

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST ANTHONY HOSPITAL (14-0095) (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	2	3	4	
1	HOSPITAL	208987	268941		1
2	SUBPROVIDER I	25148			2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	234135	268941		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2875 W. 19TH STREET
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60623

COUNTY: COOK

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			2
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0095	07/01/1967	N	P	P	2
3	SUBPROVIDER I	14-S095	11/01/1988	N	P	P	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
19	HOSPITAL		1				19
20	SUBPROVIDER I		4				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). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).		NO		NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	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?	NO	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	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:					54
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					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
		/ /	NO	0.00	NO	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		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)		YES			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO		60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:					FTE/ CAMPUS
	1	STATE:	2	ZIP CODE	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	10/04/2010	63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1314	4851	8284	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		1314	4851	8284	12
13	RPCH VISITS					13
14	SUBPROVIDER I		198	574	1021	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	45510635		45510635	1537470.80	29.60		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	515159		515159	5858.00	87.94	PAYROLL, GL	4
4.01	TEACHING PHYSICIAN SALARIES	1331629		1331629	18563.05	71.74	PAYROLL, GL	4.01
5	PHYSICIAN - PART B	1728279		1728279	26043.08	66.36	PAYROLL, GL	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R	97038		97038	2308.00	42.04	PAYROLL, GL	6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	6765484		6765484	224480.32	30.14	GL DETAIL BY CC	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	488809		488809	7427.50	65.81	GL DETAIL BY CC	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES	673200		673200	2080.00	323.65	AP, INVOICES	9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	8139695	-1467618	6672077			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1200451		1200451			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A	31013		31013			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	98277		98277			CMS 339	18.01
19	PHYSICIAN PART B	137878		137878			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	367303		367303	17518.01	20.97		21
22	ADMINISTRATIVE & GENERAL	6326171		6326171	198553.47	31.86		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	491970		491970	3055.27	161.02		22.01
23	MAINTENANCE & REPAIRS	424854		424854	13415.03	31.67		23
24	OPERATION OF PLANT	1055764		1055764	51250.68	20.60		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	850110		850110	61291.28	13.87		26
26.01	HOUSEKEEPING UNDER CONTRACT	259889		259889	6448.00	40.31		26.01
27	DIETARY	926677	-455741	470936	36820.64	12.79		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		455741	455741	34035.92	13.39		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	412664		412664	50146.32	8.23		30
31	CENTRAL SERVICES AND SUPPLY	315969		315969	21291.71	14.84		31
32	PHARMACY	899070		899070	27137.64	33.13		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	436814		436814	19738.54	22.13		33
34	SOCIAL SERVICE	455944		455944	12686.25	35.94		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)		WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	43105548		43105548	1500059.94	28.74		1
2	EXCLUDED AREA SALARIES	6765484		6765484	224480.32	30.14		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36340064		36340064	1275579.62	28.49		3
4	SUBTOTAL OTHER WAGES & REL COSTS	1162009		1162009	9507.50	122.22		4
5	SUBTOTAL WAGE-RELATED COSTS	8170708	-1467618	6703090		18.45%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	45672781	-1467618	44205163	1285087.12	34.40		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	13223199		13223199	553388.76	23.89		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	19921306 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	19921306 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.287484 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	114945746 28
29	TOTAL GROSS MEDICAID COST	33045063 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	27326726 30
31	UNCOMPENSATED CARE COST	7855996 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	33045063 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		640978	640978	411	641389	2431608	3072997	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		946916	946916		946916		946916	4
5	0500 EMPLOYEE BENEFITS	367303	5303412	5670715		5670715		5670715	5
6.01	0610 COMMUNICATIONS								6.01
6.02	0631 PURCHASING, RECEIVING								6.02
6.03	0641 ADMITTING								6.03
6.04	0651 CASHIERING/ACCOUNTS RECEIVABLE								6.04
6.05	0621 DATA PROCESSING								6.05
6.06	0660 ADMINISTRATIVE & GENERAL	6326171	17084447	23410618		23410618	-426309	22984309	6.06
7	0700 MAINTENANCE & REPAIRS	424854	1183878	1608732		1608732		1608732	7
8	0800 OPERATION OF PLANT	1055764	1558896	2614660		2614660	-13830	2600830	8
9	0900 LAUNDRY & LINEN SERVICE				520453	520453		520453	9
10	1000 HOUSEKEEPING	850110	498148	1348258		1348258		1348258	10
11	1100 DIETARY	926677	941309	1867986	-918678	949308		949308	11
12	1200 CAFETERIA				918678	918678	-433776	484902	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	412664	57396	470060		470060		470060	14
15	1500 CENTRAL SERVICES & SUPPLY	315969	1150196	1466165	-1025158	441007		441007	15
16	1600 PHARMACY	899070	3339845	4238915	-2896091	1342824	-20330	1322494	16
17	1700 MEDICAL RECORDS & LIBRARY	436814	228570	665384		665384		665384	17
18	1800 SOCIAL SERVICE	455944	73185	529129		529129		529129	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	1428887	540523	1969410		1969410	-516800	1452610	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	7512820	895632	8408452		8408452	-723553	7684899	25
26	2600 INTENSIVE CARE UNIT	2190202	250748	2440950		2440950		2440950	26
31	3100 SUBPROVIDER I	1306289	163184	1469473		1469473	-26252	1443221	31
33	3300 NURSERY	1233616	91113	1324729		1324729	-395873	928856	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1614370	3001676	4616046	179087	4795133		4795133	37
39	3900 DELIVERY ROOM & LABOR ROOM	3459437	540402	3999839		3999839	-890458	3109381	39
40	4000 ANESTHESIOLOGY		1015800	1015800		1015800		1015800	40
41	4100 RADIOLOGY-DIAGNOSTIC	2569426	1182720	3752146		3752146	-848	3751298	41
44	4400 LABORATORY	1439699	1406849	2846548		2846548		2846548	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	44971	489355	534326		534326		534326	47
49	4900 RESPIRATORY THERAPY	659158	330233	989391	285389	1274780		1274780	49
50	5000 PHYSICAL THERAPY	543354	110278	653632		653632		653632	50
53	5300 ELECTROCARDIOLOGY	450836	181260	632096		632096		632096	53
54	5400 ELECTROENCEPHALOGRAPHY	49756	9251	59007		59007		59007	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				2928	2928		2928	55
56	5600 DRUGS CHARGED TO PATIENTS				2896091	2896091		2896091	56
59	3950 HEMODIALYSIS		311068	311068		311068		311068	59
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	432592	112444	545036		545036		545036	60
61	6100 EMERGENCY	2644687	615545	3260232	37301	3297533		3297533	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
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		411	411	-411				88
95	SUBTOTALS	40051440	44255668	84307108		84307108	-1016421	83290687	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	46604	49811	96415		96415		96415	96
98	9800 PHYSICIANS' PRIVATE OFFICES	3343944	1039934	4383878		4383878		4383878	98
98.01	9810 FUND DEVELOPMENT								98.01
99	9900 NONPAID WORKERS	2068647	872593	2941240		2941240		2941240	99
101	TOTAL	45510635	46218006	91728641		91728641	-1016421	90712220	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
			COST CENTER	LINE #		
2			2	3	4	5
1	INTEREST & INSURANC	A	NEW CAP REL COSTS-BLDG & FIXT	3		411
2						
3	CAFETERIA RECLASS	B	CAFETERIA	12	455741	462937
4						
5	COST OF MEDICAL SUPPLIES	C	OPERATING ROOM	37		179087
6	COST OF MEDICAL SUPPLIES	C	RESPIRATORY THERAPY	49		285389
7	COST OF MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		2928
8	COST OF MEDICAL SUPPLIES	C	EMERGENCY	61		37301
9						
10	COST OF DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		2896091
11						
12	RECLASS LAUNDRY COSTS	E	LAUNDRY & LINEN SERVICE	9		520453
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	TOTAL RECLASSIFICATIONS				455741	4384597

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10		
		COST CENTER 6	LINE # 7	SALARY 8		OTHER 9	
1 INTEREST & INSURANC	A	INTEREST EXPENSE	88		411	11	1
2							2
3 CAFETERIA RECLASS	B	DIETARY	11	455741	462937		3
4							4
5 COST OF MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		504705		5
6 COST OF MEDICAL SUPPLIES	C						6
7 COST OF MEDICAL SUPPLIES	C						7
8 COST OF MEDICAL SUPPLIES	C						8
9							9
10 COST OF DRUGS SOLD	D	PHARMACY	16		2896091		10
11							11
12 RECLASS LAUNDRY COSTS	E	CENTRAL SERVICES & SUPPLY	15		520453		12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36 TOTAL RECLASSIFICATIONS				455741	4384597		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	472850					472850		1
2 LAND IMPROVEMENTS	329509	1350		1350		330859		2
3 BUILDINGS AND FIXTURES	21409198	1948273		1948273		23357471		3
4 BUILDING IMPROVEMENTS	2484719	5190		5190		2489909		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	18277541	111543		111543		18389084		6
7 SUBTOTAL	42973817	2066356		2066356		45040173		7
8 RECONCILING ITEMS								8
9 TOTAL	42973817	2066356		2066356		45040173		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	3072586		411				3072997 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	946916						946916 4	
5 TOTAL	4019502		411				4019913 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	640978						640978 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	946916						946916 4	
5 TOTAL	1587894						1587894 5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					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	-2075479			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	-416868	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	B	-11579	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-15428	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37					37
38 RENTAL REVENUE	B	-8368	ADMINISTRATIVE & GENERAL	6.06	38
39 CAPITAL IMPAIRMENT AMORTIZATION	A	2431608	NEW CAP REL COSTS-BLDG & FIXT	3	9 39
40 OTHER REVENUE	B	-52516	ADMINISTRATIVE & GENERAL	6.06	40
40.01 OTHER REVENUE	B	-102564	ADMINISTRATIVE & GENERAL	6.06	40.01
40.02 OTHER REVENUE	B	-13830	OPERATION OF PLANT	8	40.02
40.03 OTHER REVENUE	B	-1480	CAFETERIA	12	40.03
40.04 OTHER REVENUE	B	-516800	I&R SERVICES-OTHER PRGM COSTS A	23	40.04
40.08 OTHER REVENUE	B	-22254	DELIVERY ROOM & LABOR ROOM	39	40.08
40.09 OTHER REVENUE	B	-848	RADIOLOGY-DIAGNOSTIC	41	40.09
41 MILLENIUM BLDG 1ST FLOOR 33% GL	A	-198648	ADMINISTRATIVE & GENERAL	6.06	41
42					42
43 PHONE COMMISSIONS	B	-2616	ADMINISTRATIVE & GENERAL	6.06	43
44 REBATES PHARMACY	B	-8751	PHARMACY	16	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-1016421			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	6.06	ADMINISTRATIVE & GENERAL	CHAIRMAN		138647	154100	1040	77050	3853
2	23	I&R SERVICES-OTHER PRGM	TEACHING PHYSICIANS		1477043	177400	18563	1583210	79161
3	25	ADULTS & PEDIATRICS	AGGREGATE	723553					
4	31	SUBPROVIDER I	CHAIRMAN		103302	154100	1040	77050	3853
5	33	NURSERY	CHAIRMAN		265609	177400	2585	220471	11024
6	33	NURSERY	AGGREGATE	350735					
7	39	DELIVERY ROOM & LABOR RO	CHAIRMAN		127233	177400	1193	101749	5087
8	39	DELIVERY ROOM & LABOR RO	AGGREGATE	842720					
9	41	RADIOLOGY-DIAGNOSTIC	CHAIRMAN		39925	198000	1040	99000	4950
101		TOTAL		1917008	2151759	25461	2158530	107928	

PROVIDER NO. 14-0095 ST ANTHONY 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
 11/29/2010 09:07

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1	6.06 ADMINISTRATIVE & GENERAL		CHAIRMAN			77050	61597	61597
2	23 I&R SERVICES-OTHER PRGM		TEACHING PHYSICIANS			1583210		
3	25 ADULTS & PEDIATRICS		AGGREGATE					723553
4	31 SUBPROVIDER I		CHAIRMAN			77050	26252	26252
5	33 NURSERY		CHAIRMAN			220471	45138	45138
6	33 NURSERY		AGGREGATE					350735
7	39 DELIVERY ROOM & LABOR RO		CHAIRMAN			101749	25484	25484
8	39 DELIVERY ROOM & LABOR RO		AGGREGATE					842720
9	41 RADIOLOGY-DIAGNOSTIC		CHAIRMAN			99000		
101	TOTAL					2158530	158471	2075479

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	A+G	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	
	FOR COST ALLOCATION	REL COSTS BLDG&FIXT	REL COSTS MOV EQUIP	BENEFITS		6.06			
	0	3	4	5	5A	6.06	7	8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	3072997	3072997							3
4 NEW CAP REL COSTS-MVBLE EQUIP	946916		946916						4
5 EMPLOYEE BENEFITS	5670715	12085	535	5683335					5
6.01 COMMUNICATIONS									6.01
6.02 PURCHASING, RECEIVING									6.02
6.03 ADMITTING									6.03
6.04 CASHING/ACCOUNTS RECEIVABLE									6.04
6.05 DATA PROCESSING									6.05
6.06 ADMINISTRATIVE & GENERAL	22984309	379090	51306	796433	24211138	24211138			6.06
7 MAINTENANCE & REPAIRS	1608732	114834	15790	53487	1792843	652722	2445565		7
8 OPERATION OF PLANT	2600830	378908	85494	132915	3198147	1164353	360985	4723485	8
9 LAUNDRY & LINEN SERVICE	520453	53573			574026	208986	51039	115650	9
10 HOUSEKEEPING	1348258	27583	925	107025	1483791	540205	26278	59544	10
11 DIETARY	949308	132606	7706	59288	1148908	418284	126333	286261	11
12 CAFETERIA	484902			57376	542278	197428			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	470060	53785	4236	51952	580033	211173	51241	116108	14
15 CENTRAL SERVICES & SUPPLY	441007	79306	11300	39779	571392	208027	75554	171200	15
16 PHARMACY	1322494	43853	2689	113188	1482224	539635	41779	94667	16
17 MEDICAL RECORDS & LIBRARY	665384	56030	3738	54993	780145	284028	53379	120953	17
18 SOCIAL SERVICE	529129	15133		57401	601663	219048	14417	32669	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A	1452610			179890	1632500	594346			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	7684899	639070	21775	945842	9291586	3382819	608844	1379584	25
26 INTENSIVE CARE UNIT	2440950	86948	16648	275735	2820281	1026783	82835	187698	26
31 SUBPROVIDER I	1443221	191168	1482	164455	1800326	655446	182125	412681	31
33 NURSERY	928856	19227	1387	155306	1104776	402217	18318	41507	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4795133	87919	98080	203241	5184373	1887480	83760	189793	37
39 DELIVERY ROOM & LABOR ROOM	3109381	58880	16710	435526	3620497	1318118	56095	127107	39
40 ANESTHESIOLOGY	1015800	11342	44		1027186	373969	10806	24485	40
41 RADIOLOGY-DIAGNOSTIC	3751298	162994	452319	323478	4690089	1707525	155284	351860	41
44 LABORATORY	2846548	108101	57969	181251	3193869	1162795	102988	233362	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	534326			5662	539988	196594			47
49 RESPIRATORY THERAPY	1274780	19910	15547	82985	1393222	507232	18968	42980	49
50 PHYSICAL THERAPY	653632	26203	268	68406	748509	272510	24963	56565	50
53 ELECTROCARDIOLOGY	632096	15194	5825	56758	709873	258444	14475	32800	53
54 ELECTROENCEPHALOGRAPHY	59007	9599	2713	6264	77583	28246	9145	20721	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2928				2928	1066			55
56 DRUGS CHARGED TO PATIENTS	2896091				2896091	1054383			56
59 HEMODIALYSIS	311068				311068	113251			59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	545036	91619	53	54461	691169	251635	87285	197780	60
61 EMERGENCY	3297533	56333	18866	332953	3705685	1349132	53668	121608	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	83290687	2931293	893405	4996050	82408187	21187880	2310564	4417583	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	96415	2275	151	5867	104708	38121	2167	4910	96
98 PHYSICIANS' PRIVATE OFFICES	4383878	30039	18487	420986	4853390	1766979	28618	64847	98
98.01 FUND DEVELOPMENT									98.01
99 NONPAID WORKERS	2941240	109390	34873	260432	3345935	1218158	104216	236145	99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	90712220	3072997	946916	5683335	90712220	24211138	2445565	4723485	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04									6.04
6.05									6.05
6.06									6.06
7									7
8									8
9	949701								9
10		2109818							10
11			1979786						11
12				739706					12
13									13
14				38447	997002				14
15				16240		1042413			15
16				20019			2178324		16
17		12673		14675				1265853	17
18				9458					18
20									20
21									21
22									22
23		177711		4443					23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	488591	469034	1192698	138636	359229			181457	25
26	99460	93324	146621	35359	86292			55347	26
31	237665	182179	640467	53980	169738			42243	31
33	123985			7348	20049			25055	33
ANCILLARY SERVICE COST CENTERS									
37		203788		33299	72376	369885		119242	37
39		424352		62144	129155			53903	39
40								30169	40
41		187233		53778				211419	41
44		31059		46824				111463	44
46.30									46.30
47				1554				15492	47
49		9523		18826		589440		50836	49
50		14284		9734				14579	50
53		12673		10303				27627	53
54				1872				2987	54
55						6047		283	55
56		8864					2178324	163818	56
59								5073	59
OUTPATIENT SERVICE COST CENTERS									
60		28568		11218	23751			11387	60
61		151047		61817	136412	77041		143473	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	949701	2006312	1979786	649974	997002	1042413	2178324	1265853	95
NONREIMBURSABLE COST CENTERS									
96		44464		2156					96
98		59042		87471					98
98.01									98.01
99				105					99
101									101
102									102
103	949701	2109818	1979786	739706	997002	1042413	2178324	1265853	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	23	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 COMMUNICATIONS						6.01
6.02 PURCHASING, RECEIVING						6.02
6.03 ADMITTING						6.03
6.04 CASHING/ACCOUNTS RECEIVABLE						6.04
6.05 DATA PROCESSING						6.05
6.06 ADMINISTRATIVE & GENERAL						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE	877255					18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A		2409000				23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	477418	963600	18933496	-963600	17969896	25
26 INTENSIVE CARE UNIT	59449		4693449		4693449	26
31 SUBPROVIDER I	227225		4604075		4604075	31
33 NURSERY	113163		1856418		1856418	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			8143996		8143996	37
39 DELIVERY ROOM & LABOR ROOM			5791371		5791371	39
40 ANESTHESIOLOGY			1466615		1466615	40
41 RADIOLOGY-DIAGNOSTIC			7357188		7357188	41
44 LABORATORY			4882360		4882360	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			753628		753628	47
49 RESPIRATORY THERAPY			2631027		2631027	49
50 PHYSICAL THERAPY			1141144		1141144	50
53 ELECTROCARDIOLOGY			1066195		1066195	53
54 ELECTROENCEPHALOGRAPHY			140554		140554	54
55 MEDICAL SUPPLIES CHARGED TO PAT			10324		10324	55
56 DRUGS CHARGED TO PATIENTS			6301480		6301480	56
59 HEMODIALYSIS			429392		429392	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		481800	1784593	-481800	1302793	60
61 EMERGENCY		963600	6763483	-963600	5799883	61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	877255	2409000	78750788	-2409000	76341788	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			196526		196526	96
98 PHYSICIANS' PRIVATE OFFICES			6860347		6860347	98
98.01 FUND DEVELOPMENT						98.01
99 NONPAID WORKERS			4904559		4904559	99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	877255	2409000	90712220	-2409000	88303220	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	A+G 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		12085	535	12620	12620				5
6.01									6.01
6.02									6.02
6.03									6.03
6.04									6.04
6.05									6.05
6.06									6.06
7		379090	51306	430396	1771	432167			7
8		114834	15790	130624	119	11652	142395		8
9		378908	85494	464402	296	20785	21019	506502	9
10		53573		53573		3731	2972	12401	10
11		27583	925	28508	238	9643	1530	6385	11
12		132606	7706	140312	132	7467	7356	30696	12
13					128	3524			13
14		53785	4236	58021	116	3770	2984	12450	14
15		79306	11300	90606	88	3713	4399	18358	15
16		43853	2689	46542	252	9633	2433	10151	16
17		56030	3738	59768	122	5070	3108	12970	17
18		15133		15133	128	3910	839	3503	18
20									20
21									21
22									22
23					400	10610			23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		639070	21775	660845	2083	60362	35450	147932	25
26		86948	16648	103596	613	18329	4823	20127	26
31		191168	1482	192650	366	11700	10604	44252	31
33		19227	1387	20614	345	7180	1067	4451	33
ANCILLARY SERVICE COST CENTERS									
37		87919	98080	185999	452	33693	4877	20352	37
39		58880	16710	75590	969	23530	3266	13630	39
40		11342	44	11386		6676	629	2626	40
41		162994	452319	615313	719	30481	9042	37730	41
44		108101	57969	166070	403	20757	5997	25024	44
46.30					13	3509			46.30
47					185	9055	1104	4609	47
49		19910	15547	35457	152	4865	1454	6065	49
50		26203	268	26471	126	4613	843	3517	50
53		15194	5825	21019	14	504	532	2222	53
54		9599	2713	12312		19			54
55						18822			55
56						2022			56
59									59
OUTPATIENT SERVICE COST CENTERS									
60		91619	53	91672	121	4492	5082	21208	60
61		56333	18866	75199	741	24083	3125	13040	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		2931293	893405	3824698	11092	378200	134535	473699	95
NONREIMBURSABLE COST CENTERS									
96		2275	151	2426	13	680	126	527	96
98		30039	18487	48526	936	31542	1666	6954	98
98.01									98.01
99		109390	34873	144263	579	21745	6068	25322	99
101									101
102									102
103		3072997	946916	4019913	12620	432167	142395	506502	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04									6.04
6.05									6.05
6.06									6.06
7									7
8									8
9	72677								9
10		46304							10
11			185963						11
12				3652					12
13									13
14					190	77531			14
15					80	117244			15
16					99		69110		16
17		278			72			81388	17
18					47				18
20									20
21									21
22									22
23		3900			22				23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	37390	10294	112031	683	27935			11648	25
26	7611	2048	13772	175	6710			3553	26
31	18188	3998	60160	267	13200			2712	31
33	9488			36	1559			1608	33
ANCILLARY SERVICE COST CENTERS									
37		4473		164	5628	41602		7654	37
39		9313		307	10044			3460	39
40								1937	40
41		4109		266				13702	41
44		682		231				7155	44
46.30									46.30
47				8				994	47
49		209		93		66297		3263	49
50		313		48				936	50
53		278		51				1773	53
54				9				192	54
55						680		18	55
56		195					69110	10516	56
59								326	59
OUTPATIENT SERVICE COST CENTERS									
60		627		55	1847			731	60
61		3315		305	10608	8665		9210	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	72677	44032	185963	3208	77531	117244	69110	81388	95
NONREIMBURSABLE COST CENTERS									
96		976		11					96
98		1296		432					98
98.01									98.01
99				1					99
101									101
102									102
103	72677	46304	185963	3652	77531	117244	69110	81388	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	23	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 COMMUNICATIONS						6.01
6.02 PURCHASING, RECEIVING						6.02
6.03 ADMITTING						6.03
6.04 CASHING/ACCOUNTS RECEIVABLE						6.04
6.05 DATA PROCESSING						6.05
6.06 ADMINISTRATIVE & GENERAL						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE	23560					18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A		14932				23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	12822		1119475		1119475	25
26 INTENSIVE CARE UNIT	1597		182954		182954	26
31 SUBPROVIDER I	6102		364199		364199	31
33 NURSERY	3039		49387		49387	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			304894		304894	37
39 DELIVERY ROOM & LABOR ROOM			140109		140109	39
40 ANESTHESIOLOGY			23254		23254	40
41 RADIOLOGY-DIAGNOSTIC			711362		711362	41
44 LABORATORY			226319		226319	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			4524		4524	47
49 RESPIRATORY THERAPY			120272		120272	49
50 PHYSICAL THERAPY			40304		40304	50
53 ELECTROCARDIOLOGY			32220		32220	53
54 ELECTROENCEPHALOGRAPHY			15785		15785	54
55 MEDICAL SUPPLIES CHARGED TO PAT			717		717	55
56 DRUGS CHARGED TO PATIENTS			98643		98643	56
59 HEMODIALYSIS			2348		2348	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			125835		125835	60
61 EMERGENCY			148291		148291	61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	23560		3710892		3710892	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			4759		4759	96
98 PHYSICIANS' PRIVATE OFFICES			91352		91352	98
98.01 FUND DEVELOPMENT						98.01
99 NONPAID WORKERS			197978		197978	99
101 CROSS FOOT ADJUSTMENTS		14932	14932		14932	101
102 NEGATIVE COST CENTER						102
103 TOTAL	23560	14932	4019913		4019913	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	A+G ACCCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	
	3	4	5	6A.06	6.06	7	
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	202656						3
4 NEW CAP REL COSTS-MVBLE EQUIP		1656033					4
5 EMPLOYEE BENEFITS	797	935	45143332				5
6.01 COMMUNICATIONS							6.01
6.02 PURCHASING, RECEIVING							6.02
6.03 ADMITTING							6.03
6.04 CASHERING/ACCOUNTS RECEIVABLE							6.04
6.05 DATA PROCESSING							6.05
6.06 ADMINISTRATIVE & GENERAL	25000	89727	6326171	-24211138	66501082		6.06
7 MAINTENANCE & REPAIRS	7573	27614	424854		1792843	169286	7
8 OPERATION OF PLANT	24988	149517	1055764		3198147	24988	8
9 LAUNDRY & LINEN SERVICE	3533				574026	3533	9
10 HOUSEKEEPING	1819	1618	850110		1483791	1819	10
11 DIETARY	8745	13477	470936		1148908	8745	11
12 CAFETERIA			455741		542278		12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	3547	7408	412664		580033	3547	14
15 CENTRAL SERVICES & SUPPLY	5230	19763	315969		571392	5230	15
16 PHARMACY	2892	4702	899070		1482224	2892	16
17 MEDICAL RECORDS & LIBRARY	3695	6537	436814		780145	3695	17
18 SOCIAL SERVICE	998		455944		601663	998	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS			1428887		1632500		23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	42145	38081	7512820		9291586	42145	25
26 INTENSIVE CARE UNIT	5734	29115	2190202		2820281	5734	26
31 SUBPROVIDER I	12607	2592	1306289		1800326	12607	31
33 NURSERY	1268	2426	1233616		1104776	1268	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	5798	171529	1614370		5184373	5798	37
39 DELIVERY ROOM & LABOR ROOM	3883	29224	3459437		3620497	3883	39
40 ANESTHESIOLOGY	748	77			1027186	748	40
41 RADIOLOGY-DIAGNOSTIC	10749	791050	2569426		4690089	10749	41
44 LABORATORY	7129	101380	1439699		3193869	7129	44
46.30 BLOOD CLOTTING FACTORS ADMIN			44971		539988		46.30
47 BLOOD STORING, PROCESSING & T			659158		1393222		47
49 RESPIRATORY THERAPY	1313	27190	659158		1393222	1313	49
50 PHYSICAL THERAPY	1728	469	543354		748509	1728	50
53 ELECTROCARDIOLOGY	1002	10188	450836		709873	1002	53
54 ELECTROENCEPHALOGRAPHY	633	4744	49756		77583	633	54
55 MEDICAL SUPPLIES CHARGED TO P					2928		55
56 DRUGS CHARGED TO PATIENTS					2896091		56
59 HEMODIALYSIS					311068		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	6042	92	432592		691169	6042	60
61 EMERGENCY	3715	32994	2644687		3705685	3715	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	193311	1562449	39684137	-24211138	58197049	159941	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	150	264	46604		104708	150	96
98 PHYSICIANS' PRIVATE OFFICES	1981	32332	3343944		4853390	1981	98
98.01 FUND DEVELOPMENT							98.01
99 NONPAID WORKERS	7214	60988	2068647		3345935	7214	99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 3	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A.06	A+G ACCUM COST 6.06	MAINTEN- ANCE AND REPAIRS SQUARE FEET 7	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	3072997	946916	5683335		24211138	2445565	103
104	UNIT COST MULT-WS B PT I		.571798				14.446351	104
104	UNIT COST MULT-WS B PT I	15.163612		.125895		.364071		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			12620		432167	142395	107
108	UNIT COST MULT-WS B PT III						.841150	108
108	UNIT COST MULT-WS B PT III			.000280		.006499		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA FULL TIME HOURS	NURSING ADMINISTRATION (FULL TIME TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 PURCHASING, RECEIVING								6.02
6.03 ADMITTING								6.03
6.04 CASHERING/ACCOUNTS RECEIVABLE								6.04
6.05 DATA PROCESSING								6.05
6.06 ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	144298							8
9 LAUNDRY & LINEN SERVICE	3533	68387						9
10 HOUSEKEEPING	1819		28802					10
11 DIETARY	8745			115597				11
12 CAFETERIA					488267			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3547				25378	618232		14
15 CENTRAL SERVICES & SUPPLY	5230				10720		504705	15
16 PHARMACY	2892				13214			16
17 MEDICAL RECORDS & LIBRARY	3695		173		9687			17
18 SOCIAL SERVICE	998				6243			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS			2426		2933			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	42145	35183	6403	69640	91511	222754		25
26 INTENSIVE CARE UNIT	5734	7162	1274	8561	23340	53509		26
31 SUBPROVIDER I	12607	17114	2487	37396	35631	105253		31
33 NURSERY	1268	8928			4850	12432		33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	5798		2782		21980	44880	179087	37
39 DELIVERY ROOM & LABOR ROOM	3883		5793		41020	80088		39
40 ANESTHESIOLOGY	748							40
41 RADIOLOGY-DIAGNOSTIC	10749		2556		35498			41
44 LABORATORY	7129		424		30908			44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T					1026			47
49 RESPIRATORY THERAPY	1313		130		12427		285389	49
50 PHYSICAL THERAPY	1728		195		6425			50
53 ELECTROCARDIOLOGY	1002		173		6801			53
54 ELECTROENCEPHALOGRAPHY	633				1236			54
55 MEDICAL SUPPLIES CHARGED TO P							2928	55
56 DRUGS CHARGED TO PATIENTS			121					56
59 HEMODIALYSIS								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	6042		390		7405	14728		60
61 EMERGENCY	3715		2062		40804	84588	37301	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	134953	68387	27389	115597	429037	618232	504705	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	150		607		1423			96
98 PHYSICIANS' PRIVATE OFFICES	1981		806		57738			98
98.01 FUND DEVELOPMENT								98.01
99 NONPAID WORKERS	7214				69			99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE PATIENT DAYS 9	HOUSE-KEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA FULL TIME HOURS 12	NURSING ADMINI-STRATION (FULL TIME TIME) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4723485	949701	2109818	1979786	739706	997002	1042413	103
104 UNIT COST MULT-WS B PT I	32.734237		73.252482		1.514962		2.065391	
104 UNIT COST MULT-WS B PT I		13.887157		17.126621		1.612666		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	506502	72677	46304	185963	3652	77531	117244	106
108 UNIT COST MULT-WS B PT III	3.510111		1.607666		.007480		.232302	107
108 UNIT COST MULT-WS B PT III		1.062731		1.608718		.125408		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE PATIENT DAYS 18	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 PURCHASING, RECEIVING					6.02
6.03 ADMITTING					6.03
6.04 CASHERING/ACCOUNTS RECEIVABLE					6.04
6.05 DATA PROCESSING					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY	100				16
17 MEDICAL RECORDS & LIBRARY		265550983			17
18 SOCIAL SERVICE			36094		18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS				250	23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		38065296	19643	100	25
26 INTENSIVE CARE UNIT		11610407	2446		26
31 SUBPROVIDER I		8861498	9349		31
33 NURSERY		5255970	4656		33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		25013971			37
39 DELIVERY ROOM & LABOR ROOM		11307522			39
40 ANESTHESIOLOGY		6328706			40
41 RADIOLOGY-DIAGNOSTIC		44356483			41
44 LABORATORY		23382219			44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T		3249928			47
49 RESPIRATORY THERAPY		10664122			49
50 PHYSICAL THERAPY		3058331			50
53 ELECTROCARDIOLOGY		5795475			53
54 ELECTROENCEPHALOGRAPHY		626684			54
55 MEDICAL SUPPLIES CHARGED TO P		59356			55
56 DRUGS CHARGED TO PATIENTS	100	34364973			56
59 HEMODIALYSIS		1064119			59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		2388737		50	60
61 EMERGENCY		30097186		100	61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERA					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	100	265550983	36094	250	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 FUND DEVELOPMENT					98.01
99 NONPAID WORKERS					99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE PATIENT DAYS 18	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	2178324	1265853	877255	2409000	103
104 UNIT COST MULT-WS B PT I	21783.240000		24.304732		
104 UNIT COST MULT-WS B PT I		.004767		9636.000000	104
105 COST TO BE ALLOC PER B PT II					104
106 UNIT COST MULT-WS B PT II					105
106 UNIT COST MULT-WS B PT II					106
107 COST TO BE ALLOC PER B PT III	69110	81388	23560	14932	106
108 UNIT COST MULT-WS B PT III	691.100000		.652740		107
108 UNIT COST MULT-WS B PT III		.000306		59.728000	108
					108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17969896		17969896		17969896	25
26 INTENSIVE CARE UNIT	4693449		4693449		4693449	26
31 SUBPROVIDER I	4604075		4604075	26252	4630327	31
33 NURSERY	1856418		1856418	45138	1901556	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8143996		8143996		8143996	37
39 DELIVERY ROOM & LABOR ROOM	5791371		5791371	25484	5816855	39
40 ANESTHESIOLOGY	1466615		1466615		1466615	40
41 RADIOLOGY-DIAGNOSTIC	7357188		7357188		7357188	41
44 LABORATORY	4882360		4882360		4882360	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	753628		753628		753628	47
49 RESPIRATORY THERAPY	2631027		2631027		2631027	49
50 PHYSICAL THERAPY	1141144		1141144		1141144	50
53 ELECTROCARDIOLOGY	1066195		1066195		1066195	53
54 ELECTROENCEPHALOGRAPHY	140554		140554		140554	54
55 MEDICAL SUPPLIES CHARGED TO	10324		10324		10324	55
56 DRUGS CHARGED TO PATIENTS	6301480		6301480		6301480	56
59 HEMODIALYSIS	429392		429392		429392	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1302793		1302793		1302793	60
61 EMERGENCY	5799883		5799883		5799883	61
62 OBSERVATION BEDS (NON-DISTI	100788		100788		100788	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	76442576		76442576	96874	76539450	101
102 LESS OBSERVATION BEDS	100788		100788		100788	102
103 TOTAL	76341788		76341788	96874	76438662	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	35858457		35858457			25
26 INTENSIVE CARE UNIT	11610407		11610407			26
31 SUBPROVIDER I	8861498		8861498			31
33 NURSERY	5255970		5255970			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12364708	12649263	25013971	.325578	.325578	.325578 37
39 DELIVERY ROOM & LABOR ROOM	9579615	1727907	11307522	.512170	.512170	.514423 39
40 ANESTHESIOLOGY	3010976	3317730	6328706	.231740	.231740	.231740 40
41 RADIOLOGY-DIAGNOSTIC	11736695	32619788	44356483	.165865	.165865	.165865 41
44 LABORATORY	12451025	10931194	23382219	.208807	.208807	.208807 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2831943	417985	3249928	.231891	.231891	.231891 47
49 RESPIRATORY THERAPY	10146351	517771	10664122	.246718	.246718	.246718 49
50 PHYSICAL THERAPY	485081	2573250	3058331	.373126	.373126	.373126 50
53 ELECTROCARDIOLOGY	2718553	3076922	5795475	.183970	.183970	.183970 53
54 ELECTROENCEPHALOGRAPHY	208128	418556	626684	.224282	.224282	.224282 54
55 MEDICAL SUPPLIES CHARGED TO	51074	8282	59356	.173934	.173934	.173934 55
56 DRUGS CHARGED TO PATIENTS	23567950	10797023	34364973	.183369	.183369	.183369 56
59 HEMODIALYSIS	964468	99651	1064119	.403519	.403519	.403519 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	50128	2338609	2388737	.545390	.545390	.545390 60
61 EMERGENCY	6467902	23629284	30097186	.192705	.192705	.192705 61
62 OBSERVATION BEDS (NON-DISTI		2206839	2206839	.045671	.045671	.045671 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	158220929	107330054	265550983			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	158220929	107330054	265550983			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1119475		1119475	25
26 INTENSIVE CARE UNIT				182954		182954	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				364199		364199	31
33 NURSERY				49387		49387	33
101 TOTAL				1716015		1716015	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	19434	6497			57.60	374227	25
26 INTENSIVE CARE UNIT	3828	1819			47.79	86930	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	9199	3000			39.59	118770	31
33 NURSERY	3868				12.77		33
101 TOTAL	36329	11316				579927	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0095) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		304894	25013971	2977885			.012189	36297 37
39 DELIVERY ROOM & LABOR ROOM		140109	11307522	14444			.012391	179 39
40 ANESTHESIOLOGY		23254	6328706	448519			.003674	1648 40
41 RADIOLOGY-DIAGNOSTIC		711362	44356483	3735847			.016037	59912 41
44 LABORATORY		226319	23382219	3712981			.009679	35938 44
46.30 BLOOD CLOTting FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		4524	3249928	779720			.001392	1085 47
49 RESPIRATORY THERAPY		120272	10664122	4553593			.011278	51355 49
50 PHYSICAL THERAPY		40304	3058331	247030			.013178	3255 50
53 ELECTROCARDIOLOGY		32220	5795475	1059286			.005560	5890 53
54 ELECTROENCEPHALOGRAPHY		15785	626684	85253			.025188	2147 54
55 MEDICAL SUPPLIES CHARGED TO P		717	59356	13224			.012080	160 55
56 DRUGS CHARGED TO PATIENTS		98643	34364973	6029915			.002870	17306 56
59 HEMODIALYSIS		2348	1064119	523192			.002207	1155 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		125835	2388737	355			.052678	19 60
61 EMERGENCY		148291	30097186	1385452			.004927	6826 61
62 OBSERVATION BEDS (NON-DISTINC		6279	2206839				.002845	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2001156	203964651	25566696				223172 101

PROVIDER NO. 14-0095 ST ANTHONY 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
 11/29/2010 09:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT					PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					19434		6497	25
26 INTENSIVE CARE UNIT					3828		1819	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					9199		3000	31
33 NURSERY					3868			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					36329		11316	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0095) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		25013971			2977885		1991352 37
39 DELIVERY ROOM & LABOR ROOM		11307522			14444		1310 39
40 ANESTHESIOLOGY		6328706			448519		372355 40
41 RADIOLOGY-DIAGNOSTIC		44356483			3735847		5047597 41
44 LABORATORY		23382219			3712981		289102 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		3249928			779720		51928 47
49 RESPIRATORY THERAPY		10664122			4553593		94297 49
50 PHYSICAL THERAPY		3058331			247030		20764 50
53 ELECTROCARDIOLOGY		5795475			1059286		868339 53
54 ELECTROENCEPHALOGRAPHY		626684			85253		89840 54
55 MEDICAL SUPPLIES CHARGED TO P		59356			13224		1133 55
56 DRUGS CHARGED TO PATIENTS		34364973			6029915		2767881 56
59 HEMODIALYSIS		1064119			523192		28945 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2388737			355		389885 60
61 EMERGENCY		30097186			1385452		2297807 61
62 OBSERVATION BEDS (NON-DISTINC		2206839					453044 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		203964651			25566696		14765579 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0095) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 HEMODIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0095) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	CENTER	3	DIAGNOSTIC
				2	4	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.325578	.325578	.325578			37
39 DELIVERY ROOM & LABOR ROOM	.512170	.512170	.512170			39
40 ANESTHESIOLOGY	.231740	.231740	.231740			40
41 RADIOLOGY-DIAGNOSTIC	.165865	.165865	.165865			41
44 LABORATORY	.208807	.208807	.208807			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.231891	.231891	.231891			47
49 RESPIRATORY THERAPY	.246718	.246718	.246718			49
50 PHYSICAL THERAPY	.373126	.373126	.373126			50
53 ELECTROCARDIOLOGY	.183970	.183970	.183970			53
54 ELECTROENCEPHALOGRAPHY	.224282	.224282	.224282			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173934	.173934	.173934			55
56 DRUGS CHARGED TO PATIENTS	.183369	.183369	.183369			56
59 HEMODIALYSIS	.403519	.403519	.403519			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.545390	.545390	.545390			60
61 EMERGENCY	.192705	.192705	.192705			61
62 OBSERVATION BEDS (NON-DISTINCT	.045671	.045671	.045671			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	.183369	1
2 PROGRAM VACCINE CHARGES	9779	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1793	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0095) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1991352						37
39 DELIVERY ROOM & LABOR ROOM		1310						39
40 ANESTHESIOLOGY		372355						40
41 RADIOLOGY-DIAGNOSTIC		5047597						41
44 LABORATORY		289102						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		51928						47
49 RESPIRATORY THERAPY		94297						49
50 PHYSICAL THERAPY		20764						50
53 ELECTROCARDIOLOGY		868339						53
54 ELECTROENCEPHALOGRAPHY		89840						54
55 MEDICAL SUPPLIES CHARGED TO PA		1133						55
56 DRUGS CHARGED TO PATIENTS		2767881						56
59 HEMODIALYSIS		28945						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		389885						60
61 EMERGENCY		2297807						61
62 OBSERVATION BEDS (NON-DISTINCT)		453044						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		14765579						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		14765579						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0095) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		648340					37
39 DELIVERY ROOM & LABOR ROOM		671					39
40 ANESTHESIOLOGY		86290					40
41 RADIOLOGY-DIAGNOSTIC		837220					41
44 LABORATORY		60367					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		12042					47
49 RESPIRATORY THERAPY		23265					49
50 PHYSICAL THERAPY		7748					50
53 ELECTROCARDIOLOGY		159748					53
54 ELECTROENCEPHALOGRAPHY		20149					54
55 MEDICAL SUPPLIES CHARGED TO PAT		197					55
56 DRUGS CHARGED TO PATIENTS		507544					56
59 HEMODIALYSIS		11680					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		212639					60
61 EMERGENCY		442799					61
62 OBSERVATION BEDS (NON-DISTINCT)		20691					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		3051390					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3051390					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S095) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		304894	25013971	4238			.012189	52 37
39 DELIVERY ROOM & LABOR ROOM		140109	11307522				.012391	39
40 ANESTHESIOLOGY		23254	6328706				.003674	40
41 RADIOLOGY-DIAGNOSTIC		711362	44356483	62815			.016037	1007 41
44 LABORATORY		226319	23382219	258654			.009679	2504 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		4524	3249928	2149			.001392	3 47
49 RESPIRATORY THERAPY		120272	10664122	26252			.011278	296 49
50 PHYSICAL THERAPY		40304	3058331	3988			.013178	53 50
53 ELECTROCARDIOLOGY		32220	5795475	34853			.005560	194 53
54 ELECTROENCEPHALOGRAPHY		15785	626684	19587			.025188	493 54
55 MEDICAL SUPPLIES CHARGED TO P		717	59356	35			.012080	55
56 DRUGS CHARGED TO PATIENTS		98643	34364973	277859			.002870	797 56
59 HEMODIALYSIS		2348	1064119	13120			.002207	29 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		125835	2388737				.052678	60
61 EMERGENCY		148291	30097186	80771			.004927	398 61
62 OBSERVATION BEDS (NON-DISTINC		6279	2206839				.002845	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2001156	203964651	784321				5826 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S095) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		25013971			4238		37
39 DELIVERY ROOM & LABOR ROOM		11307522					39
40 ANESTHESIOLOGY		6328706					40
41 RADIOLOGY-DIAGNOSTIC		44356483			62815	13073	41
44 LABORATORY		23382219			258654		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		3249928			2149		47
49 RESPIRATORY THERAPY		10664122			26252		49
50 PHYSICAL THERAPY		3058331			3988		50
53 ELECTROCARDIOLOGY		5795475			34853	3450	53
54 ELECTROENCEPHALOGRAPHY		626684			19587	572	54
55 MEDICAL SUPPLIES CHARGED TO P		59356			35		55
56 DRUGS CHARGED TO PATIENTS		34364973			277859		56
59 HEMODIALYSIS		1064119			13120		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2388737					60
61 EMERGENCY		30097186			80771	58433	61
62 OBSERVATION BEDS (NON-DISTINC		2206839					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		203964651			784321	75528	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S095)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 HEMODIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S095) [] 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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	CENTER	3	DIAGNOSTIC
				2	4	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.325578	.325578	.325578			37
39 DELIVERY ROOM & LABOR ROOM	.512170	.512170	.512170			39
40 ANESTHESIOLOGY	.231740	.231740	.231740			40
41 RADIOLOGY-DIAGNOSTIC	.165865	.165865	.165865			41
44 LABORATORY	.208807	.208807	.208807			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.231891	.231891	.231891			47
49 RESPIRATORY THERAPY	.246718	.246718	.246718			49
50 PHYSICAL THERAPY	.373126	.373126	.373126			50
53 ELECTROCARDIOLOGY	.183970	.183970	.183970			53
54 ELECTROENCEPHALOGRAPHY	.224282	.224282	.224282			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173934	.173934	.173934			55
56 DRUGS CHARGED TO PATIENTS	.183369	.183369	.183369			56
59 HEMODIALYSIS	.403519	.403519	.403519			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.545390	.545390	.545390			60
61 EMERGENCY	.192705	.192705	.192705			61
62 OBSERVATION BEDS (NON-DISTINCT	.045671	.045671	.045671			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	.183369	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (14-S095)	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		13073						41
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		3450						53
54 ELECTROENCEPHALOGRAPHY		572						54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS								56
59 HEMODIALYSIS								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY		58433						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		75528						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		75528						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S095) [] 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							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		2168					41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY		635					53
54 ELECTROENCEPHALOGRAPHY		128					54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS							56
59 HEMODIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		11260					61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		14191					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14191					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1119475		1119475	25
26 INTENSIVE CARE UNIT				182954		182954	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				364199		364199	31
33 NURSERY				49387		49387	33
101 TOTAL				1716015		1716015	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	19434	10421			57.60	600250	25
26 INTENSIVE CARE UNIT	3828	783			47.79	37420	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	9199	5159			39.59	204245	31
33 NURSERY	3868	3198			12.77	40838	33
101 TOTAL	36329	19561				882753	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0095) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		304894	25013971				.012189	37
39 DELIVERY ROOM & LABOR ROOM		140109	11307522				.012391	39
40 ANESTHESIOLOGY		23254	6328706				.003674	40
41 RADIOLOGY-DIAGNOSTIC		711362	44356483				.016037	41
44 LABORATORY		226319	23382219				.009679	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		4524	3249928				.001392	47
49 RESPIRATORY THERAPY		120272	10664122				.011278	49
50 PHYSICAL THERAPY		40304	3058331				.013178	50
53 ELECTROCARDIOLOGY		32220	5795475				.005560	53
54 ELECTROENCEPHALOGRAPHY		15785	626684				.025188	54
55 MEDICAL SUPPLIES CHARGED TO P		717	59356				.012080	55
56 DRUGS CHARGED TO PATIENTS		98643	34364973				.002870	56
59 HEMODIALYSIS		2348	1064119				.002207	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		125835	2388737				.052678	60
61 EMERGENCY		148291	30097186				.004927	61
62 OBSERVATION BEDS (NON-DISTINC		6279	2206839				.002845	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2001156	203964651					101

PROVIDER NO. 14-0095 ST ANTHONY 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
 11/29/2010 09:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT					PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					19434		10421	25
26 INTENSIVE CARE UNIT					3828		783	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					9199		5159	31
33 NURSERY					3868		3198	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					36329		19561	101

PROVIDER NO. 14-0095 ST ANTHONY HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09
 11/29/2010 09:07

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0095) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 HEMODIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0095) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		25013971					37
39 DELIVERY ROOM & LABOR ROOM		11307522					39
40 ANESTHESIOLOGY		6328706					40
41 RADIOLOGY-DIAGNOSTIC		44356483					41
44 LABORATORY		23382219					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		3249928					47
49 RESPIRATORY THERAPY		10664122					49
50 PHYSICAL THERAPY		3058331					50
53 ELECTROCARDIOLOGY		5795475					53
54 ELECTROENCEPHALOGRAPHY		626684					54
55 MEDICAL SUPPLIES CHARGED TO P		59356					55
56 DRUGS CHARGED TO PATIENTS		34364973					56
59 HEMODIALYSIS		1064119					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2388737					60
61 EMERGENCY		30097186					61
62 OBSERVATION BEDS (NON-DISTINC		2206839					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		203964651					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0095) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 HEMODIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S095) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		304894	25013971				.012189	37
39 DELIVERY ROOM & LABOR ROOM		140109	11307522				.012391	39
40 ANESTHESIOLOGY		23254	6328706				.003674	40
41 RADIOLOGY-DIAGNOSTIC		711362	44356483				.016037	41
44 LABORATORY		226319	23382219				.009679	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		4524	3249928				.001392	47
49 RESPIRATORY THERAPY		120272	10664122				.011278	49
50 PHYSICAL THERAPY		40304	3058331				.013178	50
53 ELECTROCARDIOLOGY		32220	5795475				.005560	53
54 ELECTROENCEPHALOGRAPHY		15785	626684				.025188	54
55 MEDICAL SUPPLIES CHARGED TO P		717	59356				.012080	55
56 DRUGS CHARGED TO PATIENTS		98643	34364973				.002870	56
59 HEMODIALYSIS		2348	1064119				.002207	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		125835	2388737				.052678	60
61 EMERGENCY		148291	30097186				.004927	61
62 OBSERVATION BEDS (NON-DISTINC		6279	2206839				.002845	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2001156	203964651					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S095) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 HEMODIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0095 ST ANTHONY HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09
 11/29/2010 09:07

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S095)	[]	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		25013971					37
39 DELIVERY ROOM & LABOR ROOM		11307522					39
40 ANESTHESIOLOGY		6328706					40
41 RADIOLOGY-DIAGNOSTIC		44356483					41
44 LABORATORY		23382219					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		3249928					47
49 RESPIRATORY THERAPY		10664122					49
50 PHYSICAL THERAPY		3058331					50
53 ELECTROCARDIOLOGY		5795475					53
54 ELECTROENCEPHALOGRAPHY		626684					54
55 MEDICAL SUPPLIES CHARGED TO P		59356					55
56 DRUGS CHARGED TO PATIENTS		34364973					56
59 HEMODIALYSIS		1064119					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2388737					60
61 EMERGENCY		30097186					61
62 OBSERVATION BEDS (NON-DISTINC		2206839					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		203964651					101

PROVIDER NO. 14-0095 ST ANTHONY HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09
 11/29/2010 09:07

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S095)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 HEMODIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	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) (14-0095)	SUB I (PPS) (14-S095)	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)	19434	9199					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	19434	9199					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19434	9199					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)	6497	3000					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) (14-0095)	SUB I (PPS) (14-S095)	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	17969896	4630327					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	17969896	4630327					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23228009	11594291					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23228009	11594291					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.773630	.399363					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1195.23	1260.39					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	17969896	4630327					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) (14-0095)	SUB I (PPS) (14-S095)	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	924.66	503.35				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6007516	1510050				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6007516	1510050				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	4693449		3828	1226.08	1819	2230240 43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0095)	SUB I (PPS) (14-S095)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	5672575	156892				48
49 TOTAL PROGRAM INPATIENT COSTS	13910331	1666942				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	461157	118770				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	223172	5826				51
52 TOTAL PROGRAM EXCLUDABLE COST	684329	124596				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13226002	1542346				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) (14-0095)	SUB I (PPS) (14-S095)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] 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) (PPS)
 (14-0095)(14-S095)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	109	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	924.66	84
85 OBSERVATION BED COST	100788	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		17969896		100788		86
87 NEW CAPITAL-RELATED COST	1119475	17969896	.062297	100788	6279	87
88 NON PHYSICIAN ANESTHETIST		17969896		100788		88
89 MEDICAL EDUCATION		17969896		100788		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0095)	SUB I (PPS) (14-S095)	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)	19434	9199					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	19434	9199					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19434	9199					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)	10421	5159					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		3868					15
16 TITLE V OR XIX NURSERY DAYS		3198					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0095)	SUB I (PPS) (14-S095)	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	17969896	4630327					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	17969896	4630327					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23228009	11594291					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23228009	11594291					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.773630	.399363					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1195.23	1260.39					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	17969896	4630327					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0095)	SUB I (PPS) (14-S095)	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	924.66	503.35				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9635882	2596783				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9635882	2596783				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)	1901556	3868	491.61	3198	1572169	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	4693449	3828	1226.08	783	960021	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0095)	SUB I (PPS) (14-S095)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	12168072	2596783				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	678508	204245				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	678508	204245				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	11489564	2392538				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0095)	SUB I (PPS) (14-S095)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES		574				54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0095 ST ANTHONY 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
11/29/2010 09:07

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0095)(14-S095)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	109	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	924.66	84
85 OBSERVATION BED COST	100788	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		17969896		100788		86
87 NEW CAPITAL-RELATED COST	1119475	17969896	.062297	100788	6279	87
88 NON PHYSICIAN ANESTHETIST		17969896		100788		88
89 MEDICAL EDUCATION		17969896		100788		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0095) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		11727135		25
26 INTENSIVE CARE UNIT		5527772		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.325578	2977885	969534	37
39 DELIVERY ROOM & LABOR ROOM	.514423	14444	7430	39
40 ANESTHESIOLOGY	.231740	448519	103940	40
41 RADIOLOGY-DIAGNOSTIC	.165865	3735847	619646	41
44 LABORATORY	.208807	3712981	775296	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.231891	779720	180810	47
49 RESPIRATORY THERAPY	.246718	4553593	1123453	49
50 PHYSICAL THERAPY	.373126	247030	92173	50
53 ELECTROCARDIOLOGY	.183970	1059286	194877	53
54 ELECTROENCEPHALOGRAPHY	.224282	85253	19121	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173934	13224	2300	55
56 DRUGS CHARGED TO PATIENTS	.183369	6029915	1105699	56
59 HEMODIALYSIS	.403519	523192	211118	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.545390	355	194	60
61 EMERGENCY	.192705	1385452	266984	61
62 OBSERVATION BEDS (NON-DISTINCT	.045671			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		25566696	5672575	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		25566696		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S095)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		2919335		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.325578	4238	1380	37
39 DELIVERY ROOM & LABOR ROOM	.514423			39
40 ANESTHESIOLOGY	.231740			40
41 RADIOLOGY-DIAGNOSTIC	.165865	62815	10419	41
44 LABORATORY	.208807	258654	54009	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.231891	2149	498	47
49 RESPIRATORY THERAPY	.246718	26252	6477	49
50 PHYSICAL THERAPY	.373126	3988	1488	50
53 ELECTROCARDIOLOGY	.183970	34853	6412	53
54 ELECTROENCEPHALOGRAPHY	.224282	19587	4393	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173934	35	6	55
56 DRUGS CHARGED TO PATIENTS	.183369	277859	50951	56
59 HEMODIALYSIS	.403519	13120	5294	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.545390			60
61 EMERGENCY	.192705	80771	15565	61
62 OBSERVATION BEDS (NON-DISTINCT	.045671			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		784321	156892	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		784321		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0095)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.325578		37
39 DELIVERY ROOM & LABOR ROOM	.514423		39
40 ANESTHESIOLOGY	.231740		40
41 RADIOLOGY-DIAGNOSTIC	.165865		41
44 LABORATORY	.208807		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.231891		47
49 RESPIRATORY THERAPY	.246718		49
50 PHYSICAL THERAPY	.373126		50
53 ELECTROCARDIOLOGY	.183970		53
54 ELECTROENCEPHALOGRAPHY	.224282		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173934		55
56 DRUGS CHARGED TO PATIENTS	.183369		56
59 HEMODIALYSIS	.403519		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.545390		60
61 EMERGENCY	.192705		61
62 OBSERVATION BEDS (NON-DISTINCT	.045671		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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S095)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.325578		37
39 DELIVERY ROOM & LABOR ROOM	.514423		39
40 ANESTHESIOLOGY	.231740		40
41 RADIOLOGY-DIAGNOSTIC	.165865		41
44 LABORATORY	.208807		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.231891		47
49 RESPIRATORY THERAPY	.246718		49
50 PHYSICAL THERAPY	.373126		50
53 ELECTROCARDIOLOGY	.183970		53
54 ELECTROENCEPHALOGRAPHY	.224282		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.173934		55
56 DRUGS CHARGED TO PATIENTS	.183369		56
59 HEMODIALYSIS	.403519		59
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.545390		60
61 EMERGENCY	.192705		61
62 OBSERVATION BEDS (NON-DISTINCT	.045671		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0095)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	9538859					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	344214					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	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	181178					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	125.70					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	5.59					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	3.26	0.00	3.26			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	2.65					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	2.65					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	0.75					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	1.13					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	1.51				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0095)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.012013				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.006968				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	0.006968				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1309				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]	36267				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	37576 0	37576			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1594				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5667				4.01
4.02	SUM OF 4 AND 4.01	0.7261				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4912				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	4685489				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	14443104				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	14443104				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	933009				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	59217				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	15435330				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15435330				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	800260				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	197123				20
21	REIMBURSABLE BAD DEBTS	758542				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	530979				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	471298				21.02
22	SUBTOTAL	14968926				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0095)	HOSPITAL (14-0095)	HOSPITAL (14-0095)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES	1793		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3051390		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3094326		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.854		1.03
1.04 LINE 1.01 TIMES LINE 1.03	2605887		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	1793		5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	9779		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	9779		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	9779		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	7986		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	1793		17
17.01 TOTAL PPS PAYMENTS	3094326		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0095) 1	HOSPITAL (14-0095) 1.01	HOSPITAL (14-0095) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	733967		18.01
19 SUBTOTAL	2362152		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	11661		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2373813		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	2373813		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	277438		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	194207		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	273217		27.02
28 SUBTOTAL	2568020		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	2568020		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2299079		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	268941		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S095)	SUB I (14-S095)	SUB I (14-S095)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14191			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	18035			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.939			1.03
1.04 LINE 1.01 TIMES LINE 1.03	13325			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	18035			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S095) 1	SUB I (14-S095) 1.01	SUB I (14-S095) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4084		18.01
19 SUBTOTAL	13951		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	13951		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	13951		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	13951		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	13951		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13951		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0095)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14716063		2361274	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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	02/05/2010 06/04/2010	67447 23571	 02/05/2010 06/04/2010 14655 47540	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	43876		-62195	3.99
4 TOTAL INTERIM PAYMENTS		14759939		2299079	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE NONE	NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		208987	268941	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		14968926		2568020	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S095)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1390736		13951	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1390736		13951	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	25148			6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1415884		13951	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S095)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08		1511114				1.08
1.09		2451				1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		25.202740				1.16
1.17						1.17
1.18						1.18
1.19		1513565				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		1513565				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		1513565				4
5						5
6		1513565				6
7		76724				7
8		1436841				8
9		46105				9
10		1390736				10
11		35925				11
11.01		25148				11.01
11.02		35925				11.02
12		1415884				12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S095)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1415884				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1390736				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		25148				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 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 (14-0095) (PPS)	SUB I (14-S095) (PPS)	SUB II	SUB III
			SUB IV	NF I
1	1	1	1	1
2				
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CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0095) (PPS)	SUB I (14-S095) (PPS)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38.01	REIMBURSABLE BAD DEBTS					38
38.02	REDUCED REIMBURSABLE BAD DEBTS					38.01
39	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
40	UTILIZATION REVIEW					39
41	SUBTOTAL					40
42	INPATIENT ROUTINE SERVICE COST					41
43	MEDICARE INPATIENT ROUTINE CHARGES					42
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					43
45	RATIO OF LINE 43 TO LINE 44					44
46	TOTAL CUSTOMARY CHARGES					45
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					46
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					47
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					48
50	OTHER ADJUSTMENTS					49
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					50
52	SUBTOTAL					51
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					52
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					53
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					54
56	SEQUESTRATION ADJUSTMENT					55
57	INTERIM PAYMENTS					56
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57
58	BALANCE DUE PROVIDER/PROGRAM					57.01
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					58
						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	5.59	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 3.26	3.26	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	2.65	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	2.65	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	1.16	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	1.50	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	2.66	3.09
3.10	SEE INSTRUCTIONS	2.66	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	1.50	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	0.46	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	0.29	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	0.75	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.75	3.16
3.17	SEE INSTRUCTIONS	126720.49	3.17
3.18	SEE INSTRUCTIONS	95040	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		0.65	3.19
3.20	SEE INSTRUCTIONS		0.81	3.20
3.21	SEE INSTRUCTIONS		0.87	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.87	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		119289.33	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		103782	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		198822	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		11316	4
5	TOTAL INPATIENT DAYS		32352	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.349777	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	69543	69543	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		253	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		32352	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		1335	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
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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	15577273 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	15577273 16
PART B REASONABLE COST		
17	REASONABLE COST	3067374 17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	3067374 19
20	TOTAL REASONABLE COST	18644647 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.835482 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.164518 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	70878 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	59217 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	11661 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			16363	4
5 TOTAL INPATIENT DAYS			32352	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.505780	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			32352	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD				6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO] [E-3,PART 6]			
	[422] [LINE 12]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES				8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

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

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

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

WORKSHEET E-3
 PART VI

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD		1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	3.26	2
3	UNADJUSTED DIRECT GME FTE CAP	5.59	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	3.26	4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	3.26	13
14	UNADJUSTED IME FTE CAP	5.59	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	3.26	15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	19842992			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	13422719			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1086789			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	1499581			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	35852081			11
FIXED ASSETS					
12	LAND	803709			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	54757666			14
14.01	ACCUMULATED DEPRECIATION	-38925619			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				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	16635756			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	26793261			25
26	TOTAL OTHER ASSETS	26793261			26
27	TOTAL ASSETS	79281098			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	9317132			28
29	SALARIES, WAGES & FEES PAYABLE				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	4294099			35
36	TOTAL CURRENT LIABILITIES	13611231			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	5419390			41
42	TOTAL LONG TERM LIABILITIES	5419390			42
43	TOTAL LIABILITIES	19030621			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	60250477			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	60250477			51
52	TOTAL LIABILITIES AND FUND BALANCES	79281098			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	-21885000			1
2 NET INCOME (LOSS)	2948041			2
3 TOTAL	-18936959			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNRESTRICTED ASSETS	79187436			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	79187436			10
11 SUBTOTAL	60250477			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 UNRESTRICTED ASSETS				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD	60250477			19
PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	35858457		35858457	1
4 SUBPROVIDER I	8861498		8861498	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	44719955		44719955	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	11610407		11610407	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	11610407		11610407	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	56330362		56330362	16
19 ANCILLARY SERVICES	101890567	107330054	209220621	17
20 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
24.01 OUTSIDE CLINICS		21088681	21088681	24.01
25 TOTAL PATIENT REVENUES	158220929	128418735	286639664	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		91728641	26
27 ADD (SPECIFY)			27
28 PHYSICIAN REVENUE			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 BAD DEBT			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		91728641	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	286639664	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	213207565	2
3	NET PATIENT REVENUES	73432099	3
4	LESS - TOTAL OPERATING EXPENSES	91728641	4
5	NET INCOME FROM SERVICE TO PATIENTS	-18296542	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER OPERATING REVENUE	21244583	24
24.01	PHYSICIAN REVENUE		24.01
24.02	RECONCILING ITEM		24.02
24.03	RENTAL INCOME FROM OUTSIDE CLINICS		24.03
24.04	STUDENT MENTORING PROGRAM		24.04
24.05	HOUSE STAFF/PEDS& MED STUDENT PROGR		24.05
24.06	FINANCIAL CENTER ,ADMINISTRATION &		24.06
24.07	ADMINISTRATION FHN CONTRIBUTION		24.07
24.08	FINANCE DEPT.		24.08
24.09	FQHC CLINIC SOUTH LAWNSDALE		24.09
24.10	FQHC CLINIC LOWER WESTSIDE		24.10
24.11	MIDWIFERY CITY OF CHGO GRANT		24.11
24.12	SURGERY CAPITAL GRANT		24.12
24.13	QUALITY ASSURANCE		24.13
24.14	PROGRAM CIELO		24.14
24.15	51ST STREET CLINIC GRANT		24.15
24.16	59 TH STREET CLINIC GRANT		24.16
24.17	VENDING MACHINES COMMISSIONS		24.17
24.18	LAB ADMINISTRATION		24.18
24.19	RADIOLOGY		24.19
24.20	EMERGENCY DEPARTMENT		24.20
25	TOTAL OTHER INCOME	21244583	25
26	TOTAL	2948041	26
27	NON-OPERATING INCOME		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2948041	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0095)	HOSPITAL (14-0095)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	785449				3
3.01	17882				3.01
4	63.43				4
4.01	1.51	0.00	1.51		4.01
4.02			0.67		4.02
4.03			5263		4.03
5			0.1594		5
5.01			0.5667		5.01
5.02			0.7261		5.02
5.03			0.1584		5.03
5.04			124415		5.04
6			933009		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

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0095)	HOSPITAL (14-0095)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 PURCHASING, RECEIVING					6.02
6.03 ADMITTING					6.03
6.04 CASHIERING/ACCOUNTS RECEIVABLE					6.04
6.05 DATA PROCESSING					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
59 HEMODIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 FUND DEVELOPMENT					98.01
99 NONPAID WORKERS					99

PROVIDER NO. 14-0095 ST ANTHONY 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
11/29/2010 09:07

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	33.43		53.62				87.05 25
26 INTENSIVE CARE UNIT	47.52		20.45				67.97 26
33 NURSERY			82.68				82.68 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	11.90	7.96					19.86 37
39 DELIVERY ROOM & LABOR ROOM	0.13	0.01					0.14 39
40 ANESTHESIOLOGY	7.09	5.88					12.97 40
41 RADIOLOGY-DIAGNOSTIC	8.42	11.38					19.80 41
44 LABORATORY	15.88	1.24					17.12 44
47 BLOOD STORING, PROCESSING & TRA	23.99	1.60					25.59 47
49 RESPIRATORY THERAPY	42.70	0.88					43.58 49
50 PHYSICAL THERAPY	8.08	0.68					8.76 50
53 ELECTROCARDIOLOGY	18.28	14.98					33.26 53
54 ELECTROENCEPHALOGRAPHY	13.60	14.34					27.94 54
55 MEDICAL SUPPLIES CHARGED TO PAT	22.28	1.91					24.19 55
56 DRUGS CHARGED TO PATIENTS	17.55	8.05					25.60 56
59 HEMODIALYSIS	49.17	2.72					51.89 59
60 CLINIC	0.01	16.32					16.33 60
61 EMERGENCY	4.60	7.63					12.23 61
62 OBSERVATION BEDS (NON-DISTINCT		20.53					20.53 62
101 TOTAL CHARGES	9.63	5.56					15.19 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	32.61		56.08				88.69 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
41 RADIOLOGY-DIAGNOSTIC	0.14	0.03					0.17 41
44 LABORATORY	1.11						1.11 44
47 BLOOD STORING, PROCESSING & TRA	0.07						0.07 47
49 RESPIRATORY THERAPY	0.25						0.25 49
50 PHYSICAL THERAPY	0.13						0.13 50
53 ELECTROCARDIOLOGY	0.60	0.06					0.66 53
54 ELECTROENCEPHALOGRAPHY	3.13	0.09					3.22 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.06						0.06 55
56 DRUGS CHARGED TO PATIENTS	0.81						0.81 56
59 HEMODIALYSIS	1.23						1.23 59
61 EMERGENCY	0.27	0.19					0.46 61
101 TOTAL CHARGES	0.30	0.03					0.33 101

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	3072997	3.39	-3072997	-6.82		3
4	NEW CAP REL COSTS-MVBLE EQUIP	946916	1.04	-946916	-2.10		4
5	EMPLOYEE BENEFITS	5670715	6.25	-5670715	-12.58		5
6.01	COMMUNICATIONS						6.01
6.02	PURCHASING, RECEIVING						6.02
6.03	ADMITTING						6.03
6.04	CASHERING/ACCOUNTS RECEIVABLE						6.04
6.05	DATA PROCESSING						6.05
6.06	ADMINISTRATIVE & GENERAL	22984309	25.34	-22984309	-51.00		6.06
7	MAINTENANCE & REPAIRS	1608732	1.77	-1608732	-3.57		7
8	OPERATION OF PLANT	2600830	2.87	-2600830	-5.77		8
9	LAUNDRY & LINEN SERVICE	520453	.57	-520453	-1.15		9
10	HOUSEKEEPING	1348258	1.49	-1348258	-2.99		10
11	DIETARY	949308	1.05	-949308	-2.11		11
12	CAFETERIA	484902	.53	-484902	-1.08		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	470060	.52	-470060	-1.04		14
15	CENTRAL SERVICES & SUPPLY	441007	.49	-441007	-.98		15
16	PHARMACY	1322494	1.46	-1322494	-2.93		16
17	MEDICAL RECORDS & LIBRARY	665384	.73	-665384	-1.48		17
18	SOCIAL SERVICE	529129	.58	-529129	-1.17		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A	1452610	1.60	-1452610	-3.22		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	7684899	8.47	11248597	24.96	18933496	20.87
26	INTENSIVE CARE UNIT	2440950	2.69	2252499	5.00	4693449	5.17
31	SUBPROVIDER I	1443221	1.59	3160854	7.01	4604075	5.08
33	NURSERY	928856	1.02	927562	2.06	1856418	2.05
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	4795133	5.29	3348863	7.43	8143996	8.98
39	DELIVERY ROOM & LABOR ROOM	3109381	3.43	2681990	5.95	5791371	6.38
40	ANESTHESIOLOGY	1015800	1.12	450815	1.00	1466615	1.62
41	RADIOLOGY-DIAGNOSTIC	3751298	4.14	3605890	8.00	7357188	8.11
44	LABORATORY	2846548	3.14	2035812	4.52	4882360	5.38
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	534326	.59	219302	.49	753628	.83
49	RESPIRATORY THERAPY	1274780	1.41	1356247	3.01	2631027	2.90
50	PHYSICAL THERAPY	653632	.72	487512	1.08	1141144	1.26
53	ELECTROCARDIOLOGY	632096	.70	434099	.96	1066195	1.18
54	ELECTROENCEPHALOGRAPHY	59007	.07	81547	.18	140554	.15
55	MEDICAL SUPPLIES CHARGED TO PAT	2928		7396	.02	10324	.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56 DRUGS CHARGED TO PATIENTS	2896091	3.19	3405389	7.56	6301480	6.95	56
59 HEMODIALYSIS	311068	.34	118324	.26	429392	.47	59
60 CLINIC	545036	.60	1239557	2.75	1784593	1.97	60
61 EMERGENCY	3297533	3.64	3465950	7.69	6763483	7.46	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	96415	.11	100111	.22	196526	.22	96
98 PHYSICIANS' PRIVATE OFFICES	4383878	4.83	2476469	5.49	6860347	7.56	98
98.01 FUND DEVELOPMENT							98.01
99 NONPAID WORKERS	2941240	3.24	1963319	4.36	4904559	5.41	99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	90712220	100.00	0	.00	90712220	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	304894	25013971	.012189	2977885	36297	37
39 DELIVERY ROOM & LABOR ROOM	140109	11307522	.012391	14444	179	39
40 ANESTHESIOLOGY	23254	6328706	.003674	448519	1648	40
41 RADIOLOGY-DIAGNOSTIC	711362	44356483	.016037	3735847	59912	41
44 LABORATORY	226319	23382219	.009679	3712981	35938	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	4524	3249928	.001392	779720	1085	47
49 RESPIRATORY THERAPY	120272	10664122	.011278	4553593	51355	49
50 PHYSICAL THERAPY	40304	3058331	.013178	247030	3255	50
53 ELECTROCARDIOLOGY	32220	5795475	.005560	1059286	5890	53
54 ELECTROENCEPHALOGRAPHY	15785	626684	.025188	85253	2147	54
55 MEDICAL SUPPLIES CHARGED TO PAT	717	59356	.012080	13224	160	55
56 DRUGS CHARGED TO PATIENTS	98643	34364973	.002870	6029915	17306	56
59 HEMODIALYSIS	2348	1064119	.002207	523192	1155	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	125835	2388737	.052678	355	19	60
61 EMERGENCY	148291	30097186	.004927	1385452	6826	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	6279	2206839	.002845			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	2001156	203964651		25566696	223172	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT					COST
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1119475		1119475	19434	57.60	6497	374227 25
26 INTENSIVE CARE UNIT	182954		182954	3828	47.79	1819	86930 26
101 TOTAL	1302429		1302429			8316	461157 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						461157	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						223172	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						684329	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						1314	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						8316	
PER DISCHARGE CAPITAL COSTS						520.80	
PER DIEM CAPITAL COSTS						82.29	

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)	13226002
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	42821603
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.309

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1666942
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	3703656
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.450

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)	684329
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.016

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)	3043642
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)	14744815
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.206