTAL	27252	15133				1040758

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1553433	48412752	15971773			.032087	512486 37
39 DELIVERY ROOM & LABOR ROOM		107806	2134387	76886			.050509	3883 39
40 ANESTHESIOLOGY		92333	5465144	1074353			.016895	18151 40
41 RADIOLOGY-DIAGNOSTIC		811026	12678825	1436816			.063967	91909 41
41.01 ULTRASOUND		17252	2169528	177747			.007952	1413 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		113269	10187898	599260			.011118	6663 41.02
41.03 CAT SCAN		142912	22910168	3163797			.006238	19736 41.03
41.04 RADIATION ONC								41.04
41.05 MAGNETIC RESONANCE IMAGING (M		37718	9793339	739493			.003851	2848 41.05
41.06 PET SCAN		7839	658397	19842			.011906	236 41.06
44 LABORATORY		273013	16785476	5649153			.016265	91883 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		85922	5127155	2772639			.016758	46464 49
50 PHYSICAL THERAPY		126609	2238120	779019			.056569	44068 50
51 OCCUPATIONAL THERAPY		20080	543791	202493			.036926	7477 51
53 ELECTROCARDIOLOGY		473055	8460076	1879308			.055916	105083 53
53.01 CARD CATH		48786	1244152	113881			.039212	4466 53.01
54 ELECTROENCEPHALOGRAPHY		19117	1166739	74312			.016385	1218 54
55 MEDICAL SUPPLIES CHARGED TO P		38155	13984204	4106481			.002728	11202 55
56 DRUGS CHARGED TO PATIENTS		320665	24192822	11205698			.013255	148532 56
57 RENAL DIALYSIS		672	58102	43702			.011566	505 57
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		30099	1221238	157186			.024646	3874 59.01
59.02 CARDIAC REHAB		21940	245384	387			.089411	35 59.02
59.03 WOUND CARE		15706	800329				.019624	59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		282803	14187024	1631420			.019934	32521 61
62 OBSERVATION BEDS (NON-DISTINC		119526	2073068	48869			.057657	2818 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4759736	206738118	51924515				1157471 101

APPORIONMENT 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					23476		13700	25
26 INTENSIVE CARE UNIT					1980		1433	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					1796			33
34 SKILLED NURSING FACILITY					3137		2808	34
35 NURSING FACILITY								35
101 TOTAL					30389		17941	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] 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
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
59.03 WOUND CARE							59.03
OUTPATIENT SERVICE COST CENTERS							
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 (14-0032) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		48412752			15971773		6403942 37
39 DELIVERY ROOM & LABOR ROOM		2134387			76886		10 39
40 ANESTHESIOLOGY		5465144			1074353		1036071 40
41 RADIOLOGY-DIAGNOSTIC		12678825			1436816		3269403 41
41.01 ULTRASOUND		2169528			177747		462500 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		10187898			599260		4342496 41.02
41.03 CAT SCAN		22910168			3163797		5969075 41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M		9793339			739493		2790388 41.05
41.06 PET SCAN		658397			19842		200900 41.06
44 LABORATORY		16785476			5649153		554184 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5127155			2772639		238987 49
50 PHYSICAL THERAPY		2238120			779019		849 50
51 OCCUPATIONAL THERAPY		543791			202493		715 51
53 ELECTROCARDIOLOGY		8460076			1879308		2386505 53
53.01 CARD CATH		1244152			113881		436731 53.01
54 ELECTROENCEPHALOGRAPHY		1166739			74312		327326 54
55 MEDICAL SUPPLIES CHARGED TO P		13984204			4106481		1659229 55
56 DRUGS CHARGED TO PATIENTS		24192822			11205698		3314332 56
57 RENAL DIALYSIS		58102			43702		900 57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		1221238			157186		545385 59.01
59.02 CARDIAC REHAB		245384			387		138361 59.02
59.03 WOUND CARE		800329					207799 59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		14187024			1631420		2223127 61
62 OBSERVATION BEDS (NON-DISTINC		2073068			48869		698034 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		206738118			51924515		37207249 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (M					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
59.03 WOUND CARE					59.03
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.478920	.478920	.478920			37
39 DELIVERY ROOM & LABOR ROOM	.326955	.326955	.326955			39
40 ANESTHESIOLOGY	.055379	.055379	.055379			40
41 RADIOLOGY-DIAGNOSTIC	.398707	.398707	.398707			41
41.01 ULTRASOUND	.176520	.176520	.176520			41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.119785	.119785	.119785			41.02
41.03 CAT SCAN	.047614	.047614	.047614			41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.190366	.190366	.190366			41.05
41.06 PET SCAN	.350155	.350155	.350155			41.06
44 LABORATORY	.300686	.300686	.300686			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.438624	.438624	.438624			49
50 PHYSICAL THERAPY	.716922	.716922	.716922			50
51 OCCUPATIONAL THERAPY	.617623	.617623	.617623			51
53 ELECTROCARDIOLOGY	.206983	.206983	.206983			53
53.01 CARD CATH	.554855	.554855	.554855			53.01
54 ELECTROENCEPHALOGRAPHY	.267475	.267475	.267475			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124191	.124191	.124191			55
56 DRUGS CHARGED TO PATIENTS	.227019	.227019	.227019			56
57 RENAL DIALYSIS	.715225	.715225	.715225			57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	.357816	.357816	.357816			59.01
59.02 CARDIAC REHAB	.581912	.581912	.581912			59.02
59.03 WOUND CARE	.521556	.521556	.521556			59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.241092	.241092	.241092			61
62 OBSERVATION BEDS (NON-DISTINCT	.753092	.753092	.753092			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.227019	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] 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 (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6403942						37
39 DELIVERY ROOM & LABOR ROOM		10						39
40 ANESTHESIOLOGY		1036071						40
41 RADIOLOGY-DIAGNOSTIC		3269403						41
41.01 ULTRASOUND		462500						41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		4342496						41.02
41.03 CAT SCAN		5969075						41.03
41.04 RADIATION ONC								41.04
41.05 MAGNETIC RESONANCE IMAGING (MR)		2790388						41.05
41.06 PET SCAN		200900						41.06
44 LABORATORY		554184						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		238987						49
50 PHYSICAL THERAPY		849						50
51 OCCUPATIONAL THERAPY		715						51
53 ELECTROCARDIOLOGY		2386505						53
53.01 CARD CATH		436731						53.01
54 ELECTROENCEPHALOGRAPHY		327326						54
55 MEDICAL SUPPLIES CHARGED TO PA		1659229						55
56 DRUGS CHARGED TO PATIENTS		3314332						56
57 RENAL DIALYSIS		900						57
59 BACTERIOLOGY & MICROBIOLOGY								59
59.01 VASCULAR LAB		545385						59.01
59.02 CARDIAC REHAB		138361						59.02
59.03 WOUND CARE		207799						59.03
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		2223127						61
62 OBSERVATION BEDS (NON-DISTINCT		698034						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		37207249						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		37207249						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0032) [] 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
37 ANCILLARY SERVICE COST CENTERS							37
37 OPERATING ROOM		3066976					37
39 DELIVERY ROOM & LABOR ROOM		3					39
40 ANESTHESIOLOGY		57377					40
41 RADIOLOGY-DIAGNOSTIC		1303534					41
41.01 ULTRASOUND		81641					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		520166					41.02
41.03 CAT SCAN		284212					41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)		531195					41.05
41.06 PET SCAN		70346					41.06
44 LABORATORY		166635					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		104825					49
50 PHYSICAL THERAPY		609					50
51 OCCUPATIONAL THERAPY		442					51
53 ELECTROCARDIOLOGY		493966					53
53.01 CARD CATH		242322					53.01
54 ELECTROENCEPHALOGRAPHY		87552					54
55 MEDICAL SUPPLIES CHARGED TO PAT		206061					55
56 DRUGS CHARGED TO PATIENTS		752416					56
57 RENAL DIALYSIS		644					57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		195147					59.01
59.02 CARDIAC REHAB		80514					59.02
59.03 WOUND CARE		108379					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		535978					61
62 OBSERVATION BEDS (NON-DISTINCT)		525684					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		9416624					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		9416624					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 (14-5940) [] 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
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
59.03 WOUND CARE							59.03
OUTPATIENT SERVICE COST CENTERS							
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 (14-5940) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF [] ICF/MR
 [] SUB III

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		48412752					37
39 DELIVERY ROOM & LABOR ROOM		2134387					39
40 ANESTHESIOLOGY		5465144			601		40
41 RADIOLOGY-DIAGNOSTIC		12678825			27748		41
41.01 ULTRASOUND		2169528			1179		41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		10187898			16544		41.02
41.03 CAT SCAN		22910168			4642		41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M		9793339					41.05
41.06 PET SCAN		658397			2480		41.06
44 LABORATORY		16785476			183582		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5127155			224169		49
50 PHYSICAL THERAPY		2238120			249856		50
51 OCCUPATIONAL THERAPY		543791			97620		51
53 ELECTROCARDIOLOGY		8460076			10819		53
53.01 CARD CATH		1244152					53.01
54 ELECTROENCEPHALOGRAPHY		1166739					54
55 MEDICAL SUPPLIES CHARGED TO P		13984204			59299		55
56 DRUGS CHARGED TO PATIENTS		24192822			805879		56
57 RENAL DIALYSIS		58102					57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		1221238			8644		59.01
59.02 CARDIAC REHAB		245384					59.02
59.03 WOUND CARE		800329					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		14187024					61
62 OBSERVATION BEDS (NON-DISTINC		2073068					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		206738118			1693062		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 (14-5940) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (M					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
59.03 WOUND CARE					59.03
OUTPATIENT SERVICE COST CENTERS					
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 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				1508594		1508594
26 INTENSIVE CARE UNIT				221626		221626
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				20652		20652
101 TOTAL				1750872		1750872

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	23476	2495			64.26	160329
26 INTENSIVE CARE UNIT	1980	137			111.93	15334
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1796	1065			11.50	12248
101 TOTAL	27252	3697				187911

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1553433	48412752				.032087	37	
39 DELIVERY ROOM & LABOR ROOM		107806	2134387				.050509	39	
40 ANESTHESIOLOGY		92333	5465144				.016895	40	
41 RADIOLOGY-DIAGNOSTIC		811026	12678825				.063967	41	
41.01 ULTRASOUND		17252	2169528				.007952	41.01	
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		113269	10187898				.011118	41.02	
41.03 CAT SCAN		142912	22910168				.006238	41.03	
41.04 RADIATION ONC								41.04	
41.05 MAGNETIC RESONANCE IMAGING (M		37718	9793339				.003851	41.05	
41.06 PET SCAN		7839	658397				.011906	41.06	
44 LABORATORY		273013	16785476				.016265	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
49 RESPIRATORY THERAPY		85922	5127155				.016758	49	
50 PHYSICAL THERAPY		126609	2238120				.056569	50	
51 OCCUPATIONAL THERAPY		20080	543791				.036926	51	
53 ELECTROCARDIOLOGY		473055	8460076				.055916	53	
53.01 CARD CATH		48786	1244152				.039212	53.01	
54 ELECTROENCEPHALOGRAPHY		19117	1166739				.016385	54	
55 MEDICAL SUPPLIES CHARGED TO P		38155	13984204				.002728	55	
56 DRUGS CHARGED TO PATIENTS		320665	24192822				.013255	56	
57 RENAL DIALYSIS		672	58102				.011566	57	
59 BACTERIOLOGY & MICROBIOLOGY								59	
59.01 VASCULAR LAB		30099	1221238				.024646	59.01	
59.02 CARDIAC REHAB		21940	245384				.089411	59.02	
59.03 WOUND CARE		15706	800329				.019624	59.03	
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		282803	14187024				.019934	61	
62 OBSERVATION BEDS (NON-DISTINC		119526	2073068				.057657	62	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		4759736	206738118					101	

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
 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
 11/24/2010 09:50

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					23476		2495	25
26 INTENSIVE CARE UNIT					1980		137	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					1796		1065	33
34 SKILLED NURSING FACILITY					3137			34
35 NURSING FACILITY								35
101 TOTAL					30389		3697	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0032) [] 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
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC							41.02
41.03 CAT SCAN							41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M							41.05
41.06 PET SCAN							41.06
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
53.01 CARD CATH							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB							59.01
59.02 CARDIAC REHAB							59.02
59.03 WOUND CARE							59.03
OUTPATIENT SERVICE COST CENTERS							
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 (14-0032) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		48412752					37
39 DELIVERY ROOM & LABOR ROOM		2134387					39
40 ANESTHESIOLOGY		5465144					40
41 RADIOLOGY-DIAGNOSTIC		12678825					41
41.01 ULTRASOUND		2169528					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC		10187898					41.02
41.03 CAT SCAN		22910168					41.03
41.04 RADIATION ONC							41.04
41.05 MAGNETIC RESONANCE IMAGING (M		9793339					41.05
41.06 PET SCAN		658397					41.06
44 LABORATORY		16785476					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5127155					49
50 PHYSICAL THERAPY		2238120					50
51 OCCUPATIONAL THERAPY		543791					51
53 ELECTROCARDIOLOGY		8460076					53
53.01 CARD CATH		1244152					53.01
54 ELECTROENCEPHALOGRAPHY		1166739					54
55 MEDICAL SUPPLIES CHARGED TO P		13984204					55
56 DRUGS CHARGED TO PATIENTS		24192822					56
57 RENAL DIALYSIS		58102					57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB		1221238					59.01
59.02 CARDIAC REHAB		245384					59.02
59.03 WOUND CARE		800329					59.03
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		14187024					61
62 OBSERVATION BEDS (NON-DISTINC		2073068					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		206738118					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0032)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC						41.02
41.03 CAT SCAN						41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING (M						41.05
41.06 PET SCAN						41.06
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY						53
53.01 CARD CATH						53.01
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB						59.01
59.02 CARDIAC REHAB						59.02
59.03 WOUND CARE						59.03
OUTPATIENT SERVICE COST CENTERS						
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) (14-0032)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5940)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	23476					3137	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23476					3137	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						687	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23476					2450	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)	13700					2808	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) (14-0032)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5940)	
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	19704766					2348564	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	19704766					2348564	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8831920					534044	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)						204670	29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8831920					329374	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.231085					4.397698	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE						297.92	32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	376.21					134.44	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL						163.48	34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL						718.94	35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT						493912	36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19704766					1854652	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) (14-0032)	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	839.36					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11499232					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11499232					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	3472187	1980	1753.63	1433	2512952	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) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16350348	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	30362532					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1040758					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1157471					51
52 TOTAL PROGRAM EXCLUDABLE COST	2198229					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	28164303					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) (14-0032)	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. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
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
11/24/2010 09:50

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) (14-5940)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	1854652	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	591.22	67
68 PROGRAM ROUTINE SERVICE COST	1660146	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1660146	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	193771	71
72 PER DIEM CAPITAL RELATED COSTS	61.77	72
73 PROGRAM CAPITAL RELATED COSTS	173450	73
74 INPATIENT ROUTINE SERVICE COST	1486696	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	1486696	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1660146	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	602967	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2263113	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)
 (14-0032)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1860	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	839.36	84
85 OBSERVATION BED COST	1561210	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		19704766		1561210		86
87 NEW CAPITAL-RELATED COST	1508594	19704766	.076560	1561210	119526	87
88 NON PHYSICIAN ANESTHETIST		19704766		1561210		88
89 MEDICAL EDUCATION		19704766		1561210		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0032)	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)	23476						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	23476						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23476						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)	2495						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	1796						15
16 TITLE V OR XIX NURSERY DAYS	1065						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0032)	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	19704766						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	19704766						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8831920						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8831920						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.231085						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	376.21						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19704766						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0032)	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	839.36					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2094203					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2094203					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)	74586	1796	41.53	1065	44229	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	3472187	1980	1753.63	137	240247	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0032)	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	2378679					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	187911					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	187911					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
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
11/24/2010 09:50

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0032)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1860	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	839.36	84
85 OBSERVATION BED COST	1561210	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0032) [] 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		8831920		25
26 INTENSIVE CARE UNIT		1510889		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.478920	15971773	7649202	37
39 DELIVERY ROOM & LABOR ROOM	.326955	76886	25138	39
40 ANESTHESIOLOGY	.055379	1074353	59497	40
41 RADIOLOGY-DIAGNOSTIC	.398707	1436816	572869	41
41.01 ULTRASOUND	.176520	177747	31376	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.119785	599260	71782	41.02
41.03 CAT SCAN	.047614	3163797	150641	41.03
41.04 RADIATION ONC				41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.190366	739493	140774	41.05
41.06 PET SCAN	.350155	19842	6948	41.06
44 LABORATORY	.300686	5649153	1698621	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.438624	2772639	1216146	49
50 PHYSICAL THERAPY	.716922	779019	558496	50
51 OCCUPATIONAL THERAPY	.617623	202493	125064	51
53 ELECTROCARDIOLOGY	.206983	1879308	388985	53
53.01 CARD CATH	.554855	113881	63187	53.01
54 ELECTROENCEPHALOGRAPHY	.267475	74312	19877	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124191	4106481	509988	55
56 DRUGS CHARGED TO PATIENTS	.227019	11205698	2543906	56
57 RENAL DIALYSIS	.715225	43702	31257	57
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB	.357816	157186	56244	59.01
59.02 CARDIAC REHAB	.581912	387	225	59.02
59.03 WOUND CARE	.521556			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.241092	1631420	393322	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.753092	48869	36803	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		51924515	16350348	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		51924515		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5940)	<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
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.478920			37
39 DELIVERY ROOM & LABOR ROOM	.326955			39
40 ANESTHESIOLOGY	.055379	601	33	40
41 RADIOLOGY-DIAGNOSTIC	.398707	27748	11063	41
41.01 ULTRASOUND	.176520	1179	208	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.119785	16544	1982	41.02
41.03 CAT SCAN	.047614	4642	221	41.03
41.04 RADIATION ONC				41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.190366			41.05
41.06 PET SCAN	.350155	2480	868	41.06
44 LABORATORY	.300686	183582	55201	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.438624	224169	98326	49
50 PHYSICAL THERAPY	.716922	249856	179127	50
51 OCCUPATIONAL THERAPY	.617623	97620	60292	51
53 ELECTROCARDIOLOGY	.206983	10819	2239	53
53.01 CARD CATH	.554855			53.01
54 ELECTROENCEPHALOGRAPHY	.267475			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124191	59299	7364	55
56 DRUGS CHARGED TO PATIENTS	.227019	805879	182950	56
57 RENAL DIALYSIS	.715225			57
59 BACTERIOLOGY & MICROBIOLOGY				59
59.01 VASCULAR LAB	.357816	8644	3093	59.01
59.02 CARDIAC REHAB	.581912			59.02
59.03 WOUND CARE	.521556			59.03
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.241092			61
62 OBSERVATION BEDS (NON-DISTINCT	.753092			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1693062	602967	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1693062		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0032)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.478920		37
39 DELIVERY ROOM & LABOR ROOM	.326955		39
40 ANESTHESIOLOGY	.055379		40
41 RADIOLOGY-DIAGNOSTIC	.398707		41
41.01 ULTRASOUND	.176520		41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	.119785		41.02
41.03 CAT SCAN	.047614		41.03
41.04 RADIATION ONC			41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	.190366		41.05
41.06 PET SCAN	.350155		41.06
44 LABORATORY	.300686		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.438624		49
50 PHYSICAL THERAPY	.716922		50
51 OCCUPATIONAL THERAPY	.617623		51
53 ELECTROCARDIOLOGY	.206983		53
53.01 CARD CATH	.554855		53.01
54 ELECTROENCEPHALOGRAPHY	.267475		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.124191		55
56 DRUGS CHARGED TO PATIENTS	.227019		56
57 RENAL DIALYSIS	.715225		57
59 BACTERIOLOGY & MICROBIOLOGY			59
59.01 VASCULAR LAB	.357816		59.01
59.02 CARDIAC REHAB	.581912		59.02
59.03 WOUND CARE	.521556		59.03
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.241092		61
62 OBSERVATION BEDS (NON-DISTINCT	.753092		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5750835					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5750835					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11501668					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	222921					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	128.32					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0032)	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	0.0433					4
4.01	0.1452					4.01
4.02	0.1885					4.02
4.03	0.0503					4.03
4.04	1157068					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	24383327					6
7						7
7.01						7.01
8	24383327					8
9	1894029					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	26277356					16
17	37820					17
18	26239536					18
19	2773640					19
20	40637					20
21	477850					21
21.01	334495					21.01
21.02	422135					21.02
22	23759754					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0032)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	23759754					26
27						27
28	22863088					28
28.01						28.01
29	896666					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0032) 1	HOSPITAL (14-0032) 1.01	HOSPITAL (14-0032) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9416624			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9406047			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.853			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8032380			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	9406047			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0032) 1	HOSPITAL (14-0032) 1.01	HOSPITAL (14-0032) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	2322966		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	7083081		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	7083081		23
24 PRIMARY PAYER PAYMENTS	4529		24
25 SUBTOTAL	7078552		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	374902		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	262431		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	341688		27.02
28 SUBTOTAL	7340983		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	7340983		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7320105		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	20878		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 (14-5940)	SNF (14-5940)	SNF (14-5940)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5940)	SNF (14-5940)	SNF (14-5940)
	1	1.01	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			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			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			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0032)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		22504072		7080169	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01	359016		239936	3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99	359016		239936	3.99
4 TOTAL INTERIM PAYMENTS		22863088		7320105	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01				5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	896666		20878	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		23759754		7340983	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5940)

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		956363		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE	NONE	3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		956363		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		956363		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 (14-5940) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
COMPUTATION OF LESSER OF COST OR CHARGES			
10			10
11			11
12			12
13			13
14			14
15			15
16			16
CUSTOMARY CHARGES			
17			17
18			18
19			19
20			20
21			21
22			22
23			23
PROSPECTIVE PAYMENT AMOUNT			
24		986795	24
25			25
26			26
27			27
28			28
29			29
30		986795	30
31			31
32		986795	32
33			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 (14-5940) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	986795	35
36	COINSURANCE	30432	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		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
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	956363	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	956363	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	956363	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	956363	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				NF I (PPS)	
		HOSPITAL (14-0032) (OTHER)	SUB I	SUB II	SUB III	SUB IV		
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	2378679						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	2378679						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	2378679						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	2378679						22
23	COST OF COVERED SERVICES	2378679						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	2378679						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)							31
32	LESSER OF LINES 30 OR 31	2378679						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 (14-0032) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	2378679					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	5158891			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	34391792			4
5	OTHER RECEIVABLES	38512			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17844917			6
7	INVENTORY	5228140			7
8	PREPAID EXPENSES	192065			8
9	OTHER CURRENT ASSETS	13973412			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	41137895			11
FIXED ASSETS					
12	LAND	1047531			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1854132			13
13.01	ACCUMULATED DEPRECIATION	-1407801			13.01
14	BUILDINGS	56634014			14
14.01	ACCUMULATED DEPRECIATION	-19389498			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	14223505			16
16.01	ACCUMULATED DEPRECIATION	-12674312			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	54513705			18
18.01	ACCUMULATED DEPRECIATION	-41367859			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	53433417			21
OTHER ASSETS					
22	INVESTMENTS	168297749			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	297812			25
26	TOTAL OTHER ASSETS	168595561			26
27	TOTAL ASSETS	263166873			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2020560			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	13520276			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	11242188			35
36	TOTAL CURRENT LIABILITIES	26783024			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	19199888			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	19007538			41
42	TOTAL LONG TERM LIABILITIES	38207426			42
43	TOTAL LIABILITIES	64990450			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	198176423			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	198176423			51
52	TOTAL LIABILITIES AND FUND BALANCES	263166873			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	178409541			1
2 NET INCOME (LOSS)	23035582			2
3 TOTAL	201445123			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 REV. RECOGN. OF MIN. PENSION LIABIL	-8917036			5
6 NET ASSETS RELEASED FROM RESTRICT.	379606			6
7 CHG IN TEMP. RESTRICTED NET ASSETS	51201			7
8 TRANSFER (TO)/FROM AFFILIATES	440500			8
9 PROF COMP REV (WND CR/PAIN/PRAIRIE)	4777029			9
10 TOTAL ADDITIONS	-3268700			10
11 SUBTOTAL	198176423			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	198176423			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	14376579		14376579	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	833314		833314	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	15209893		15209893	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3120590		3120590	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	3120590		3120590	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	18330483		18330483	18
18.50 ANCILLARY SERVICES	88417142	118320976	206738118	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		1089488	1089488	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 NURSERY	1007440		1007440	26
27 TOTAL PATIENT REVENUES	107755065	119410464	227165529	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		90400855	26
27 PROVISION FOR BAD DEBTS	4723680		27
28 PRAIRIE	2344263		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		7067943	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		97468798	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	227165529	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	120033822	2
3	NET PATIENT REVENUES	107131707	3
4	LESS - TOTAL OPERATING EXPENSES	97468798	4
5	NET INCOME FROM SERVICE TO PATIENTS	9662909	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	12618684	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	60	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	13689	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	271203	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	3200	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	66998	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	12337	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	AUXILIARY	64661	24
24.01	DIABETES INSTRUCTION	19556	24.01
24.02	HOUSEKEEPING	93	24.02
24.03	PHYSICIAN APPLICATION	1200	24.03
24.04	RENTAL INCOME-900 W TEMPLE (EMC)	276235	24.04
24.05	RECYCLING	724	24.05
24.06	NURSERY PHOTO	1828	24.06
24.07	PHYSICIAN DUES	13000	24.07
24.08	PERSONNEL - NAME TAGS	72	24.08
24.09	LIFELINE - HOME CARE	1222	24.09
24.10	MEDICAL OFFICE - INHOUSE	21317	24.10
24.11	RENTAL INCOME	44613	24.11
24.12	HOUSEKEEPING-900 W TEMPLE (EMC)	13410	24.12
24.13	NEUROLOGY - EEG	1365	24.13
24.14	SPIRIT COMMITTEE ACTIVITIES	13089	24.14
24.15	ASSETS RELEASED FOR OPERATIONS	4740	24.15
24.16	COMMUNITY SERVICES - IN SERVICE	822	24.16
24.17	PATIENT SERVICES	216	24.17
24.18	QUALITY OKLAHOMA STUDY	7000	24.18
24.19	PET SCAN ALLIANCE IMAGING SALARIES	26109	24.19
24.20	RADIATION ONCOLOGY CARLE RN SALARIE		24.20
24.21	RADIATION ONCOLOGY - RN BENEFITS		24.21
24.22	RADIATION ONCOLOGY - RENT		24.22
24.23	ASPR	10610	24.23
24.24	NUC MED REIMBURSEMENT STUDENT FEES	45	24.24
24.25	IHA GRANT T1		24.25
24.26	PHYSICAL THERAPY	810	24.26
24.27	LAB-SURVEILLANCE PROGRAM	500	24.27
24.99	GAIN/LOSS ON SALE OF FIXED ASSETS	17213	24.99
25	TOTAL OTHER INCOME	13526621	25
26	TOTAL	23189530	26
27	GAIN/LOSS ON SALE OF FIXED ASSETS		27
28	RENTAL PROPERTIES DEPRECIATION	89704	28
29	RENTAL PROPERTIES EXPENSE	64244	29
29.25	LOSS ON EXTINGUISHMENT OF DEBT		29.25
30	TOTAL OTHER EXPENSES	153948	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	23035582	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

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					27478	3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	123436		928	8288	32707	5
6 SKILLED NURSING CARE	520916		33512			6
7 PHYSICAL THERAPY	108106		5111			7
8 OCCUPATIONAL THERAPY	6297		4056			8
9 SPEECH PATHOLOGY	1374		217			9
10 MEDICAL SOCIAL SERVICES	11641		512			10
11 HOME HEALTH AIDE	44836		12266			11
12 SUPPLIES					25118	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	816606		56602	8288	85303	24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

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		27478		27478	3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		165359		165359	5
6 SKILLED NURSING CARE		554428		554428	6
7 PHYSICAL THERAPY		113217		113217	7
8 OCCUPATIONAL THERAPY		10353		10353	8
9 SPEECH PATHOLOGY		1591		1591	9
10 MEDICAL SOCIAL SERVICES		12153		12153	10
11 HOME HEALTH AIDE		57102		57102	11
12 SUPPLIES		25118	-1222	23896	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		966799	-1222	965577	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7661

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			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE	27478			27478				3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	165359			27478		192837	192837	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	554428					554428	138357	692785 6
7 PHYSICAL THERAPY	113217					113217	28253	141470 7
8 OCCUPATIONAL THERAPY	10353					10353	2584	12937 8
9 SPEECH PATHOLOGY	1591					1591	397	1988 9
10 MEDICAL SOCIAL SERVICES	12153					12153	3033	15186 10
11 HOME HEALTH AIDE	57102					57102	14250	71352 11
12 SUPPLIES	23896					23896	5963	29859 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	965577			27478		965577		965577 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7661

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			1338				3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES			1338		-192837	772740	5
6 SKILLED NURSING CARE						554428	6
7 PHYSICAL THERAPY						113217	7
8 OCCUPATIONAL THERAPY						10353	8
9 SPEECH PATHOLOGY						1591	9
10 MEDICAL SOCIAL SERVICES						12153	10
11 HOME HEALTH AIDE						57102	11
12 SUPPLIES						23896	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			1338		-192837	772740	24
25 COST TO BE ALLOC (PER W/S H)			27478			192837	25
26 UNIT COST MULTIPLIER			20.536622			.249550	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7661

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	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		231961		231961			1
2 SKILLED NURSING CARE		1115979		1115979	168321	1284300	2
3 PHYSICAL THERAPY		228811		228811	34511	263322	3
4 OCCUPATIONAL THERAPY		19013		19013	2868	21881	4
5 SPEECH PATHOLOGY		3138		3138	473	3611	5
6 MEDICAL SOCIAL SERVICES		24581		24581	3708	28289	6
7 HOME HEALTH AIDE		110245		110245	16628	126873	7
8 SUPPLIES		36146		36146	5452	41598	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		1769874		1769874	231961	1769874	20
21 UNIT COST MULTIPLIER					.150828		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS MAINT. HOURS	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL			1338	23467	123436		80002	60	1
2 SKILLED NURSING CARE					520916		921878		2
3 PHYSICAL THERAPY					108106		189014		3
4 OCCUPATIONAL THERAPY					6297		15706		4
5 SPEECH PATHOLOGY					1374		2592		5
6 MEDICAL SOCIAL SERVICES					11641		20306		6
7 HOME HEALTH AIDE					44836		91070		7
8 SUPPLIES							29859		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			1338	23467	816606		1350427	60	20
21 TOTAL COST TO BE ALLOCATED			10942	14774	359134		284332	7530	21
22 UNIT COST MULTIPLIER			8.177877		.439789		.210550		22
22 UNIT COST MULTIPLIER				.629565				125.500000	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	1338		14319		1132		32372	25038	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	1338		14319		1132		32372	25038	20
21 TOTAL COST TO BE ALLOCATED	40820		13549		12540		60157	447	21
22 UNIT COST MULTIPLIER	30.508221		.946225		11.077739		1.858303		22
22 UNIT COST MULTIPLIER								.017853	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

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	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		1284300		1284300	5282	243.15	1
2	PHYSICAL THERAPY		263322		263322	1103	238.73	2
3	OCCUPATIONAL THERAPY		21881		21881	439	49.84	3
4	SPEECH PATHOLOGY		3611		3611	20	180.55	4
5	MEDICAL SOCIAL SERV		28289		28289	47	601.89	5
6	HOME HEALTH AIDE SERV		126873		126873	437	290.33	6
7	TOTAL		1728276		1728276	7328		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE	0014					8
9	PHYSICAL THERAPY	0014					9
10	OCCUPATIONAL THERAPY	0014					10
11	SPEECH PATHOLOGY	0014					11
12	MEDICAL SOCIAL SERV	0014					12
13	HOME HEALTH AIDE SERV	0014					13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		2	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	41598		41598			15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4	0014		17
18	PER BENEFICIARY COST LIMITATION	0014		18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.716922			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.617623			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.124191			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.227019			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE
 PROGRAM VISITS PROGRAM COST PROGRAM

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY 2	238.73	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	49.84						2
3	SPEECH PATHOLOGY 4	180.55						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7661

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	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
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	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	481368	281177	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	10026	6496	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	5769	8703	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	3526	5207	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	5049	5494	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	505738	307077	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	505738	307077	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	505738	307077	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	505738	307077	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	505738	307077	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	505738	307077	24
25 TOTAL INTERIM PAYMENTS	505738	307077	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.: 14-7661

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		505738		307077	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					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	TO .05				3.50
	PROGRAM .50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		505738		307077	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		505738		307077	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 (14-0032)	HOSPITAL (14-0032)	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 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
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
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC					41.02
41.03 CAT SCAN					41.03
41.04 RADIATION ONC					41.04
41.05 MAGNETIC RESONANCE IMAGING (MR					41.05
41.06 PET SCAN					41.06
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
53.01 CARD CATH					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 BACTERIOLOGY & MICROBIOLOGY					59
59.01 VASCULAR LAB					59.01
59.02 CARDIAC REHAB					59.02
59.03 WOUND CARE					59.03
OUTPATIENT SERVICE COST CENTERS					
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 INTRESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
100 PHILANTHROPY DEVELOPMENT					100

PROVIDER NO. 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA
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
11/24/2010 09:50

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	
100.01 VENDING						100.01
100.02 MEALS ON WHEELS						100.02
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	58.36		10.63				68.99 25
26 INTENSIVE CARE UNIT	72.37		6.92				79.29 26
33 NURSERY			59.30				59.30 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	32.99	13.23					46.22 37
39 DELIVERY ROOM & LABOR ROOM	3.60						3.60 39
40 ANESTHESIOLOGY	19.66	18.96					38.62 40
41 RADIOLOGY-DIAGNOSTIC	11.33	25.79					37.12 41
41.01 ULTRASOUND	8.19	21.32					29.51 41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	5.88	42.62					48.50 41.02
41.03 CAT SCAN	13.81	26.05					39.86 41.03
41.05 MAGNETIC RESONANCE IMAGING (MRI)	7.55	28.49					36.04 41.05
41.06 PET SCAN	3.01	30.51					33.52 41.06
44 LABORATORY	33.66	3.30					36.96 44
49 RESPIRATORY THERAPY	54.08	4.66					58.74 49
50 PHYSICAL THERAPY	34.81	0.04					34.85 50
51 OCCUPATIONAL THERAPY	37.24	0.13					37.37 51
53 ELECTROCARDIOLOGY	22.21	28.21					50.42 53
53.01 CARD CATH	9.15	35.10					44.25 53.01
54 ELECTROENCEPHALOGRAPHY	6.37	28.05					34.42 54
55 MEDICAL SUPPLIES CHARGED TO PAT	29.37	11.87					41.24 55
56 DRUGS CHARGED TO PATIENTS	46.32	13.70					60.02 56
57 RENAL DIALYSIS	75.22	1.55					76.77 57
59.01 VASCULAR LAB	12.87	44.66					57.53 59.01
59.02 CARDIAC REHAB	0.16	56.39					56.55 59.02
59.03 WOUND CARE		25.96					25.96 59.03
61 EMERGENCY	11.50	15.67					27.17 61
62 OBSERVATION BEDS (NON-DISTINCT	2.36	33.67					36.03 62
101 TOTAL CHARGES	22.97	16.46					39.43 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	89.51						89.51	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
40 ANESTHESIOLOGY	0.01						0.01	40
41 RADIOLOGY-DIAGNOSTIC	0.22						0.22	41
41.01 ULTRASOUND	0.05						0.05	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.16						0.16	41.02
41.03 CAT SCAN	0.02						0.02	41.03
41.06 PET SCAN	0.38						0.38	41.06
44 LABORATORY	1.09						1.09	44
49 RESPIRATORY THERAPY	4.37						4.37	49
50 PHYSICAL THERAPY	11.16						11.16	50
51 OCCUPATIONAL THERAPY	17.95						17.95	51
53 ELECTROCARDIOLOGY	0.13						0.13	53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.42						0.42	55
56 DRUGS CHARGED TO PATIENTS	3.33						3.33	56
59.01 VASCULAR LAB	0.71						0.71	59.01
101 TOTAL CHARGES	0.75						0.75	101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2515624	2.94	-2515624	-6.18		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4223998	4.94	-4223998	-10.38		4
5	EMPLOYEE BENEFITS	13668282	15.99	-13668282	-33.58		5
6	ADMINISTRATIVE & GENERAL	11893432	13.91	-11893432	-29.22		6
7	MAINTENANCE & REPAIRS	874373	1.02	-874373	-2.15		7
8	OPERATION OF PLANT	1590153	1.86	-1590153	-3.91		8
9	LAUNDRY & LINEN SERVICE	217993	.26	-217993	-.54		9
10	HOUSEKEEPING	825556	.97	-825556	-2.03		10
11	DIETARY	599236	.70	-599236	-1.47		11
12	CAFETERIA	172440	.20	-172440	-.42		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	656241	.77	-656241	-1.61		14
15	CENTRAL SERVICES & SUPPLY	2841		-2841	-.01		15
16	PHARMACY	1256864	1.47	-1256864	-3.09		16
17	MEDICAL RECORDS & LIBRARY	2207176	2.58	-2207176	-5.42		17
18	SOCIAL SERVICE	3017		-3017	-.01		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	7040978	8.24	12663788	31.11	19704766	23.05
26	INTENSIVE CARE UNIT	1513421	1.77	1958766	4.81	3472187	4.06
31	SUBPROVIDER I						31
33	NURSERY	21190	.02	53396	.13	74586	.09
34	SKILLED NURSING FACILITY	763536	.89	1585028	3.89	2348564	2.75
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	15326177	17.93	7859647	19.31	23185824	27.13
39	DELIVERY ROOM & LABOR ROOM	277591	.32	420257	1.03	697848	.82
40	ANESTHESIOLOGY	116343	.14	186312	.46	302655	.35
41	RADIOLOGY-DIAGNOSTIC	2471918	2.89	2583219	6.35	5055137	5.91
41.01	ULTRASOUND	223874	.26	159091	.39	382965	.45
41.02	NUCLEAR MEDICINE-DIAGNOSTIC	774067	.91	446293	1.10	1220360	1.43
41.03	CAT SCAN	663148	.78	427702	1.05	1090850	1.28
41.04	RADIATION ONC						41.04
41.05	MAGNETIC RESONANCE IMAGING (MRI)	1430086	1.67	434230	1.07	1864316	2.18
41.06	PET SCAN	179917	.21	50624	.12	230541	.27
44	LABORATORY	3298495	3.86	1748668	4.30	5047163	5.90
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1242296	1.45	1006598	2.47	2248894	2.63
50	PHYSICAL THERAPY	788336	.92	816221	2.01	1604557	1.88
51	OCCUPATIONAL THERAPY	179291	.21	156567	.38	335858	.39
53	ELECTROCARDIOLOGY	625548	.73	1125542	2.76	1751090	2.05

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.01 CARD CATH	379631	.44	310693	.76	690324	.81	53.01
54 ELECTROENCEPHALOGRAPHY	165763	.19	146310	.36	312073	.37	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1413301	1.65	323409	.79	1736710	2.03	55
56 DRUGS CHARGED TO PATIENTS	2537393	2.97	2954844	7.26	5492237	6.43	56
57 RENAL DIALYSIS	34326	.04	7230	.02	41556	.05	57
59 BACTERIOLOGY & MICROBIOLOGY							59
59.01 VASCULAR LAB	243088	.28	193891	.48	436979	.51	59.01
59.02 CARDIAC REHAB	59515	.07	83277	.20	142792	.17	59.02
59.03 WOUND CARE	294421	.34	122995	.30	417416	.49	59.03
61 EMERGENCY	1586364	1.86	1834015	4.51	3420379	4.00	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	965577	1.13	804297	1.98	1769874	2.07	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	38201	.04	36767	.09	74968	.09	96
98 PHYSICIANS' PRIVATE OFFICES	9289	.01	103003	.25	112292	.13	98
100 PHILANTHROPY DEVELOPMENT	107177	.13	53910	.13	161087	.19	100
100.01 VENDING			8084	.02	8084	.01	100.01
100.02 MEALS ON WHEELS			42552	.10	42552	.05	100.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	85477484	100.00	0	.00	85477484	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1553433	48412752	.032087	15971773	512486	37
39 DELIVERY ROOM & LABOR ROOM	107806	2134387	.050509	76886	3883	39
40 ANESTHESIOLOGY	92333	5465144	.016895	1074353	18151	40
41 RADIOLOGY-DIAGNOSTIC	811026	12678825	.063967	1436816	91909	41
41.01 ULTRASOUND	17252	2169528	.007952	177747	1413	41.01
41.02 NUCLEAR MEDICINE-DIAGNOSTIC	113269	10187898	.011118	599260	6663	41.02
41.03 CAT SCAN	142912	22910168	.006238	3163797	19736	41.03
41.04 RADIATION ONC						41.04
41.05 MAGNETIC RESONANCE IMAGING (MRI)	37718	9793339	.003851	739493	2848	41.05
41.06 PET SCAN	7839	658397	.011906	19842	236	41.06
44 LABORATORY	273013	16785476	.016265	5649153	91883	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	85922	5127155	.016758	2772639	46464	49
50 PHYSICAL THERAPY	126609	2238120	.056569	779019	44068	50
51 OCCUPATIONAL THERAPY	20080	543791	.036926	202493	7477	51
53 ELECTROCARDIOLOGY	473055	8460076	.055916	1879308	105083	53
53.01 CARD CATH	48786	1244152	.039212	113881	4466	53.01
54 ELECTROENCEPHALOGRAPHY	19117	1166739	.016385	74312	1218	54
55 MEDICAL SUPPLIES CHARGED TO PAT	38155	13984204	.002728	4106481	11202	55
56 DRUGS CHARGED TO PATIENTS	320665	24192822	.013255	11205698	148532	56
57 RENAL DIALYSIS	672	58102	.011566	43702	505	57
59 BACTERIOLOGY & MICROBIOLOGY						59
59.01 VASCULAR LAB	30099	1221238	.024646	157186	3874	59.01
59.02 CARDIAC REHAB	21940	245384	.089411	387	35	59.02
59.03 WOUND CARE	15706	800329	.019624			59.03
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	282803	14187024	.019934	1631420	32521	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	119526	2073068	.057657	48869	2818	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4759736	206738118		51924515	1157471	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	1508594		1508594	23476	64.26	13700	880362 25
26	INTENSIVE CARE UNIT	221626		221626	1980	111.93	1433	160396 26
101	TOTAL	1730220		1730220			15133	1040758 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1040758	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1157471	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2198229	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							3609	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							15133	
PER DISCHARGE CAPITAL COSTS							609.10	
PER DIEM CAPITAL COSTS							145.26	

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)	28164303
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	62267324
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.452

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)	2198229
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.035

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	9414929
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	37204785
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.253