

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 HOLY CROSS HOSPITAL (14-0133) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	986540	70202		2
3	SWING BED - SNF	207744			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	1194284	70202		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: 2701 WEST 68TH STREET P.O.BOX: 1
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60629 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	HOLY CROSS HOSPITAL	14-0133	07/01/1966	N	P	P	2
3	SUBPROVIDER I	REHAB UNIT	14-T133	07/01/2000	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
			1	2				
18	TYPE OF CONTROL		1					18
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1				19
20	SUBPROVIDER I			5				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?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			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 (EXLUDED 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?		YES		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?		YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?		YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?		YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?		YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?		NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?		YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.		NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3903	3541	9704	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		3903	3541	9704	12
13	RPCH VISITS					13
14	SUBPROVIDER I		325	58	412	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	44465573		44465573	1581091.00	28.12		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	50333		50333	592.00	85.02	DIRECTORSHIPS	4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	2144856	10495	2155351	72317.00	29.80		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	4008137		4008137	65228.00	61.45	AGENCY REPORT	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	7590402		7590402			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	472992		472992			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)							20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	813734	-363334	450400	16744.00	26.90		21
22	ADMINISTRATIVE & GENERAL	5795447	363334	6158781	196622.00	31.32		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	211554		211554	731.34	289.27		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1964189		1964189	89794.00	21.87		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	979264		979264	73611.00	13.30		26
26.01	HOUSEKEEPING UNDER CONTRACT	23497		23497	392.00	59.94		26.01
27	DIETARY	726925	-311582	415343	30579.00	13.58		27
27.01	DIETARY UNDER CONTRACT	189553		189553	4132.00	45.87		27.01
28	CAFETERIA		301087	301087	24600.00	12.24		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	598679		598679	11981.00	49.97		30
31	CENTRAL SERVICES AND SUPPLY	260355		260355	14352.00	18.14		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1448092		1448092	51605.00	28.06		33
34	SOCIAL SERVICE							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	44890177		44890177	1586346.34	28.30	1
2	EXCLUDED AREA SALARIES	2144856	10495	2155351	72317.00	29.80	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	42745321	-10495	42734826	1514029.34	28.23	3
4	SUBTOTAL OTHER WAGES & REL COSTS	4008137		4008137	65228.00	61.45	4
5	SUBTOTAL WAGE-RELATED COSTS	7590402		7590402		17.76%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	54343860	-10495	54333365	1579257.34	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	13011289	-10495	13000794	515143.34	25.24	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	16781633	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	559620	20
21	NON-RESTRICTED GRANTS	500000	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17841253	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.285724	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	91674628	28
29	TOTAL GROSS MEDICAID COST	26193641	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	28855866	30
31	UNCOMPENSATED CARE COST	8244813	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	26193641	32

PROVIDER NO. 14-0133 HOLY CROSS 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
 11/30/2010 12:53

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
			1	2	3	4	5	6	7	
96.01	9601	SISTERS & PRIESTS MAINTENANCE				25748	25748		25748	96.01
98	9800	PHYSICIANS' PRIVATE OFFICES	1206214	557067	1763281		1763281		1763281	98
100	7950	SEASON HOSPICE								100
101		TOTAL	44465573	59087918	103553491		103553491	-6493171	97060320	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
1		2	3	4	5	
1 TO RECLASS CAFETERIA COSTS	B	CAFETERIA	12	301087	437564	1
2	B	SISTERS & PRIESTS MAINTENANCE	96.01	10495	15253	2
3						3
4 TO RECLASS CLINITRON BEDS EXP	C	ADULTS & PEDIATRICS	25		89150	4
5						5
6 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		570600	6
7						7
8 TO RECLASS INSURANCE COSTS	E	NEW CAP REL COSTS-BLDG & FIXT	3		102914	8
9						9
10 RECLASS A&G EXPENSES	G	OTHER ADMINISTRATIVE & GENERA	6.05	363334	215306	10
11						11
12 RECLASS ANESTHESIA TECH COSTS	H	OPERATING ROOM	37		447	12
13						13
14 RECLASS ONE DAY SURGERY COSTS	J	OPERATING ROOM	37	534642	99951	14
15						15
16 RECLASS THERAPY COSTS	K	PHYSICAL THERAPY	50		413672	16
17	K	OCCUPATIONAL THERAPY	51		344616	17
18	K	SPEECH PATHOLOGY	52		108469	18
19						19
20 RECLASS DIRECTORSHIP COSTS	L	ADULTS & PEDIATRICS	25		13333	20
21	L	INTENSIVE CARE UNIT	26		25000	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				1209558	2436275	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 TO RECLASS CAFETERIA COSTS	B	DIETARY	11	301087	437564	1
2	B	DIETARY	11	10495	15253	2
3						3
4 TO RECLASS CLINITRON BEDS EXP	C	NURSING ADMINISTRATION	14		89150	4
5						5
6 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88		570600	11 6
7						7
8 TO RECLASS INSURANCE COSTS	E	OTHER ADMINISTRATIVE & GENERA	6.05		102914	12 8
9						9
10 RECLASS A&G EXPENSES	G	EMPLOYEE BENEFITS	5	363334	215306	10
11						11
12 RECLASS ANESTHESIA TECH COSTS	H	ANESTHESIOLOGY	40		447	12
13						13
14 RECLASS ONE DAY SURGERY COSTS	J	CLINIC	60	534642	99951	14
15						15
16 RECLASS THERAPY COSTS	K	SUBPROVIDER I	31		866757	16
17	K					17
18	K					18
19						19
20 RECLASS DIRECTORSHIP COSTS	L	OTHER ADMINISTRATIVE & GENERA	6.05		13333	20
21	L	OTHER ADMINISTRATIVE & GENERA	6.05		25000	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				1209558	2436275	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	1337233					1337233		1
2 LAND IMPROVEMENTS	1595015	12439		12439	76463	1530991		2
3 BUILDINGS AND FIXTURES	54892589	362240		362240	931012	54323817		3
4 BUILDING IMPROVEMENTS	169032				35832	133200		4
5 FIXED EQUIPMENT	25825709	224840		224840	3438487	22612062		5
6 MOVABLE EQUIPMENT	54994750	2892361		2892361	7099696	50787415		6
7 SUBTOTAL	138814328	3491880		3491880	11581490	130724718		7
8 RECONCILING ITEMS								8
9 TOTAL	138814328	3491880		3491880	11581490	130724718		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-275216	NEW CAP REL COSTS-MVBLE EQUIP	4	11 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)	B	-17777	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-104708	OTHER ADMINISTRATIVE & GENERAL	6.05	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2958200			12
13 SALE OF SCRAP, WASTE, ETC.	B	-325	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-287002	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	-200	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-7135	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-46042	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 OFFSET OTHER REVENUE TO ADMIN	B	-203680	OTHER ADMINISTRATIVE & GENERAL	6.05	37
38 OFFSET MISC INCOME	B	-15158	BUSINESS OFFICE	6.04	38
39 OFFSET HCHP SVC ALLOCATION	B	-72000	EMPLOYEE BENEFITS	5	39
40 OFFSET DATA PROCESSING INCOME	B	-135	DATA PROCESSING	6.02	40
41 OFFSET MARKETING EXPENSES	A	-52781	OTHER ADMINISTRATIVE & GENERAL	6.05	41
42					42
43 REMOVE LOBBYING FEES	A	-189583	OTHER ADMINISTRATIVE & GENERAL	6.05	43
44 OFFSET GRANT EXPENSES	A	-21762	OTHER ADMINISTRATIVE & GENERAL	6.05	44
45 REMOVE FOUNDATION EXPENSE	A	-70749	OTHER ADMINISTRATIVE & GENERAL	6.05	45
46					46
46.01 OFFSET EMPLOYEE REVENUE	B	-200	EMPLOYEE BENEFITS	5	46.01
47 REMOVE VOLUNTEER MEAL EXP	A	-1342	OTHER ADMINISTRATIVE & GENERAL	6.05	47
47.01 REMOVE CONTRACT MEDICAL FEES	A	-458309	OTHER ADMINISTRATIVE & GENERAL	6.05	47.01
47.02 REMOVE PHYSICIAN CALL CENTER EXP	A	-34278	OTHER ADMINISTRATIVE & GENERAL	6.05	47.02
47.04 OFFSET ED DIVERSION INCOME	B	-287858	EMERGENCY	61	47.04
47.06 OFFSET ARCHER BLDG EXPENSES	A	-85796	OTHER ADMINISTRATIVE & GENERAL	6.05	47.06
47.08 OFFSET AHA PORTION OF LOBBYING DU	A	-6440	OTHER ADMINISTRATIVE & GENERAL	6.05	47.08
47.09 OFFSET CONTRIBUTIONS MADE	A	-21600	OTHER ADMINISTRATIVE & GENERAL	6.05	47.09
47.10 OFFSET NONALLOWABLE EXPENSES	A	-3325	OTHER ADMINISTRATIVE & GENERAL	6.05	47.10
47.11 OFFSET UCMC INCOME	B	-500000	ADULTS & PEDIATRICS	25	47.11
47.12 OFFSET TELEMETRY DEPR EX	A	-60564	NEW CAP REL COSTS-MVBLE EQUIP	4	9 47.12
48 REMOVE PHYSICIAN MALP COSTS	A	-81006	OTHER ADMINISTRATIVE & GENERAL	6.05	48
49 REMOVE HOUSE PHYSICIANS	A	-630000	I&R SERVICES-NOT APPRVD PRGM	70	49
50 TOTAL		-6493171			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:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	61	EMERGENCY	870012	870012					
2	44	LABORATORY	12000		12000	215700	208	21570	1079
3	40	ANESTHESIOLOGY	1425034	1425034					
5	39	DELIVERY ROOM & LABOR RO	134333	134333					
6	41	RADIOLOGY-DIAGNOSTIC	271011	271011					
7	39	DELIVERY ROOM & LABOR RO	229514	229514					
8	6.05	OTHER ADMINISTRATIVE & G	22677	22677					
9	25	ADULTS & PEDIATRICS	13333		13333	177200	128	10905	545
10	26	INTENSIVE CARE UNIT	25000		25000	177200	256	21809	1090
101		TOTAL	3002914	2952581	50333		592	54284	2714

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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
LINE NO.		12	13	14	15	16	17	18
10	11							
1	61 EMERGENCY							870012
2	44 LABORATORY					21570		
3	40 ANESTHESIOLOGY							1425034
5	39 DELIVERY ROOM & LABOR RO							134333
6	41 RADIOLOGY-DIAGNOSTIC							271011
7	39 DELIVERY ROOM & LABOR RO							229514
8	6.05 OTHER ADMINISTRATIVE & G							22677
9	25 ADULTS & PEDIATRICS					10905	2428	2428
10	26 INTENSIVE CARE UNIT					21809	3191	3191
101	TOTAL					54284	5619	2958200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI-CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	BUSINESS OFFICE 6.04	
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	2612844	2612844							3
4 NEW CAP REL COSTS-MVBLE EQUIP	3423320		3423320						4
5 EMPLOYEE BENEFITS	5339832	22318	404	5362554					5
6.01 COMMUNICATIONS	340623	2754	78904	26452	448733				6.01
6.02 DATA PROCESSING	1114831	15673	634619	61035	10805	1836963			6.02
6.03 PURCHASING	313420	10852	1070	35257	6078	20806	387483		6.03
6.04 BUSINESS OFFICE	2055912	22829	3117	175977	24311	349229	707	2632082	6.04
6.05 OTHER ADMINISTRATIVE & GENERAL	15813397	385797	19657	451629	115136	449272	5332		6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	5935535	151411	104358	239305	16545	18985	7702		8
9 LAUNDRY & LINEN SERVICE	830448	164208							9
10 HOUSEKEEPING	1398536			119308					10
11 DIETARY	972911	101524	13795	50603	7766	3671	25158		11
12 CAFETERIA	451649	76914		36683					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	831291	11875	151221	72939	675	1313	92		14
15 CENTRAL SERVICES & SUPPLY	360492	61732	223234	31720	3714	11427	658		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	2191949	23853	5889	176427	35453	111729	566		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	11370338	456928	100852	1143048	74620	222486	27398	341533	25
26 INTENSIVE CARE UNIT	4697340	127251	3858	419980	7091	46782	14023	92541	26
31 SUBPROVIDER I	1970799	68795	7111	114359	10467	17591	1900	37927	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	4668785	129534	275522	225624	29375	11738	81115	181690	37
38 RECOVERY ROOM	445734	11251	30164	47245			892	25215	38
39 DELIVERY ROOM & LABOR ROOM	1248173	100941	58932	88114		23912	2446	10439	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	1693223	139690	692255	202652	31064	52527	1953	127938	41
41.01 CARDIAC CATH LAB	1063706		151285	36402	2364		18164	66721	41.01
41.02 ULTRASOUND	562125	5426	23174	62557			364	59802	41.02
42 RADIOLOGY-THERAPEUTIC	1028293	10442	131519	56965			5830	227806	42
43 RADIOISOTOPE	539717	11773	110999	33432		8361	6450	36279	43
44 LABORATORY	5097137	89066	66821	234959	14181		3454	420853	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1624759	16277	72319	147549	3714	11094	7034	233918	49
50 PHYSICAL THERAPY	879014	45659	3528	15134		5731	178	32679	50
51 OCCUPATIONAL THERAPY	344927	19246				1447		12220	51
52 SPEECH PATHOLOGY	171849	15356	428	7127		3018	22	4444	52
53 ELECTROCARDIOLOGY	682771	15868	57772	60730		30780	3708	118566	53
54 ELECTROENCEPHALOGRAPHY	49091	19267	3177	5526			21	3946	54
54.01 SLEEP LAB									54.01
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	4744237	23034	189633	144838	7428	79009	117463	233600	56
57 RENAL DIALYSIS	481922		18541	42018		3144	2412	18356	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1031989	30835	99006	79051	675	58571	8967	78961	60
61 EMERGENCY	6888372	146907	73046	569672	19584	107723	41680	266648	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
70 I&R SERVICES-NOT APPRVD PRGM									70
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	95271291	2535286	3406210	5214317	421046	1650346	385689	2632082	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		18407			675	186617			96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	BUSINESS OFFICE 6.04	
96.01 SISTERS & PRIESTS MAINTENANCE	25748			1279					96.01
98 PHYSICIANS' PRIVATE OFFICES	1763281	38390	17110	146958	27012		1794		98
100 SEASON HOSPICE		20761							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	97060320	2612844	3423320	5362554	448733	1836963	387483	2632082	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
	5A	6.05	8	9	10	11	12	14	
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 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 BUSINESS OFFICE									6.04
6.05 OTHER ADMINISTRATIVE & GENERAL	17240220	17240220							6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	6473841	1398272	7872113						8
9 LAUNDRY & LINEN SERVICE	994656	214834	645942	1855432					9
10 HOUSEKEEPING	1517844	327836			1845680				10
11 DIETARY	1175428	253878	399364		102004	1930674			11
12 CAFETERIA	565246	122086	302554		77277		1067163		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1069406	230979	46714		11932		12994	1372025	14
15 CENTRAL SERVICES & SUPPLY	692977	149675	242832		62023		13727		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	2545866	549877	93831		23966		56609		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	13737203	2967108	1797403	652939	459085	1577756	325519	639563	25
26 INTENSIVE CARE UNIT	5408866	1168250	500565	183682	127852	193128	80086	157348	26
31 SUBPROVIDER I	2228949	481426	270619	80371	69120	159790	29887	58721	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5603383	1210263	509545	522177	130146		37900	104546	37
38 RECOVERY ROOM	560501	121061	44257	34481	11304		7955	15629	38
39 DELIVERY ROOM & LABOR ROOM	1532957	331100	397069	1600	101418		21778	42789	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	2941302	635286	549493	119723	140349		47438		41
41.01 CARDIAC CATH LAB	1338642	289131					5560		41.01
41.02 ULTRASOUND	713448	154096	21343		5451		12357		41.02
42 RADIOLOGY-THERAPEUTIC	1460855	315527	41076		10491		12723		42
43 RADIOISOTOPE	747011	161345	46311		11829		4344		43
44 LABORATORY	5926471	1280047	350355		89486		68849		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2116664	457174	64030		16354		36452		49
50 PHYSICAL THERAPY	981923	212084	179607	17022	45875		4286		50
51 OCCUPATIONAL THERAPY	377840	81609	75709		19337				51
52 SPEECH PATHOLOGY	202244	43682	60406		15429		1660		52
53 ELECTROCARDIOLOGY	970195	209550	62420		15943		20060		53
54 ELECTROENCEPHALOGRAPHY	81028	17501	75789		19358		1757		54
54.01 SLEEP LAB									54.01
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	5539242	1196410	90609		23143		33517		56
57 RENAL DIALYSIS	566393	122334					8823	17336	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1388055	299803	121295		30981		37186	42978	60
61 EMERGENCY	8113632	1752447	577884	243437	147601		149186	293115	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
70 I&R SERVICES-NOT APPRVD PRGM									70
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	94812288	16754671	7567022	1855432	1767754	1930674	1030653	1372025	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	205699	44429	72407		18494				96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
	5A	6.05	8	9	10	11	12	14	
96.01 SISTERS & PRIESTS MAINTENANCE	27027	5838							96.01
98 PHYSICIANS' PRIVATE OFFICES	1994545	430798	151015		38572		36510		98
100 SEASON HOSPICE	20761	4484	81669		20860				100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	97060320	17240220	7872113	1855432	1845680	1930674	1067163	1372025	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL	MEDICAL	SUBTOTAL	I&R COST &	TOTAL
	SERVICES & SUPPLY	RECORDS & LIBRARY		POST STEP-DOWN ADJS	
	15	17	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 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 BUSINESS OFFICE					6.04
6.05 OTHER ADMINISTRATIVE & GENERAL					6.05
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	1161234				15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY		3270149			17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	112321	424304	22693201		22693201
26 INTENSIVE CARE UNIT	68893	114968	8003638		8003638
31 SUBPROVIDER I	9042	47119	3435044		3435044
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	478221	225723	8821904		8821904
38 RECOVERY ROOM	4884	31326	831398		831398
39 DELIVERY ROOM & LABOR ROOM	10504	12969	2452184		2452184
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC	7343	158944	4599878		4599878
41.01 CARDIAC CATH LAB	108987	82891	1825211		1825211
41.02 ULTRASOUND	1873	74296	982864		982864
42 RADIOLOGY-THERAPEUTIC	13424	283016	2137112		2137112
43 RADIOISOTOPE	1648	45071	1017559		1017559
44 LABORATORY	16437	523022	8254667		8254667
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	44215	290609	3025498		3025498
50 PHYSICAL THERAPY	835	40599	1482231		1482231
51 OCCUPATIONAL THERAPY		15182	569677		569677
52 SPEECH PATHOLOGY	2	5521	328944		328944
53 ELECTROCARDIOLOGY	12797	147300	1438265		1438265
54 ELECTROENCEPHALOGRAPHY	137	4902	200472		200472
54.01 SLEEP LAB					54.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS	4913	290214	7178048		7178048
57 RENAL DIALYSIS	13717	22804	751407		751407
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	54359	98098	2072755		2072755
61 EMERGENCY	193311	331271	11801884		11801884
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
70 I&R SERVICES-NOT APPRVD PRGM					70
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	1157863	3270149	93903841		93903841
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN			341029		341029

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
96.01 SISTERS & PRIESTS MAINTENANCE			32865		32865	96.01
98 PHYSICIANS' PRIVATE OFFICES	3371		2654811		2654811	98
100 SEASON HOSPICE			127774		127774	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	1161234	3270149	97060320		97060320	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		22318	404	22722	22722				5
6.01		2754	78904	81658	112	81770			6.01
6.02		15673	634619	650292	258	1969	652519		6.02
6.03		10852	1070	11922	149	1107	7391	20569	6.03
6.04		22829	3117	25946	745	4430	124052	38	6.04
6.05		385797	19657	405454	1913	20980	159588	283	6.05
7									7
8		151411	104358	255769	1014	3015	6744	409	8
9		164208		164208					9
10					505				10
11		101524	13795	115319	214	1415	1304	1336	11
12		76914		76914	155				12
13									13
14		11875	151221	163096	309	123	466	5	14
15		61732	223234	284966	134	677	4059	35	15
16									16
17		23853	5889	29742	747	6460	39688	30	17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		456928	100852	557780	4855	13598	79031	1455	25
26		127251	3858	131109	1779	1292	16618	745	26
31		68795	7111	75906	484	1907	6249	101	31
33									33
ANCILLARY SERVICE COST CENTERS									
37		129534	275522	405056	956	5353	4169	4307	37
38		11251	30164	41415	200			47	38
39		100941	58932	159873	373		8494	130	39
40									40
41		139690	692255	831945	858	5661	18658	104	41
41.01			151285	151285	154	431		964	41.01
41.02		5426	23174	28600	265			19	41.02
42		10442	131519	141961	241			310	42
43		11773	110999	122772	142		2970	342	43
44		89066	66821	155887	995	2584		183	44
46.30									46.30
49		16277	72319	88596	625	677	3941	374	49
50		45659	3528	49187	64		2036	9	50
51		19246		19246			514		51
52		15356	428	15784	30		1072	1	52
53		15868	57772	73640	257		10934	197	53
54		19267	3177	22444	23			1	54
54.01									54.01
55.30									55.30
56		23034	189633	212667	613	1354	28065	6232	56
57			18541	18541	178		1117	128	57
OUTPATIENT SERVICE COST CENTERS									
60		30835	99006	129841	335	123	20805	476	60
61		146907	73046	219953	2413	3569	38265	2213	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
70									70
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95		2535286	3406210	5941496	22095	76725	586230	20474	95
NONREIMBURSABLE COST CENTERS									
96			18407	18407		123	66289		96

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03
96.01 SISTERS & PRIESTS MAINTENANCE					5			96.01
98 PHYSICIANS' PRIVATE OFFICES		38390	17110	55500	622	4922		95 98
100 SEASON HOSPICE		20761		20761				100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		2612844	3423320	6036164	22722	81770	652519	20569 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	BUSINESS OFFICE 6.04	OTHER ADMIN AND GENERAL 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	
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 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 BUSINESS OFFICE	155211								6.04
6.05 OTHER ADMINISTRATIVE & GENERAL		588218							6.05
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		47706	314657						8
9 LAUNDRY & LINEN SERVICE		7330	25819	197357					9
10 HOUSEKEEPING		11185			11690				10
11 DIETARY		8662	15963		646	144859			11
12 CAFETERIA		4165	12093		489		93816		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		7880	1867		76		1142	174964	14
15 CENTRAL SERVICES & SUPPLY		5107	9706		393		1207		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		18760	3751		152		4977		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	20128	101255	71847	69450	2906	118380	28615	81559	25
26 INTENSIVE CARE UNIT	5454	39858	20008	19538	810	14490	7040	20065	26
31 SUBPROVIDER I	2235	16425	10817	8549	438	11989	2627	7488	31
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	10708	41291	20367	55542	824		3332	13332	37
38 RECOVERY ROOM	1486	4130	1769	3668	72		699	1993	38
39 DELIVERY ROOM & LABOR ROOM	615	11296	15871	170	642		1915	5456	39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	7540	21674	21964	12735	889		4170		41
41.01 CARDIAC CATH LAB	3932	9864					489		41.01
41.02 ULTRASOUND	3524	5257	853		35		1086		41.02
42 RADIOLOGY-THERAPEUTIC	13425	10765	1642		66		1119		42
43 RADIOISOTOPE	2138	5505	1851		75		382		43
44 LABORATORY	24894	43672	14004		567		6053		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	13786	15598	2559		104		3205		49
50 PHYSICAL THERAPY	1926	7236	7179	1811	291		377		50
51 OCCUPATIONAL THERAPY	720	2784	3026		122				51
52 SPEECH PATHOLOGY	262	1490	2414		98		146		52
53 ELECTROCARDIOLOGY	6988	7149	2495		101		1764		53
54 ELECTROENCEPHALOGRAPHY	233	597	3029		123		154		54
54.01 SLEEP LAB									54.01
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	13767	40819	3622		147		2947		56
57 RENAL DIALYSIS	1082	4174					776	2211	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4653	10229	4848		196		3269	5481	60
61 EMERGENCY	15715	59789	23099	25894	935		13115	37379	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
70 I&R SERVICES-NOT APPRVD PRGM									70
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	155211	571652	302463	197357	11197	144859	90606	174964	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1516	2894		117				96

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 PART III

COST CENTER DESCRIPTION	BUSINESS OFFICE	OTHER ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
	6.04	6.05	8	9	10	11	12	14	
96.01 SISTERS & PRIESTS MAINTENANCE		199							96.01
98 PHYSICIANS' PRIVATE OFFICES		14698	6036		244		3210		98
100 SEASON HOSPICE		153	3264		132				100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	155211	588218	314657	197357	11690	144859	93816	174964	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL	MEDICAL	SUBTOTAL	I&R COST &	TOTAL
	SERVICES & SUPPLY	RECORDS & LIBRARY		POST STEP-DOWN ADJS	
	15	17	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 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 BUSINESS OFFICE					6.04
6.05 OTHER ADMINISTRATIVE & GENERAL					6.05
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	306284				15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY		104307			17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	29626	13518	1194003		1194003
26 INTENSIVE CARE UNIT	18171	3663	300640		300640
31 SUBPROVIDER I	2385	1501	149101		149101
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	126133	7191	698561		698561
38 RECOVERY ROOM	1288	998	57765		57765
39 DELIVERY ROOM & LABOR ROOM	2771	413	208019		208019
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC	1937	5064	933199		933199
41.01 CARDIAC CATH LAB	28746	2641	198506		198506
41.02 ULTRASOUND	494	2367	42500		42500
42 RADIOLOGY-THERAPEUTIC	3541	9017	182087		182087
43 RADIOISOTOPE	435	1436	138048		138048
44 LABORATORY	4335	16785	269959		269959
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	11662	9259	150386		150386
50 PHYSICAL THERAPY	220	1293	71629		71629
51 OCCUPATIONAL THERAPY		484	26896		26896
52 SPEECH PATHOLOGY	1	176	21474		21474
53 ELECTROCARDIOLOGY	3375	4693	111593		111593
54 ELECTROENCEPHALOGRAPHY	36	156	26796		26796
54.01 SLEEP LAB					54.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS	1296	9246	320775		320775
57 RENAL DIALYSIS	3618	727	32552		32552
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	14338	3125	197719		197719
61 EMERGENCY	50987	10554	503880		503880
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
70 I&R SERVICES-NOT APPRVD PRGM					70
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	305395	104307	5836088		5836088
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN			89346		89346

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WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
96.01 SISTERS & PRIESTS MAINTENANCE			204		204	96.01
98 PHYSICIANS' PRIVATE OFFICES	889		86216		86216	98
100 SEASON HOSPICE			24310		24310	100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	306284	104307	6036164		6036164	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	DATA	PURCHASING	BUSINESS	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	CATIONS NUMBER OF PHONES	PROCESSING MACHINE TIME	COSTED REQUISITN	OFFICE GROSS REVENUE	
	3	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3	255225							3
4		3188500						4
5		2180	376	44015173				5
6.01		269	73492	217119	1329			6.01
6.02		1531	591088	500966	32	1316487		6.02
6.03		1060	997	289382	18	14911	11610839	6.03
6.04		2230	2903	1444397	72	250280	21197	328652419
6.05		37685	18309	3706917	341	321978	159763	6.05
7								7
8	14790	97200	1964189		49	13606	230778	8
9	16040						14	9
10			979264					10
11	9917	12849	415343	23	2631	753847		11
12	7513		301087					12
13								13
14	1160	140848	598679	2	941	2742		14
15	6030	207921	260355	11	8189	19722		15
16								16
17	2330	5485	1448092	105	80072	16973		17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	44633	93934	9381942	221	159448	820969	42643597	25
26	12430	3593	3447152	21	33527	420194	11554567	26
31	6720	6623	938642	31	12607	56931	4735584	31
33								33
ANCILLARY SERVICE COST CENTERS								
37	12653	256623	1851895	87	8412	2430567	22685742	37
38	1099	28095	387784			26724	3148311	38
39	9860	54890	723228			17137	73299	1303381
40								40
41	13645	644771	1663343	92	37644	58514	15974276	41
41.01		140908	298784	7		544265	8330762	41.01
41.02	530	21584	513465			10912	7466909	41.02
42	1020	122498	467566			174682	28443785	42
43	1150	103385	274407		5992	193259	4529782	43
44	8700	62237	1928516	42		103488	52559261	44
46.30								46.30
49	1590	67358	1211064	11	7951	210779	29206915	49
50	4460	3286	124221		4107	5328	4080318	50
51	1880				1037		1525815	51
52	1500	399	58500		2163	650	554920	52
53	1550	53809	498466		22059	111115	14804057	53
54	1882	2959	45359			629	492694	54
54.01								54.01
55.30								55.30
56	2250	176625	1188816	22	56623	3519846	29167237	56
57		17269	344881		2253	72282	2291898	57
OUTPATIENT SERVICE COST CENTERS								
60	3012	92215	648841	2	41976	268691	9859068	60
61	14350	68035	4675802	58	77201	1248926	33293540	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
70								70
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95	247649	3172564	42798464	1247	1182745	11557086	328652419	95
NONREIMBURSABLE COST CENTERS								
96	1798			2	133742			96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	DATA	PURCHASING	BUSINESS	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	CATIONS NUMBER OF PHONES	PROCESSING MACHINE TIME	REQUISITN COSTED	OFFICE GROSS REVENUE	
	3	4	5	6.01	6.02	6.03	6.04	
96.01 SISTERS & PRIESTS MAINTENANCE			10495					96.01
98 PHYSICIANS' PRIVATE OFFICES	3750	15936	1206214	80		53753		98
100 SEASON HOSPICE	2028							100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2612844	3423320	5362554	448733	1836963	387483	2632082	103
104 UNIT COST MULT-WS B PT I		1.073646		337.647103		.033373		104
104 UNIT COST MULT-WS B PT I	10.237414		.121834		1.395352		.008009	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			22722	81770	652519	20569	155211	107
108 UNIT COST MULT-WS B PT III				61.527464		.001772		108
108 UNIT COST MULT-WS B PT III			.000516		.495652		.000472	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS
	6A.05	6.05	8	9	10	11	12	14
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 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 BUSINESS OFFICE								6.04
6.05 OTHER ADMINISTRATIVE & GENERA	-17240220	79820100						6.05
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT		6473841	195480					8
9 LAUNDRY & LINEN SERVICE		994656	16040	1120422				9
10 HOUSEKEEPING		1517844			179440			10
11 DIETARY		1175428	9917		9917	133718		11
12 CAFETERIA		565246	7513		7513		55273	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		1069406	1160		1160		673	752315 14
15 CENTRAL SERVICES & SUPPLY		692977	6030		6030		711	15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		2545866	2330		2330		2932	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		13737203	44633	394284	44633	109275	16860	350688 25
26 INTENSIVE CARE UNIT		5408866	12430	110918	12430	13376	4148	86278 26
31 SUBPROVIDER I		2228949	6720	48533	6720	11067	1548	32198 31
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5603383	12653	315322	12653		1963	57325 37
38 RECOVERY ROOM		560501	1099	20822	1099		412	8570 38
39 DELIVERY ROOM & LABOR ROOM		1532957	9860	966	9860		1128	23462 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		2941302	13645	72296	13645		2457	41
41.01 CARDIAC CATH LAB		1338642					288	41.01
41.02 ULTRASOUND		713448	530		530		640	41.02
42 RADIOLOGY-THERAPEUTIC		1460855	1020		1020		659	42
43 RADIOISOTOPE		747011	1150		1150		225	43
44 LABORATORY		5926471	8700		8700		3566	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		2116664	1590		1590		1888	49
50 PHYSICAL THERAPY		981923	4460	10279	4460		222	50
51 OCCUPATIONAL THERAPY		377840	1880		1880			51
52 SPEECH PATHOLOGY		202244	1500		1500		86	52
53 ELECTROCARDIOLOGY		970195	1550		1550		1039	53
54 ELECTROENCEPHALOGRAPHY		81028	1882		1882		91	54
54.01 SLEEP LAB								54.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		5539242	2250		2250		1736	56
57 RENAL DIALYSIS		566393					457	9506 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1388055	3012		3012		1926	23566 60
61 EMERGENCY		8113632	14350	147002	14350		7727	160722 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
70 I&R SERVICES-NOT APPRVD PRGM								70
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	-17240220	77572068	187904	1120422	171864	133718	53382	752315 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		205699	1798		1798			96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		ADMIN AND GENERAL ACCUM COST	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	MEALS SERVED	FTES	ADMINIS- TRATION DIRECT NRSING HRS	
	6A.05	6.05	8	9	10	11	12	14	
96.01 SISTERS & PRIESTS MAINTENANCE		27027							96.01
98 PHYSICIANS' PRIVATE OFFICES		1994545	3750		3750		1891		98
100 SEASON HOSPICE		20761	2028		2028				100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		17240220	7872113	1855432	1845680	1930674	1067163	1372025	103
104 UNIT COST MULT-WS B PT I			40.270682		10.285778		19.307130		104
104 UNIT COST MULT-WS B PT I		.215988		1.656012		14.438400		1.823737	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		588218	314657	197357	11690	144859	93816	174964	107
108 UNIT COST MULT-WS B PT III			1.609663		.065147		1.697321		108
108 UNIT COST MULT-WS B PT III		.007369		.176145		1.083317		.232567	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL	MEDICAL	
	SERVICES & SUPPLY COSTED REQUIS. 15	RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 COMMUNICATIONS			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING			6.03
6.04 BUSINESS OFFICE			6.04
6.05 OTHER ADMINISTRATIVE & GENERA			6.05
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	5323006		15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY		328652419	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	514868	42643597	25
26 INTENSIVE CARE UNIT	315800	11554567	26
31 SUBPROVIDER I	41449	4735584	31
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	2192125	22685742	37
38 RECOVERY ROOM	22387	3148311	38
39 DELIVERY ROOM & LABOR ROOM	48151	1303381	39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	33658	15974276	41
41.01 CARDIAC CATH LAB	499588	8330762	41.01
41.02 ULTRASOUND	8587	7466909	41.02
42 RADIOLOGY-THERAPEUTIC	61535	28443785	42
43 RADIOISOTOPE	7555	4529782	43
44 LABORATORY	75344	52559261	44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	202679	29206915	49
50 PHYSICAL THERAPY	3829	4080318	50
51 OCCUPATIONAL THERAPY		1525815	51
52 SPEECH PATHOLOGY	9	554920	52
53 ELECTROCARDIOLOGY	58662	14804057	53
54 ELECTROENCEPHALOGRAPHY	629	492694	54
54.01 SLEEP LAB			54.01
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	22522	29167237	56
57 RENAL DIALYSIS	62876	2291898	57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	249177	9859068	60
61 EMERGENCY	886122	33293540	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
70 I&R SERVICES-NOT APPRVD PRGM			70
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	5307552	328652419	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
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VERSION: 2010.09
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL	MEDICAL	
	SERVICES & SUPPLY COSTED REQUIS. 15	RECORDS & LIBRARY GROSS REVENUE 17	
96.01 SISTERS & PRIESTS MAINTENANCE			96.01
98 PHYSICIANS' PRIVATE OFFICES	15454		98
100 SEASON HOSPICE			100
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	1161234	3270149	103
104 UNIT COST MULT-WS B PT I	.218154		104
104 UNIT COST MULT-WS B PT I		.009950	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	306284	104307	107
108 UNIT COST MULT-WS B PT III	.057540		108
108 UNIT COST MULT-WS B PT III		.000317	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	22693201		22693201	2428	22695629	25
26 INTENSIVE CARE UNIT	8003638		8003638	3191	8006829	26
31 SUBPROVIDER I	3435044		3435044		3435044	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8821904		8821904		8821904	37
38 RECOVERY ROOM	831398		831398		831398	38
39 DELIVERY ROOM & LABOR ROOM	2452184		2452184		2452184	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	4599878		4599878		4599878	41
41.01 CARDIAC CATH LAB	1825211		1825211		1825211	41.01
41.02 ULTRASOUND	982864		982864		982864	41.02
42 RADIOLOGY-THERAPEUTIC	2137112		2137112		2137112	42
43 RADIOISOTOPE	1017559		1017559		1017559	43
44 LABORATORY	8254667		8254667		8254667	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3025498		3025498		3025498	49
50 PHYSICAL THERAPY	1482231		1482231		1482231	50
51 OCCUPATIONAL THERAPY	569677		569677		569677	51
52 SPEECH PATHOLOGY	328944		328944		328944	52
53 ELECTROCARDIOLOGY	1438265		1438265		1438265	53
54 ELECTROENCEPHALOGRAPHY	200472		200472		200472	54
54.01 SLEEP LAB						54.01
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	7178048		7178048		7178048	56
57 RENAL DIALYSIS	751407		751407		751407	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2072755		2072755		2072755	60
61 EMERGENCY	11801884		11801884		11801884	61
62 OBSERVATION BEDS (NON-DISTI	1408266		1408266		1408266	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	95312107		95312107	5619	95317726	101
102 LESS OBSERVATION BEDS	1408266		1408266		1408266	102
103 TOTAL	93903841		93903841	5619	93909460	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	40240940		40240940			25
26 INTENSIVE CARE UNIT	11554567		11554567			26
31 SUBPROVIDER I	4735584		4735584			31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	13261133	9424609	22685742	.388874	.388874	.388874 37
38 RECOVERY ROOM	1629587	1518724	3148311	.264077	.264077	.264077 38
39 DELIVERY ROOM & LABOR ROOM	1060072	243309	1303381	1.881402	1.881402	1.881402 39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	5546959	10427317	15974276	.287955	.287955	.287955 41
41.01 CARDIAC CATH LAB	6800377	1530385	8330762	.219093	.219093	.219093 41.01
41.02 ULTRASOUND	3645932	3820977	7466909	.131629	.131629	.131629 41.02
42 RADIOLOGY-THERAPEUTIC	11148467	17295318	28443785	.075135	.075135	.075135 42
43 RADIOISOTOPE	2720040	1809742	4529782	.224638	.224638	.224638 43
44 LABORATORY	30134643	22424618	52559261	.157054	.157054	.157054 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	26491923	2714992	29206915	.103588	.103588	.103588 49
50 PHYSICAL THERAPY	2555294	1525024	4080318	.363264	.363264	.363264 50
51 OCCUPATIONAL THERAPY	1525815		1525815	.373359	.373359	.373359 51
52 SPEECH PATHOLOGY	521741	33179	554920	.592777	.592777	.592777 52
53 ELECTROCARDIOLOGY	9157629	5646428	14804057	.097153	.097153	.097153 53
54 ELECTROENCEPHALOGRAPHY	436428	56266	492694	.406889	.406889	.406889 54
54.01 SLEEP LAB						54.01
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	24725914	4441323	29167237	.246100	.246100	.246100 56
57 RENAL DIALYSIS	2175898	116000	2291898	.327854	.327854	.327854 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4792142	5066926	9859068	.210238	.210238	.210238 60
61 EMERGENCY	10287035	23006505	33293540	.354480	.354480	.354480 61
62 OBSERVATION BEDS (NON-DISTI		2402657	2402657	.586129	.586129	.586129 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	215148120	113504299	328652419			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	215148120	113504299	328652419			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1194003		1194003	25
26 INTENSIVE CARE UNIT				300640		300640	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				149101		149101	31
33 NURSERY							33
101 TOTAL				1643744		1643744	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	37792	16442			31.59	519403	25
26 INTENSIVE CARE UNIT	5551	2871			54.16	155493	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	4179	3347			35.68	119421	31
33 NURSERY	244						33
101 TOTAL	47766	22660				794317	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		698561	22685742	6642969			.030793	204557 37
38 RECOVERY ROOM		57765	3148311	794874			.018348	14584 38
39 DELIVERY ROOM & LABOR ROOM		208019	1303381	9815			.159600	1566 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		933199	15974276	3275165			.058419	191332 41
41.01 CARDIAC CATH LAB		198506	8330762	3334854			.023828	79463 41.01
41.02 ULTRASOUND		42500	7466909	151182			.005692	861 41.02
42 RADIOLOGY-THERAPEUTIC		182087	28443785	5503250			.006402	35232 42
43 RADIOISOTOPE		138048	4529782	1223367			.030476	37283 43
44 LABORATORY		269959	52559261	13919536			.005136	71491 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		150386	29206915	13790360			.005149	71007 49
50 PHYSICAL THERAPY		71629	4080318	640308			.017555	11241 50
51 OCCUPATIONAL THERAPY		26896	1525815	6559			.017627	116 51
52 SPEECH PATHOLOGY		21474	554920	137681			.038697	5328 52
53 ELECTROCARDIOLOGY		111593	14804057	5043766			.007538	38020 53
54 ELECTROENCEPHALOGRAPHY		26796	492694	242351			.054387	13181 54
54.01 SLEEP LAB								54.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		320775	29167237	11321528			.010998	124514 56
57 RENAL DIALYSIS		32552	2291898	1200986			.014203	17058 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		197719	9859068	2750671			.020055	55165 60
61 EMERGENCY		503880	33293540	4836548			.015134	73196 61
62 OBSERVATION BEDS (NON-DISTINC		74087	2402657				.030835	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4266431	272121328	74825770				1045195 101

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APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					37792		16442	25
26 INTENSIVE CARE UNIT					5551		2871	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					4179		3347	31
33 NURSERY					244			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47766		22660	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
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 (14-0133) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22685742			6642969		3528152 37
38 RECOVERY ROOM		3148311			794874		488149 38
39 DELIVERY ROOM & LABOR ROOM		1303381			9815		5584 39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15974276			3275165		2890089 41
41.01 CARDIAC CATH LAB		8330762			3334854		716205 41.01
41.02 ULTRASOUND		7466909			151182		665760 41.02
42 RADIOLOGY-THERAPEUTIC		28443785			5503250		3368423 42
43 RADIOISOTOPE		4529782			1223367		680172 43
44 LABORATORY		52559261			13919536		171520 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29206915			13790360		325266 49
50 PHYSICAL THERAPY		4080318			640308		50
51 OCCUPATIONAL THERAPY		1525815			6559		51
52 SPEECH PATHOLOGY		554920			137681		52
53 ELECTROCARDIOLOGY		14804057			5043766		1813800 53
54 ELECTROENCEPHALOGRAPHY		492694			242351		10528 54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		29167237			11321528		1151597 56
57 RENAL DIALYSIS		2291898			1200986		70343 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9859068			2750671		2368994 60
61 EMERGENCY		33293540			4836548		2572497 61
62 OBSERVATION BEDS (NON-DISTINC		2402657					91276 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		272121328			74825770		20918355 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
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 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.388874	.388874	.388874			37
39 RECOVERY ROOM	.264077	.264077	.264077			38
39 DELIVERY ROOM & LABOR ROOM	1.881402	1.881402	1.881402			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.287955	.287955	.287955			41
41.01 CARDIAC CATH LAB	.219093	.219093	.219093			41.01
41.02 ULTRASOUND	.131629	.131629	.131629			41.02
42 RADIOLOGY-THERAPEUTIC	.075135	.075135	.075135			42
43 RADIOISOTOPE	.224638	.224638	.224638			43
44 LABORATORY	.157054	.157054	.157054			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.103588	.103588	.103588			49
50 PHYSICAL THERAPY	.363264	.363264	.363264			50
51 OCCUPATIONAL THERAPY	.373359	.373359	.373359			51
52 SPEECH PATHOLOGY	.592777	.592777	.592777			52
53 ELECTROCARDIOLOGY	.097153	.097153	.097153			53
54 ELECTROENCEPHALOGRAPHY	.406889	.406889	.406889			54
54.01 SLEEP LAB						54.01
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.246100	.246100	.246100			56
57 RENAL DIALYSIS	.327854	.327854	.327854			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.210238	.210238	.210238			60
61 EMERGENCY	.354480	.354480	.354480			61
62 OBSERVATION BEDS (NON-DISTINCT	.586129	.586129	.586129			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.246100	1
2 PROGRAM VACCINE CHARGES		10498	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		2584	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 (14-0133) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3528152						37
38 RECOVERY ROOM		488149						38
39 DELIVERY ROOM & LABOR ROOM		5584						39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		2890089						41
41.01 CARDIAC CATH LAB		716205						41.01
41.02 ULTRASOUND		665760						41.02
42 RADIOLOGY-THERAPEUTIC		3368423						42
43 RADIOISOTOPE		680172						43
44 LABORATORY		171520						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		325266						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1813800						53
54 ELECTROENCEPHALOGRAPHY		10528						54
54.01 SLEEP LAB								54.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		1151597						56
57 RENAL DIALYSIS		70343						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2368994						60
61 EMERGENCY		2572497						61
62 OBSERVATION BEDS (NON-DISTINCT)		91276						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		20918355						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		20918355						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] 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		1372007					37
38 RECOVERY ROOM		128909					38
39 DELIVERY ROOM & LABOR ROOM		10506					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		832216					41
41.01 CARDIAC CATH LAB		156916					41.01
41.02 ULTRASOUND		87633					41.02
42 RADIOLOGY-THERAPEUTIC		253086					42
43 RADIOISOTOPE		152792					43
44 LABORATORY		26938					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		33694					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		176216					53
54 ELECTROENCEPHALOGRAPHY		4284					54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		283408					56
57 RENAL DIALYSIS		23062					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		498053					60
61 EMERGENCY		911899					61
62 OBSERVATION BEDS (NON-DISTINCT)		53500					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		5005119					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		5005119					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-T133) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		698561	22685742	83784		.030793	2580 37
38 RECOVERY ROOM		57765	3148311	13373		.018348	245 38
39 DELIVERY ROOM & LABOR ROOM		208019	1303381			.159600	39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		933199	15974276	121716		.058419	7111 41
41.01 CARDIAC CATH LAB		198506	8330762			.023828	41.01
41.02 ULTRASOUND		42500	7466909	67139		.005692	382 41.02
42 RADIOLOGY-THERAPEUTIC		182087	28443785	85423		.006402	547 42
43 RADIOISOTOPE		138048	4529782	31112		.030476	948 43
44 LABORATORY		269959	52559261	545064		.005136	2799 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		150386	29206915	857620		.005149	4416 49
50 PHYSICAL THERAPY		71629	4080318	1191979		.017555	20925 50
51 OCCUPATIONAL THERAPY		26896	1525815	1204367		.017627	21229 51
52 SPEECH PATHOLOGY		21474	554920	229846		.038697	8894 52
53 ELECTROCARDIOLOGY		111593	14804057	87692		.007538	661 53
54 ELECTROENCEPHALOGRAPHY		26796	492694	887		.054387	48 54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		320775	29167237	660343		.010998	7262 56
57 RENAL DIALYSIS		32552	2291898	114782		.014203	1630 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		197719	9859068	89220		.020055	1789 60
61 EMERGENCY		503880	33293540	1918		.015134	29 61
62 OBSERVATION BEDS (NON-DISTINC		74087	2402657			.030835	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		4266431	272121328	5386265			81495 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-T133) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
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 [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T133) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22685742			83784		37
38 RECOVERY ROOM		3148311			13373		38
39 DELIVERY ROOM & LABOR ROOM		1303381					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15974276			121716		41
41.01 CARDIAC CATH LAB		8330762				3126	41.01
41.02 ULTRASOUND		7466909			67139	2122	41.02
42 RADIOLOGY-THERAPEUTIC		28443785			85423	4372	42
43 RADIOISOTOPE		4529782			31112	1783	43
44 LABORATORY		52559261			545064	7541	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29206915			857620		49
50 PHYSICAL THERAPY		4080318			1191979		50
51 OCCUPATIONAL THERAPY		1525815			1204367		51
52 SPEECH PATHOLOGY		554920			229846		52
53 ELECTROCARDIOLOGY		14804057			87692	3329	53
54 ELECTROENCEPHALOGRAPHY		492694			887		54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		29167237			660343	766	56
57 RENAL DIALYSIS		2291898			114782	3190	57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9859068			89220		60
61 EMERGENCY		33293540			1918		61
62 OBSERVATION BEDS (NON-DISTINC		2402657					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		272121328			5386265	26229	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-T133) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
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 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-T133) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.388874	.388874	.388874			37
39 RECOVERY ROOM	.264077	.264077	.264077			38
39 DELIVERY ROOM & LABOR ROOM	1.881402	1.881402	1.881402			39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	.287955	.287955	.287955			41
41.01 CARDIAC CATH LAB	.219093	.219093	.219093			41.01
41.02 ULTRASOUND	.131629	.131629	.131629			41.02
42 RADIOLOGY-THERAPEUTIC	.075135	.075135	.075135			42
43 RADIOISOTOPE	.224638	.224638	.224638			43
44 LABORATORY	.157054	.157054	.157054			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.103588	.103588	.103588			49
50 PHYSICAL THERAPY	.363264	.363264	.363264			50
51 OCCUPATIONAL THERAPY	.373359	.373359	.373359			51
52 SPEECH PATHOLOGY	.592777	.592777	.592777			52
53 ELECTROCARDIOLOGY	.097153	.097153	.097153			53
54 ELECTROENCEPHALOGRAPHY	.406889	.406889	.406889			54
54.01 SLEEP LAB						54.01
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.246100	.246100	.246100			56
57 RENAL DIALYSIS	.327854	.327854	.327854			57
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.210238	.210238	.210238			60
61 EMERGENCY	.354480	.354480	.354480			61
62 OBSERVATION BEDS (NON-DISTINCT	.586129	.586129	.586129			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.246100	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-T133) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		3126						41
41.01 CARDIAC CATH LAB								41.01
41.02 ULTRASOUND		2122						41.02
42 RADIOLOGY-THERAPEUTIC		4372						42
43 RADIOISOTOPE		1783						43
44 LABORATORY		7541						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		3329						53
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		766						56
57 RENAL DIALYSIS		3190						57
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								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		26229						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		26229						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-T133) [] 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							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		900					41
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND		279					41.02
42 RADIOLOGY-THERAPEUTIC		328					42
43 RADIOISOTOPE		401					43
44 LABORATORY		1184					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		323					53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		189					56
57 RENAL DIALYSIS		1046					57
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							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		4650					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4650					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1194003		1194003
26 INTENSIVE CARE UNIT				300640		300640
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				149101		149101
33 NURSERY						
101 TOTAL				1643744		1643744

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	37792	11752			31.59	371246
26 INTENSIVE CARE UNIT	5551	1163			54.16	62988
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4179	575			35.68	20516
33 NURSERY	244	175				
101 TOTAL	47766	13665				454750

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		698561	22685742	2702128			.030793	83207 37
38 RECOVERY ROOM		57765	3148311	317795			.018348	5831 38
39 DELIVERY ROOM & LABOR ROOM		208019	1303381	355630			.159600	56759 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		933199	15974276	1264241			.058419	73856 41
41.01 CARDIAC CATH LAB		198506	8330762	1077945			.023828	25685 41.01
41.02 ULTRASOUND		42500	7466909	757903			.005692	4314 41.02
42 RADIOLOGY-THERAPEUTIC		182087	28443785	2654540			.006402	16994 42
43 RADIOISOTOPE		138048	4529782	513997			.030476	15665 43
44 LABORATORY		269959	52559261	8180138			.005136	42013 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		150386	29206915	5517002			.005149	28407 49
50 PHYSICAL THERAPY		71629	4080318	156679			.017555	2750 50
51 OCCUPATIONAL THERAPY		26896	1525815				.017627	51
52 SPEECH PATHOLOGY		21474	554920	31553			.038697	1221 52
53 ELECTROCARDIOLOGY		111593	14804057	1813888			.007538	13673 53
54 ELECTROENCEPHALOGRAPHY		26796	492694	88902			.054387	4835 54
54.01 SLEEP LAB								54.01
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		320775	29167237	5756421			.010998	63309 56
57 RENAL DIALYSIS		32552	2291898	498755			.014203	7084 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		197719	9859068	790747			.020055	15858 60
61 EMERGENCY		503880	33293540	2631844			.015134	39830 61
62 OBSERVATION BEDS (NON-DISTINC		74087	2402657				.030835	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4266431	272121328	35110108				501291 101

PROVIDER NO. 14-0133 HOLY CROSS 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
 11/30/2010 12:53

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					37792		11752	25
26 INTENSIVE CARE UNIT					5551		1163	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					4179		575	31
33 NURSERY					244		175	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					47766		13665	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
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 (14-0133) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22685742			2702128		37
38 RECOVERY ROOM		3148311			317795		38
39 DELIVERY ROOM & LABOR ROOM		1303381			355630		39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15974276			1264241		41
41.01 CARDIAC CATH LAB		8330762			1077945		41.01
41.02 ULTRASOUND		7466909			757903		41.02
42 RADIOLOGY-THERAPEUTIC		28443785			2654540		42
43 RADIOISOTOPE		4529782			513997		43
44 LABORATORY		52559261			8180138		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29206915			5517002		49
50 PHYSICAL THERAPY		4080318			156679		50
51 OCCUPATIONAL THERAPY		1525815					51
52 SPEECH PATHOLOGY		554920			31553		52
53 ELECTROCARDIOLOGY		14804057			1813888		53
54 ELECTROENCEPHALOGRAPHY		492694			88902		54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		29167237			5756421		56
57 RENAL DIALYSIS		2291898			498755		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9859068			790747		60
61 EMERGENCY		33293540			2631844		61
62 OBSERVATION BEDS (NON-DISTINC		2402657					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		272121328			35110108		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
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 CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T133) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED TOTAL CHARGES		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	1	2	3	4		RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		698561	22685742				.030793		37
38 RECOVERY ROOM		57765	3148311				.018348		38
39 DELIVERY ROOM & LABOR ROOM		208019	1303381				.159600		39
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		933199	15974276	10260			.058419	599	41
41.01 CARDIAC CATH LAB		198506	8330762				.023828		41.01
41.02 ULTRASOUND		42500	7466909	9439			.005692	54	41.02
42 RADIOLOGY-THERAPEUTIC		182087	28443785	14305			.006402	92	42
43 RADIOISOTOPE		138048	4529782	2060			.030476	63	43
44 LABORATORY		269959	52559261	46850			.005136	241	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		150386	29206915	73084			.005149	376	49
50 PHYSICAL THERAPY		71629	4080318	174234			.017555	3059	50
51 OCCUPATIONAL THERAPY		26896	1525815	156928			.017627	2766	51
52 SPEECH PATHOLOGY		21474	554920	37977			.038697	1470	52
53 ELECTROCARDIOLOGY		111593	14804057	19175			.007538	145	53
54 ELECTROENCEPHALOGRAPHY		26796	492694				.054387		54
54.01 SLEEP LAB									54.01
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		320775	29167237	87095			.010998	958	56
57 RENAL DIALYSIS		32552	2291898	9712			.014203	138	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		197719	9859068	3360			.020055	67	60
61 EMERGENCY		503880	33293540				.015134		61
62 OBSERVATION BEDS (NON-DISTINC		74087	2402657				.030835		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		4266431	272121328	644479				10028	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-T133) [] 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
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CARDIAC CATH LAB							41.01
41.02 ULTRASOUND							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
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 [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T133) [] 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		22685742					37
38 RECOVERY ROOM		3148311					38
39 DELIVERY ROOM & LABOR ROOM		1303381					39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		15974276			10260		41
41.01 CARDIAC CATH LAB		8330762					41.01
41.02 ULTRASOUND		7466909			9439		41.02
42 RADIOLOGY-THERAPEUTIC		28443785			14305		42
43 RADIOISOTOPE		4529782			2060		43
44 LABORATORY		52559261			46850		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29206915			73084		49
50 PHYSICAL THERAPY		4080318			174234		50
51 OCCUPATIONAL THERAPY		1525815			156928		51
52 SPEECH PATHOLOGY		554920			37977		52
53 ELECTROCARDIOLOGY		14804057			19175		53
54 ELECTROENCEPHALOGRAPHY		492694					54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		29167237			87095		56
57 RENAL DIALYSIS		2291898			9712		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		9859068			3360		60
61 EMERGENCY		33293540					61
62 OBSERVATION BEDS (NON-DISTINC		2402657					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		272121328			644479		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-T133) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
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

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) (14-0133)	SUB I (PPS) (14-T133)	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)	37792	4179					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	37792	4179					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37792	4179					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)	16442	3347					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) (14-0133)	SUB I (PPS) (14-T133)	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	22695629	3435044					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	22695629	3435044					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40240940	4735584					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40240940	4735584					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.563994	.725369					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1064.80	1133.19					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	22695629	3435044					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) (14-0133)	SUB I (PPS) (14-T133)	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	600.54	821.98				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9874079	2751167				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9874079	2751167				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	8006829	5551	1442.41	2871	4141159	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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	15186255	1515220				48
49 TOTAL PROGRAM INPATIENT COSTS	29201493	4266387				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	674896	119421				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1045195	81495				51
52 TOTAL PROGRAM EXCLUDABLE COST	1720091	200916				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	27481402	4065471				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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET REPORT UPDATED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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VERSION: 2010.09
11/30/2010 12:53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0133)(14-T133)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2345	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	600.54	84
85 OBSERVATION BED COST	1408266	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		22695629		1408266		86
87 NEW CAPITAL-RELATED COST	1194003	22695629	.052609	1408266	74087	87
88 NON PHYSICIAN ANESTHETIST		22695629		1408266		88
89 MEDICAL EDUCATION		22695629		1408266		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) (14-0133)	SUB I (PPS) (14-T133)	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)	37792	4179					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	37792	4179					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37792	4179					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)	11752	575					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	244						15
16 TITLE V OR XIX NURSERY DAYS	175						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) (14-0133)	SUB I (PPS) (14-T133)	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	22695629	3435044					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	22695629	3435044					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40240940	4735584					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40240940	4735584					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.563994	.725369					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1064.80	1133.19					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	22695629	3435044					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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	600.54	821.98			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7057546	472639			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7057546	472639			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)		244		175	42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	8006829	5551	1442.41	1163	1677523 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7642272	192245			48
49	TOTAL PROGRAM INPATIENT COSTS	16377341	664884			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	434234	20516			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	501291	10028			51
52	TOTAL PROGRAM EXCLUDABLE COST	935525	30544			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	15441816	634340			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) (14-0133)	SUB I (PPS) (14-T133)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54			58			55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

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)
 (14-0133)(14-T133)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2345	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	600.54	84
85 OBSERVATION BED COST	1408266	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		22695629		1408266		86
87 NEW CAPITAL-RELATED COST	1194003	22695629	.052609	1408266	74087	87
88 NON PHYSICIAN ANESTHETIST		22695629		1408266		88
89 MEDICAL EDUCATION		22695629		1408266		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0133) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		19199156		25
26 INTENSIVE CARE UNIT		5809871		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388874	6642969	2583278	37
38 RECOVERY ROOM	.264077	794874	209908	38
39 DELIVERY ROOM & LABOR ROOM	1.881402	9815	18466	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.287955	3275165	943100	41
41.01 CARDIAC CATH LAB	.219093	3334854	730643	41.01
41.02 ULTRASOUND	.131629	151182	19900	41.02
42 RADIOLOGY-THERAPEUTIC	.075135	5503250	413487	42
43 RADIOISOTOPE	.224638	1223367	274815	43
44 LABORATORY	.157054	13919536	2186119	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103588	13790360	1428516	49
50 PHYSICAL THERAPY	.363264	640308	232601	50
51 OCCUPATIONAL THERAPY	.373359	6559	2449	51
52 SPEECH PATHOLOGY	.592777	137681	81614	52
53 ELECTROCARDIOLOGY	.097153	5043766	490017	53
54 ELECTROENCEPHALOGRAPHY	.406889	242351	98610	54
54.01 SLEEP LAB				54.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.246100	11321528	2786228	56
57 RENAL DIALYSIS	.327854	1200986	393748	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.210238	2750671	578296	60
61 EMERGENCY	.354480	4836548	1714460	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.586129			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		74825770	15186255	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		74825770		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-T133)	<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		3795498		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388874	83784	32581	37
38 RECOVERY ROOM	.264077	13373	3532	38
39 DELIVERY ROOM & LABOR ROOM	1.881402			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.287955	121716	35049	41
41.01 CARDIAC CATH LAB	.219093			41.01
41.02 ULTRASOUND	.131629	67139	8837	41.02
42 RADIOLOGY-THERAPEUTIC	.075135	85423	6418	42
43 RADIOISOTOPE	.224638	31112	6989	43
44 LABORATORY	.157054	545064	85604	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103588	857620	88839	49
50 PHYSICAL THERAPY	.363264	1191979	433003	50
51 OCCUPATIONAL THERAPY	.373359	1204367	449661	51
52 SPEECH PATHOLOGY	.592777	229846	136247	52
53 ELECTROCARDIOLOGY	.097153	87692	8520	53
54 ELECTROENCEPHALOGRAPHY	.406889	887	361	54
54.01 SLEEP LAB				54.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.246100	660343	162510	56
57 RENAL DIALYSIS	.327854	114782	37632	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.210238	89220	18757	60
61 EMERGENCY	.354480	1918	680	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.586129			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		5386265	1515220	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5386265		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0133)	<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		10882342		25
26 INTENSIVE CARE UNIT		2411650		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388874	2702128	1050787	37
38 RECOVERY ROOM	.264077	317795	83922	38
39 DELIVERY ROOM & LABOR ROOM	1.881402	355630	669083	39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.287955	1264241	364045	41
41.01 CARDIAC CATH LAB	.219093	1077945	236170	41.01
41.02 ULTRASOUND	.131629	757903	99762	41.02
42 RADIOLOGY-THERAPEUTIC	.075135	2654540	199449	42
43 RADIOISOTOPE	.224638	513997	115463	43
44 LABORATORY	.157054	8180138	1284723	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103588	5517002	571495	49
50 PHYSICAL THERAPY	.363264	156679	56916	50
51 OCCUPATIONAL THERAPY	.373359			51
52 SPEECH PATHOLOGY	.592777	31553	18704	52
53 ELECTROCARDIOLOGY	.097153	1813888	176225	53
54 ELECTROENCEPHALOGRAPHY	.406889	88902	36173	54
54.01 SLEEP LAB				54.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.246100	5756421	1416655	56
57 RENAL DIALYSIS	.327854	498755	163519	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.210238	790747	166245	60
61 EMERGENCY	.354480	2631844	932936	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.586129			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		35110108	7642272	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		35110108		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-T133)	<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		939830		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.388874			37
38 RECOVERY ROOM	.264077			38
39 DELIVERY ROOM & LABOR ROOM	1.881402			39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.287955	10260	2954	41
41.01 CARDIAC CATH LAB	.219093			41.01
41.02 ULTRASOUND	.131629	9439	1242	41.02
42 RADIOLOGY-THERAPEUTIC	.075135	14305	1075	42
43 RADIOISOTOPE	.224638	2060	463	43
44 LABORATORY	.157054	46850	7358	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.103588	73084	7571	49
50 PHYSICAL THERAPY	.363264	174234	63293	50
51 OCCUPATIONAL THERAPY	.373359	156928	58590	51
52 SPEECH PATHOLOGY	.592777	37977	22512	52
53 ELECTROCARDIOLOGY	.097153	19175	1863	53
54 ELECTROENCEPHALOGRAPHY	.406889			54
54.01 SLEEP LAB				54.01
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.246100	87095	21434	56
57 RENAL DIALYSIS	.327854	9712	3184	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.210238	3360	706	60
61 EMERGENCY	.354480			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.586129			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		644479	192245	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		644479		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	6804214					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6804214					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	13608429					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	63278					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	223.58					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.1176					4
4.01	0.3174					4.01
4.02	0.4350					4.02
4.03	0.2510					4.03
4.04	6831431					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	34111566					6
7						7
7.01						7.01
8	34111566					8
9	2448988					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	36560554					16
17	8212					17
18	36552342					18
19	2480512					19
20	297465					20
21	1593429					21
21.01	1115400					21.01
21.02	1154663					21.02
22	34889765					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0133)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	34889765				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	33903225				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	986540				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0133) 1	HOSPITAL (14-0133) 1.01	HOSPITAL (14-0133) 1.02	
1 MEDICAL AND OTHER SERVICES	2584			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	5005119			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	4401815			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2584			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	10498			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	10498			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	10498			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	7914			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2584			17
17.01 TOTAL PPS PAYMENTS	4401815			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0133) 1	HOSPITAL (14-0133) 1.01	HOSPITAL (14-0133) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	496		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1126228		18.01
19 SUBTOTAL	3277675		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	3277675		23
24 PRIMARY PAYER PAYMENTS	78		24
25 SUBTOTAL	3277597		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	486484		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	340539		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	390157		27.02
28 SUBTOTAL	3618136		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	3618136		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3547934		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	70202		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T133)	SUB I (14-T133)	SUB I (14-T133)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4650			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5538			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	5538			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T133) 1	SUB I (14-T133) 1.01	SUB I (14-T133) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1511		18.01
19 SUBTOTAL	4027		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	4027		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4027		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	4027		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	4027		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4027		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 (14-0133)

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		32834816		3276103	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.		1041895		273751	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	01/15/2010	38575			3.01
TO .02					3.02
PROVIDER .03				NONE	3.03
TO .04					3.04
PROGRAM .05					3.05
TO .50	01/15/2010	12061	01/15/2010	1920	3.50
PROVIDER .51					3.51
TO .52					3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		26514		-1920	3.99
4 TOTAL INTERIM PAYMENTS		33903225		3547934	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02					5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51					5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01					6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T133)

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		5250168		4027	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/15/2010 14128			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	14128			3.99
4 TOTAL INTERIM PAYMENTS		5264296		4027	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T133)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	4826188				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0951				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	671723				1.04
1.05	OUTLIER PAYMENTS	2908				1.05
1.06	TOTAL PPS PAYMENTS	5500819				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	11.449315				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	5500819				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	5500819				6
7	DEDUCTIBLES	9740				7
8	SUBTOTAL	5491079				8
9	COINSURANCE	26590				9
10	SUBTOTAL	5464489				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	10787				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	7551				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	10787				11.02
12	SUBTOTAL	5472040				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T133)	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	5472040				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	5264296				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	207744				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	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 (14-0133) (PPS)	SUB I (14-T133) (PPS)	SUB II	SUB III
			SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	1		
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES	13300727	939830	
13	ANCILLARY SERVICE CHARGES	35110108	644479	
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES	48410835	1584309	
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES	48410835	1584309	
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	48410835	1584309	
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
28	COST OF COVERED SERVICES			
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36	SUBTOTAL			
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)			
38	LESSER OF LINES 30 OR 31			
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

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 (14-0133) (PPS)	SUB I (14-T133) (PPS)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	SUBTOTAL					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
	BENEFICIARIES (SEE INSTRUCTIONS)					
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	ELIMINATE IP COSTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	22184780			1
2	TEMPORARY INVESTMENTS	515280			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12324545			4
5	OTHER RECEIVABLES	225279			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1582688			7
8	PREPAID EXPENSES	906913			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	560001			10
11	TOTAL CURRENT ASSETS	38299486			11
FIXED ASSETS					
12	LAND	1337233			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1530991			13
13.01	ACCUMULATED DEPRECIATION	-1355412			13.01
14	BUILDINGS	52494985			14
14.01	ACCUMULATED DEPRECIATION	-30247601			14.01
15	LEASEHOLD IMPROVEMENTS	133200			15
15.01	ACCUMULATED AMORTIZATION	-120990			15.01
16	FIXED EQUIPMENT	24440892			16
16.01	ACCUMULATED DEPRECIATION	-20221191			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	50787421			18
18.01	ACCUMULATED DEPRECIATION	-38664160			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	475085			20
21	TOTAL FIXED ASSETS	40590453			21
OTHER ASSETS					
22	INVESTMENTS	2342329			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	115905			25
26	TOTAL OTHER ASSETS	2458234			26
27	TOTAL ASSETS	81348173			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	5793700			28
29	SALARIES, WAGES & FEES PAYABLE	6918652			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	13007095			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	3468121			35
36	TOTAL CURRENT LIABILITIES	29187568			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	1591746			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	32066598			41
42	TOTAL LONG TERM LIABILITIES	33658344			42
43	TOTAL LIABILITIES	62845912			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	18502261			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	18502261			51
52	TOTAL LIABILITIES AND FUND BALANCES	81348173			52

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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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	21740947			1
2 NET INCOME (LOSS)	645483			2
3 TOTAL	22386430			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	1331650			5
6 GAIN FROM HP				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	1331650			10
11 SUBTOTAL	23718080			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 LOSSES AND ADJUSTMENTS	4424691			13
14 LOSS POSTRETIREMENT PLAN	481508			14
15 EXPENDITURES TEMPORARILY RESTRICTED	309620			15
16				16
17				17
18 TOTAL DEDUCTIONS	5215819			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	18502261			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	40240940		40240940	2
4 SUBPROVIDER I	4735584		4735584	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	44976524		44976524	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	11554567		11554567	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	11554567		11554567	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	56531091		56531091	18
18.50 ANCILLARY SERVICES	158617029			18.50
18.60 OUTPATIENT SERVICES		113504299	272121328	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
25 PHYSICIAN REVENUE		3081999	3081999	25
		2603	2603	
	215148120	116588901	331737021	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		103553491	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	8017815		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		8017815	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES			40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	331737021	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	237331622	2
3	NET PATIENT REVENUES	94405399	3
4	LESS - TOTAL OPERATING EXPENSES	111571305	4
5	NET INCOME FROM SERVICE TO PATIENTS	-17165906	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	22700	6
7	INCOME FROM INVESTMENTS	5125	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	59085	11
12	PARKING LOT RECEIPTS	104708	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	315660	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	200	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	7135	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	17384	21
22	RENTAL OF HOSPITAL SPACE	379672	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	429870	24
24.01	ADD ASSETS RELEASED FROM RESTRICTIO	21762	24.01
24.02	CAPITATION REVENUE	966228	24.02
24.03	HCHP BONUS	372000	24.03
24.04	PROVIDER TAX	12889822	24.04
24.05	SALE OF SCRAP	325	24.05
24.06	GRANT INCOME	537858	24.06
24.07	NET ASSETS RELEASED FROM RESTRICTIO		24.07
24.08	CHAP INCOME	900060	24.08
24.09	FOUNDATION INCOME	126443	24.09
24.10	UCMC INCOME	500000	24.10
24.11	INVESTMENT INCOME	155352	24.11
25	TOTAL OTHER INCOME	17811389	25
26	TOTAL	645483	26
27	ROUNDING		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	645483	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0133)	HOSPITAL (14-0133)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
CAPITAL FEDERAL AMOUNT					
2	2240426				2
CAPITAL DRG OTHER THAN OUTLIER					
3					3
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					
3.01	2219				3.01
CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997					
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4					4
TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]					
4.01	0.00	0.00			4.01
NO. OF INTERNS & RESIDENTS					
4.02					4.02
INDIRECT MEDICAL EDUCATION PERCENTAGE					
4.03					4.03
INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT					
5	0.1176				5
% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					
5.01	0.3174				5.01
% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					
5.02	0.4350				5.02
SUM OF LINES 5 AND 5.01					
5.03	0.0921				5.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					
5.04	206343				5.04
DISPROPORTIONATE SHARE ADJUSTMENT					
6	2448988				6
TOTAL PROSPECTIVE CAPITAL PAYMENTS					
PART II - HOLD HARMLESS METHOD					
1					1
NEW CAPITAL					
2					2
OLD CAPITAL					
3					3
TOTAL CAPITAL					
4					4
RATIO OF NEW CAPITAL TO TOTAL CAPITAL					
5					5
TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					
6					6
REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					
7					7
REDUCED OLD CAPITAL AMOUNT					
8					8
HOLD HARMLESS PAYMENT FOR NEW CAPITAL					
9					9
SUBTOTAL					
10					10
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					
PART III - PAYMENT UNDER REASONABLE COST					
1					1
PROGRAM INPATIENT ROUTINE CAPITAL COST					
2					2
PROGRAM INPATIENT ANCILLARY CAPITAL COST					
3					3
TOTAL INPATIENT PROGRAM CAPITAL					
4					4
CAPITAL COST PAYMENT FACTOR					
5					5
TOTAL INPATIENT PROGRAM CAPITAL COST					
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
PROGRAM INPATIENT CAPITAL COSTS					
2					2
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					
3					3
NET PROGRAM INPATIENT CAPITAL COSTS					
4					4
APPLICABLE EXCEPTION PERCENTAGE					
5					5
CAPITAL COST FOR COMPARISON TO PAYMENTS					
6					6
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					
7					7
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					
8					8
CAPITAL MINIMUM PAYMENT LEVEL					
9					9
CURRENT YEAR CAPITAL PAYMENTS					
10					10
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					
11					11
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					
12					12
NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					
13					13
CURRENT YEAR EXCEPTION PAYMENT					
14					14
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15					15
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					
16					16
CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					
17					17
CURRENT YEAR EXCEPTION OFFSET AMOUNT					

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0133)	HOSPITAL (14-0133)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 BUSINESS OFFICE					6.04
6.05 OTHER ADMINISTRATIVE & GENERAL					6.05
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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CARDIAC CATH LAB					41.01
41.02 ULTRASOUND					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
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
70 I&R SERVICES-NOT APPRVD PRGM					70
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

PROVIDER NO. 14-0133 HOLY CROSS HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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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
96.01 SISTERS & PRIESTS MAINTENANCE					96.01
98 PHYSICIANS' PRIVATE OFFICES					98
100 SEASON HOSPICE					100
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	43.51		31.10				74.61 25
26 INTENSIVE CARE UNIT	51.72		20.95				72.67 26
33 NURSERY			71.72				71.72 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	29.28	15.55	11.91				56.74 37
38 RECOVERY ROOM	25.25	15.51	10.09				50.85 38
39 DELIVERY ROOM & LABOR ROOM	0.75	0.43	27.29				28.47 39
41 RADIOLOGY-DIAGNOSTIC	20.50	18.09	7.91				46.50 41
41.01 CARDIAC CATH LAB	40.03	8.60	12.94				61.57 41.01
41.02 ULTRASOUND	2.02	8.92	10.15				21.09 41.02
42 RADIOLOGY-THERAPEUTIC	19.35	11.84	9.33				40.52 42
43 RADIOISOTOPE	27.01	15.02	11.35				53.38 43
44 LABORATORY	26.48	0.33	15.56				42.37 44
49 RESPIRATORY THERAPY	47.22	1.11	18.89				67.22 49
50 PHYSICAL THERAPY	15.69		3.84				19.53 50
51 OCCUPATIONAL THERAPY	0.43						0.43 51
52 SPEECH PATHOLOGY	24.81		5.69				30.50 52
53 ELECTROCARDIOLOGY	34.07	12.25	12.25				58.57 53
54 ELECTROENCEPHALOGRAPHY	49.19	2.14	18.04				69.37 54
56 DRUGS CHARGED TO PATIENTS	38.82	3.95	19.74				62.51 56
57 RENAL DIALYSIS	52.40	3.07	21.76				77.23 57
60 CLINIC	27.90	24.03	8.02				59.95 60
61 EMERGENCY	14.53	7.73	7.90				30.16 61
62 OBSERVATION BEDS (NON-DISTINCT)		3.80					3.80 62
101 TOTAL CHARGES	22.77	6.36	10.68				39.81 101

***** 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	80.09		13.76				93.85 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.37						0.37 37
38 RECOVERY ROOM	0.42						0.42 38
41 RADIOLOGY-DIAGNOSTIC	0.76	0.02	0.06				0.84 41
41.02 ULTRASOUND	0.90	0.03	0.13				1.06 41.02
42 RADIOLOGY-THERAPEUTIC	0.30	0.02	0.05				0.37 42
43 RADIOISOTOPE	0.69	0.04	0.05				0.78 43
44 LABORATORY	1.04	0.01	0.09				1.14 44
49 RESPIRATORY THERAPY	2.94		0.25				3.19 49
50 PHYSICAL THERAPY	29.21		4.27				33.48 50
51 OCCUPATIONAL THERAPY	78.93		10.28				89.21 51
52 SPEECH PATHOLOGY	41.42		6.84				48.26 52
53 ELECTROCARDIOLOGY	0.59	0.02	0.13				0.74 53
54 ELECTROENCEPHALOGRAPHY	0.18						0.18 54
56 DRUGS CHARGED TO PATIENTS	2.26		0.30				2.56 56
57 RENAL DIALYSIS	5.01	0.14	0.42				5.57 57
60 CLINIC	0.90		0.03				0.93 60
61 EMERGENCY	0.01						0.01 61
101 TOTAL CHARGES	1.64	0.01	0.20				1.85 101

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	2612844	2.69	-2612844	-5.94		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3423320	3.53	-3423320	-7.78		4
5	EMPLOYEE BENEFITS	5339832	5.50	-5339832	-12.14		5
6.01	COMMUNICATIONS	340623	.35	-340623	-.77		6.01
6.02	DATA PROCESSING	1114831	1.15	-1114831	-2.53		6.02
6.03	PURCHASING	313420	.32	-313420	-.71		6.03
6.04	BUSINESS OFFICE	2055912	2.12	-2055912	-4.67		6.04
6.05	OTHER ADMINISTRATIVE & GENERAL	15813397	16.29	-15813397	-35.95		6.05
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	5935535	6.12	-5935535	-13.49		8
9	LAUNDRY & LINEN SERVICE	830448	.86	-830448	-1.89		9
10	HOUSEKEEPING	1398536	1.44	-1398536	-3.18		10
11	DIETARY	972911	1.00	-972911	-2.21		11
12	CAFETERIA	451649	.47	-451649	-1.03		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	831291	.86	-831291	-1.89		14
15	CENTRAL SERVICES & SUPPLY	360492	.37	-360492	-.82		15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	2191949	2.26	-2191949	-4.98		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	11370338	11.71	11322863	25.74	22693201	23.38
26	INTENSIVE CARE UNIT	4697340	4.84	3306298	7.52	8003638	8.25
31	SUBPROVIDER I	1970799	2.03	1464245	3.33	3435044	3.54
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	4668785	4.81	4153119	9.44	8821904	9.09
38	RECOVERY ROOM	445734	.46	385664	.88	831398	.86
39	DELIVERY ROOM & LABOR ROOM	1248173	1.29	1204011	2.74	2452184	2.53
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	1693223	1.74	2906655	6.61	4599878	4.74
41.01	CARDIAC CATH LAB	1063706	1.10	761505	1.73	1825211	1.88
41.02	ULTRASOUND	562125	.58	420739	.96	982864	1.01
42	RADIOLOGY-THERAPEUTIC	1028293	1.06	1108819	2.52	2137112	2.20
43	RADIOISOTOPE	539717	.56	477842	1.09	1017559	1.05
44	LABORATORY	5097137	5.25	3157530	7.18	8254667	8.50
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1624759	1.67	1400739	3.18	3025498	3.12
50	PHYSICAL THERAPY	879014	.91	603217	1.37	1482231	1.53

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
51 OCCUPATIONAL THERAPY	344927	.36	224750	.51	569677	.59	51
52 SPEECH PATHOLOGY	171849	.18	157095	.36	328944	.34	52
53 ELECTROCARDIOLOGY	682771	.70	755494	1.72	1438265	1.48	53
54 ELECTROENCEPHALOGRAPHY	49091	.05	151381	.34	200472	.21	54
54.01 SLEEP LAB							54.01
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	4744237	4.89	2433811	5.53	7178048	7.40	56
57 RENAL DIALYSIS	481922	.50	269485	.61	751407	.77	57
60 CLINIC	1031989	1.06	1040766	2.37	2072755	2.14	60
61 EMERGENCY	6888372	7.10	4913512	11.17	11801884	12.16	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
70 I&R SERVICES-NOT APPRVD PRGM							70
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			341029	.78	341029	.35	96
96.01 SISTERS & PRIESTS MAINTENANCE	25748	.03	7117	.02	32865	.03	96.01
98 PHYSICIANS' PRIVATE OFFICES	1763281	1.82	891530	2.03	2654811	2.74	98
100 SEASON HOSPICE			127774	.29	127774	.13	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	97060320	100.00	0	.00	97060320	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	698561	22685742	.030793	6642969	204557	37
38 RECOVERY ROOM	57765	3148311	.018348	794874	14584	38
39 DELIVERY ROOM & LABOR ROOM	208019	1303381	.159600	9815	1566	39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	933199	15974276	.058419	3275165	191332	41
41.01 CARDIAC CATH LAB	198506	8330762	.023828	3334854	79463	41.01
41.02 ULTRASOUND	42500	7466909	.005692	151182	861	41.02
42 RADIOLOGY-THERAPEUTIC	182087	28443785	.006402	5503250	35232	42
43 RADIOISOTOPE	138048	4529782	.030476	1223367	37283	43
44 LABORATORY	269959	52559261	.005136	13919536	71491	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	150386	29206915	.005149	13790360	71007	49
50 PHYSICAL THERAPY	71629	4080318	.017555	640308	11241	50
51 OCCUPATIONAL THERAPY	26896	1525815	.017627	6559	116	51
52 SPEECH PATHOLOGY	21474	554920	.038697	137681	5328	52
53 ELECTROCARDIOLOGY	111593	14804057	.007538	5043766	38020	53
54 ELECTROENCEPHALOGRAPHY	26796	492694	.054387	242351	13181	54
54.01 SLEEP LAB						54.01
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	320775	29167237	.010998	11321528	124514	56
57 RENAL DIALYSIS	32552	2291898	.014203	1200986	17058	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	197719	9859068	.020055	2750671	55165	60
61 EMERGENCY	503880	33293540	.015134	4836548	73196	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	74087	2402657	.030835			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4266431	272121328		74825770	1045195	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1194003		1194003	37792	31.59	16442	519403 25
26	INTENSIVE CARE UNIT	300640		300640	5551	54.16	2871	155493 26
101	TOTAL	1494643		1494643			19313	674896 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							674896	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1045195	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							1720091	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							3903	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							19313	
PER DISCHARGE CAPITAL COSTS							440.71	
PER DIEM CAPITAL COSTS							89.06	

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)	27481402
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	99834797
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.275

COST TO CHARGE RATIO FOR REHAB 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))	4266387
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	9179048
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.465

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)	1720091
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4982057
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	20848012
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.239