

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 LORETTO HOSPITAL (14-0083) (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	1		4	1
2	SUBPROVIDER I	2			2
3	SWING BED - SNF	113107	41084		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	113107	41084		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 OMD 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: 645 SOUTH CENTRAL AVENUE P.O. BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60646 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	LORETTO HOSPITAL	14-0083	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							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

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).

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. NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. NO 32

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2. NO 33

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? NO 34

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? NO 35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 36

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? YES 36.01

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? NO 37

37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? NO 37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? YES 38

38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? NO 38.01

38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? NO 38.02

38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? NO 38.03

38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? NO 38.04

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND 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. NO 40

40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01

40.02 STREET: P.O. BOX: 40.02

40.03 CITY: STATE: ZIP CODE: 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 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	N	47
48 SUBPROVIDER I	N	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: PAID LOSSES: AND/OR SELF INSURANCE: 1558917						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)		YES	10/08/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE		
	V 12	XVIII 13	XIX 14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2192	3288	6558	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		2192	3288	6558	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	28507588		28507588	1037139.00	27.49		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
5 PHYSICIAN - PART A							4
6 4.01 TEACHING PHYSICIAN SALARIES							4.01
7 PHYSICIAN - PART B							5
8 5.01 NON-PHYSICIAN - PART B							5.01
9 6 INTERNS & RESIDENTS (IN APPR PGM)	144663		144663	8400.00	17.22	LABOR DIST	6
10 6.01 CONTRACT SERVICES, I&R							6.01
11 7 HOME OFFICE PERSONNEL							7
12 8 SNF							8
13 8.01 EXCLUDED AREA SALARIES	701		701	40.00	17.53	LABOR DIST	8.01
14 OTHER WAGES & RELATED COSTS							
15 9 CONTRACT LABOR	28045		28045	425.78	65.87		9
16 9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
17 9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
18 9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
19 10 CONTRACT LABOR: PHYSICIAN PART A							10
20 10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
21 11 HOME OFFICE SALARIES & WAGE REL COSTS							11
22 12 HOME OFFICE: PHYSICIAN PART A							12
23 12.01 TEACHING PHYSICIAN SALARIES							12.01
24 WAGE-RELATED COSTS							
25 13 WAGE RELATED COSTS (CORE)	3714510		3714510			CMS 339	13
26 14 WAGE RELATED COSTS (OTHER)						CMS 339	14
27 15 EXCLUDED AREAS	273350		273350			CMS 339	15
28 16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
29 17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
30 18 PHYSICIAN PART A						CMS 339	18
31 18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
32 19 PHYSICIAN PART B						CMS 339	19
33 19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
34 20 INTERNS & RESIDENTS (IN APPR PGM)	26091		26091			CMS 339	20
35 OVERHEAD COSTS - DIRECT SALARIES							
36 21 EMPLOYEE BENEFITS	230565		230565	7589.00	30.38		21
37 22 ADMINISTRATIVE & GENERAL	4435434		4435434	135005.00	32.85		22
38 22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	40313		40313	228.00	176.81		22.01
39 23 MAINTENANCE & REPAIRS							23
40 24 OPERATION OF PLANT	1023206		1023206	35805.00	28.58		24
41 25 LAUNDRY & LINEN SERVICE	29362		29362	2362.00	12.43		25
42 26 HOUSEKEEPING	619902		619902	52988.00	11.70		26
43 26.01 HOUSEKEEPING UNDER CONTRACT							26.01
44 27 DIETARY	909606		909606	60323.00	15.08		27
45 27.01 DIETARY UNDER CONTRACT	62133		62133	1002.15	62.00		27.01
46 28 CAFETERIA							28
47 29 MAINTENANCE OF PERSONNEL							29
48 30 NURSING ADMINISTRATION	1313204		1313204	33816.00	38.83		30
49 31 CENTRAL SERVICES AND SUPPLY	190191		190191	10061.00	18.90		31
50 32 PHARMACY	560664		560664	21240.00	26.40		32
51 33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	438411		438411	23543.00	18.62		33
52 34 SOCIAL SERVICE	81165		81165	4094.00	19.83		34
53 35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART III
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5		
1 NET SALARIES	28465371		28465371	1029969.15	27.64		1
2 EXCLUDED AREA SALARIES	701		701	40.00	17.53		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	28464670		28464670	1029929.15	27.64		3
4 SUBTOTAL OTHER WAGES & REL COSTS	28045		28045	425.78	65.87		4
5 SUBTOTAL WAGE-RELATED COSTS	3714510		3714510		13.05%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	32207225		32207225	1030354.93	31.26		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	9934156		9934156	388056.15	25.60		13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	26030646 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	8102750 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	34133396 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.615469 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	38167343 28
29	TOTAL GROSS MEDICAID COST	23490816 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	8685324 30
31	UNCOMPENSATED CARE COST	5345548 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	23490816 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		1838741	1838741	-972635	866106	-31850	834256	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1011819	1011819		1011819	4
5	0500 EMPLOYEE BENEFITS	230565	2183598	2414163		2414163		2414163	5
6.01	1160 COMMUNICATIONS	125371	429565	554936		554936		554936	6.01
6.04	0640 ADMITTING	168154	20156	188310		188310		188310	6.04
6.05	0650 BUSINESS OFFICE	372398	127204	499602		499602		499602	6.05
6.06	0660 OTHER ADMINISTRATIVE	3769511	12744274	16513785	-33506	16480279	-345441	16134838	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	1023206	1420836	2444042		2444042		2444042	8
9	0900 LAUNDRY & LINEN SERVICE	29362	297310	326672		326672		326672	9
10	1000 HOUSEKEEPING	619902	559438	1179340		1179340		1179340	10
11	1100 DIETARY	909606	305079	1214685		1214685		1214685	11
12	1200 CAFETERIA		341642	341642		341642	-135026	206616	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1313204	361312	1674516		1674516		1674516	14
15	1500 CENTRAL SERVICES & SUPPLY	190191	618204	808395		808395		808395	15
16	1600 PHARMACY	560664	1725496	2286160	-1544228	741932		741932	16
17	1700 MEDICAL RECORDS & LIBRARY	438411	502504	940915		940915	-20986	919929	17
18	1800 SOCIAL SERVICE	81165	6077	87242		87242		87242	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	144663	21087	165750		165750		165750	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25	2500 ADULTS & PEDIATRICS	9015510	1126242	10141752		10141752	-109104	10032648	25
26	2600 INTENSIVE CARE UNIT ANCILLARY SERVICE COST CENTERS	1712543	404717	2117260		2117260	-160000	1957260	26
37	3700 OPERATING ROOM	638089	441161	1079250	-286083	793167		793167	37
40	4000 ANESTHESIOLOGY		271567	271567	-3096	268471	-267000	1471	40
41	4100 RADIOLOGY-DIAGNOSTIC	1101299	1040170	2141469		2141469	-225008	1916461	41
44	4400 LABORATORY	959433	1251215	2210648		2210648		2210648	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	834922	460939	1295861	-96201	1199660	-24000	1175660	49
50	5000 PHYSICAL THERAPY	456911	75374	532285	-669	531616	-6000	525616	50
53	5300 ELECTROCARDIOLOGY	202023	71085	273108		273108		273108	53
54	5400 ELECTROENCEPHALOGRAPHY	16402	5449	21851		21851		21851	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				484325	484325		484325	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS				1544228	1544228		1544228	56
57	5700 RENAL DIALYSIS		161289	161289		161289		161289	57
58.01	3951 HYPERBARIC CHAMBER								58.01
59	3550 O/P MENTAL HEALTH	655071	295426	950497		950497	-196755	753742	59
59.10	3950 PARTIAL HOSPITALIZATION	119984	32536	152520		152520		152520	59.10
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	418439	97977	516416		516416		516416	60
60.01	6001 CICERO CLINIC								60.01
60.02	6002 YMCA CLINIC								60.02
60.03	6003 NORTH AVENUE CLINIC								60.03
60.04	6004 CLINIC #4								60.04
61	6100 EMERGENCY	2399775	1829980	4229755	-98276	4131479	-1203404	2928075	61
61.01	4950 GOLDEN LIFE	113	1246	1359		1359		1359	61.01
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		5678	5678	-5678				88
95	SUBTOTALS	28506887	31074574	59581461		59581461	-2724574	56856887	95
NONREIMBURSABLE COST CENTERS									
98	9800 PHYSICIANS' PRIVATE OFFICES	425	2018	2443		2443		2443	98

PROVIDER NO. 14-0083 LORETTO HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

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11/22/2010 16:10

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	PUBLIC RELATIONS		52078	52078		52078		52078 100
100.10	7951	AUSTIN PRIDE	276		276		276		276 100.10
101		TOTAL	28507588	31128670	59636258		59636258	-2724574	56911684 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	2	3	4	5		
1 DRUGS SOLD	A	DRUGS CHARGED TO PATIENTS	56		1544228	1
2	A					2
3						3
4 INTEREST EXPENSE	B	OTHER ADMINISTRATIVE	6.06		5678	4
5						5
6 DEPR EXP	D	NEW CAP REL COSTS-MVBLE EQUIP	4		1011819	6
7						7
8 SUPPLIES CHARGED	E	MEDICAL SUPPLIES CHARGED TO P	55		484325	8
9	E					9
10	E					10
11	E					11
12	E					12
13						13
14 CAPITAL INSURANCE EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		39184	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						3085234

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 DRUGS SOLD	A	PHARMACY	16		1544228	1
2	A					2
3						3
4 INTEREST EXPENSE	B	INTEREST EXPENSE	88		5678	4
5						5
6 DEPR EXP	D	NEW CAP REL COSTS-BLDG & FIXT	3		1011819	9 6
7						7
8 SUPPLIES CHARGED	E	EMERGENCY	61		98276	8
9	E	OPERATING ROOM	37		286083	9
10	E	ANESTHESIOLOGY	40		3096	10
11	E	RESPIRATORY THERAPY	49		96201	11
12	E	PHYSICAL THERAPY	50		669	12
13						13
14 CAPITAL INSURANCE EXPENSE	F	OTHER ADMINISTRATIVE	6.06		39184	12 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					3085234	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	429028					429028		1
2 LAND IMPROVEMENTS		224058		224058		224058		2
3 BUILDINGS AND FIXTURES	30323415	1224512		1224512		31547927		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	18895718					18895718		5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL	49648161	1448570		1448570		51096731		7
8 RECONCILING ITEMS								8
9 TOTAL	49648161	1448570		1448570		51096731		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	-5678	OTHER ADMINISTRATIVE	6.06	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2462535			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-135026	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	-20986	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		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A-8-4		UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES	WKST		OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT	A-8-4		OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	WKST		NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A-8-3		NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4				36
37	WKST				37
37.02 TELEPHONE CAPITAL	B	-2282	NEW CAP REL COSTS-BLDG & FIXT	3	9
38 RECORDS COPIES	B	-8	RADIOLOGY-DIAGNOSTIC	41	38
39					39
40 MISC INCOME	B	-44888	OTHER ADMINISTRATIVE	6.06	40
41 LOBBYING EXPENSES	A	-23603	OTHER ADMINISTRATIVE	6.06	41
42 RENTAL INCOME	B	-29568	NEW CAP REL COSTS-BLDG & FIXT	3	9
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-2724574			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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS					

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

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

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

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

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE	NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	AGGREGATE	109104	109104					
2	26	INTENSIVE CARE UNIT	AGGREGATE	160000	160000					
3	40	ANESTHESIOLOGY	AGGREGATE	267000	267000					
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE	225000	225000					
5	50	PHYSICAL THERAPY	AGGREGATE	6000	6000					
6	59	O/P MENTAL HEALTH	AGGREGATE	196755	196755					
7	61	EMERGENCY	AGGREGATE	1203404	1203404					
8	49	RESPIRATORY THERAPY	AGGREGATE	24000	24000					
9	6.06	OTHER ADMINISTRATIVE	AGGREGATE	271272	271272					
101		TOTAL		2462535	2462535					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	COMMUNI CATIONS 6.01	ADMITTING 6.04	BUSINESS OFFICE 6.05	SUBTOTAL 5A	
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	834256	834256							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1011819		1011819						4
5 EMPLOYEE BENEFITS	2414163	5116	6205	2425484					5
6.01 COMMUNICATIONS	554936	4963	6019	10754	576672				6.01
6.04 ADMITTING	188310	641	778	14424	5518	209671			6.04
6.05 BUSINESS OFFICE	499602	15069	18276	31943	8278		573168		6.05
6.06 OTHER ADMINISTRATIVE	16134838	176186	213683	323334	162795			17010836	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	2444042	86017	104325	87767	8278			2730429	8
9 LAUNDRY & LINEN SERVICE	326672	10562	12810	2519	2759			355322	9
10 HOUSEKEEPING	1179340	10236	12415	53173	2759			1257923	10
11 DIETARY	1214685	30161	36580	78022	13796			1373244	11
12 CAFETERIA	206616	11723	14219		8278			240836	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1674516	5028	6098	112641	27592			1825875	14
15 CENTRAL SERVICES & SUPPLY	808395	49635	60199	16314	8278			942821	15
16 PHARMACY	741932	6947	8425	48092	5518			810914	16
17 MEDICAL RECORDS & LIBRARY	919929	15705	19048	37605	19314			1011601	17
18 SOCIAL SERVICE	87242	1859	2254	6962	19314			117631	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	165750	418	507	12409				179084	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10032648	126842	153839	773306	41388	98838	212392	11439253	25
26 INTENSIVE CARE UNIT	1957260	31169	37803	146895	13796	15751	33560	2236234	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	793167	41856	50765	54733	52425	1384	4895	999225	37
40 ANESTHESIOLOGY	1471	1691	2051	2759	204	694		8870	40
41 RADIOLOGY-DIAGNOSTIC	1916461	40727	49396	94465	22074	8626	35611	2167360	41
44 LABORATORY	2210648	30779	37330	82296	16555	26506	78751	2482865	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1175660	9581	11621	71616	5518	14496	35200	1323692	49
50 PHYSICAL THERAPY	525616	20533	24904	39192	19314	983	6018	636560	50
53 ELECTROCARDIOLOGY	273108	2676	3246	17329	8278	5648	14973	325258	53
54 ELECTROENCEPHALOGRAPHY	21851	1817	2204	1407	2759	149	341	30528	54
55 MEDICAL SUPPLIES CHARGED TO PAT	484325					5081	18919	508325	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	1544228					25193	59437	1628858	56
57 RENAL DIALYSIS	161289					497	1058	162844	57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH	753742	19074	23134	56189	19314		5416	876869	59
59.10 PARTIAL HOSPITALIZATION	152520	27847	33774	10292	5518	2	15188	245141	59.10
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	516416	11737	14235	35892	19314	280	9992	607866	60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	2928075	17852	21652	205843	46906	6033	40720	3267081	61
61.01 GOLDEN LIFE	1359	12467	15120	10			3	28959	61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	56856887	826914	1002915	2425424	568395	209671	573168	56832304	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	2443			36				2479	98
100 PUBLIC RELATIONS	52078	372	451		2759			55660	100

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	COMMUNI CATIONS 6.01	ADMITTING 6.04	BUSINESS OFFICE 6.05	SUBTOTAL 5A
100.10AUSTIN PRIDE	276	6970	8453	24	5518			21241 100.10
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	56911684	834256	1011819	2425484	576672	209671	573168	56911684 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE									6.05
6.06 OTHER ADMINISTRATIVE	17010836								6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1164058	3894487							8
9 LAUNDRY & LINEN SERVICE	151484	75348	582154						9
10 HOUSEKEEPING	536288	73027		1867238					10
11 DIETARY	585452	215171		16664	2190531				11
12 CAFETERIA	102675	83635		97088		524234			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	778422	35867				23859	2664023		14
15 CENTRAL SERVICES & SUPPLY	401951	354099		49937		7102		1755910	15
16 PHARMACY	345715	49558		22182		14981			16
17 MEDICAL RECORDS & LIBRARY	431274	112044		16664		16610			17
18 SOCIAL SERVICE	50149	13260		8305		2891			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	76349	2983				5928			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	4876861	902284	309692	482763	2073220	225367	1661998		25
26 INTENSIVE CARE UNIT	953369	222364	74000	88783	117311	31005	228648		26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	425998	298607	58531	141507		11929	87975		37
40 ANESTHESIOLOGY	3782	12066							40
41 RADIOLOGY-DIAGNOSTIC	924006	290552	32781	97088		24431			41
44 LABORATORY	1058515	219580		97088		29420			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	564327	68353		49937		20528			49
50 PHYSICAL THERAPY	271383	146486	7654	84631		10888			50
53 ELECTROCARDIOLOGY	138667	19094				5987			53
54 ELECTROENCEPHALOGRAPHY	13015	12961				337			54
55 MEDICAL SUPPLIES CHARGED TO PAT	216713							1755910	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	694428								56
57 RENAL DIALYSIS	69425								57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH	373834	136077		74906		21306	157121		59
59.10 PARTIAL HOSPITALIZATION	104510	198662				2993	22075		59.10
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	259150	83735		138721		12590	92844		60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	1392848	127359	99496	388462		56052	413362		61
61.01 GOLDEN LIFE	12346	88939							61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	16976994	3842111	582154	1854726	2190531	524204	2664023	1755910	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	1057					15			98
100 PUBLIC RELATIONS	23729	2652							100

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
100.10AUSTIN PRIDE	9056	49724		12512		15			100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	17010836	3894487	582154	1867238	2190531	524234	2664023	1755910	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	1243350							16
17 MEDICAL RECORDS & LIBRARY		1588193						17
18 SOCIAL SERVICE			192236					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				264344				22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	103290	588512	182006	264344	23109590	-264344	22845246	25
26 INTENSIVE CARE UNIT	24346	92992			4069052		4069052	26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	22474	13564			2059810		2059810	37
40 ANESTHESIOLOGY		1922			26640		26640	40
41 RADIOLOGY-DIAGNOSTIC	994	98677			3635889		3635889	41
44 LABORATORY		218212			4105680		4105680	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	4139	97536			2128512		2128512	49
50 PHYSICAL THERAPY		16674			1174276		1174276	50
53 ELECTROCARDIOLOGY	505	41488			530999		530999	53
54 ELECTROENCEPHALOGRAPHY		945			57786		57786	54
55 MEDICAL SUPPLIES CHARGED TO PAT		52422			2533370		2533370	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	1025909	164695			3513890		3513890	56
57 RENAL DIALYSIS		2932			235201		235201	57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		15009			1655122		1655122	59
59.10 PARTIAL HOSPITALIZATION		42084			615465		615465	59.10
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4235	27688	4384		1231213		1231213	60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY	56548	112832	5846		5919886		5919886	61
61.01 GOLDEN LIFE		9			130253		130253	61.01
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1242440	1588193	192236	264344	56732634	-264344	56468290	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	910				4461		4461	98
100 PUBLIC RELATIONS					82041		82041	100

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	18	22	25	26	27	
100.10AUSTIN PRIDE					92548		92548	100.10
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1243350	1588193	192236	264344	56911684	-264344	56647340	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI CATIONS 6.01	ADMITTING 6.04	BUSINESS OFFICE 6.05	
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		5116	6205	11321	11321				5
6.01 COMMUNICATIONS	27020	4963	6019	38002	50	38052			6.01
6.04 ADMITTING	5408	641	778	6827	67	364	7258		6.04
6.05 BUSINESS OFFICE	6443	15069	18276	39788	149	546		40483	6.05
6.06 OTHER ADMINISTRATIVE	3076	176186	213683	392945	1508	10747			6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	4367	86017	104325	194709	409	546			8
9 LAUNDRY & LINEN SERVICE		10562	12810	23372	12	182			9
10 HOUSEKEEPING		10236	12415	22651	248	182			10
11 DIETARY	117	30161	36580	66858	364	910			11
12 CAFETERIA		11723	14219	25942		546			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	5880	5028	6098	17006	525	1821			14
15 CENTRAL SERVICES & SUPPLY	-2174	49635	60199	107660	76	546			15
16 PHARMACY	32025	6947	8425	47397	224	364			16
17 MEDICAL RECORDS & LIBRARY	7037	15705	19048	41790	175	1274			17
18 SOCIAL SERVICE		1859	2254	4113	32	1274			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		418	507	925	58				22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	18713	126842	153839	299394	3617	2731	3439	15014	25
26 INTENSIVE CARE UNIT		31169	37803	68972	685	910	543	2369	26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	498	41856	50765	93119	255	3459	48	346	37
40 ANESTHESIOLOGY		1691	2051	3742		182	7	49	40
41 RADIOLOGY-DIAGNOSTIC		40727	49396	90123	441	1457	297	2514	41
44 LABORATORY		30779	37330	68109	384	1092	913	5559	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		9581	11621	21202	334	364	499	2485	49
50 PHYSICAL THERAPY		20533	24904	45437	183	1274	34	425	50
53 ELECTROCARDIOLOGY		2676	3246	5922	81	546	195	1057	53
54 ELECTROENCEPHALOGRAPHY		1817	2204	4021	7	182	5	24	54
55 MEDICAL SUPPLIES CHARGED TO PAT							175	1336	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS							868	4196	56
57 RENAL DIALYSIS							17	75	57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH		19074	23134	42208	262	1274		382	59
59.10 PARTIAL HOSPITALIZATION		27847	33774	61621	48	364		1072	59.10
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1532	11737	14235	27504	167	1274	10	705	60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	1649	17852	21652	41153	960	3095	208	2875	61
61.01 GOLDEN LIFE		12467	15120	27587					61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	111591	826914	1002915	1941420	11321	37506	7258	40483	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
100 PUBLIC RELATIONS	3000	372	451	3823		182			100

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ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI CATIONS 6.01	ADMITTING 6.04	BUSINESS OFFICE 6.05	
100.10AUSTIN PRIDE	420	6970	8453	15843		364			100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	115011	834256	1011819	1961086	11321	38052	7258	40483	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATIONS									6.01
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE									6.05
6.06 OTHER ADMINISTRATIVE	405200								6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	27728	223392							8
9 LAUNDRY & LINEN SERVICE	3608	4322	31496						9
10 HOUSEKEEPING	12774	4189		40044					10
11 DIETARY	13945	12342		357	94776				11
12 CAFETERIA	2446	4797		2082		35813			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	18542	2057				1630	41581		14
15 CENTRAL SERVICES & SUPPLY	9574	20311		1071		485		139723	15
16 PHARMACY	8235	2843		476		1023			16
17 MEDICAL RECORDS & LIBRARY	10273	6427		357		1135			17
18 SOCIAL SERVICE	1195	761		178		197			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	1819	171				405			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	116172	51759	16754	10354	89700	15398	25941		25
26 INTENSIVE CARE UNIT	22709	12755	4004	1904	5076	2118	3569		26
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	10147	17128	3167	3035		815	1373		37
40 ANESTHESIOLOGY	90	692							40
41 RADIOLOGY-DIAGNOSTIC	22010	16666	1774	2082		1669			41
44 LABORATORY	25213	12595		2082		2010			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	13442	3921		1071		1402			49
50 PHYSICAL THERAPY	6464	8403	414	1815		744			50
53 ELECTROCARDIOLOGY	3303	1095				409			53
54 ELECTROENCEPHALOGRAPHY	310	743				23			54
55 MEDICAL SUPPLIES CHARGED TO PAT	5162							139723	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	16541								56
57 RENAL DIALYSIS	1654								57
58.01 HYPERBARIC CHAMBER									58.01
59 O/P MENTAL HEALTH	8905	7806		1606		1455	2452		59
59.10 PARTIAL HOSPITALIZATION	2489	11395				204	345		59.10
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	6173	4803		2975		860	1449		60
60.01 CICERO CLINIC									60.01
60.02 YMCA CLINIC									60.02
60.03 NORTH AVENUE CLINIC									60.03
60.04 CLINIC #4									60.04
61 EMERGENCY	33177	7305	5383	8331		3829	6452		61
61.01 GOLDEN LIFE	294	5102							61.01
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	404394	220388	31496	39776	94776	35811	41581	139723	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	25					1			98
100 PUBLIC RELATIONS	565	152							100

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 PART III

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
100.10AUSTIN PRIDE	216	2852		268		1			100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	405200	223392	31496	40044	94776	35813	41581	139723	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	60562							16
17 MEDICAL RECORDS & LIBRARY		61431						17
18 SOCIAL SERVICE			7750					18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				3378				22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	5031	22739	7337		685380		685380	25
26 INTENSIVE CARE UNIT	1186	3599			130399		130399	26
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1095	525			134512		134512	37
40 ANESTHESIOLOGY		74			4836		4836	40
41 RADIOLOGY-DIAGNOSTIC	48	3819			142900		142900	41
44 LABORATORY		8446			126403		126403	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	202	3775			48697		48697	49
50 PHYSICAL THERAPY		645			65838		65838	50
53 ELECTROCARDIOLOGY	25	1606			14239		14239	53
54 ELECTROENCEPHALOGRAPHY		37			5352		5352	54
55 MEDICAL SUPPLIES CHARGED TO PAT		2029			148425		148425	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	49971	6375			77951		77951	56
57 RENAL DIALYSIS		113			1859		1859	57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		581			66931		66931	59
59.10 PARTIAL HOSPITALIZATION		1629			79167		79167	59.10
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	206	1072	177		47375		47375	60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY	2754	4367	236		120125		120125	61
61.01 GOLDEN LIFE					32983		32983	61.01
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	60518	61431	7750		1933372		1933372	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	44				70		70	98
100 PUBLIC RELATIONS					4722		4722	100

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 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	18	22	25	26	27	
100.10AUSTIN PRIDE					19544		19544	100.10
101 CROSS FOOT ADJUSTMENTS				3378	3378		3378	101
102 NEGATIVE COST CENTER								102
103 TOTAL	60562	61431	7750	3378	1961086		1961086	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	COMMUNI	ADMITTING	BUSINESS	RECON-
	REL COSTS	REL COSTS	BENEFITS	CATIONS	INPATIENT	OFFICE	
	BLDG&FIXT	MOV EQUIP	GROSS	(PHONES	REVENUE	GROSS	
	(SQUARE	(SQUARE	SALARIES			REVENUE	
	FEET)	FEET)		6.01	6.04	6.05	6A.06
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4	179542						4
5		179542					5
6.01	1101	1101	28277023				6.01
6.04	1068	1068	125371	209			6.04
6.05	138	138	168154	2	71514769		6.05
6.06	3243	3243	372398	3		91748336	6.06
7	37917	37917	3769511	59			-17010836
8							7
9	18512	18512	1023206	3			8
10	2273	2273	29362	1			9
11	2203	2203	619902	1			10
12	6491	6491	909606	5			11
13	2523	2523		3			12
14							13
15	1082	1082	1313204	10			14
16	10682	10682	190191	3			15
17	1495	1495	560664	2			16
18	3380	3380	438411	7			17
20	400	400	81165	7			18
21							20
22	90	90	144663				21
23							22
24							23
25	27298	27298	9015510	15	33713435	33996711	24
26	6708	6708	1712543	5	5372159	5372159	25
ANCILLARY SERVICE COST CENTERS							
37	9008	9008	638089	19	471899	783605	26
40	364	364		1	69493	111018	37
41	8765	8765	1101299	8	2941951	5700555	40
44	6624	6624	959433	6	9040337	12606142	41
46.30							44
49	2062	2062	834922	2	4943966	5634670	46.30
50	4419	4419	456911	7	335405	963265	49
53	576	576	202023	3	1926417	2396757	50
54	391	391	16402	1	50710	54591	53
55					1733083	3028448	54
55.30							55
56					8592576	9514454	55.30
57					169360	169360	56
58.01							57
59	4105	4105	655071	7		867045	58.01
59.10	5993	5993	119984	2	572	2431211	59
59.97							59.10
59.98							59.97
59.99							59.98
OUTPATIENT SERVICE COST CENTERS							
60	2526	2526	418439	7	95623	1599511	59.99
60.01							60
60.02							60.01
60.03							60.02
60.04							60.03
61	3842	3842	2399775	17	2057783	6518310	60.04
61.01	2683	2683	113			524	61
62							61.01
63.50							62
63.60							63.50
OTHER REIMBURSABLE COST CENTERS							
69.10							63.60
69.20							69.10
69.30							69.20
69.40							69.30
71							69.40
SPECIAL PURPOSE COST CENTERS							
85.01							71
85.02							85.01
85.03							85.02
95	177962	177962	28276322	206	71514769	91748336	85.03
NONREIMBURSABLE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI CATIONS (PHONES	ADMITTING INPATIENT REVENUE	BUSINESS OFFICE GROSS REVENUE	RECON- CILIATION 6A.06
		3	4	5	6.01	6.04	6.05	
98	PHYSICIANS' PRIVATE OFFICES			425				98
100	PUBLIC RELATIONS	80	80		1			100
100.10	AUSTIN PRIDE	1500	1500	276	2			100.10
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	834256	1011819	2425484	576672	209671	573168	103
104	UNIT COST MULT-WS B PT I		5.635556		2759.196172		.006247	104
104	UNIT COST MULT-WS B PT I	4.646579		.085776		.002932		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			11321	38052	7258	40483	107
108	UNIT COST MULT-WS B PT III				182.066986		.000441	108
108	UNIT COST MULT-WS B PT III			.000400		.000101		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI-STRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	6.06	8	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.04									6.04
6.05									6.05
6.06	39900848								6.06
7									7
8	2730429	117484							8
9	355322	2273	25253						9
10	1257923	2203		34176					10
11	1373244	6491		305	99993				11
12	240836	2523		1777		35727			12
13									13
14	1825875	1082				1626	24619		14
15	942821	10682		914		484		100	15
16	810914	1495		406		1021			16
17	1011601	3380		305		1132			17
18	117631	400		152		197			18
20									20
21									21
22	179084	90				404			22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	11439253	27219	13434	8836	94638	15359	15359		25
26	2236234	6708	3210	1625	5355	2113	2113		26
ANCILLARY SERVICE COST CENTERS									
37	999225	9008	2539	2590		813	813		37
40	8870	364							40
41	2167360	8765	1422	1777		1665			41
44	2482865	6624		1777		2005			44
46.30									46.30
49	1323692	2062		914		1399			49
50	636560	4419	332	1549		742			50
53	325258	576				408			53
54	30528	391				23			54
55	508325							100	55
55.30									55.30
56	1628858								56
57	162844								57
58.01									58.01
59	876869	4105		1371		1452	1452		59
59.10	245141	5993				204	204		59.10
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60	607866	2526		2539		858	858		60
60.01									60.01
60.02									60.02
60.03									60.03
60.04									60.04
61	3267081	3842	4316	7110		3820	3820		61
61.01	28959	2683							61.01
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									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	39821468	115904	25253	33947	99993	35725	24619	100	95
NONREIMBURSABLE COST CENTERS									

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMINISTRV & GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	6.06	8	9	10	11	12	14	15	
98 PHYSICIANS' PRIVATE OFFICES	2479						1		98
100 PUBLIC RELATIONS	55660	80							100
100.10 AUSTIN PRIDE	21241	1500		229			1		100.10
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	17010836	3894487	582154	1867238	2190531	524234	2664023	1755910	103
104 UNIT COST MULT-WS B PT I	.426328		23.052865		21.906843		108.210041		104
104 UNIT COST MULT-WS B PT I		33.149084		54.635943		14.673328		17559.100000	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	405200	223392	31496	40044	94776	35813	41581	139723	107
108 UNIT COST MULT-WS B PT III	.010155		1.247218		.947826		1.688980		108
108 UNIT COST MULT-WS B PT III		1.901467		1.171699		1.002407		1397.230000	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	
	(COSTED REQUIS) 16	RECORDS & LIBRARY GROSS REVENUE 17	SERVICE (TIME SPENT) 18	AND FRINGES (ASSIGNED TIME) 22	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.04					6.04
6.05					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16	1814815				16
17		91748336			17
18			13680		18
20					20
21					21
22				10000	22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	150764	33996711	12952	10000	25
26	35536	5372159			26
ANCILLARY SERVICE COST CENTERS					
37	32804	783605			37
40		111018			40
41	1451	5700555			41
44		12606142			44
46.30					46.30
49	6042	5634670			49
50		963265			50
53	737	2396757			53
54		54591			54
55		3028448			55
55.30					55.30
56	1497432	9514454			56
57		169360			57
58.01					58.01
59		867045			59
59.10		2431211			59.10
59.97					59.97
59.98					59.98
59.99					59.99
OUTPATIENT SERVICE COST CENTERS					
60	6182	1599511	312		60
60.01					60.01
60.02					60.02
60.03					60.03
60.04					60.04
61	82539	6518310	416		61
61.01		524			61.01
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					71
SPECIAL PURPOSE COST CENTERS					
85.01					85.01
85.02					85.02
85.03					85.03
95	1813487	91748336	13680	10000	95
NONREIMBURSABLE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	SOCIAL	I/R-SALARY	
	(COSTED REQUIS) 16	RECORDS & LIBRARY GROSS REVENUE 17	SERVICE (TIME SPENT) 18	AND FRINGES (ASSIGNED TIME) 22	
98 PHYSICIANS' PRIVATE OFFICES	1328				98
100 PUBLIC RELATIONS					100
100.10 AUSTIN PRIDE					100.10
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	1243350	1588193	192236	264344	103
104 UNIT COST MULT-WS B PT I	.685111		14.052339		104
104 UNIT COST MULT-WS B PT I		.017310		26.434400	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	60562	61431	7750	3378	107
108 UNIT COST MULT-WS B PT III	.033371		.566520		108
108 UNIT COST MULT-WS B PT III		.000670		.337800	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	22845246		22845246		22845246	25
26 INTENSIVE CARE UNIT	4069052		4069052		4069052	26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2059810		2059810		2059810	37
40 ANESTHESIOLOGY	26640		26640		26640	40
41 RADIOLOGY-DIAGNOSTIC	3635889		3635889		3635889	41
44 LABORATORY	4105680		4105680		4105680	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2128512		2128512		2128512	49
50 PHYSICAL THERAPY	1174276		1174276		1174276	50
53 ELECTROCARDIOLOGY	530999		530999		530999	53
54 ELECTROENCEPHALOGRAPHY	57786		57786		57786	54
55 MEDICAL SUPPLIES CHARGED TO	2533370		2533370		2533370	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	3513890		3513890		3513890	56
57 RENAL DIALYSIS	235201		235201		235201	57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH	1655122		1655122		1655122	59
59.10 PARTIAL HOSPITALIZATION	615465		615465		615465	59.10
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1231213		1231213		1231213	60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	5919886		5919886		5919886	61
61.01 GOLDEN LIFE	130253		130253		130253	61.01
62 OBSERVATION BEDS (NON-DISTI	190027		190027		190027	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	56658317		56658317		56658317	101
102 LESS OBSERVATION BEDS	190027		190027		190027	102
103 TOTAL	56468290		56468290		56468290	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	33713435		33713435			25
26 INTENSIVE CARE UNIT	5372159		5372159			26
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	471899	311706	783605	2.628633	2.628633	2.628633 37
40 ANESTHESIOLOGY	69493	41525	111018	.239961	.239961	.239961 40
41 RADIOLOGY-DIAGNOSTIC	2941951	2758604	5700555	.637813	.637813	.637813 41
44 LABORATORY	9040337	3565805	12606142	.325689	.325689	.325689 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4943966	690704	5634670	.377753	.377753	.377753 49
50 PHYSICAL THERAPY	335405	627860	963265	1.219058	1.219058	1.219058 50
53 ELECTROCARDIOLOGY	1926417	470340	2396757	.221549	.221549	.221549 53
54 ELECTROENCEPHALOGRAPHY	50710	3881	54591	1.058526	1.058526	1.058526 54
55 MEDICAL SUPPLIES CHARGED TO	1733083	1295365	3028448	.836524	.836524	.836524 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	8592576	921878	9514454	.369321	.369321	.369321 56
57 RENAL DIALYSIS	169360		169360	1.388764	1.388764	1.388764 57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH		867045	867045	1.908923	1.908923	1.908923 59
59.10 PARTIAL HOSPITALIZATION	572	2430639	2431211	.253152	.253152	.253152 59.10
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	95623	1503888	1599511	.769743	.769743	.769743 60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	2057783	4460527	6518310	.908193	.908193	.908193 61
61.01 GOLDEN LIFE		524	524	248.574427	248.574427	248.574427 61.01
62 OBSERVATION BEDS (NON-DISTI	1313	281963	283276	.670819	.670819	.670819 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	71516082	20232254	91748336			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	71516082	20232254	91748336			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				685380		685380
26 INTENSIVE CARE UNIT				130399		130399
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				815779		815779

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	35345	13108			19.39	254164
26 INTENSIVE CARE UNIT	2975	1399			43.83	61318
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	38320	14507				315482

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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 CHARGES	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		134512	783605	228631			.171658	39246 37
40 ANESTHESIOLOGY		4836	111018	32030			.043561	1395 40
41 RADIOLOGY-DIAGNOSTIC		142900	5700555	1229967			.025068	30833 41
44 LABORATORY		126403	12606142	3534868			.010027	35444 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		48697	5634670	2285638			.008642	19752 49
50 PHYSICAL THERAPY		65838	963265	175762			.068349	12013 50
53 ELECTROCARDIOLOGY		14239	2396757	857513			.005941	5094 53
54 ELECTROENCEPHALOGRAPHY		5352	54591	24434			.098038	2395 54
55 MEDICAL SUPPLIES CHARGED TO P		148425	3028448	747092			.049010	36615 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		77951	9514454	3343304			.008193	27392 56
57 RENAL DIALYSIS		1859	169360				.010977	57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		66931	867045				.077194	59
59.10 PARTIAL HOSPITALIZATION		79167	2431211	501			.032563	16 59.10
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		47375	1599511	37328			.029618	1106 60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY		120125	6518310	678531			.018429	12505 61
61.01 GOLDEN LIFE		32983	524				62.944656	61.01
62 OBSERVATION BEDS (NON-DISTINC		5701	283276	1085			.020125	22 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1123294	52662742	13176684				223828 101

PROVIDER NO. 14-0083 LORETTO HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/22/2010 16:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					35345		13108	25
26	INTENSIVE CARE UNIT					2975		1399	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								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					38320		14507	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH							59
59.10 PARTIAL HOSPITALIZATION							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY							61
61.01 GOLDEN LIFE							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		783605			228631		97771 37
40 ANESTHESIOLOGY		111018			32030		10990 40
41 RADIOLOGY-DIAGNOSTIC		5700555			1229967		398839 41
44 LABORATORY		12606142			3534868		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5634670			2285638		122404 49
50 PHYSICAL THERAPY		963265			175762		50
53 ELECTROCARDIOLOGY		2396757			857513		110136 53
54 ELECTROENCEPHALOGRAPHY		54591			24434		591 54
55 MEDICAL SUPPLIES CHARGED TO P		3028448			747092		247750 55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		9514454			3343304		241903 56
57 RENAL DIALYSIS		169360					57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH		867045					108943 59
59.10 PARTIAL HOSPITALIZATION		2431211			501		10 59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1599511			37328		651309 60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY		6518310			678531		365708 61
61.01 GOLDEN LIFE		524					61.01
62 OBSERVATION BEDS (NON-DISTINC		283276			1085		50507 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		52662742			13176684		2406861 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HYPERBARIC CHAMBER					58.01
59 O/P MENTAL HEALTH					59
59.10 PARTIAL HOSPITALIZATION					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CICERO CLINIC					60.01
60.02 YMCA CLINIC					60.02
60.03 NORTH AVENUE CLINIC					60.03
60.04 CLINIC #4					60.04
61 EMERGENCY					61
61.01 GOLDEN LIFE					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0083) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2.628633	2.628633	2.628633			37
40 ANESTHESIOLOGY	.239961	.239961	.239961			40
41 RADIOLOGY-DIAGNOSTIC	.637813	.637813	.637813			41
44 LABORATORY	.325689	.325689	.325689			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.377753	.377753	.377753			49
50 PHYSICAL THERAPY	1.219058	1.219058	1.219058			50
53 ELECTROCARDIOLOGY	.221549	.221549	.221549			53
54 ELECTROENCEPHALOGRAPHY	1.058526	1.058526	1.058526			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.836524	.836524	.836524			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.369321	.369321	.369321			56
57 RENAL DIALYSIS	1.388764	1.388764	1.388764			57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH	1.908923	1.908923	1.908923			59
59.10 PARTIAL HOSPITALIZATION	.253152	.253152	.253152			59.10
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.769743	.769743	.769743			60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	.908193	.908193	.908193			61
61.01 GOLDEN LIFE	248.574427	248.574427	248.574427			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.670819	.670819	.670819			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	
2 PROGRAM VACCINE CHARGES	.369321	1	
2.01 PROGRAM VACCINE CHARGES	1473	2	
3 PROGRAM COSTS			2.01
3.01 PROGRAM COSTS	544	3	
			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0083) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.) 5	(SEE INSTRU.) 5.01	(SEE INSTRU.) 5.02	(SEE INSTRU.) 5.03	(SEE INSTRU.) 5.04	SURGICAL CENTER 6	CENTER 7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		97771						37
40 ANESTHESIOLOGY		10990						40
41 RADIOLOGY-DIAGNOSTIC		398839						41
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		122404						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		110136						53
54 ELECTROENCEPHALOGRAPHY		591						54
55 MEDICAL SUPPLIES CHARGED TO PA		247750						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		241903						56
57 RENAL DIALYSIS								57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		108943						59
59.10 PARTIAL HOSPITALIZATION		10						59.10
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		651309	6					60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY		365708						61
61.01 GOLDEN LIFE								61.01
62 OBSERVATION BEDS (NON-DISTINCT)		50507						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		2406861	6					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		2406861	6					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0083) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		257004					37
40 ANESTHESIOLOGY		2637					40
41 RADIOLOGY-DIAGNOSTIC		254385					41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		46238					49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		24401					53
54 ELECTROENCEPHALOGRAPHY		626					54
55 MEDICAL SUPPLIES CHARGED TO PAT		207249					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		89340					56
57 RENAL DIALYSIS							57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH		207964					59
59.10 PARTIAL HOSPITALIZATION		3					59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		501341	5				60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY		332133					61
61.01 GOLDEN LIFE							61.01
62 OBSERVATION BEDS (NON-DISTINCT)		33881					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		1957202	5				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1957202	5				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				685380		685380
26 INTENSIVE CARE UNIT				130399		130399
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				815779		815779

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	35345	17843			19.39	345976
26 INTENSIVE CARE UNIT	2975	1116			43.83	48914
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	38320	18959				394890

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		134512	783605				.171658	37
40 ANESTHESIOLOGY		4836	111018				.043561	40
41 RADIOLOGY-DIAGNOSTIC		142900	5700555				.025068	41
44 LABORATORY		126403	12606142				.010027	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		48697	5634670				.008642	49
50 PHYSICAL THERAPY		65838	963265				.068349	50
53 ELECTROCARDIOLOGY		14239	2396757				.005941	53
54 ELECTROENCEPHALOGRAPHY		5352	54591				.098038	54
55 MEDICAL SUPPLIES CHARGED TO P		148425	3028448				.049010	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		77951	9514454				.008193	56
57 RENAL DIALYSIS		1859	169360				.010977	57
58.01 HYPERBARIC CHAMBER								58.01
59 O/P MENTAL HEALTH		66931	867045				.077194	59
59.10 PARTIAL HOSPITALIZATION		79167	2431211				.032563	59.10
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		47375	1599511				.029618	60
60.01 CICERO CLINIC								60.01
60.02 YMCA CLINIC								60.02
60.03 NORTH AVENUE CLINIC								60.03
60.04 CLINIC #4								60.04
61 EMERGENCY		120125	6518310				.018429	61
61.01 GOLDEN LIFE		32983	524				62.944656	61.01
62 OBSERVATION BEDS (NON-DISTINC		5701	283276				.020125	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1123294	52662742					101

PROVIDER NO. 14-0083 LORETTO HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/22/2010 16:10

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	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					35345		17843	25
26	INTENSIVE CARE UNIT					2975		1116	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								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					38320		18959	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH							59
59.10 PARTIAL HOSPITALIZATION							59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY							61
61.01 GOLDEN LIFE							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0083) [] 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		783605					37
40 ANESTHESIOLOGY		111018					40
41 RADIOLOGY-DIAGNOSTIC		5700555					41
44 LABORATORY		12606142					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		5634670					49
50 PHYSICAL THERAPY		963265					50
53 ELECTROCARDIOLOGY		2396757					53
54 ELECTROENCEPHALOGRAPHY		54591					54
55 MEDICAL SUPPLIES CHARGED TO P		3028448					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		9514454					56
57 RENAL DIALYSIS		169360					57
58.01 HYPERBARIC CHAMBER							58.01
59 O/P MENTAL HEALTH		867045					59
59.10 PARTIAL HOSPITALIZATION		2431211					59.10
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1599511					60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY		6518310					61
61.01 GOLDEN LIFE		524					61.01
62 OBSERVATION BEDS (NON-DISTINC		283276					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		52662742					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0083)	[]	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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 HYPERBARIC CHAMBER					58.01
59 O/P MENTAL HEALTH					59
59.10 PARTIAL HOSPITALIZATION					59.10
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CICERO CLINIC					60.01
60.02 YMCA CLINIC					60.02
60.03 NORTH AVENUE CLINIC					60.03
60.04 CLINIC #4					60.04
61 EMERGENCY					61
61.01 GOLDEN LIFE					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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) (14-0083)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	35345						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	35345						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35345						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)	13108						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) (14-0083)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	22845246						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	22845246						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	33882795						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33882795						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.674243						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	958.63						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	22845246						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) (14-0083)	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	646.35					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8472356					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8472356					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	4069052	2975	1367.75	1399	1913482	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
48 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0083)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	6343483					48
49 TOTAL PROGRAM INPATIENT COSTS	16729321					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	315482					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	223828					51
52 TOTAL PROGRAM EXCLUDABLE COST	539310					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16190011					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) (14-0083)	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. 14-0083 LORETTO HOSPITAL
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0083)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	294	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	646.35	84
85 OBSERVATION BED COST	190027	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		22845246		190027		86
87 NEW CAPITAL-RELATED COST	685380	22845246	.030001	190027	5701	87
88 NON PHYSICIAN ANESTHETIST		22845246		190027		88
89 MEDICAL EDUCATION		22845246		190027		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) (14-0083)	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)	35345						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	35345						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35345						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)	17843						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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0083)	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	22845246						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	22845246						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	33882795						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33882795						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.674243						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	958.63						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	22845246						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) (14-0083)	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	646.35					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11532823					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11532823					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	4069052	2975	1367.75	1116	1526409	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) (14-0083)	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	13059232					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	394890					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	394890					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) (14-0083)	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

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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

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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

HOSPITAL (OTHER) (14-0083)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS

294

83

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

646.35

84

85 OBSERVATION BED COST

190027

85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0083)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		12210661		25
26 INTENSIVE CARE UNIT		2537048		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	2.628633	228631	600987	37
40 ANESTHESIOLOGY	.239961	32030	7686	40
41 RADIOLOGY-DIAGNOSTIC	.637813	1229967	784489	41
44 LABORATORY	.325689	3534868	1151268	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.377753	2285638	863407	49
50 PHYSICAL THERAPY	1.219058	175762	214264	50
53 ELECTROCARDIOLOGY	.221549	857513	189981	53
54 ELECTROENCEPHALOGRAPHY	1.058526	24434	25864	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.836524	747092	624960	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.369321	3343304	1234752	56
57 RENAL DIALYSIS	1.388764			57
58.01 HYPERBARIC CHAMBER				58.01
59 O/P MENTAL HEALTH	1.908923			59
59.10 PARTIAL HOSPITALIZATION	.253152	501	127	59.10
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.769743	37328	28733	60
60.01 CICERO CLINIC				60.01
60.02 YMCA CLINIC				60.02
60.03 NORTH AVENUE CLINIC				60.03
60.04 CLINIC #4				60.04
61 EMERGENCY	.908193	678531	616237	61
61.01 GOLDEN LIFE	248.574427			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.670819	1085	728	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		13176684	6343483	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		13176684		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0083)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	2.628633		37
40 ANESTHESIOLOGY	.239961		40
41 RADIOLOGY-DIAGNOSTIC	.637813		41
44 LABORATORY	.325689		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.377753		49
50 PHYSICAL THERAPY	1.219058		50
53 ELECTROCARDIOLOGY	.221549		53
54 ELECTROENCEPHALOGRAPHY	1.058526		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.836524		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.369321		56
57 RENAL DIALYSIS	1.388764		57
58.01 HYPERBARIC CHAMBER			58.01
59 O/P MENTAL HEALTH	1.908923		59
59.10 PARTIAL HOSPITALIZATION	.253152		59.10
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.769743		60
60.01 CICERO CLINIC			60.01
60.02 YMCA CLINIC			60.02
60.03 NORTH AVENUE CLINIC			60.03
60.04 CLINIC #4			60.04
61 EMERGENCY	.908193		61
61.01 GOLDEN LIFE	248.574427		61.01
62 OBSERVATION BEDS (NON-DISTINCT	.670819		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 (14-0083)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	3074005					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3343540					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	6075281					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	92772					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4370					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	31364					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	186.21					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	4.00					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	4.00					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	4.00					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	3.00					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	3.67				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0083)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.019709				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.021412				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.019709				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	33929				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	35870				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23] [LINE 23]	65091				3.23
3.24	SUM OF LINES 3.21-3.23	134890	0			3.24
	DISPROPORTIONATE SHARE ADJUSTMENT					
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2116				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5156				4.01
4.02	SUM OF 4 AND 4.01	0.7272				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4921				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	6147720				4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	18806800				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	18806800				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1203434				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	109843				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	20120077				16
17	PRIMARY PAYER PAYMENTS	3055				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	20117022				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1201436				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	346034				20
21	REIMBURSABLE BAD DEBTS	1311157				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	917810				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1008398				21.02
22	SUBTOTAL	19487362				22

PROVIDER NO. 14-0083 LORETTO HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/22/2010 16:10

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0083)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	19487362				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	19374255				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	113107				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1377799				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0083) 1	HOSPITAL (14-0083) 1.01	HOSPITAL (14-0083) 1.02
1 MEDICAL AND OTHER SERVICES	549		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1957202		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	1049314		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	549		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	1479		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	1479		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	1479		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	930		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	549		17
17.01 TOTAL PPS PAYMENTS	1049314		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0083) 1	HOSPITAL (14-0083) 1.01	HOSPITAL (14-0083) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	276740		18.01
19 SUBTOTAL	773123		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	12857		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	785980		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	785980		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	125146		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	87602		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	79656		27.02
28 SUBTOTAL	873582		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	873582		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	832498		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	41084		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0083)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B			
	PART A		AMOUNT			
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT		
	1	2	3	4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18834730		773554	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	01/22/2010	539525	01/22/2010	58944	3.01
PROGRAM	.02					3.02
TO	.03					3.03
PROVIDER	.04					3.04
	.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		539525		58944	3.99
4 TOTAL INTERIM PAYMENTS			19374255		832498	4
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01				5.01
	TO	.02		NONE	NONE	5.02
	PROVIDER	.03				5.03
	PROVIDER	.50				5.50
	TO	.51		NONE	NONE	5.51
	PROGRAM	.52				5.52
SUBTOTAL		.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO					
	PROVIDER	.01	113107		41084	6.01
	PROVIDER TO	.02				6.02
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY			19487362		873582	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0083) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	13059232					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	13059232					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	13059232					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	13059232					22
23	COST OF COVERED SERVICES	13059232					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	13059232					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	13059232					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 (14-0083) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST	13059232					34
35	SUBTOTAL						35
36	COINSURANCE						36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	4.00 3.11
3.12	SEE INSTRUCTIONS	4.00 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	4.00 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.00 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.67 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.67 3.16
3.17	SEE INSTRUCTIONS	87094.52 3.17
3.18	SEE INSTRUCTIONS	319637 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX		
3.19 SEE INSTRUCTIONS				3.19
3.20 SEE INSTRUCTIONS				3.20
3.21 SEE INSTRUCTIONS				3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			0.00	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			87094.52	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			319637	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			14507	4
5 TOTAL INPATIENT DAYS			38026	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.381502	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 121942 0			121942	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			105	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			38026	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			758	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0				6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD				
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			169360	8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	16729321	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	3055	15
16	TOTAL PART A REASONABLE COST	16726266	16
PART B REASONABLE COST			
17	REASONABLE COST	1957751	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	1957751	19
20	TOTAL REASONABLE COST	18684017	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.895218	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.104782	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	122700	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	109843	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	12857	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
3.19 SEE INSTRUCTIONS				3.19
3.20 SEE INSTRUCTIONS				3.20
3.21 SEE INSTRUCTIONS				3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			0.00	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			0.00	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001				3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			18959	4
5 TOTAL INPATIENT DAYS			38026	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.498580	6
	[LINE 6 x] [E-3,PART 6]			
	[LINE 3.25] [LINE 11]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0	0		6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD				6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			38026	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

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

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

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

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	478373			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	10496827			4
5	OTHER RECEIVABLES	1281328			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5701932			6
7	INVENTORY	430905			7
8	PREPAID EXPENSES	282657			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	10701804			10
11	TOTAL CURRENT ASSETS	17969962			11
FIXED ASSETS					
12	LAND	429028			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	224058			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	31350514			14
14.01	ACCUMULATED DEPRECIATION	-31616460			14.01
15	LEASEHOLD IMPROVEMENTS	197413			15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	18895718			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS	1214789			17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	20695060			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	7478492			25
26	TOTAL OTHER ASSETS	7478492			26
27	TOTAL ASSETS	46143514			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2978629			28
29	SALARIES, WAGES & FEES PAYABLE	1733257			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	10963441			35
36	TOTAL CURRENT LIABILITIES	15675327			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES				42
43	TOTAL LIABILITIES	15675327			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	30468187			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	30468187			51
52	TOTAL LIABILITIES AND FUND BALANCES	46143514			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	24340218			1
2 NET INCOME (LOSS)	5058259			2
3 TOTAL	29398477			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED	1069710			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1069710			10
11 SUBTOTAL	30468187			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS				13
14 OTHER				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	30468187			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	33882795		33882795	1
2 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	33882795		33882795	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	5372159		5372159	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	5372159		5372159	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	39254954		39254954	16
17 ANCILLARY SERVICES	32430487	20232252	52662739	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
24.01 PRO FEES		-87167	-87167	24.01
25 TOTAL PATIENT REVENUES	71685441	20145085	91830526	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		59636258	26
27 ADD (SPECIFY)	1879148		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		1879148	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		61515406	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	91830526	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	26148912	2
3	NET PATIENT REVENUES	65681614	3
4	LESS - TOTAL OPERATING EXPENSES	61515406	4
5	NET INCOME FROM SERVICE TO PATIENTS	4166208	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	502873	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	119632	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	20986	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	145375	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	15394	21
22	RENTAL OF HOSPITAL SPACE	29568	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER INCOME	58223	24
24.01	OTHER MISC		24.01
25	TOTAL OTHER INCOME	892051	25
26	TOTAL	5058259	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	5058259	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0083)	HOSPITAL (14-0083)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	1028381				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
6.01 COMMUNICATIONS						6.01
6.04 ADMITTING						6.04
6.05 BUSINESS OFFICE						6.05
6.06 OTHER ADMINISTRATIVE						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						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
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN C						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PA						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH						59
59.10 PARTIAL HOSPITALIZATION						59.10
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY						61
61.01 GOLDEN LIFE						61.01
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES						98
100 PUBLIC RELATIONS						100

PROVIDER NO. 14-0083 LORETTO HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/22/2010 16:10

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	
100.10 AUSTIN PRIDE						100.10
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 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	37.09		50.48				87.57 25
26 INTENSIVE CARE UNIT	47.03		37.51				84.54 26
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	29.18	12.48					41.66 37
40 ANESTHESIOLOGY	28.85	9.90					38.75 40
41 RADIOLOGY-DIAGNOSTIC	21.58	7.00					28.58 41
44 LABORATORY	28.04						28.04 44
49 RESPIRATORY THERAPY	40.56	2.17					42.73 49
50 PHYSICAL THERAPY	18.25						18.25 50
53 ELECTROCARDIOLOGY	35.78	4.60					40.38 53
54 ELECTROENCEPHALOGRAPHY	44.76	1.08					45.84 54
55 MEDICAL SUPPLIES CHARGED TO PAT	24.67	8.18					32.85 55
56 DRUGS CHARGED TO PATIENTS	35.14	2.54					37.68 56
59 O/P MENTAL HEALTH		12.56					12.56 59
59.10 PARTIAL HOSPITALIZATION	0.02						0.02 59.10
60 CLINIC	2.33	40.72					43.05 60
61 EMERGENCY	10.41	5.61					16.02 61
62 OBSERVATION BEDS (NON-DISTINCT	0.38	17.83					18.21 62
101 TOTAL CHARGES	14.36	2.62					16.98 101

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	834256	1.47	-834256	-2.66		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1011819	1.78	-1011819	-3.22		4
5	EMPLOYEE BENEFITS	2414163	4.24	-2414163	-7.69		5
6.01	COMMUNICATIONS	554936	.98	-554936	-1.77		6.01
6.04	ADMITTING	188310	.33	-188310	-.60		6.04
6.05	BUSINESS OFFICE	499602	.88	-499602	-1.59		6.05
6.06	OTHER ADMINISTRATIVE	16134838	28.35	-16134838	-51.37		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	2444042	4.29	-2444042	-7.78		8
9	LAUNDRY & LINEN SERVICE	326672	.57	-326672	-1.04		9
10	HOUSEKEEPING	1179340	2.07	-1179340	-3.76		10
11	DIETARY	1214685	2.13	-1214685	-3.87		11
12	CAFETERIA	206616	.36	-206616	-.66		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1674516	2.94	-1674516	-5.33		14
15	CENTRAL SERVICES & SUPPLY	808395	1.42	-808395	-2.57		15
16	PHARMACY	741932	1.30	-741932	-2.36		16
17	MEDICAL RECORDS & LIBRARY	919929	1.62	-919929	-2.93		17
18	SOCIAL SERVICE	87242	.15	-87242	-.28		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	165750	.29	-165750	-.53		22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	10032648	17.63	13076942	41.64	23109590	40.61
26	INTENSIVE CARE UNIT	1957260	3.44	2111792	6.72	4069052	7.15
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	793167	1.39	1266643	4.03	2059810	3.62
40	ANESTHESIOLOGY	1471		25169	.08	26640	.05
41	RADIOLOGY-DIAGNOSTIC	1916461	3.37	1719428	5.47	3635889	6.39
44	LABORATORY	2210648	3.88	1895032	6.03	4105680	7.21
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1175660	2.07	952852	3.03	2128512	3.74
50	PHYSICAL THERAPY	525616	.92	648660	2.07	1174276	2.06
53	ELECTROCARDIOLOGY	273108	.48	257891	.82	530999	.93
54	ELECTROENCEPHALOGRAPHY	21851	.04	35935	.11	57786	.10
55	MEDICAL SUPPLIES CHARGED TO PAT	484325	.85	2049045	6.52	2533370	4.45
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30
56	DRUGS CHARGED TO PATIENTS	1544228	2.71	1969662	6.27	3513890	6.17
57	RENAL DIALYSIS	161289	.28	73912	.24	235201	.41
58.01	HYPERBARIC CHAMBER						58.01
59	O/P MENTAL HEALTH	753742	1.32	901380	2.87	1655122	2.91
59.10	PARTIAL HOSPITALIZATION	152520	.27	462945	1.47	615465	1.08

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	516416	.91	714797	2.28	1231213	2.16	60
60.01 CICERO CLINIC							60.01
60.02 YMCA CLINIC							60.02
60.03 NORTH AVENUE CLINIC							60.03
60.04 CLINIC #4							60.04
61 EMERGENCY	2928075	5.14	2991811	9.53	5919886	10.40	61
61.01 GOLDEN LIFE	1359		128894	.41	130253	.23	61.01
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	2443		2018	.01	4461	.01	98
100 PUBLIC RELATIONS	52078	.09	29963	.10	82041	.14	100
100.10 AUSTIN PRIDE	276		92272	.29	92548	.16	100.10
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	56911684	100.00	0	.00	56911684	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	134512	783605	.171658	228631	39246	37
40 ANESTHESIOLOGY	4836	111018	.043561	32030	1395	40
41 RADIOLOGY-DIAGNOSTIC	142900	5700555	.025068	1229967	30833	41
44 LABORATORY	126403	12606142	.010027	3534868	35444	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	48697	5634670	.008642	2285638	19752	49
50 PHYSICAL THERAPY	65838	963265	.068349	175762	12013	50
53 ELECTROCARDIOLOGY	14239	2396757	.005941	857513	5094	53
54 ELECTROENCEPHALOGRAPHY	5352	54591	.098038	24434	2395	54
55 MEDICAL SUPPLIES CHARGED TO PAT	148425	3028448	.049010	747092	36615	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	77951	9514454	.008193	3343304	27392	56
57 RENAL DIALYSIS	1859	169360	.010977			57
58.01 HYPERBARIC CHAMBER						58.01
59 O/P MENTAL HEALTH	66931	867045	.077194			59
59.10 PARTIAL HOSPITALIZATION	79167	2431211	.032563	501	16	59.10
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	47375	1599511	.029618	37328	1106	60
60.01 CICERO CLINIC						60.01
60.02 YMCA CLINIC						60.02
60.03 NORTH AVENUE CLINIC						60.03
60.04 CLINIC #4						60.04
61 EMERGENCY	120125	6518310	.018429	678531	12505	61
61.01 GOLDEN LIFE	32983	524	62.944656			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	5701	283276	.020125	1085	22	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	1123294	52662742		13176684	223828	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	685380		685380	35345	19.39	13108	254164 25
26 INTENSIVE CARE UNIT	130399		130399	2975	43.83	1399	61318 26
101 TOTAL	815779		815779			14507	315482 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 315482

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 223828

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 539310

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13) 2192

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4) 14507

PER DISCHARGE CAPITAL COSTS 246.04

PER DIEM CAPITAL COSTS 37.18

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)	16190011
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	27924393
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.580

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)	539310
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.019

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	1957202
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	2406861
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.813