

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S HOSPITAL (14-0145) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
	1	2	3
1	HOSPITAL	195075	1792
2	SUBPROVIDER I		
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY		
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	RURAL HEALTH CLINIC I		97162
9.01	RURAL HEALTH CLINIC II		29931
100	TOTAL	195075	128885

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: JAMESTOWN ROAD P.O. BOX: 1
 1.01 CITY: BREESE STATE: IL ZIP CODE: 62230 COUNTY: CLINTON 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			N	P	O	2	
3	SUBPROVIDER I						3	
4	SWING BEDS - SNF						4	
5	SWING BEDS - NF						5	
6	HOSPITAL-BASED SNF						6	
7	HOSPITAL-BASED NF						7	
8	HOSPITAL-BASED OLTC						8	
9	HOSPITAL-BASED HHA						9	
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC	RHC-BREESE	14-8503	01/01/2009	N	O	N	14
14.01	HOSP-BASED RHC II	RHC-GERMANTOWN	14-8502	01/01/2009	N	O	N	14.01
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES 21.01
- 21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 41180 21.03
- 21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04
- 21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06
- 21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07
- IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. 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
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO		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?	YES			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME:	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?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				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.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	10/22/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		859	266	1845	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		859	266	1845	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
24.01	RHC II					24.01
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	15925695		15925695	702613.00	22.67		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	31989		31989	428.00	74.74	WORKPAPERS	3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	828102		828102	7456.00	111.07	WORKPAPERS	5
5.01 NON-PHYSICIAN - PART B	714993		714993	45015.00	15.88	WORKPAPERS	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	369145		369145	13395.00	27.56	PAYROLL RECORDS	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	775509		775509	11984.00	64.71	WORKPAPERS	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	803190		803190	9057.00	88.68	HOME OFFICE RPT	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	5469838		5469838			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	144417		144417			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	12515		12515			CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	323971		323971			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)	279720		279720				19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	122061		122061	3062.00	39.86		21
22 ADMINISTRATIVE & GENERAL	1917136		1917136	94106.00	20.37		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	14558		14558	309.00	47.11		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	518450		518450	23888.00	21.70		24
25 LAUNDRY & LINEN SERVICE	114986		114986	11353.00	10.13		25
26 HOUSEKEEPING	415544		415544	36558.00	11.37		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	402830		402830	31282.00	12.88		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA	98301		98301	9051.00	10.86		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	525384		525384	12815.00	41.00		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	633759		633759	36970.00	17.14		33
34 SOCIAL SERVICE	84552		84552	2665.00	31.73		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	14365169		14365169	650023.00	22.10	1
2 EXCLUDED AREA SALARIES	369145		369145	13395.00	27.56	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	13996024		13996024	636628.00	21.98	3
4 SUBTOTAL OTHER WAGES & REL COSTS	1578699		1578699	21041.00	75.03	4
5 SUBTOTAL WAGE-RELATED COSTS	5469838		5469838		39.08%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	21044561		21044561	657669.00	32.00	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	4847561		4847561	262059.00	18.50	13

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/23/2010 10:07

RHC I
COMPONENT NO: 14-8503

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER
PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 9401 HOLY CROSS LANE 1
1.01 CITY: BREESE STATE: IL ZIP CODE: 62230 COUNTY: CLINTON 1.01
2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

	1	2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)	/	/	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)	/	/	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)	/	/	5
6 APPALACHIAN REGIONAL COMMISSION	/	/	6
7 LOOK-ALIKES	/	/	7
8 OTHER	/	/	8

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT 9

PHYSICIAN NAME

HOURS

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
(ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	12
			800	530	800	530	800	530	800	500	800	500	830	1200	

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)
LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13

14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

15 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.
PROVIDER NAME: PROVIDER NUMBER: - 15
V XVIII XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, SEE INSTRUCTIONS. NO 17

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/23/2010 10:07

RHC II
COMPONENT NO: 14-8502

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER
PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 205 MUNSTER STREET 1
1.01 CITY: GERMANTOWN STATE: IL ZIP CODE: COUNTY: CLINTON 1.01
2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

GRANT AWARD

DATE

3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT) 1 / / 3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT) / / 4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT) / / 5
6 APPALACHIAN REGIONAL COMMISSION / / 6
7 LOOK-ALIKES / / 7
8 OTHER / / 8

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT 9

PHYSICIAN NAME

HOURS

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
(ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			830	530	830	500	830	500	830	500				

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)
LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13

14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

15 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.

PROVIDER NAME: PROVIDER NUMBER: - XVIII XIX 15
V

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, SEE INSTRUCTIONS. NO 17

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT		131300	131300		131300		131300	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1267653	1267653		1267653		1267653	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1963811	1963811		1963811		1963811	4
5	0500 EMPLOYEE BENEFITS	122061	6332384	6454445	-12515	6441930	-1262098	5179832	5
6.01	0610 SWITCHBOARD	61567	53264	114831		114831	-1369	113462	6.01
6.02	0620 DATA PROCESSING	190941	1164067	1355008		1355008	-130158	1224850	6.02
6.03	0630 PURCHASING	126911	20665	147576		147576	-7521	140055	6.03
6.04	0640 ADMITTING	229576	8050	237626		237626		237626	6.04
6.05	0650 BUSINESS OFFICE	312007	320865	632872		632872	-14577	618295	6.05
6.06	0660 OTHER ADMINISTRATIVE	996134	6362837	7358971		7358971	-3599897	3759074	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	518450	1188181	1706631		1706631	-3777	1702854	8
9	0900 LAUNDRY & LINEN SERVICE	114986	21487	136473		136473		136473	9
10	1000 HOUSEKEEPING	415544	62862	478406		478406		478406	10
11	1100 DIETARY	402830	100378	503208		503208		503208	11
12	1200 CAFETERIA	98301	142013	240314		240314	-161525	78789	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	525384	7268	532652		532652	-5241	527411	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	633759	93551	727310		727310	-32026	695284	17
18	1800 SOCIAL SERVICE	84552	19334	103886		103886	-36609	67277	18
20	2000 NONPHYSICIAN ANESTHETISTS				622029	622029	-622029		20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	2000359	149322	2149681		2149681		2149681	25
26	2600 INTENSIVE CARE UNIT	15568	806	16374		16374		16374	26
33	3300 NURSERY	188551	21857	210408		210408	-166	210242	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	1336055	471771	1807826		1807826	-53942	1753884	37
38	3800 RECOVERY ROOM	1449	694	2143		2143		2143	38
39	3900 DELIVERY ROOM & LABOR ROOM	384104	28435	412539		412539		412539	39
40	4000 ANESTHESIOLOGY	31989	947398	979387	-609514	369873	-327905	41968	40
41	4100 RADIOLOGY-DIAGNOSTIC	1251466	466898	1718364		1718364	-4872	1713492	41
44	4400 LABORATORY	1082496	1319898	2402394		2402394	-235264	2167130	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA		150429	150429		150429		150429	47
49	4900 RESPIRATORY THERAPY	439150	205841	644991		644991	-26511	618480	49
50	5000 PHYSICAL THERAPY	1007570	391713	1399283		1399283	-206196	1193087	50
53	5300 ELECTROCARDIOLOGY	55767	47132	102899		102899	-32647	70252	53
54	5400 ELECTROENCEPHALOGRAPHY	61145	7599	68744		68744		68744	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	25546	827582	853128		853128		853128	55
56	5600 DRUGS CHARGED TO PATIENTS	354046	1079930	1433976		1433976		1433976	56
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	945191	1542549	2487740		2487740	-1436841	1050899	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC	1123128	495740	1618868	-98540	1520328	-79895	1440433	63.50
63.51	6311 RHC II	419967	170085	590052	98540	688592	-1118	687474	63.51
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
88	8800 INTEREST EXPENSE		158001	158001		158001	-158001		88
95	SUBTOTALS	15556550	27743650	43300200		43300200	-8440185	34860015	95
NONREIMBURSABLE COST CENTERS									
98	9800 PHYSICIANS' PRIVATE OFFICES	369145	427378	796523		796523	-4944	791579	98
101	TOTAL	15925695	28171028	44096723		44096723	-8445129	35651594	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			1	
			COST CENTER	LINE #	SALARY		OTHER
2			2	3	4	5	
1		A					1
2	RECLASSIFY CRNA COSTS	A	NONPHYSICIAN ANESTHETISTS	20	31989	590040	2
3	BILLING COSTS FOR CCRHC	B	RHC II	63.51	98063	477	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				130052	590517	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	5175					5175	1
2 LAND IMPROVEMENTS	214316					214316	2
3 BUILDINGS AND FIXTURES	1052749					1052749	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	968890					968890	5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	2241130					2241130	7
8 RECONCILING ITEMS							8
9 TOTAL	2241130					2241130	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	916261					916261	1
2 LAND IMPROVEMENTS	2775382					2775382	2
3 BUILDINGS AND FIXTURES	10695597	726358		726358		11421955	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	8426382	308513		308513		8734895	5
6 MOVABLE EQUIPMENT	18459501	585351		585351		19044852	6
7 SUBTOTAL	41273123	1620222		1620222		42893345	7
8 RECONCILING ITEMS							8
9 TOTAL	41273123	1620222		1620222		42893345	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	131300						131300	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1267653						1267653	3
4 NEW CAP REL COSTS-MVBLE EQUIP	1963811						1963811	4
5 TOTAL	3362764						3362764	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	131300						131300	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1267653						1267653	3
4 NEW CAP REL COSTS-MVBLE EQUIP	1963811						1963811	4
5 TOTAL	3362764						3362764	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER				5	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-5832	PURCHASING	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-1369	SWITCHBOARD	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1981641			12
13 SALE OF SCRAP, WASTE, ETC.	B	-1689	PURCHASING	6.03	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-69050			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-161525	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-32026	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-3777	OPERATION OF PLANT	8	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
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
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		-622029	NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 NET ASSETS RELEASED	B	-9465	OTHER ADMINISTRATIVE	6.06	37
37.01 NET ASSETS RELEASED	B	-166	NURSERY	33	37.01
37.02 NET ASSETS RELEASED	B	-72	EMERGENCY	61	37.02
38 HEALTH FAIR REVENUE	B	-2205	RADIOLOGY-DIAGNOSTIC	41	38
38.01 HEALTH FAIR REVENUE	B	-167930	LABORATORY	44	38.01
38.02 HEALTH FAIR REVENUE	B	-1490	RESPIRATORY THERAPY	49	38.02
38.03 HEALTH FAIR REVENUE	B	-1240	PHYSICAL THERAPY	50	38.03
39 MISCELLANEOUS INCOME	B	-19500	DATA PROCESSING	6.02	39
39.01 MISCELLANEOUS INCOME	B	-14577	BUSINESS OFFICE	6.05	39.01
39.02 MISCELLANEOUS INCOME	B	-5241	NURSING ADMINISTRATION	14	39.02
39.03 MISCELLANEOUS INCOME	B	-36609	SOCIAL SERVICE	18	39.03
39.04 MISCELLANEOUS INCOME	B	-1000	OPERATING ROOM	37	39.04
39.05 MISCELLANEOUS INCOME	B	-1661	RADIOLOGY-DIAGNOSTIC	41	39.05
39.06 MISCELLANEOUS INCOME	B	-25021	RESPIRATORY THERAPY	49	39.06
39.07 MISCELLANEOUS INCOME	B	-140455	PHYSICAL THERAPY	50	39.07
40 NONALLOW INTEREST EXPENSE	A	-158001	INTEREST EXPENSE	88	40
41 MEDICAID TAX	A	-686809	OTHER ADMINISTRATIVE	6.06	41
42 SELF INS PMTS TO HOSPITAL	A	-1259406	EMPLOYEE BENEFITS	5	42
42.01 SELF INS PREMIUMS IN EXCESS	A	-2692	EMPLOYEE BENEFITS	5	42.01
43 PHYSICIAN RECRUITMENT COSTS	A	-260423	OTHER ADMINISTRATIVE	6.06	43
44 BAD DEBT EXPENSE	A	-2423127	OTHER ADMINISTRATIVE	6.06	44
44.01 BAD DEBT EXPENSE	A	-75732	RHC	63.50	44.01
44.02 BAD DEBT EXPENSE	A	-4944	PHYSICIANS' PRIVATE OFFICES	98	44.02
45 LOBBYING/ADV COSTS	A	-261681	OTHER ADMINISTRATIVE	6.06	45
45.01 LOBBYING/ADV COSTS	A	-1463	PHYSICAL THERAPY	50	45.01
45.02 LOBBYING/ADV COSTS	A	-4163	RHC	63.50	45.02
45.03 LOBBYING/ADV COSTS	A	-1118	RHC II	63.51	45.03
46					46
47					47
48					48

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/23/2010 10:07

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49					49
50 TOTAL		-8445129			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.06	OTHER ADMINISTRATIVE	719212	677604	41608	1
2	6.02	DATA PROCESSING	945824	1056482	-110658	2
3						3
4						4
5	TOTALS		1665036	1734086	-69050	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
B		100.00	HOSPITAL SISTERS HEALTH SYSTEM		CORPORATE OFFICE	1
						2
						3
						4
						5

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

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

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	37	OPERATING ROOM	53019		53019	159800	1	77	4
2	40	ANESTHESIOLOGY	343528		343528	167500	194	15623	781
3	41	RADIOLOGY-DIAGNOSTIC	6000		6000	159800	65	4994	250
4	44	LABORATORY	132634		132634	208000	653	65300	3265
5	49	RESPIRATORY THERAPY	80004		80004	159800	1631	125305	6265
6	50	PHYSICAL THERAPY	118046		118046	159800	716	55008	2750
7	53	ELECTROCARDIOLOGY	32724		32724	159800	1	77	4
8	61	EMERGENCY	1468345	1420345	48000	159800	411	31576	1579
101		TOTAL	2234300	1420345	813955		3672	297960	14898

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/23/2010 10:07

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	37 OPERATING ROOM					77	52942	52942
2	40 ANESTHESIOLOGY					15623	327905	327905
3	41 RADIOLOGY-DIAGNOSTIC					4994	1006	1006
4	44 LABORATORY					65300	67334	67334
5	49 RESPIRATORY THERAPY					125305		
6	50 PHYSICAL THERAPY					55008	63038	63038
7	53 ELECTROCARDIOLOGY					77	32647	32647
8	61 EMERGENCY	AGGREGATE				31576	16424	1436769
101	TOTAL					297960	561296	1981641

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA		
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS	BOARD	PROCESSING	PURCHASING	
	0	1	3	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	131300	131300							1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1267653		1267653						3
4 NEW CAP REL COSTS-MVBLE EQUIP	1963811			1963811					4
5 EMPLOYEE BENEFITS	5179832	333	3214	7207	5190586				5
6.01 SWITCHBOARD	113462	207	2001	15778	20262	151710			6.01
6.02 DATA PROCESSING	1224850	1433	13836	198712	62840	8135	1509806		6.02
6.03 PURCHASING	140055	3814	36819	2658	41768	2034		227148	6.03
6.04 ADMITTING	237626	955	9224	7131	75556	1627		426	6.04
6.05 BUSINESS OFFICE	618295	997	9622	9168	102684	9355	1509806	1659	6.05
6.06 OTHER ADMINISTRATIVE	3759074	26361	254515	28431	327837	17489		2538	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1702854	7260	70091	21267	170627	5694		5073	8
9 LAUNDRY & LINEN SERVICE	136473	1993	19244	4730	37843	407		1098	9
10 HOUSEKEEPING	478406	819	7909	4794	136759	1220		2590	10
11 DIETARY	503208	2326	22457	12148	132575	3254		4906	11
12 CAFETERIA	78789	1427	13778	2017	32352			7476	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	527411	640	6184	1078	172909	1627		64	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	695284	1148	11084	26907	208576	13829		874	17
18 SOCIAL SERVICE	67277	132	1270	2463	27827	813		658	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	2149681	15538	150010	94665	658330	11795		6584	25
26 INTENSIVE CARE UNIT	16374	1389	13406	16431	5124	2440		43	26
33 NURSERY	210242	547	5286	15726	62054			993	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1753884	7402	71464	176653	439708	12609		18650	37
38 RECOVERY ROOM	2143	589	5683	630	477			31	38
39 DELIVERY ROOM & LABOR ROOM	412539	1486	14349	31522	126412			847	39
40 ANESTHESIOLOGY	41968	368	3554	23853		407		685	40
41 RADIOLOGY-DIAGNOSTIC	1713492	4603	44440	872275	411869	8948		2737	41
44 LABORATORY	2167130	2656	25645	109800	356259	4881		39457	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	150429							7969	47
49 RESPIRATORY THERAPY	618480	1953	18852	27451	144528	5287		5982	49
50 PHYSICAL THERAPY	1193087	9971	96262	40457	331600	5287		2103	50
53 ELECTROCARDIOLOGY	70252			6680	18353			316	53
54 ELECTROENCEPHALOGRAPHY	68744	465	4490	4309	20123			101	54
55 MEDICAL SUPPLIES CHARGED TO PAT	853128	585	5645	5184	8407			39594	55
56 DRUGS CHARGED TO PATIENTS	1433976	536	5170	74494	116520	2440		56404	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1050899	9567	92369	42593	311071	12609		3270	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC	1440433	5397	52105	19129	369632			6141	63.50
63.51 RHC II	687474			2418	138215			2257	63.51
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	34860015	112897	1089978	1908759	5069097	132187	1509806	221526	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	791579	18403	177675	55052	121489	19523		5622	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	35651594	131300	1267653	1963811	5190586	151710	1509806	227148	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	SUBTOTAL	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	6.04	6.05	5A	ADMIN	OF PLANT	& LINEN	KEEPING	11	
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 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	332545								6.04
6.05 BUSINESS OFFICE		2261586							6.05
6.06 OTHER ADMINISTRATIVE			4416245	4416245					6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			1982866	280349	2263215				8
9 LAUNDRY & LINEN SERVICE			201788	28530	50156	280474			9
10 HOUSEKEEPING			632497	89426	20614	17817	760354		10
11 DIETARY			680874	96266	58532	2934	4424	843030	11
12 CAFETERIA			135839	19206	35912		30768		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			709913	100372	16117		7149		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY			957702	135406	28890		6438		17
18 SOCIAL SERVICE			100440	14201	3310		1896		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	20714	140882	3248199	459250	390984	122003	315698	843030	25
26 INTENSIVE CARE UNIT	141	961	56309	7961	34942	519	2962		26
33 NURSERY	2321	15786	312955	44247	13776	2664	9519		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	32508	221098	2733976	386546	186263	47597	79310		37
38 RECOVERY ROOM	2997	20384	32934	4656	14813				38
39 DELIVERY ROOM & LABOR ROOM	6875	46759	640789	90599	37400	13950	19669		39
40 ANESTHESIOLOGY	18439	125408	214682	30353	9262				40
41 RADIOLOGY-DIAGNOSTIC	77104	524240	3659708	517436	115827	21290	45066		41
44 LABORATORY	69290	471267	3246385	458993	66841	15	48107		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	947	6443	165788	23440					47
49 RESPIRATORY THERAPY	15328	104248	942109	133201	49136	1135	20183		49
50 PHYSICAL THERAPY	13814	93956	1786537	252591	250898	12719	59364		50
53 ELECTROCARDIOLOGY	6128	41681	143410	20276					53
54 ELECTROENCEPHALOGRAPHY	2017	13716	113965	16113	11703				54
55 MEDICAL SUPPLIES CHARGED TO PAT	11078	75346	998967	141240	14712				55
56 DRUGS CHARGED TO PATIENTS	20818	141592	1851950	261840	13475		6517		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	29698	201985	1754061	248000	240750	28024	103284		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC			1892837	267621	135806				63.50
63.51 RHC II			830364	117402					63.51
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	330217	2245752	34444089	4245521	1800119	270667	760354	843030	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	2328	15834	1207505	170724	463096	9807			98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	332545	2261586	35651594	4416245	2263215	280474	760354	843030	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 SWITCHBOARD								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 BUSINESS OFFICE								6.05
6.06 OTHER ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	221725							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	5742	839293						14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	16665		1145101					17
18 SOCIAL SERVICE	1216			121063				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	40270	373423	481463	108710	6383030		6383030	25
26 INTENSIVE CARE UNIT	215	1995			104903		104903	26
33 NURSERY	2908	26970			413039		413039	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	22024	204230			3659946		3659946	37
38 RECOVERY ROOM	28	260			52691		52691	38
39 DELIVERY ROOM & LABOR ROOM	6565	60879			869851		869851	39
40 ANESTHESIOLOGY	2890				257187		257187	40
41 RADIOLOGY-DIAGNOSTIC	21631		107353		4488311		4488311	41
44 LABORATORY	19639		31447		3871427		3871427	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					189228		189228	46.30
47 BLOOD STORING, PROCESSING & TRA					1154340		1154340	47
49 RESPIRATORY THERAPY	8576				2437388		2437388	49
50 PHYSICAL THERAPY	22145		53134		164659		164659	50
53 ELECTROCARDIOLOGY	973				142763		142763	53
54 ELECTROENCEPHALOGRAPHY	982				1155854		1155854	54
55 MEDICAL SUPPLIES CHARGED TO PAT	935				2137672		2137672	55
56 DRUGS CHARGED TO PATIENTS	3890							56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	18498	171536	471704	12353	3048210		3048210	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC	19920				2316184		2316184	63.50
63.51 RHC II					947766		947766	63.51
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	215712	839293	1145101	121063	33794449		33794449	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	6013				1857145		1857145	98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	221725	839293	1145101	121063	35651594		35651594	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	SWITCH	DATA	PURCHASING	ADMITTING	
	CAP-REL	BLDGS &	COST TO	BENEFITS		PROCESSING			
	0	1	4A	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		333	333	333					5
6.01		207	207	1	208				6.01
6.02		1433	1433	4	11	1448			6.02
6.03		3814	3814	3	3		3820		6.03
6.04		955	955	5	2		7	969	6.04
6.05		997	997	7	13	1448	28		6.05
6.06		26361	26361	21	24		43		6.06
7									7
8		7260	7260	11	8		85		8
9		1993	1993	2	1		18		9
10		819	819	9	2		44		10
11		2326	2326	8	4		83		11
12		1427	1427	2			126		12
13									13
14		640	640	11	2		1		14
15									15
16									16
17		1148	1148	13	19		15		17
18		132	132	2	1		11		18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		15538	15538	44	16		111	60	25
26		1389	1389		3		1		26
33		547	547	4			17	7	33
ANCILLARY SERVICE COST CENTERS									
37		7402	7402	28	17		314	94	37
38		589	589				1	9	38
39		1486	1486	8			14	20	39
40		368	368		1		12	53	40
41		4603	4603	26	12		46	230	41
44		2656	2656	23	7		664	200	44
46.30									46.30
47							134	3	47
49		1953	1953	9	7		101	44	49
50		9971	9971	21	7		35	40	50
53				1			5	18	53
54		465	465	1			2	6	54
55		585	585	1			666	32	55
56		536	536	7	3		945	60	56
OUTPATIENT SERVICE COST CENTERS									
61		9567	9567	20	17		55	86	61
62									62
63.50		5397	5397	24			103		63.50
63.51				9			38		63.51
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95		112897	112897	325	180	1448	3725	962	95
NONREIMBURSABLE COST CENTERS									
98		18403	18403	8	28		95	7	98
101									101
102									102
103		131300	131300	333	208	1448	3820	969	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	BUSINESS OFFICE 6.05	OTHER ADMIN 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 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 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 BUSINESS OFFICE	2493								6.05
6.06 OTHER ADMINISTRATIVE		26449							6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		1679	9043						8
9 LAUNDRY & LINEN SERVICE		171	200	2385					9
10 HOUSEKEEPING		536	82	152	1644				10
11 DIETARY		577	234	25	10	3267			11
12 CAFETERIA		115	143		67		1880		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		601	64		15		49	1383	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY		811	115		14		141		17
18 SOCIAL SERVICE		85	13		4		10		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	158	2751	1562	1037	683	3267	340	616	25
26 INTENSIVE CARE UNIT	1	48	140	4	6		2	3	26
33 NURSERY	18	265	55	23	21		25	44	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	247	2316	744	405	171		187	337	37
38 RECOVERY ROOM	23	28	59						38
39 DELIVERY ROOM & LABOR ROOM	52	543	149	119	43		56	100	39
40 ANESTHESIOLOGY	140	182	37				25		40
41 RADIOLOGY-DIAGNOSTIC	550	3092	463	181	97		183		41
44 LABORATORY	527	2750	267		104		167		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	7	140							47
49 RESPIRATORY THERAPY	117	798	196	10	44		73		49
50 PHYSICAL THERAPY	105	1513	1002	108	128		188		50
53 ELECTROCARDIOLOGY	47	121					8		53
54 ELECTROENCEPHALOGRAPHY	15	97	47				8		54
55 MEDICAL SUPPLIES CHARGED TO PAT	84	846	59				8		55
56 DRUGS CHARGED TO PATIENTS	158	1569	54		14		33		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	226	1486	962	238	223		157	283	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC		1603	543				169		63.50
63.51 RHC II		703							63.51
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	2475	25426	7190	2302	1644	3267	1829	1383	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	18	1023	1853	83			51		98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2493	26449	9043	2385	1644	3267	1880	1383	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	18	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 SWITCHBOARD						6.01
6.02 DATA PROCESSING						6.02
6.03 PURCHASING						6.03
6.04 ADMITTING						6.04
6.05 BUSINESS OFFICE						6.05
6.06 OTHER ADMINISTRATIVE						6.06
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	2276					17
18 SOCIAL SERVICE		258				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	956	232	27371		27371	25
26 INTENSIVE CARE UNIT			1597		1597	26
33 NURSERY			1026		1026	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			12262		12262	37
38 RECOVERY ROOM			709		709	38
39 DELIVERY ROOM & LABOR ROOM			2590		2590	39
40 ANESTHESIOLOGY			818		818	40
41 RADIOLOGY-DIAGNOSTIC	213		9696		9696	41
44 LABORATORY	63		7428		7428	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			284		284	47
49 RESPIRATORY THERAPY			3352		3352	49
50 PHYSICAL THERAPY	106		13224		13224	50
53 ELECTROCARDIOLOGY			200		200	53
54 ELECTROENCEPHALOGRAPHY			641		641	54
55 MEDICAL SUPPLIES CHARGED TO PAT			2281		2281	55
56 DRUGS CHARGED TO PATIENTS			3379		3379	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	938	26	14284		14284	61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC			7839		7839	63.50
63.51 RHC II			750		750	63.51
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
95 SUBTOTALS	2276	258	109731		109731	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES			21569		21569	98
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	2276	258	131300		131300	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	SWITCH	DATA	PURCHASING	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	BOARD 6.01	PROCESSING 6.02		
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		3214	7207	10421	10421				5
6.01		2001	15778	17779	41	17820			6.01
6.02		13836	198712	212548	126	955	213629		6.02
6.03		36819	2658	39477	84	239		39800	6.03
6.04		9224	7131	16355	152	191		75	6.04
6.05		9622	9168	18790	206	1099	213629	291	6.05
6.06		254515	28431	282946	658	2054		445	6.06
7									7
8		70091	21267	91358	343	669		889	8
9		19244	4730	23974	76	48		192	9
10		7909	4794	12703	275	143		454	10
11		22457	12148	34605	266	382		860	11
12		13778	2017	15795	65			1310	12
13									13
14		6184	1078	7262	347	191		11	14
15									15
16									16
17		11084	26907	37991	419	1624		153	17
18		1270	2463	3733	56	96		115	18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		150010	94665	244675	1318	1385		1154	25
26		13406	16431	29837	10	287		7	26
33		5286	15726	21012	125			174	33
ANCILLARY SERVICE COST CENTERS									
37		71464	176653	248117	883	1481		3268	37
38		5683	630	6313	1			6	38
39		14349	31522	45871	254			148	39
40		3554	23853	27407		48		120	40
41		44440	872275	916715	827	1051		480	41
44		25645	109800	135445	716	573		6913	44
46.30									46.30
47								1396	47
49		18852	27451	46303	290	621		1048	49
50		96262	40457	136719	666	621		368	50
53			6680	6680	37			55	53
54		4490	4309	8799	40			18	54
55		5645	5184	10829	17			6938	55
56		5170	74494	79664	234	287		9883	56
OUTPATIENT SERVICE COST CENTERS									
61		92369	42593	134962	625	1481		573	61
62									62
63.50		52105	19129	71234	742			1076	63.50
63.51			2418	2418	278			395	63.51
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
95		1089978	1908759	2998737	10177	15526	213629	38815	95
NONREIMBURSABLE COST CENTERS									
98		177675	55052	232727	244	2294		985	98
101									101
102									102
103		1267653	1963811	3231464	10421	17820	213629	39800	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	BUSINESS OFFICE	OTHER ADMIN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	6.04	6.05	6.06	8	9	10	11	12	
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 SWITCHBOARD									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	16773								6.04
6.05 BUSINESS OFFICE		234015							6.05
6.06 OTHER ADMINISTRATIVE			286103						6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			18163	111422					8
9 LAUNDRY & LINEN SERVICE			1848	2469	28607				9
10 HOUSEKEEPING			5794	1015	1817	22201			10
11 DIETARY			6237	2882	299	129	45660		11
12 CAFETERIA			1244	1768		898		21080	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			6503	793		209		546	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY			8773	1422		188		1584	17
18 SOCIAL SERVICE			920	163		55		116	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	1044	14577	29754	19249	12444	9219	45660	3828	25
26 INTENSIVE CARE UNIT	7	99	516	1720	53	86		20	26
33 NURSERY	117	1633	2867	678	272	278		277	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1638	22877	25043	9170	4855	2316		2094	37
38 RECOVERY ROOM	151	2109	302	729				3	38
39 DELIVERY ROOM & LABOR ROOM	346	4838	5870	1841	1423	574		624	39
40 ANESTHESIOLOGY	929	12976	1966	456				275	40
41 RADIOLOGY-DIAGNOSTIC	3903	54250	33507	5702	2171	1316		2057	41
44 LABORATORY	3491	48763	29737	3291	2	1405		1867	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	48	667	1519						47
49 RESPIRATORY THERAPY	772	10787	8630	2419	116	589		815	49
50 PHYSICAL THERAPY	696	9722	16365	12352	1297	1733		2105	50
53 ELECTROCARDIOLOGY	309	4313	1314					92	53
54 ELECTROENCEPHALOGRAPHY	102	1419	1044	576				93	54
55 MEDICAL SUPPLIES CHARGED TO PAT	558	7796	9151	724				89	55
56 DRUGS CHARGED TO PATIENTS	1049	14651	16964	663		190		370	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1496	20900	16067	11853	2858	3016		1759	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC			17338	6686				1894	63.50
63.51 RHC II			7606						63.51
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	16656	232377	275042	88621	27607	22201	45660	20508	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	117	1638	11061	22801	1000			572	98
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	16773	234015	286103	111422	28607	22201	45660	21080	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS							5
6.01 SWITCHBOARD							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING							6.03
6.04 ADMITTING							6.04
6.05 BUSINESS OFFICE							6.05
6.06 OTHER ADMINISTRATIVE							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	15862						14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY		52154					17
18 SOCIAL SERVICE			5254				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	7056	21929	4718	418010		418010	25
26 INTENSIVE CARE UNIT	38			32680		32680	26
33 NURSERY	510			27943		27943	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	3860			325602		325602	37
38 RECOVERY ROOM	5			9619		9619	38
39 DELIVERY ROOM & LABOR ROOM	1151			62940		62940	39
40 ANESTHESIOLOGY				44177		44177	40
41 RADIOLOGY-DIAGNOSTIC		4889		1026868		1026868	41
44 LABORATORY		1432		233635		233635	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA				3630		3630	47
49 RESPIRATORY THERAPY				72390		72390	49
50 PHYSICAL THERAPY		2420		185064		185064	50
53 ELECTROCARDIOLOGY				12800		12800	53
54 ELECTROENCEPHALOGRAPHY				12091		12091	54
55 MEDICAL SUPPLIES CHARGED TO PAT				36102		36102	55
56 DRUGS CHARGED TO PATIENTS				123955		123955	56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	3242	21484	536	220852		220852	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC				98970		98970	63.50
63.51 RHC II				10697		10697	63.51
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
95 SUBTOTALS	15862	52154	5254	2958025		2958025	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES				273439		273439	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	15862	52154	5254	3231464		3231464	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES				
	1	3	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	197623							1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT		197623						3
4 NEW CAP REL COSTS-MVBLE EQUIP			1921596					4
5 EMPLOYEE BENEFITS	501	501	7052	15771645				5
6.01 SWITCHBOARD	312	312	15439	61567	373			6.01
6.02 DATA PROCESSING	2157	2157	194440	190941	20	100		6.02
6.03 PURCHASING	5740	5740	2601	126911	5		4287794	6.03
6.04 ADMITTING	1438	1438	6978	229576	4		8050	6.04
6.05 BUSINESS OFFICE	1500	1500	8971	312007	23	100	31317	6.05
6.06 OTHER ADMINISTRATIVE	39678	39678	27820	996134	43		47912	6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	10927	10927	20810	518450	14		95761	8
9 LAUNDRY & LINEN SERVICE	3000	3000	4628	114986	1		20731	9
10 HOUSEKEEPING	1233	1233	4691	415544	3		48894	10
11 DIETARY	3501	3501	11887	402830	8		92615	11
12 CAFETERIA	2148	2148	1974	98301			141122	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	964	964	1055	525384	4		1215	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	1728	1728	26329	633759	34		16496	17
18 SOCIAL SERVICE	198	198	2410	84552	2		12429	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	23386	23386	92630	2000359	29		124290	25
26 INTENSIVE CARE UNIT	2090	2090	16078	15568	6		806	26
33 NURSERY	824	824	15388	188551			18741	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11141	11141	172856	1336055	31		352060	37
38 RECOVERY ROOM	886	886	616	1449			594	38
39 DELIVERY ROOM & LABOR ROOM	2237	2237	30844	384104			15996	39
40 ANESTHESIOLOGY	554	554	23340		1		12935	40
41 RADIOLOGY-DIAGNOSTIC	6928	6928	853523	1251466	22		51669	41
44 LABORATORY	3998	3998	107440	1082496	12		744817	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T							150429	47
49 RESPIRATORY THERAPY	2939	2939	26861	439150	13		112929	49
50 PHYSICAL THERAPY	15007	15007	39587	1007570	13		39698	50
53 ELECTROCARDIOLOGY			6536	55767			5971	53
54 ELECTROENCEPHALOGRAPHY	700	700	4216	61145			1913	54
55 MEDICAL SUPPLIES CHARGED TO P	880	880	5073	25546			747415	55
56 DRUGS CHARGED TO PATIENTS	806	806	72893	354046	6		1064620	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	14400	14400	41677	945191	31		61727	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC	8123	8123	18718	1123128			115921	63.50
63.51 RHC II			2366	419967			42600	63.51
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	169924	169924	1867727	15402500	325	100	4181673	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	27699	27699	53869	369145	48		106121	98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SWITCH	DATA	PURCHASING	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES				
	1	3	4	5	6.01	6.02	6.03	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	131300	1267653	1963811	5190586	151710	1509806	227148	103
104 UNIT COST MULT-WS B PT I		6.414501		.329109		15098.060000		104
104 UNIT COST MULT-WS B PT I	.664396		1.021969		406.729223		.052975	104
105 COST TO BE ALLOC PER B PT II				333	208	1448	3820	105
106 UNIT COST MULT-WS B PT II				.000021		14.480000		106
106 UNIT COST MULT-WS B PT II					.557641		.000891	106
107 COST TO BE ALLOC PER B PT III				10421	17820	213629	39800	107
108 UNIT COST MULT-WS B PT III				.000661		2136.290000		108
108 UNIT COST MULT-WS B PT III					47.774799		.009282	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS	OFFICE	CILIAATION	ADMIN	OF PLANT	& LINEN	KEEPING	
	REVENUE	GROSS		ACCUM	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	REVENUE	6A.06	COST	FEET	LAUNDRY	SERVICE	SERVED
		6.05		6.06	8	9	10	11
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04	87253860							6.04
6.05		87253860						6.05
6.06			-4416245	31235349				6.06
7								7
8				1982866	135370			8
9				201788	3000	349799		9
10				632497	1233	22221	19251	10
11				680874	3501	3659	112	22721
12				135839	2148		779	12
13								13
14				709913	964		181	14
15								15
16								16
17				957702	1728		163	17
18				100440	198		48	18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	5435252	5435252		3248199	23386	152159	7993	22721
26	37068	37068		56309	2090	647	75	26
33	609018	609018		312955	824	3322	241	33
ANCILLARY SERVICE COST CENTERS								
37	8530006	8530006		2733976	11141	59361	2008	37
38	786410	786410		32934	886			38
39	1803979	1803979		640789	2237	17398	498	39
40	4838280	4838280		214682	554			40
41	20226662	20226662		3659708	6928	26552	1141	41
44	18181592	18181592		3246385	3998	19	1218	44
46.30								46.30
47	248564	248564		165788				47
49	4021913	4021913		942109	2939	1416	511	49
50	3624842	3624842		1786537	15007	15863	1503	50
53	1608056	1608056		143410				53
54	529179	529179		113965	700			54
55	2906867	2906867		998967	880			55
56	5462659	5462659		1851950	806		165	56
OUTPATIENT SERVICE COST CENTERS								
61	7792641	7792641		1754061	14400	34951	2615	61
62								62
63.50				1892837	8123			63.50
63.51				830364				63.51
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	86642988	86642988	-4416245	30027844	107671	337568	19251	22721
NONREIMBURSABLE COST CENTERS								
98	610872	610872		1207505	27699	12231		98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	BUSINESS	RECON-	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	GROSS	OFFICE	CILIATION	ADMIN	OF PLANT	& LINEN	KEEPING	
	REVENUE	GROSS		ACCUM	SQUARE	SERVICE	HOURS OF	MEALS
	6.04	REVENUE	6A.06	COST	FEET	LAUNDRY	SERVICE	SERVED
		6.05		6.06	8	9	10	11
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	332545	2261586		4416245	2263215	280474	760354	843030 103
104 UNIT COST MULT-WS B PT I	.003811				16.718734		39.496857	104
104 UNIT COST MULT-WS B PT I		.025920		.141386		.801815		37.103561 104
105 COST TO BE ALLOC PER B PT II	969	2493		26449	9043	2385	1644	3267 105
106 UNIT COST MULT-WS B PT II	.000011				.066802		.085398	106
106 UNIT COST MULT-WS B PT II		.000029		.000847		.006818		.143788 106
107 COST TO BE ALLOC PER B PT III	16773	234015		286103	111422	28607	22201	45660 107
108 UNIT COST MULT-WS B PT III	.000192				.823092		1.153239	108
108 UNIT COST MULT-WS B PT III		.002682		.009160		.081781		2.009595 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	SOCIAL	
	MEALS	ADMINIS-	RECORDS &	SERVICE	
	FTES	TRATION	LIBRARY	TIME	
	12	DIRECT	TIME	SPENT	
		FTES	SPENT		18
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6.01					6.01
6.02					6.02
6.03					6.03
6.04					6.04
6.05					6.05
6.06					6.06
7					7
8					8
9					9
10					10
11					11
12	23709				12
13					13
14	614	9678			14
15					15
16					16
17	1782		1056		17
18	130			686	18
20					20
21					21
22					22
23					23
24					24
INPATIENT ROUTINE SERV COST CENTERS					
25	4306	4306	444	616	25
26	23	23			26
33	311	311			33
ANCILLARY SERVICE COST CENTERS					
37	2355	2355			37
38	3	3			38
39	702	702			39
40	309				40
41	2313		99		41
44	2100		29		44
46.30					46.30
47					47
49	917				49
50	2368		49		50
53	104				53
54	105				54
55	100				55
56	416				56
OUTPATIENT SERVICE COST CENTERS					
61	1978	1978	435	70	61
62					62
63.50	2130				63.50
63.51					63.51
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10					69.10
69.20					69.20
69.30					69.30
69.40					69.40
71					71
SPECIAL PURPOSE COST CENTERS					
85.01					85.01
85.02					85.02
95	23066	9678	1056	686	95
NONREIMBURSABLE COST CENTERS					
98	643				98

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	MEDICAL	SOCIAL	
	MEALS	ADMINIS-	RECORDS &	SERVICE	
	FOTES	TRATION	LIBRARY		
	12	DIRECT	TIME	TIME	
		FOTES	SPENT	SPENT	
	12	14	17	18	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	221725	839293	1145101	121063	103
104 UNIT COST MULT-WS B PT I	9.351934		1084.375947		104
104 UNIT COST MULT-WS B PT I		86.721740		176.476676	104
105 COST TO BE ALLOC PER B PT II	1880	1383	2276	258	105
106 UNIT COST MULT-WS B PT II	.079295		2.155303		106
106 UNIT COST MULT-WS B PT II		.142901		.376093	106
107 COST TO BE ALLOC PER B PT III	21080	15862	52154	5254	107
108 UNIT COST MULT-WS B PT III	.889114		49.388258		108
108 UNIT COST MULT-WS B PT III		1.638975		7.658892	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	6383030		6383030		6383030	25
26 INTENSIVE CARE UNIT	104903		104903		104903	26
33 NURSERY	413039		413039		413039	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3659946		3659946	52942	3712888	37
38 RECOVERY ROOM	52691		52691		52691	38
39 DELIVERY ROOM & LABOR ROOM	869851		869851		869851	39
40 ANESTHESIOLOGY	257187		257187	327905	585092	40
41 RADIOLOGY-DIAGNOSTIC	4488311		4488311	1006	4489317	41
44 LABORATORY	3871427		3871427	67334	3938761	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	189228		189228		189228	47
49 RESPIRATORY THERAPY	1154340		1154340		1154340	49
50 PHYSICAL THERAPY	2437388		2437388	63038	2500426	50
53 ELECTROCARDIOLOGY	164659		164659	32647	197306	53
54 ELECTROENCEPHALOGRAPHY	142763		142763		142763	54
55 MEDICAL SUPPLIES CHARGED TO	1155854		1155854		1155854	55
56 DRUGS CHARGED TO PATIENTS	2137672		2137672		2137672	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3048210		3048210	16424	3064634	61
62 OBSERVATION BEDS (NON-DISTI	641417		641417		641417	62
63.50 RHC	2316184		2316184		2316184	63.50
63.51 RHC II	947766		947766		947766	63.51
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	34435866		34435866	561296	34997162	101
102 LESS OBSERVATION BEDS	641417		641417		641417	102
103 TOTAL	33794449		33794449	561296	34355745	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	4477251		4477251			25
26 INTENSIVE CARE UNIT	35036		35036			26
33 NURSERY	582947		582947			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1375807	6967651	8343458	.438661	.438661	.445006 37
38 RECOVERY ROOM	160298	609046	769344	.068488	.068488	.068488 38
39 DELIVERY ROOM & LABOR ROOM	1345823	422896	1768719	.491797	.491797	.491797 39
40 ANESTHESIOLOGY	360372	1106174	1466546	.175369	.175369	.398959 40
41 RADIOLOGY-DIAGNOSTIC	2570279	17211283	19781562	.226894	.226894	.226945 41
44 LABORATORY	3284366	14501000	17785366	.217675	.217675	.221461 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	142281	101253	243534	.777009	.777009	.777009 47
49 RESPIRATORY THERAPY	2876741	1066069	3942810	.292771	.292771	.292771 49
50 PHYSICAL THERAPY	144817	3399003	3543820	.687785	.687785	.705574 50
53 ELECTROCARDIOLOGY	236722	1336076	1572798	.104692	.104692	.125449 53
54 ELECTROENCEPHALOGRAPHY	7137	510159	517296	.275979	.275979	.275979 54
55 MEDICAL SUPPLIES CHARGED TO	885066	1959883	2844949	.406283	.406283	.406283 55
56 DRUGS CHARGED TO PATIENTS	2619057	2731043	5350100	.399557	.399557	.399557 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	703554	4065960	4769514	.639103	.639103	.642546 61
62 OBSERVATION BEDS (NON-DISTI	108475	368532	477007	1.344670	1.344670	1.344670 62
63.50 RHC		2208734	2208734	1.048648	1.048648	1.048648 63.50
63.51 RHC II		701690	701690	1.350690	1.350690	1.350690 63.51
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	21916029	59266452	81182481			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	21916029	59266452	81182481			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	27371		27371	418010		418010
26 INTENSIVE CARE UNIT	1597		1597	32680		32680
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1026		1026	27943		27943
101 TOTAL	29994		29994	478633		478633

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	6757	3634	4.05	14718	61.86	224799
26 INTENSIVE CARE UNIT	32	17	49.91	848	1021.25	17361
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	1014		1.01		27.56	
101 TOTAL	7803	3651		15566		242160

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	12262	325602	8343458	485562	.001470	714	.039025	18949	37
38 RECOVERY ROOM	709	9619	769344	56182	.000922	52	.012503	702	38
39 DELIVERY ROOM & LABOR ROOM	2590	62940	1768719	3393	.001464	5	.035585	121	39
40 ANESTHESIOLOGY	818	44177	1466546	119682	.000558	67	.030123	3605	40
41 RADIOLOGY-DIAGNOSTIC	9696	1026868	19781562	1859362	.000490	911	.051910	96519	41
44 LABORATORY	7428	233635	17785366	2213215	.000418	925	.013136	29073	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T	284	3630	243534	88335	.001166	103	.014906	1317	47
49 RESPIRATORY THERAPY	3352	72390	3942810	2325163	.000850	1976	.018360	42690	49
50 PHYSICAL THERAPY	13224	185064	3543820	134585	.003732	502	.052222	7028	50
53 ELECTROCARDIOLOGY	200	12800	1572798	193041	.000127	25	.008138	1571	53
54 ELECTROENCEPHALOGRAPHY	641	12091	517296	5774	.001239	7	.023373	135	54
55 MEDICAL SUPPLIES CHARGED TO P	2281	36102	2844949	446804	.000802	358	.012690	5670	55
56 DRUGS CHARGED TO PATIENTS	3379	123955	5350100	1598217	.000632	1010	.023169	37029	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	14284	220852	4769514	515063	.002995	1543	.046305	23850	61
62 OBSERVATION BEDS (NON-DISTINC	2750	42005	477007	68633	.005765	396	.088060	6044	62
63.50 RHC			2208734						63.50
63.51 RHC II			701690						63.51
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	73898	2411730	73176823	10113011		8594		274303	101

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/23/2010 10:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN 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					6757		3634	25
26 INTENSIVE CARE UNIT					32		17	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					1014			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					7803		3651	101

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/23/2010 10:07

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] 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
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.51 RHC II							63.51
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 (14-0145) [] 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		8343458			485562		2270071 37
38 RECOVERY ROOM		769344			56182		310688 38
39 DELIVERY ROOM & LABOR ROOM		1768719			3393		39
40 ANESTHESIOLOGY		1466546			119682		365408 40
41 RADIOLOGY-DIAGNOSTIC		19781562			1859362		4854942 41
44 LABORATORY		17785366			2213215		545817 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		243534			88335		68283 47
49 RESPIRATORY THERAPY		3942810			2325163		687828 49
50 PHYSICAL THERAPY		3543820			134585		1231000 50
53 ELECTROCARDIOLOGY		1572798			193041		1056226 53
54 ELECTROENCEPHALOGRAPHY		517296			5774		185270 54
55 MEDICAL SUPPLIES CHARGED TO P		2844949			446804		952794 55
56 DRUGS CHARGED TO PATIENTS		5350100			1598217		1492055 56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		4769514			515063		879101 61
62 OBSERVATION BEDS (NON-DISTINC		477007			68633		144566 62
63.50 RHC		2208734					63.50
63.51 RHC II		701690					63.51
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		73176823			10113011		15044049 101

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/23/2010 10:07

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0145)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0145) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.438661	.438661	.438661			37
38 RECOVERY ROOM	.068488	.068488	.068488			38
39 DELIVERY ROOM & LABOR ROOM	.491797	.491797	.491797			39
40 ANESTHESIOLOGY	.175369	.175369	.175369			40
41 RADIOLOGY-DIAGNOSTIC	.226894	.226894	.226894			41
44 LABORATORY	.217675	.217675	.217675			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.777009	.777009	.777009			47
49 RESPIRATORY THERAPY	.292771	.292771	.292771			49
50 PHYSICAL THERAPY	.687785	.687785	.687785			50
53 ELECTROCARDIOLOGY	.104692	.104692	.104692			53
54 ELECTROENCEPHALOGRAPHY	.275979	.275979	.275979			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.406283	.406283	.406283			55
56 DRUGS CHARGED TO PATIENTS	.399557	.399557	.399557			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.639103	.639103	.639103			61
62 OBSERVATION BEDS (NON-DISTINCT	1.344670	1.344670	1.344670			62
63.50 RHC	1.048648	1.048648	1.048648			63.50
63.51 RHC II	1.350690	1.350690	1.350690			63.51
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	.399557	1
2 PROGRAM VACCINE CHARGES	1060	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	424	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 (14-0145) [] 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 CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2270071						37
38 RECOVERY ROOM		310688						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		365408						40
41 RADIOLOGY-DIAGNOSTIC		4854942						41
44 LABORATORY		545817						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		68283						47
49 RESPIRATORY THERAPY		687828	18415					49
50 PHYSICAL THERAPY		1231000						50
53 ELECTROCARDIOLOGY		1056226						53
54 ELECTROENCEPHALOGRAPHY		185270						54
55 MEDICAL SUPPLIES CHARGED TO PA		952794						55
56 DRUGS CHARGED TO PATIENTS		1492055						56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		879101						61
62 OBSERVATION BEDS (NON-DISTINCT		144566						62
63.50 RHC								63.50
63.51 RHC II								63.51
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		15044049	18415					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		15044049	18415					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0145) [] 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		995792					37
38 RECOVERY ROOM		21278					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		64081					40
41 RADIOLOGY-DIAGNOSTIC		1101557					41
44 LABORATORY		118811					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		53057					47
49 RESPIRATORY THERAPY		201376	5391				49
50 PHYSICAL THERAPY		846663					50
53 ELECTROCARDIOLOGY		110578					53
54 ELECTROENCEPHALOGRAPHY		51131					54
55 MEDICAL SUPPLIES CHARGED TO PAT		387104					55
56 DRUGS CHARGED TO PATIENTS		596161					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		561836					61
62 OBSERVATION BEDS (NON-DISTINCT		194394					62
63.50 RHC							63.50
63.51 RHC II							63.51
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		5303819	5391				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		5303819	5391				104

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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	6757						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	6757						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	587						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6170						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)	3634						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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6383030						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	6383030						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4232573						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	378310						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3854263						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.508073						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	644.48						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	624.68						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	19.80						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	29.86						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	17528						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6365502						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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	944.65					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3432858					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3432858					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	104903	32	3278.22	17	55730	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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3294954					48
49 TOTAL PROGRAM INPATIENT COSTS	6783542					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	257726					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	282897					51
52 TOTAL PROGRAM EXCLUDABLE COST	540623					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6242919					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) (14-0145)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0145)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	679	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	944.65	84
85 OBSERVATION BED COST	641417	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	27371	6383030	.004288	641417	2750	86
87 NEW CAPITAL-RELATED COST	418010	6383030	.065488	641417	42005	87
88 NON PHYSICIAN ANESTHETIST		6383030		641417		88
89 MEDICAL EDUCATION		6383030		641417		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0145) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		2943017		25
26 INTENSIVE CARE UNIT		23206		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.445006	485562	216078	37
38 RECOVERY ROOM	.068488	56182	3848	38
39 DELIVERY ROOM & LABOR ROOM	.491797	3393	1669	39
40 ANESTHESIOLOGY	.398959	119682	47748	40
41 RADIOLOGY-DIAGNOSTIC	.226945	1859362	421973	41
44 LABORATORY	.221461	2213215	490141	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.777009	88335	68637	47
49 RESPIRATORY THERAPY	.292771	2325163	680740	49
50 PHYSICAL THERAPY	.705574	134585	94960	50
53 ELECTROCARDIOLOGY	.125449	193041	24217	53
54 ELECTROENCEPHALOGRAPHY	.275979	5774	1594	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.406283	446804	181529	55
56 DRUGS CHARGED TO PATIENTS	.399557	1598217	638579	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.642546	515063	330952	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.344670	68633	92289	62
63.50 RHC	1.048648			63.50
63.51 RHC II	1.350690			63.51
63.60 FQHC				63.60
101 TOTAL		10113011	3294954	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		10113011		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0145)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1351249					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1351249					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2658436					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	6080					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	55.54					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	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	0.0096					4
4.01	0.1627					4.01
4.02	0.1723					4.02
4.03	0.0395					4.03
4.04	211757					4.04
5	859					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	5578771					6
7						7
7.01						7.01
8	5578771					8
9	438863					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	6017634					16
17						17
18	6017634					18
19	615424					19
20						20
21	78504					21
21.01	54953					21.01
21.02	78504					21.02
22	5457163					22

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/23/2010 10:07

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0145)	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	5457163				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	5262088				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	195075				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	23588				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 (14-0145) 1	HOSPITAL (14-0145) 1.01	HOSPITAL (14-0145) 1.02	
1 MEDICAL AND OTHER SERVICES	5815			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	5303819			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3845119			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.845			1.03
1.04 LINE 1.01 TIMES LINE 1.03	4481727			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	85.80			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	5815			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	19475			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	19475			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	19475			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	13660			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5815			17
17.01 TOTAL PPS PAYMENTS	3845119			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0145) 1	HOSPITAL (14-0145) 1.01	HOSPITAL (14-0145) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3763		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	981576		18.01
19 SUBTOTAL	2865595		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	2865595		23
24 PRIMARY PAYER PAYMENTS	58		24
25 SUBTOTAL	2865537		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	97993		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	68595		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2934132		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	2934132		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2932340		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1792		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	994		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0145)

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		5262088		2932340	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM	.01				3.01
REVISION OF THE INTERIM RATE FOR THE COST TO	.02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04				3.04
	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		5262088		2932340	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): _____

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	3411364			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12457249			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7369662			6
7	INVENTORY	510606			7
8	PREPAID EXPENSES	378344			8
9	OTHER CURRENT ASSETS	3863764			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	13251665			11
FIXED ASSETS					
12	LAND	1344880			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	3416714			13
13.01	ACCUMULATED DEPRECIATION	-1544670			13.01
14	BUILDINGS	16311961			14
14.01	ACCUMULATED DEPRECIATION	-6251038			14.01
15	LEASEHOLD IMPROVEMENTS	163480			15
15.01	ACCUMULATED AMORTIZATION	-24843			15.01
16	FIXED EQUIPMENT	12070196			16
16.01	ACCUMULATED DEPRECIATION	-7436812			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	19267911			18
18.01	ACCUMULATED DEPRECIATION	-13586002			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	23731777			21
OTHER ASSETS					
22	INVESTMENTS	57776949			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	404465			25
26	TOTAL OTHER ASSETS	58181414			26
27	TOTAL ASSETS	95164856			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1342521			28
29	SALARIES, WAGES & FEES PAYABLE	2092843			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	3350000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	673901			35
36	TOTAL CURRENT LIABILITIES	7459265			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	8200000			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	9973935			41
42	TOTAL LONG TERM LIABILITIES	18173935			42
43	TOTAL LIABILITIES	25633200			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	69531656			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	69531656			51
52	TOTAL LIABILITIES AND FUND BALANCES	95164856			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	65586374			1
2 NET INCOME (LOSS)	6614964			2
3 TOTAL	72201338			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS				5
6 INVESTMENT INCOME				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	72201338			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSETS RELEASED	2426305			13
14 CHANGE IN TEMP RESTRICTED ASSETS	243377			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	2669682			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	69531656			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	5156416		5156416	2
4 SUBPROVIDER I				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	5156416		5156416	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	35700		35700	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	35700		35700	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	5192116		5192116	18
19 ANCILLARY SERVICES	18697146	55639536	74336682	19
20 OUTPATIENT SERVICES		6628016	6628016	20
21 18.50 RHC				21
22 18.51 RHC II				22
23 18.60 FQHC				23
24 HOME HEALTH AGENCY				24
25 AMBULANCE				25
26 CORF				26
27 ASC				27
28 HOSPICE				28
29 OBSERVATION BEDS	110272	375902	486174	29
30 24.01 RURAL HEALTH CLINICS		2910424	2910424	30
31 24.02 PHYSICIAN SERVICES		610872	610872	31
32 TOTAL PATIENT REVENUES	23999534	66164750	90164284	32

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		44096723	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		44096723	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	90164284	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	44513274	2
3	NET PATIENT REVENUES	45651010	3
4	LESS - TOTAL OPERATING EXPENSES	44096723	4
5	NET INCOME FROM SERVICE TO PATIENTS	1554287	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	4123159	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1369	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5832	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	161525	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	1689	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	32026	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	3777	21
22	RENTAL OF HOSPITAL SPACE	300054	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC OPERATING REVENUE(INC ROUNDING	431246	24
25	TOTAL OTHER INCOME	5060677	25
26	TOTAL	6614964	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	6614964	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0145)	HOSPITAL (14-0145)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	438002				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	861				4
					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					4.01
					NO. OF INTERNS & RESIDENTS
4.02	0.00	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	438863				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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 SWITCHBOARD					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 BUSINESS OFFICE					6.05
6.06 OTHER ADMINISTRATIVE					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
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
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.51 RHC II					63.51
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
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

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	494300		494300		494300		494300	1
2 PHYSICIAN ASSISTANT	47093		47093		47093		47093	2
3 NURSE PRACTITIONER	14596		14596		14596		14596	3
4 VISITING NURSE								4
5 OTHER NURSE	55997	2326	58323		58323		58323	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS	104402		104402		104402		104402	9
10 SUBTOTAL (SUM OF LINES 1-9)	716388	2326	718714		718714		718714	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		16327	16327		16327		16327	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE		102180	102180		102180		102180	18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		118507	118507		118507		118507	21
22 TOTAL COSTS OF HEALTH CARE SERVICES COSTS OTHER THAN RHC/FQHC SERVICES	716388	120833	837221		837221		837221	22
23 PHARMACY		90517	90517		90517		90517	23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS		75732	75732		75732	-75732		26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS		166249	166249		166249	-75732	90517	28
FACILITY OVERHEAD								
29 FACILITY COSTS		75161	75161		75161		75161	29
30 ADMINISTRATIVE COSTS	406740	133497	540237	-98540	441697	-4163	437534	30
31 TOTAL FACILITY OVERHEAD	406740	208658	615398	-98540	516858	-4163	512695	31
32 TOTAL FACILITY COSTS	1123128	495740	1618868	-98540	1520328	-79895	1440433	32

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	2.13	19357	4200	8946		1
2 PHYSICIAN ASSISTANTS	0.60	4850	2100	1260		2
3 NURSE PRACTITIONERS	0.19	794	2100	399		3
4 SUBTOTAL	2.92	25001		10605	25001	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	2.92	25001			25001	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					837221	10
11 TOTAL NONREIMBURSABLE COSTS					90517	11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					927738	12
13 RATIO OF RHC/FQHC SERVICES					0.902433	13
14 TOTAL FACILITY OVERHEAD					512695	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					875751	15
16 TOTAL OVERHEAD					1388446	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1388446	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1252979	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					2090200	20

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	2090200	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	91416	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	1998784	3
4	TOTAL VISITS	25001	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	25001	6
7	ADJUSTED COST PER VISIT	79.95	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT	76.84	77.76	8
9	RATE FOR PROGRAM COVERED VISITS	76.84	77.76	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	2232	2601	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	171507	202254	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES			12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES			13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES			14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST			15
16	TOTAL PROGRAM COST		373761	16
16.01	PRIMARY PAYOR PAYMENTS			16.01
17	LESS: BENEFICIARY DEDUCTIBLE		69613	17
18	NET PROGRAM COST EXCLUDING VACCINES		304148	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE		243318	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION		35335	20
21	TOTAL REIMBURSABLE PROGRAM COST		278653	21
22	REIMBURSABLE BAD DEBTS		376	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		376	22.01
23	OTHER ADJUSTMENTS			23
24	NET REIMBURSABLE AMOUNT		279029	24
25	INTERIM PAYMENTS		181867	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE COMPONENT/PROGRAM		97162	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2			27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	H1N1 VACCINE (SERVICES ON/AFTER 10/1/2009) 2.01	COMBINATION INFLUENZA & H1N1 IN SAME VISIT 2.02	
1 HEALTH CARE STAFF COSTS	718714	718714	718714	718714	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.004043	0.010795	0.000674		2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	2906	7759	484		3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	13818	9420			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	16724	17179	484		5
6 TOTAL DIRECT COST OF THE FACILITY	837221	837221	837221	837221	6
7 TOTAL OVERHEAD	1388446	1388446	1388446	1388446	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.019976	0.020519	0.000578		8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	27736	28490	803		9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	44460	45669	1287		10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	294	785	49		11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	151.22	58.18	26.27		12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	74	415			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	11190	24145			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		91416			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		35335			16

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/23/2010 10:07

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I
COMPONENT NO: 14-8503

WORKSHEET M-5

CHECK [XX] RHC
APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B	
	1 MM/DD/YYYY	2 AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		181867
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	PROGRAM .01	3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02	3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05	3.05
	.50	3.50
	PROVIDER .51	3.51
	TO .52	NONE
	PROGRAM .53	3.53
	.54	3.54
SUBTOTAL	.99	3.99
4 TOTAL INTERIM PAYMENTS		181867
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	5.01
	TO .02	5.02
	PROVIDER .03	5.03
	PROVIDER .50	5.50
	TO .51	5.51
	PROGRAM .52	5.52
SUBTOTAL	.99	5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	6.01
	PROVIDER TO .02	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY	PROGRAM	7

NAME OF INTERMEDIARY: _____
SIGNATURE OF AUTHORIZED PERSON: _____

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

RHC II
 COMPONENT NO: 14-8502

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1	333802		333802		333802		333802	1
2	19293		19293		19293		19293	2
3	16159	59175	75334		75334		75334	3
4								4
5								5
6								6
7								7
8								8
9	29049		29049		29049		29049	9
10	398303	59175	457478		457478		457478	10
COSTS UNDER AGREEMENT								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		7086	7086		7086		7086	15
16								16
17								17
18								18
19								19
20								20
21		7086	7086		7086		7086	21
22	398303	66261	464564		464564		464564	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23		34612	34612		34612		34612	23
24								24
25								25
26								26
27								27
28		34612	34612		34612		34612	28
FACILITY OVERHEAD								
29		49777	49777		49777		49777	29
30	21664	19435	41099	98540	139639	-1118	138521	30
31	21664	69212	90876	98540	189416	-1118	188298	31
32	419967	170085	590052	98540	688592	-1118	687474	32

RHC II
 COMPONENT NO: 14-8502

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	1.21	6185	4200	5082		1
2 PHYSICIAN ASSISTANTS	0.25	1831	2100	525		2
3 NURSE PRACTITIONERS	0.21	879	2100	441		3
4 SUBTOTAL	1.67	8895		6048	8895	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	1.67	8895			8895	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					464564	10
11 TOTAL NONREIMBURSABLE COSTS					34612	11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					499176	12
13 RATIO OF RHC/FQHC SERVICES					0.930662	13
14 TOTAL FACILITY OVERHEAD					188298	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					260292	15
16 TOTAL OVERHEAD					448590	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					448590	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					417486	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					882050	20

RHC II
 COMPONENT NO: 14-8502

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

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

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	882050	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	21471	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	860579	3
4	TOTAL VISITS	8895	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	8895	6
7	ADJUSTED COST PER VISIT	96.75	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT	76.84	77.76	8
9	RATE FOR PROGRAM COVERED VISITS	76.84	77.76	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	745	853	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	57246	66329	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES			12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES			13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES			14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST			15
16	TOTAL PROGRAM COST			123575 16
16.01	PRIMARY PAYOR PAYMENTS			16.01
17	LESS: BENEFICIARY DEDUCTIBLE			29755 17
18	NET PROGRAM COST EXCLUDING VACCINES			93820 18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE			75056 19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			8930 20
21	TOTAL REIMBURSABLE PROGRAM COST			83986 21
22	REIMBURSABLE BAD DEBTS			218 22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			218 22.01
23	OTHER ADJUSTMENTS			23
24	NET REIMBURSABLE AMOUNT			84204 24
25	INTERIM PAYMENTS			54273 25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE COMPONENT/PROGRAM			29931 26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2			27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC II
 COMPONENT NO: 14-8502

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

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

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	H1N1 VACCINE (SERVICES ON/AFTER 10/1/2009) 2.01	COMBINATION INFLUENZA & H1N1 IN SAME VISIT 2.02	
1 HEALTH CARE STAFF COSTS	457478	457478	457478	457478	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.002471	0.004918	0.000528		2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST	1130	2250	242		3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE	4841	2460			4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE	5971	4710	242		5
6 TOTAL DIRECT COST OF THE FACILITY	464564	464564	464564	464564	6
7 TOTAL OVERHEAD	448590	448590	448590	448590	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST	0.012853	0.010139	0.000521		8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE	5766	4548	234		9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION	11737	9258	476		10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS	103	205	22		11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION	113.95	45.16	21.64		12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES	32	117			13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION	3646	5284			14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		21471			15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		8930			16

PROVIDER NO. 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/23/2010 10:07

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC II
COMPONENT NO: 14-8502

WORKSHEET M-5

CHECK [XX] RHC
APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B	
	1 MM/DD/YYYY	2 AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		54273
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	3.01 3.02 3.03 3.04 3.05 3.50 3.51 NONE 3.52 3.53 3.54
SUBTOTAL	.99	3.99
4 TOTAL INTERIM PAYMENTS		54273
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99	5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		7

NAME OF INTERMEDIARY: _____
SIGNATURE OF AUTHORIZED PERSON: _____

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