

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 XX ELECTRONICALLY FILED COST REPORT DATE: 02/22/2011
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 08:51

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 SAINT JAMES HOSPITAL (14-0161) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, 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.

ECR Encryption: 02/22/2011 08:51
 :Xw1G741V4991Zp3dt0Q0rT0L6020
 caDJA08s1TxTW2MjUL63b9iAa1l0Xn
 s3ed0nzLta01NkDf

(SIGNED)

Dal E. M.
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 Senior Vice President - CFO
 TITLE
 2/22/2011
 DATE

PI Encryption: 02/22/2011 08:51
 BsL2uKA359sSoR6CE7U618sBVAON50
 SVgdB0.9nN1DaaGHw3vL1wUvyPso7C
 R9OV705pG10zP6Xy

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX
	PART A	PART B	
1 HOSPITAL	2 551512	3 -93516	4 1
2 SUBPROVIDER I			2
3 SWING BED - SNF			3
4 SWING BED - NF			4
5 SKILLED NURSING FACILITY			5
6 NURSING FACILITY			6
7 HOME HEALTH AGENCY			7
8 OUTPATIENT REHABILITATION PROVIDER			8
9 HEALTH CLINIC			9
100 TOTAL	551512	-93516	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2500 WEST REYNOLDS STREET P.O. BOX: 1
 1.01 CITY: PONTIAC STATE: IL ZIP CODE: 61764 COUNTY: LIVINGSTON 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	XVIII	XIX	
				4	5	6	
2	HOSPITAL						2
3	SUBPROVIDER I	14-0161	07/01/1966	N	P	O	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF	14-U161	10/10/2002	N	P	N	5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2009	TO: 09/30/2010			17
18	TYPE OF CONTROL		1	2			18
19	TYPE OF HOSPITAL/SUBPROVIDER						19
20	HOSPITAL		1				20
	SUBPROVIDER I						

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	NO			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2	10/01/2009	N	N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).		YES	YES			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.			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.		1	26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: 10/01/2009 ENDING: 09/30/2010			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.	YES	10/10/2002	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	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	149006		40
40.01	NAME: OSF HEALTHCARE SYSTEM FI/CONTRACTOR'S NAME: WPS			FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET: ENTER STREET IN COLUMN 1, PO BOX IN			P.O.BOX: 1604	40.02
40.03	CITY:			STATE: NE ZIP CODE: 68101	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	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			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:	-238930		
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 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	
56						56
57		NO				57
58		NO				58
58.01						58.01
59		NO				59
60		NO				60
60.01						60.01
MULTICAMPUS						
61		NO				61
SETTLEMENT DATA						
63			YES	12/20/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XIX 14	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		706	352	1617	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		706	352	1617	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	A-6 2	3	4	5	6	
SALARIES								
1	TOTAL SALARIES	23514251	142907	23657158	764406.90	30.95		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	7683360	111132	7794492	98138.97	79.42		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	548179		548179	11462.35	47.82		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	489930		489930	2263.03	216.49		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	2348621		2348621	36711.00	63.98		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	5140981		5140981			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1405091		1405091			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	299313	-299313					21
22	ADMINISTRATIVE & GENERAL	2738560	295828	3034388	97332.92	31.18		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	119234		119234	613.80	194.26		22.01
23	MAINTENANCE & REPAIRS	50666	425	51091	2094.65	24.39		23
24	OPERATION OF PLANT	404060	4038	408098	19809.87	20.60		24
25	LAUNDRY & LINEN SERVICE	19482		19482	2095.93	9.30		25
26	HOUSEKEEPING	454608	7735	462343	38024.46	12.16		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	447370	-363325	84045	6035.58	13.92		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		266312	266312	19123.16	13.93		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	863019	-170722	692297	21208.31	32.64		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	411980	5525	417505	22357.51	18.67		33
34	SOCIAL SERVICE	129174	1275	130449	7096.44	18.38		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	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		1	A-6 2	3	4	5	
1	NET SALARIES	23633485	142907	23776392	765020.70	31.08	1
2	EXCLUDED AREA SALARIES	7683360	111132	7794492	98138.97	79.42	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	15950125	31775	15981900	666881.73	23.97	3
4	SUBTOTAL OTHER WAGES & REL COSTS	3386730		3386730	50436.38	67.15	4
5	SUBTOTAL WAGE-RELATED COSTS	5140981		5140981		32.17	5
6	TOTAL (SUM OF LINES 3 THRU 5)	24477836	31775	24509611	717318.11	34.17	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	5937466	-252222	5685244	235792.63	24.11	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	12451874 17
17.01	GROSS MEDICAID REVENUES	23413114 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	35864988 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.270352 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	23413114 28
29	TOTAL GROSS MEDICAID COST	6329782 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	12451874 30
31	UNCOMPENSATED CARE COST	3366389 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	6329782 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400								4
5	0500		1272790	1272790	20842	1293632		1293632	5
6	0600	299313	6851819	7151132	-442220	6708912	-62325	6646587	6
7	0700	2738560	5789737	8528297	254197	8782494	-559864	8222610	7
8	0800	50666	70305	120971	425	121396		121396	8
9	0900	404060	1116619	1520679	4038	1524717	-11982	1512735	9
10	1000	19482	156324	175806		175806	-9	175797	10
11	1100	454608	9891	464499	7735	472234	-718	471516	11
12	1200	447370	143714	591084	-480464	110620	-420	110200	12
13	1300				350518	350518		350518	13
14	1400								14
15	1500	863019	64428	927447	-189447	738000	-1690	736310	15
16	1600								16
17	1700								17
18	1800	411980	83061	495041	5525	500566	-20897	479669	18
19	1900	129174	3576	132750	1275	134025		134025	19
20	2000								20
21	2100								21
22	2200								22
23	2300								23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	2384450	384775	2769225	22313	2791538	-537	2791001	25
26	2600	724778	62672	787450	5398	792848		792848	26
33	3300								33
ANCILLARY SERVICE COST CENTERS									
37	3700	1488432	4219592	5708024	13728	5721752	-466	5721286	37
40	4000	14212	543477	557689		557689	-478653	79036	40
41	4100	503964	146900	650864	6163	657027	-12870	644157	41
41.10	3630	192933	100296	293229	1615	294844		294844	41.10
41.20	3230	124566	494186	618752	850	619602	-13096	606506	41.20
41.30	3430	30629	631363	661992		661992	-74730	587262	41.30
41.40	3440	112610	266722	379332	850	380182	-10798	369384	41.40
43	4300	126800	304635	431435	553	431988	-14094	417894	43
44	4400	790201	991380	1781581	-237703	1543878	-12134	1531744	44
46.30	4650								46.30
47	4700				245566	245566		245566	47
49	4900	305621	57380	363001	2550	365551		365551	49
50	5000	543547	61332	604879	122845	727724	-4140	723584	50
51	5100	254240	-33127	221113	44924	266037		266037	51
52	5200	167524	107550	275074	54676	329750	-400	329350	52
53	5300	171249	31668	202917	2550	205467		205467	53
53.10	3140	39493	1198	40691	1076	41767	-4928	36839	53.10
54.10	3290								54.10
55	5500	133231	304657	437888		437888	-10084	427804	55
56	5600	463805	731567	1195372	3315	1198687	-8834	1189853	56
59	3950	68078	1593	69671	425	70096	-620	69476	59
OUTPATIENT SERVICE COST CENTERS									
61	6100	1372296	1766696	3138992	11008	3150000	-1649344	1500656	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
95		15830891	28008315	43839206	-144085	43695121	-2953653	40741468	95
NONREIMBURSABLE COST CENTERS									
96	9600	17780	19443	37223		37223		37223	96
98	9800	7519106	9047853	16566959	5950	16572909		16572909	98
98.01	9801				624	624		624	98.01
98.02	9802	127541	513568	641109		641109		641109	98.02
98.03	9803	18933	1383	20316	425	20741		20741	98.03
99	9900								99
100	7950								100
100.01	7951				137086	137086		137086	100.01
101	TOTAL	23514251	37590562	61104813		61104813	-2953653	58151160	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
1	2	3	4	5		
1 FIRE INSURANCE 040 708201-88400	A	NEW CAP REL COSTS-BLDG & FIXT	3		20842	1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		20789	2
3						
4 CAFETERIA	B	CAFETERIA	12	345480	109239	3
5						
6 BLOOD	C	BLOOD STORING, PROCESSING & T	47		245566	4
7						5
8 RECLASS NON-PATIENT DIETARY &	D	NON-PATIENT DIETARY	100.01	104153	32933	6
9 CAFETERIA COSTS	D					7
10						8
11 REHAB ADMIN RECLASS	E	PHYSICAL THERAPY	50	107160	10287	9
12	E	OCCUPATIONAL THERAPY	51	39166	3760	10
13	E	SPEECH PATHOLOGY	52	48723	4678	11
14						12
15 RECLASS VACATION ACCRUAL	F	ADMINISTRATIVE & GENERAL	6	154284		13
16						14
17 RECLASS TEAM AWARD CREDIT	G	ADMINISTRATIVE & GENERAL	6	141550		15
18	G	MAINTENANCE & REPAIRS	7	425		16
19	G	OPERATION OF PLANT	8	4038		17
20	G	HOUSEKEEPING	10	7735		18
21	G	DIETARY	11	7140		19
22	G	NURSING ADMINISTRATION	14	24327		20
23	G	MEDICAL RECORDS & LIBRARY	17	5525		21
24	G	SOCIAL SERVICE	18	1275		22
25	G	ADULTS & PEDIATRICS	25	22313		23
26	G	INTENSIVE CARE UNIT	26	5398		24
27	G	OPERATING ROOM	37	13728		25
28	G	RADIOLOGY-DIAGNOSTIC	41	6163		26
29	G	ULTRASOUND	41.10	1615		27
30	G	CT SCAN	41.20	850		28
31	G	MAMMOGRAPHY	41.40	850		29
32	G	RADIOISOTOPE	43	553		30
33	G	LABORATORY	44	7863		31
34	G	RESPIRATORY THERAPY	49	2550		32
35	G	PHYSICAL THERAPY	50	5398		33
36 SUBTOTAL				1058262	448094	34

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10		
								1	2
1	FIRE INSURANCE 040 708201-88400	A					9 1		
2		A	ADMINISTRATIVE & GENERAL	6		41631	9 2		
3							3		
4	CAFETERIA	B	DIETARY	11	345460	109239	4		
5							5		
6	BLOOD	C	LABORATORY	44		245566	6		
7							7		
8	RECLASS NON-PATIENT DIETARY &	D	DIETARY	11	24985	7900	8		
9	CAFETERIA COSTS	D	CAFETERIA	12	79165	25033	9		
10							10		
11	REHAB ADMIN RECLASS	E	NURSING ADMINISTRATION	14	195049	18725	11		
12		E					12		
13		E					13		
14							14		
15	RECLASS VACATION ACCRUAL	F	EMPLOYEE BENEFITS	5		154284	15		
16		F					16		
17	RECLASS TEAM AWARD CREDIT	G					17		
18		G					18		
19		G					19		
20		G					20		
21		G					21		
22		G					22		
23		G					23		
24		G					24		
25		G					25		
26		G					26		
27		G					27		
28		G					28		
29		G					29		
30		G					30		
31		G					31		
32		G					32		
33		G					33		
34		G					34		
35		G					35		
36	SUBTOTAL				644682	602378	36		

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			2
			COST CENTER	LINE #	SALARY	
3			3	4	5	
1		G	OCCUPATIONAL THERAPY	51	1998	1
2		G	SPEECH PATHOLOGY	52	1275	2
3		G	ELECTROCARDIOLOGY	53	2550	3
4		G	CARDIAC REHAB	53.10	1672	4
5		G	DRUGS CHARGED TO PATIENTS	56	3315	5
6		G	DIABETES SVC	59	425	6
7		G	EMERGENCY	61	11008	7
8		G	PHYSICIANS' PRIVATE OFFICES	96	5950	8
9		G	CARDIAC PHASE III	98.01	28	9
10		G	PULMONARY FUNCTION	98.03	425	10
11		G	EMPLOYEE BENEFITS	5		11377 11
12		G				12
13		G				13
14		G				14
15	CARDIAC PHASE III NON-ALLOW	H	CARDIAC PHASE III	98.01	576	20 15
16	NON ALLOW PHYS SALARY	I				16
17	RECLASS MISC BENEFIT SALARIES	J	EMPLOYEE BENEFITS	5	6	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				1087490	459491 36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7
							REF. 10
1		G					1
2		G					2
3		G					3
4		G					4
5		G					5
6		G					6
7		G					7
8		G					8
9		G					9
10		G	EMPLOYEE BENEFITS	5	287942		10
11		G	EMPLOYEE BENEFITS	5	11377		11
12		G					12
13		G					13
14		G					14
15	CARDIAC PHASE III NON-ALLOW	H	CARDIAC REHAB	53.10	576	20	15
16	NON ALLOW PHYS SALARY	I					16
17	RECLASS MISC BENEFIT SALARIES	J	ADMINISTRATIVE & GENERAL	6	6		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				944583	602398	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	749404					749404	1
2 LAND IMPROVEMENTS	2287904					2287904	2
3 BUILDINGS AND FIXTURES	35050353	417747		417747		35468100	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	97230					97230	5
6 MOVABLE EQUIPMENT	24823351	1834260		1834260		26657611	6
7 SUBTOTAL	63008242	2252007		2252007		65260249	7
8 RECONCILING ITEMS							8
9 TOTAL	63008242	2252007		2252007		65260249	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
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						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1293632						1293632 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1290328						1290328 4
5 TOTAL	2583960						2583960 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1272790						1272790 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1269539						1269539 4
5 TOTAL	2542329						2542329 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-9

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-4560	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2083965			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-575905			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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	-20897	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
38					38
39					39
39.06 PHYSICIAN RECRUITMENT	A	-34129	ADMINISTRATIVE & GENERAL	6	39.06
39.07 AHA, CHA & IHA DUES	A	-17777	ADMINISTRATIVE & GENERAL	6	39.07
39.09 UNEMPLOYMENT COMPENSATION	A	519	EMPLOYEE BENEFITS	5	39.09
39.10 PRE EMPLOYMENT PHYSICALS	A	-51467	EMPLOYEE BENEFITS	5	39.10
39.11 PRENATAL BABY PICTURES	B	-537	ADULTS & PEDIATRICS	25	39.11
39.12 EMERGENCY - MEDICAL TRANSPORTATION	B	-60141	EMERGENCY	61	39.12
39.14 LAB - NON PATIENT INCOME	B	-1038	LABORATORY	44	39.14
39.17 RADIOLOGY - SILVER RECOVERY & FIL	B	-45	RADIOLOGY-DIAGNOSTIC	41	39.17
39.19 PEDIATRIC DEVELOPMENT	B	-3000	PHYSICAL THERAPY	50	39.19
39.20 AUDIOLOGY	B	-400	SPEECH PATHOLOGY	52	39.20
39.22 PHARMACY - ITEMS SOLD TO PATIENTS	B	-8834	DRUGS CHARGED TO PATIENTS	56	39.22
39.23 HOUSEKEEPING - CAN RECYCLING	B	-718	HOUSEKEEPING	10	39.23
39.25 LAUNDRY AND LINEN	B	-9	LAUNDRY & LINEN SERVICE	9	39.25
39.26 HOSPITAL ADMIN - FARM INCOME	B	-38141	ADMINISTRATIVE & GENERAL	6	39.26
39.28 LADD PROPERTY - RENTAL INCOME	A	7876	ADMINISTRATIVE & GENERAL	6	39.28
39.29 CHAPLAINCY - CANDLES & RENTAL INC	B	-7462	ADMINISTRATIVE & GENERAL	6	39.29
39.30 INSERVICE EDUC NURSING - CLASS F	B	-1690	NURSING ADMINISTRATION	14	39.30
39.31 UTILIZATION REVIEW - GRANTS	B	-3700	ADMINISTRATIVE & GENERAL	6	39.31
39.33 DIABETES SVCS - CLASS FEES	B	-620	DIABETES SVC	59	39.33
39.39 TEAM AWARDS	A	-11377	EMPLOYEE BENEFITS	5	39.39
39.41 SPORTSCARE MEDICINE - WEIGHT TRAI	B	-1140	PHYSICAL THERAPY	50	39.41
39.43 DATA PROCESSING	B	-13	ADMINISTRATIVE & GENERAL	6	39.43
39.44 DISASTER PREPAREDNESS - GRANTS	B	-21291	ADMINISTRATIVE & GENERAL	6	39.44
39.54 COMPUTER SVCS - INPATIENT EMR	B	-4946	ADMINISTRATIVE & GENERAL	6	39.54
39.55 PATIENT ACCOUNTING	B	-20	ADMINISTRATIVE & GENERAL	6	39.55
39.56 PUBLIC HEALTH PREPAREDNESS	B	-7806	ADMINISTRATIVE & GENERAL	6	39.56
39.57 DIETARY O/P REVENUE	B	-420	DIETARY	11	39.57

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.09
 02/22/2011 08:49

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50	TOTAL	-2953653			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
2	6	ADMINISTRATIVE & GENERAL	CORPORATE CHARGES	3704493	4132408	-427915	1
3	8	OPERATION OF PLANT	CORPORATE CHARGES	103726	115708	-11982	2
4	55	MEDICAL SUPPLIES CHARGED TO PAT	CORPORATE CHARGES	87297	97381	-10084	3
4.01	37	OPERATING ROOM	SFI MAINTENANCE	3364	3830	-466	4
4.02	41	RADIOLOGY-DIAGNOSTIC	SFI MAINTENANCE	61816	70379	-8563	4.01
4.03	41.40	MAMMOGRAPHY	SFI MAINTENANCE	77952	88750	-10798	4.02
4.04	43	RADIOISOTOPE	SFI MAINTENANCE	36881	41990	-5109	4.03
4.05	41.20	CT SCAN	SFI MAINTENANCE	93918	106929	-13011	4.04
4.06	41	RADIOLOGY-DIAGNOSTIC	SFI PURCH SERVICE	31017	35279	-4262	4.05
4.07	43	RADIOISOTOPE	SFI PURCH SERVICE	65388	74373	-8985	4.06
4.08	41.30	MRI	SFI PURCH SERVICE	543853	618583	-74730	4.07
4.09	44	LABORATORY	SYSTEMS LAB	664610	664610		4.08
5		TOTALS		5474315	6050220	-575905	4.09
							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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	OSF HEALTHCARE SYSTEM		100.00	
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 NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/22/2011 08:49

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
1	2	3	4	5	6	7	8	9
1	40 ANESTHESIOLOGY	478734		478734	167500	1	81	4
2	44 LABORATORY	11196		11196	208000	1	100	5
3	53.10 CARDIAC REHAB	5000		5000	150200	1	72	4
4	61 EMERGENCY	1589280		1589280	159800	1	77	4
5	41.20 CT SCAN	190		190	217600	1	105	5
101	TOTAL	2084400		2084400		5	435	22

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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VERSION: 2010.09
 02/22/2011 08:49

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.		12	13	14	15	16	17	18
10	11							
1	40 ANESTHESIOLOGY					81	478653	478653
2	44 LABORATORY					100	11096	11096
3	53.10 CARDIAC REHAB					72	4928	4928
4	61 EMERGENCY					77	1589203	1589203
5	41.20 CT SCAN					105	85	85
101	TOTAL					435	2083965	2083965

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP-REL COSTS BLDG&FIXT 3	NEW CAP-REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI-STRATIVE & GENERAL 6	MAINTEN-ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1293632	1293632							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1290328		1290328						4
5 EMPLOYEE BENEFITS	6646587		2081	6648668					5
6 ADMINISTRATIVE & GENERAL	8222610	148315	520532	852794	9744251	9744251			6
7 MAINTENANCE & REPAIRS	121396	14792		14359	150547	30305	180852		7
8 OPERATION OF PLANT	1512735	68410	27393	114693	1723231	346685	10944	2081060	8
9 LAUNDRY & LINEN SERVICE	175797	35997		5475	217269	43736	5759	70531	9
10 HOUSEKEEPING	471516	25806	5586	129938	632846	127391	4128	50564	10
11 DIETARY	110200	30339	333	23620	164492	33112	4853	59444	11
12 CAFETERIA	350518	17387	1055	74845	443805	89338	2781	34068	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	736310	3997	39042	194565	973914	196048	639	7631	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	479669	23774	1038	117337	621818	125171	3803	46581	17
18 SOCIAL SERVICE	134025	7238	11	36662	177936	35818	1158	14182	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	2791001	137012	55025	676404	3659442	736642	21918	268454	25
26 INTENSIVE CARE UNIT	792848	27084	29217	205211	1054360	212242	4333	53067	26
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5721286	129884	216354	422172	6489696	1306369	20778	254488	37
40 ANESTHESIOLOGY	79036		22571	3994	105601	21257			40
41 RADIOLOGY-DIAGNOSTIC	644157	57848	112249	143368	957622	192768	9254	113345	41
41.10 ULTRASOUND	294844	3955	50959	54676	404434	81412	633	7750	41.10
41.20 CT SCAN	606506	8831	8847	35247	659431	132743	1413	17303	41.20
41.30 MRI	587262			8608	595870	119948			41.30
41.40 MAMMOGRAPHY	369384		6710	31887	407981	82126			41.40
43 RADIOISOTOPE	417894	1483	3800	35792	458969	92390	237	2906	43
44 LABORATORY	1531744	17346	79736	224290	1853116	373030	2775	33987	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	245566				245566	49432			47
49 RESPIRATORY THERAPY	365551	5741	9968	86609	467869	94182	918	11248	49
50 PHYSICAL THERAPY	723584	50940	9978	184394	968896	195038	8149	99809	50
51 OCCUPATIONAL THERAPY	266037	18129	1283	83021	368470	74173	2900	35521	51
52 SPEECH PATHOLOGY	329350	24460	31769	61133	446712	89923	3913	47927	52
53 ELECTROCARDIOLOGY	205467	1552	10005	48845	265869	53519	248	3041	53
53.10 CARDIAC REHAB	36839	16014		11407	64260	12935	2562	31377	53.10
54.10 EMGS									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	427804	23691		37444	488939	98423	3790	46420	55
56 DRUGS CHARGED TO PATIENTS	1189853	13981	1726	131281	1336841	269105	2237	27394	56
59 DIABETES SVC	69476	1415		19252	90143	18146	226	2772	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1500656	35077	43060	388768	1967561	396068	5611	68728	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	40741468	950498	1290328	4458091	38207757	5729675	125960	1408738	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	37223			4997	42220	8499			96
98 PHYSICIANS' PRIVATE OFFICES	16572909	279132		2114854	18966895	3818007	44654	546921	98
98.01 CARDIAC PHASE III	624	275		170	1069	215	44	538	98.01
98.02 FUND DEVELOPMENT	641109	29199		35845	706153	142148	4671	57211	98.02
98.03 PULMONARY FUNCTION	20741			5440	26181	5270			98.03
99 NONPAID WORKERS		34528			34528	6950	5523	67652	99
100 CONTRACT NURSING									100
100.01NON-PATIENT DIETARY	137086			29271	166357	33487			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	58151160	1293632	1290328	6648668	58151160	9744251	180852	2081060	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL
	9	10	11	12	14	17	18	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	337295							9
10 HOUSEKEEPING	2766	817695						10
11 DIETARY	2683	24800	289384					11
12 CAFETERIA		14213		584205				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		3267		22949	1204648			14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		19434		24046		840853		17
18 SOCIAL SERVICE		5917		7627			242638	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	130635	111999	242806	117209	509267	53446	201241	6053059 25
26 INTENSIVE CARE UNIT	20690	22139	38483	26081	113321	13769	41397	1599882 26
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	63030	106172	8095	69587	302353	153439		8774007 37
40 ANESTHESIOLOGY				134	583	18766		146341 40
41 RADIOLOGY-DIAGNOSTIC	32751	47287		27826		33704		1414557 41
41.10 ULTRASOUND		3233		6576		19478		523516 41.10
41.20 CT SCAN		7219		5413		100321		923843 41.20
41.30 MRI				1476		51839		769133 41.30
41.40 MAMMOGRAPHY				4854		10220		505191 41.40
43 RADIOISOTOPE		1212		3981		23559		583254 43
44 LABORATORY		14179		43506		156712		2477305 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA						3758		298756 47
49 RESPIRATORY THERAPY		4693		14002		24351		617263 49
50 PHYSICAL THERAPY	18126	41640		28094		18981		1378733 50
51 OCCUPATIONAL THERAPY		14819		11877		10021		517781 51
52 SPEECH PATHOLOGY		19995		9059		3701		621230 52
53 ELECTROCARDIOLOGY		1269		8231		25029		357206 53
53.10 CARDIAC REHAB		13090		1476		958		126658 53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		19366		9014		19383		685335 55
56 DRUGS CHARGED TO PATIENTS		11429		11900		51403		1710309 56
59 DIABETES SVC		1156		2863	12440	668		128414 59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	63262	28673		61378	266684	47347		2905312 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	333943	537201	289384	519159	1204648	840853	242638	33117075 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								50719 96
98 PHYSICIANS' PRIVATE OFFICES	3352	228177		64084				23672090 98
98.01 CARDIAC PHASE III		225						2091 98.01
98.02 FUND DEVELOPMENT		23868		67				934118 98.02
98.03 PULMONARY FUNCTION				895				32346 98.03
99 NONPAID WORKERS		28224						142877 99
100 CONTRACT NURSING								100
100.01NON-PATIENT DIETARY								199844 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	337295	817695	289384	584205	1204648	840853	242638	58151160 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			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	6053059		25
26 INTENSIVE CARE UNIT	1599882		26
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	8774007		37
40 ANESTHESIOLOGY	146341		40
41 RADIOLOGY-DIAGNOSTIC	1414557		41
41.10 ULTRASOUND	523516		41.10
41.20 CT SCAN	923843		41.20
41.30 MRI	769133		41.30
41.40 MAMMOGRAPHY	505181		41.40
43 RADIOISOTOPE	583254		43
44 LABORATORY	2477305		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	298756		47
49 RESPIRATORY THERAPY	617263		49
50 PHYSICAL THERAPY	1378733		50
51 OCCUPATIONAL THERAPY	517781		51
52 SPEECH PATHOLOGY	621230		52
53 ELECTROCARDIOLOGY	357206		53
53.10 CARDIAC REHAB	126658		53.10
54.10 EMGS			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	685335		55
56 DRUGS CHARGED TO PATIENTS	1710309		56
59 DIABETES SVC	128414		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	2905312		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	33117075		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	50719		96
98 PHYSICIANS' PRIVATE OFFICES	23672090		98
98.01 CARDIAC PHASE III	2091		98.01
98.02 FUND DEVELOPMENT	934118		98.02
98.03 PULMONARY FUNCTION	32346		98.03
99 NONPAID WORKERS	142877		99
100 CONTRACT NURSING			100
100.01NON-PATIENT DIETARY	199844		100.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	58151160		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS			2081	2081	2081				5
6 ADMINISTRATIVE & GENERAL	837488	148315	520532	1506335	267	1506602			6
7 MAINTENANCE & REPAIRS		14792		14792	4	4686	19482		7
8 OPERATION OF PLANT	150	68410	27393	95953	36	53634	1179	150802	8
9 LAUNDRY & LINEN SERVICE		35997		35997	2	6762	620	5111	9
10 HOUSEKEEPING		25806	5586	31392	41	19697	445	3664	10
11 DIETARY		30339	333	30672	7	5120	523	4309	11
12 CAFETERIA		17387	1055	18442	23	13813	300	2469	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		3997	39042	43039	61	30312	69	567	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	1375	23774	1038	26187	37	19353	410	3375	17
18 SOCIAL SERVICE		7238	11	7249	11	5538	125	1028	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	3505	137012	55025	195542	212	113896	2361	19453	25
26 INTENSIVE CARE UNIT	2061	27084	29217	58362	64	32816	467	3845	26
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1750	129884	216354	347988	132	201985	2238	18441	37
40 ANESTHESIOLOGY			22571	22571	1	3287			40
41 RADIOLOGY-DIAGNOSTIC		57848	112249	170097	45	29805	997	8213	41
41.10 ULTRASOUND		3955	50959	54914	17	12588	68	562	41.10
41.20 CT SCAN	330215	8831	8847	347893	11	20524	152	1254	41.20
41.30 MRI					3	18546			41.30
41.40 MAMMOGRAPHY	151584		6710	158294	10	12698			41.40
43 RADIOISOTOPE		1483	3800	5283	11	14285	26	211	43
44 LABORATORY		17346	79736	97082	70	57676	299	2463	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA						7643			47
49 RESPIRATORY THERAPY		5741	9968	15709	27	14562	99	815	49
50 PHYSICAL THERAPY	1739	50940	9978	62657	58	30156	878	7233	50
51 OCCUPATIONAL THERAPY		18129	1283	19412	26	11468	312	2574	51
52 SPEECH PATHOLOGY		24460	31769	56229	19	13903	422	3473	52
53 ELECTROCARDIOLOGY		1552	10005	11557	15	8275	27	220	53
53.10 CARDIAC REHAB		16014		16014	4	2000	276	2274	53.10
54.10 EMGS									54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		23691		23691	12	15218	408	3364	55
56 DRUGS CHARGED TO PATIENTS		13981	1726	15707	41	41608	241	1985	56
59 DIABETES SVC		1415		1415	6	2806	24	201	59
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	4823	35077	43060	82960	122	61238	604	4980	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1334690	950498	1290328	3575516	1395	885898	13570	102083	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					2	1314			96
98 PHYSICIANS' PRIVATE OFFICES	66935	279132		346067	662	590311	4809	39632	98
98.01 CARDIAC PHASE III		275		275		33	5	39	98.01
98.02 FUND DEVELOPMENT		29199		29199	11	21978	503	4146	98.02
98.03 PULMONARY FUNCTION					2	815			98.03
99 NONPAID WORKERS		34528		34528		1075	595	4902	99
100 CONTRACT NURSING									100
100.01NON-PATIENT DIETARY					9	5178			100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1401625	1293632	1290328	3985585	2081	1506602	19482	150602	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	MEDICAL	SOCIAL	SUBTOTAL
	AND LINEN SERVICE 9	KEEPING 10	11	12	ADMINI- STRATION 14	RECORDS + LIBRARY 17	SERVICE 18	
								25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	48492							9
10 HOUSEKEEPING	398	55637						10
11 DIETARY	386	1687	42703					11
12 CAFETERIA		967		36014				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		222		1415	75685			14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		1322		1482		52166		17
18 SOCIAL SERVICE		403		470			14824	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	18779	7621	35829	7227	31995	3316	12295	448526 25
26 INTENSIVE CARE UNIT	2975	1506	5679	1608	7120	854	2529	117825 26
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	9062	7224	1195	4290	18996	9520		621071 37
40 ANESTHESIOLOGY				8	37	1164		27068 40
41 RADIOLOGY-DIAGNOSTIC	4709	3217		1715		2091		220889 41
41.10 ULTRASOUND		220		405		1208		69982 41.10
41.20 CT SCAN		491		334		6224		376883 41.20
41.30 MRI				91		3216		21856 41.30
41.40 MAMMOGRAPHY				299		634		171935 41.40
43 RADIOISOTOPE		82		245		1462		21605 43
44 LABORATORY		965		2682		9720		170957 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA						233		7876 47
49 RESPIRATORY THERAPY		319		863		1511		33905 49
50 PHYSICAL THERAPY	2606	2833		1732		1178		109331 50
51 OCCUPATIONAL THERAPY		1008		732		622		36154 51
52 SPEECH PATHOLOGY		1360		558		230		76194 52
53 ELECTROCARDIOLOGY		86		507		1553		22240 53
53.10 CARDIAC REHAB		891		91		59		21609 53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		1318		556		1203		45770 55
56 DRUGS CHARGED TO PATIENTS		778		734		3189		64283 56
59 DIABETES SVC		79		176	782	41		5530 59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	9095	1951		3784	16755	2938		184427 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	48010	36550	42703	32004	75685	52166	14824	2875916 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								1316 96
98 PHYSICIANS' PRIVATE OFFICES	482	15528		3951				1001442 98
98.01 CARDIAC PHASE III		15						367 98.01
98.02 FUND DEVELOPMENT		1624		4				57465 98.02
98.03 PULMONARY FUNCTION				55				872 98.03
99 NONPAID WORKERS		1920						43020 99
100 CONTRACT NURSING								100
100.01NON-PATIENT DIETARY								5187 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	48492	55637	42703	36014	75685	52166	14824	3985585 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			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	448526		25
26 INTENSIVE CARE UNIT	117825		26
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	621071		37
40 ANESTHESIOLOGY	27068		40
41 RADIOLOGY-DIAGNOSTIC	220889		41
41.10 ULTRASOUND	69982		41.10
41.20 CT SCAN	376883		41.20
41.30 MRI	21856		41.30
41.40 MAMMOGRAPHY	171935		41.40
43 RADIOISOTOPE	21605		43
44 LABORATORY	170957		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	7876		47
49 RESPIRATORY THERAPY	33905		49
50 PHYSICAL THERAPY	109331		50
51 OCCUPATIONAL THERAPY	36154		51
52 SPEECH PATHOLOGY	76194		52
53 ELECTROCARDIOLOGY	22240		53
53.10 CARDIAC REHAB	21609		53.10
54.10 EMGS			54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	45770		55
56 DRUGS CHARGED TO PATIENTS	64283		56
59 DIABETES SVC	5530		59
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	184427		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
95 SUBTOTALS	2875916		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	1316		96
98 PHYSICIANS' PRIVATE OFFICES	1001442		98
98.01 CARDIAC PHASE III	367		98.01
98.02 FUND DEVELOPMENT	57465		98.02
98.03 PULMONARY FUNCTION	872		98.03
99 NONPAID WORKERS	43020		99
100 CONTRACT NURSING			100
100.01NON-PATIENT DIETARY	5187		100.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	3985585		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE	RECON-	ADMINI-	MAINTEN-
	BLDG&FIXT	BLDG&FIXT	BENEFITS	CILIATION	STRATIVE	ANCE AND
	SQUARE	MOV EQUIP	GROSS		& GENERAL	REPAIRS
	FEET	DOLLAR	SALARIES		ACCUM	SQUARE
	3	VALUE	5	6A	COST	FEET
		4			6	7
GENERAL SERVICE COST CENTERS						
1						1
2						2
3	94191					3
4						4
5		1269542	23657158			5
6	10799	512148	3034388	-9744251	48406909	6
7						7
8	1077		51091		150547	82315
9	4981	26952	408098		1723231	4981
10	2621		19482		217269	2621
11	1879	5496	462343		632846	1879
12	2209	328	84045		164492	2209
13	1266	1038	266312		443805	1266
14						13
15	291	38413	692297		973914	291
16						14
17						15
18	1731	1021	417505		621818	1731
20	527	11	130449		177936	527
21						16
22						17
23						18
24						19
INPATIENT ROUTINE SERV COST CENTERS						
25	9976	54139	2406763		3659442	9976
26	1972	28746	730176		1054360	1972
33						25
ANCILLARY SERVICE COST CENTERS						
37	9457	212869	1502160		6489696	9457
40						37
41						40
41.10	4212	110441	510127		957622	4212
41.20	288	50138	194548		404434	288
41.30	643	8704	125416		659431	643
41.40						41.10
43						41.20
44	108	3739	113460		407981	108
46.30	1263	78452	798064		1853116	1263
47						43
49						44
50	418	9807	308171		245566	418
51	3709	9817	656105		467869	3709
52	1320	1262	295404		968896	1320
53	1781	31257	217522		368470	1781
53.10	113	9844	173799		265869	113
54.10	1166		40589		64260	1166
55						53
56	1725		133231		488939	1725
59	1018	1698	467120		1336841	1018
61	103		68503		90143	103
62						59
63.50						61
63.60						62
OTHER REIMBURSABLE COST CENTERS						
69.10						63.50
69.20						63.60
69.30						69.10
69.40						69.20
71						69.30
SPECIAL PURPOSE COST CENTERS						
85.01						69.40
85.02						71
95	69207	1269542	15862666	-9744251	28463506	57331
NONREIMBURSABLE COST CENTERS						
96			17780		42220	
98	20324		7525056		18966895	20324
98.01	20		604		1069	20
98.02	2126		127541		706153	2126
98.03			19358		26181	
99	2514				34528	2514
100						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18	5322		18
20			20
21			21
22			22
23			23
24			24
INPATIENT ROUTINE SERV COST CENTERS			
25	4414		25
26	908		26
33			33
ANCILLARY SERVICE COST CENTERS			
37			37
40			40
41			41
41.10			41.10
41.20			41.20
41.30			41.30
41.40			41.40
43			43
44			44
46.30			46.30
47			47
49			49
50			50
51			51
52			52
53			53
53.10			53.10
54.10			54.10
55			55
56			56
59			59
OUTPATIENT SERVICE COST CENTERS			
61			61
62			62
63.50			63.50
63.60			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10			69.10
69.20			69.20
69.30			69.30
69.40			69.40
71			71
SPECIAL PURPOSE COST CENTERS			
85.01			85.01
85.02			85.02
95	5322		95
NONREIMBURSABLE COST CENTERS			
96			96
98			98
98.01			98.01
98.02			98.02
98.03			98.03
99			99
100			100

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/22/2011 08:49

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
100.01 NON-PATIENT DIETARY			100.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	242638		103
104 UNIT COST MULT-WS B PT I	45.591507		
104 UNIT COST MULT-WS B PT I			104
105 COST TO BE ALLOC PER B PT II			104
106 UNIT COST MULT-WS B PT II			105
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	14824		106
108 UNIT COST MULT-WS B PT III	2.785419		107
108 UNIT COST MULT-WS B PT III			108
			108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART 1, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	6053059		6053059		6053059	25
26 INTENSIVE CARE UNIT	1599882		1599882		1599882	26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8774007		8774007		8774007	37
40 ANESTHESIOLOGY	146341		146341	478653	624994	40
41 RADIOLOGY-DIAGNOSTIC	1414557		1414557		1414557	41
41.10 ULTRASOUND	523516		523516		523516	41.10
41.20 CT SCAN	923843		923843	85	923928	41.20
41.30 MRI	769133		769133		769133	41.30
41.40 MAMMOGRAPHY	505181		505181		505181	41.40
43 RADIOISOTOPE	583254		583254		583254	43
44 LABORATORY	2477305		2477305	11096	2488401	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	298756		298756		298756	47
49 RESPIRATORY THERAPY	617263		617263		617263	49
50 PHYSICAL THERAPY	1378733		1378733		1378733	50
51 OCCUPATIONAL THERAPY	517781		517781		517781	51
52 SPEECH PATHOLOGY	621230		621230		621230	52
53 ELECTROCARDIOLOGY	357206		357206		357206	53
53.10 CARDIAC REHAB	126658		126658	4928	131586	53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO	685335		685335		685335	55
56 DRUGS CHARGED TO PATIENTS	1710309		1710309		1710309	56
59 DIABETES SVC	128414		128414		128414	59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2905312		2905312	1589203	4494515	61
62 OBSERVATION BEDS (NON-DISTI	1523935		1523935		1523935	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	34641010		34641010	2083965	36724975	101
102 LESS OBSERVATION BEDS	1523935		1523935		1523935	102
103 TOTAL	33117075		33117075	2083965	35201040	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	5367889		5367889			25
26 INTENSIVE CARE UNIT	1820825		1820825			26
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9239568	13212801	22452369	.390783	.390783	.390783 37
40 ANESTHESIOLOGY	1183686	1562234	2745920	.053294	.053294	.227608 40
41 RADIOLOGY-DIAGNOSTIC	784070	4147719	4931789	.286924	.286624	.286624 41
41.10 ULTRASOUND	112947	2737245	2850192	.183677	.183677	.183677 41.10
41.20 CT SCAN	1280139	13399503	14679642	.062934	.062934	.062939 41.20
41.30 MRI	280465	7304939	7585404	.101396	.101396	.101396 41.30
41.40 MAMMOGRAPHY		1495402	1495402	.337823	.337823	.337823 41.40
43 RADIOISOTOPE	124134	3323237	3447371	.169188	.169188	.169188 43
44 LABORATORY	3462241	19464785	22927026	.108052	.108052	.108536 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	315223	234644	549867	.543324	.543324	.543324 47
49 RESPIRATORY THERAPY	2419406	1143763	3563169	.173234	.173234	.173234 49
50 PHYSICAL THERAPY	412789	2364595	2777384	.496414	.496414	.496414 50
51 OCCUPATIONAL THERAPY	272799	1193502	1466301	.353121	.353121	.353121 51
52 SPEECH PATHOLOGY	14433	527058	541491	1.147258	1.147258	1.147258 52
53 ELECTROCARDIOLOGY	543632	3118771	3662403	.097533	.097533	.097533 53
53.10 CARDIAC REHAB		140253	140253	.903068	.903068	.938205 53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO	1403713	1432558	2836271	.241632	.241632	.241632 55
56 DRUGS CHARGED TO PATIENTS	3811121	3710565	7521686	.227384	.227384	.227384 56
59 DIABETES SVC		97796	97796	1.313080	1.313080	1.313080 59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	719676	6208448	6928124	.419350	.419350	.648735 61
62 OBSERVATION BEDS (NON-DISTI	224558	1882829	2107387	.723140	.723140	.723140 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	33793314	88702647	122495961			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	33793314	88702647	122495961			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		REDUCED CAPITAL RELATED COST	
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT		
	1	2	4	5	6	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT			448526	632	447894	26
27 CORONARY CARE UNIT			117825		117925	27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
101 TOTAL			566351		565719	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	5902	2253			75.89	170980
26 INTENSIVE CARE UNIT	908	531			129.76	68903
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	554					33
101 TOTAL	7364	2784				239883

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB III [XX] FPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL RATIO OF COST TO CHARGES	---- NEW CAPITAL RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		621071	22452369	3631315		.027662	100449	37
40 ANESTHESIOLOGY		27068	2745920	440210		.009859	4340	40
41 RADIOLOGY-DIAGNOSTIC		220889	4931789	456400		.044789	20442	41
41.10 ULTRASOUND		69982	2850192	59649		.024553	1440	41.10
41.20 CT SCAN		376883	14679642	762025		.025674	19564	41.20
41.30 MRI		21856	7585404	186212		.002881	536	41.30
41.40 MAMMOGRAPHY		171935	1495402			.114976		41.40
43 RADIOISOTOPE		21605	3447371	66484		.006267	417	43
44 LABORATORY		170957	22927026	2017578		.007457	15045	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		7876	549867	162236		.014323	2324	47
49 RESPIRATORY THERAPY		33905	3563169	1402237		.009515	13342	49
50 PHYSICAL THERAPY		109331	2777384	248391		.039365	9778	50
51 OCCUPATIONAL THERAPY		36154	1466301	152825		.024657	3768	51
52 SPEECH PATHOLOGY		76194	541491	11297		.140711	1590	52
53 ELECTROCARDIOLOGY		22240	3662403	389900		.006073	2368	53
53.10 CARDIAC REHAB		21609	140253			.154072		53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO P		45770	2836271	561568		.016137	9062	55
56 DRUGS CHARGED TO PATIENTS		64283	7521686	1968716		.008546	16825	56
59 DIABETES SVC		5530	97796			.056546		59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		184427	6928124	463762		.026620	12345	61
62 OBSERVATION BEDS (NON-DISTINC		113082	2107387	105106		.053660	5640	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2422647	115307247	13084911			239275	101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/22/2011 08:49

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	INFATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INFAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					5902		2253	25
26	INTENSIVE CARE UNIT					908		531	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					554			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					7364		2784	101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/22/2011 08:49

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB IV [] FFS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 ULTRASOUND							41.10
41.20 CT SCAN							41.20
41.30 MRI							41.30
41.40 MAMMOGRAPHY							41.40
43 RADIOISOTOPE							43
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 DIABETES SVC							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART 1V

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] 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 PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		22452369			3631315		3297675	37
40 ANESTHESIOLOGY		2745920			440210		248164	40
41 RADIOLOGY-DIAGNOSTIC		4931789			456400		1090390	41
41.10 ULTRASOUND		2850192			58649		541305	41.10
41.20 CT SCAN		14679642			762025		3795396	41.20
41.30 MRI		7555404			196212		1741652	41.30
41.40 MAMMOGRAPHY		1495402					62733	41.40
43 RADIOISOTOPE		3447371			66484		1300508	43
44 LABORATORY		22927026			2017578		565483	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		549867			162236		81824	47
49 RESPIRATORY THERAPY		3563169			1402237		357921	49
50 PHYSICAL THERAPY		2777384			248391		442	50
51 OCCUPATIONAL THERAPY		1466301			152825			51
52 SPEECH PATHOLOGY		541491			11297		51930	52
53 ELECTROCARDIOLOGY		3662403			389900		1091511	53
53.10 CARDIAC REHAB		140253					79355	53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO P		2836271			561568		349952	55
56 DRUGS CHARGED TO PATIENTS		7521686			1968716		1132515	56
59 DIABETES SVC		97796					1431	59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		6928124			463762		1237054	61
62 OBSERVATION BEDS (NON-DISTINC		2107387			105106		608895	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		115307247			13084911		17636136	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB IV [] PFS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 ULTRASOUND					41.10
41.20 CT SCAN					41.20
41.30 MRI					41.30
41.40 MAMMOGRAPHY					41.40
43 RADIOISOTOPE					43
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
54.10 EMGS					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 DIABETES SVC					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0161) [] 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	.390783	.390783	.390783			37
40 ANESTHESIOLOGY	.053294	.053294	.053294			40
41 RADIOLOGY-DIAGNOSTIC	.286824	.286824	.286824			41
41.10 ULTRASOUND	.183677	.183677	.183677			41.10
41.20 CT SCAN	.062934	.062934	.062934			41.20
41.30 MRI	.101396	.101396	.101396			41.30
41.40 MAMMOGRAPHY	.337823	.337823	.337823			41.40
43 RADIOISOTOPE	.169188	.169188	.169188			43
44 LABORATORY	.108052	.108052	.108052			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.543324	.543324	.543324			47
49 RESPIRATORY THERAPY	.173234	.173234	.173234			49
50 PHYSICAL THERAPY	.496414	.496414	.496414			50
51 OCCUPATIONAL THERAPY	.353121	.353121	.353121			51
52 SPEECH PATHOLOGY	1.147258	1.147258	1.147258			52
53 ELECTROCARDIOLOGY	.097533	.097533	.097533			53
53.10 CARDIAC REHAB	.903068	.903068	.903068			53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.241632	.241632	.241632			55
56 DRUGS CHARGED TO PATIENTS	.227384	.227384	.227384			56
59 DIABETES SVC	1.313080	1.313080	1.313080			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.419350	.419350	.419350			61
62 OBSERVATION BEDS (NON-DISTINCT	.723140	.723140	.723140			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.227384	1
2 PROGRAM VACCINE CHARGES	2	3214	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	731	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0161) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3297675						37
40 ANESTHESIOLOGY		248164						40
41 RADIOLOGY-DIAGNOSTIC		1090590						41
41.10 ULTRASOUND		541305						41.10
41.20 CT SCAN		3795396						41.20
41.30 MRI		1741652						41.30
41.40 MAMMOGRAPHY		62733						41.40
43 RADIOISOTOPE		1300508						43
44 LABORATORY		565483						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		81624						47
49 RESPIRATORY THERAPY		357921						49
50 PHYSICAL THERAPY		442						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		51930						52
53 ELECTROCARDIOLOGY		1091511						53
53.10 CARDIAC REHAB		79355						53.10
54.10 EMGS								54.10
55 MEDICAL SUPPLIES CHARGED TO PA		349952						55
56 DRUGS CHARGED TO PATIENTS		1132515						56
59 DIABETES SVC		1431						59
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1237054						61
62 OBSERVATION BEDS (NON-DISTINCT		608895						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		17636136						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		17636136						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0161) [] 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 (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS (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		1288675					37
40 ANESTHESIOLOGY		13226					40
41 RADIOLOGY-DIAGNOSTIC		312750					41
41.10 ULTRASOUND		99425					41.10
41.20 CT SCAN		238859					41.20
41.30 MRI		176597					41.30
41.40 MAMMOGRAPHY		21193					41.40
43 RADIOISOTOPE		220030					43
44 LABORATORY		61102					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		44457					47
49 RESPIRATORY THERAPY		62004					49
50 PHYSICAL THERAPY		219					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		59577					52
53 ELECTROCARDIOLOGY		106458					53
53.10 CARDIAC REHAB		71663					53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO PAT		84560					55
56 DRUGS CHARGED TO PATIENTS		257516					56
59 DIABETES SVC		1879					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		518759					61
62 OBSERVATION BEDS (NON-DISTINCT		440316					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		4079265					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4079265					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				448526	632	447894
26 INTENSIVE CARE UNIT				117825		117825
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				566351		565719

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	5902	762			75.89	57828
26 INTENSIVE CARE UNIT	908	79			129.76	10121
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	554	393				
101 TOTAL	7364	1233				67949

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB III [] PFS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		621071	22452369					37
40 ANESTHESIOLOGY		27068	2745920				.027662	40
41 RADIOLOGY-DIAGNOSTIC		220889	4931789				.009858	41
41.10 ULTRASOUND		69982	2850192				.044789	41
41.20 CT SCAN		376883	14679642				.024553	41.10
41.30 MRI		21856	7585404				.025674	41.20
41.40 MAMMOGRAPHY		171935	1495402				.002881	41.30
43 RADIOISOTOPE		21605	3447371				.114976	41.40
44 LABORATORY		170957	22927026				.006267	43
46.30 BLOOD CLOTTING FACTORS ADMIN							.007457	44
47 BLOOD STORING, PROCESSING & T		7876	549867					46.30
49 RESPIRATORY THERAPY		33905	3563169				.014323	47
50 PHYSICAL THERAPY		109331	2777384				.009515	49
51 OCCUPATIONAL THERAPY		36154	1466301				.039365	50
52 SPEECH PATHOLOGY		76194	541491				.024657	51
53 ELECTROCARDIOLOGY		22240	3662403				.140711	52
53.10 CARDIAC REHAB		21609	140253				.006073	53
54.10 EMGS							.154072	53.10
55 MEDICAL SUPPLIES CHARGED TO P		45770	2836271					54.10
56 DRUGS CHARGED TO PATIENTS		64283	7521686				.016137	55
59 DIABETES SVC		5530	97796				.008546	56
OUTPATIENT SERVICE COST CENTERS							.056546	59
61 EMERGENCY		184427	6928124					61
62 OBSERVATION BEDS (NON-DISTINC		113082	2107387				.026620	62
63.50 RHC							.053660	63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		2422647	115307247					101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/22/2011 08:49

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN 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					5902		762	25
26	INTENSIVE CARE UNIT					908		78	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					554		393	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					7364		1233	101

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/22/2011 09:49

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 ULTRASOUND							41.10
41.20 CT SCAN							41.20
41.30 MRI							41.30
41.40 MAMMOGRAPHY							41.40
43 RADIOISOTOPE							43
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
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC REHAB							53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 DIABETES SVC							59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FOHC							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 (14-0161) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		22452369					37
40 ANESTHESIOLOGY		2745920					40
41 RADIOLOGY-DIAGNOSTIC		4931789					41
41.10 ULTRASOUND		2850192					41.10
41.20 CT SCAN		14679642					41.20
41.30 MRI		7585404					41.30
41.40 MAMMOGRAPHY		1495402					41.40
43 RADIOISOTOPE		3447371					43
44 LABORATORY		22927026					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		549867					47
49 RESPIRATORY THERAPY		3563169					49
50 PHYSICAL THERAPY		2777384					50
51 OCCUPATIONAL THERAPY		1466301					51
52 SPEECH PATHOLOGY		541491					52
53 ELECTROCARDIOLOGY		3662403					53
53.10 CARDIAC REHAB		140253					53.10
54.10 EMGS							54.10
55 MEDICAL SUPPLIES CHARGED TO P		2836271					55
56 DRUGS CHARGED TO PATIENTS		7521686					56
59 DIABETES SVC		97796					59
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		6928124					61
62 OBSERVATION BEDS (NON-DISTINC		2107387					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		115307247					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0161)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 ULTRASOUND					41.10
41.20 CT SCAN					41.20
41.30 MRI					41.30
41.40 MAMMOGRAPHY					41.40
43 RADIOISOTOPE					43
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
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
54.10 EMGS					54.10
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 DIABETES SVC					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0161)	SUB I	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INFATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5950					1
2 INFATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	5902					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	197					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5705					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	24					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	24					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)	2253					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	24					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	24					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-INFT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PFS) (14-0161)	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	174.94						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						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	6053059						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4199						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4332						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	8531						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6044528						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6573870						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	179210						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6394660						30
31 GENERAL INFATIENT ROUTINE SERVICE COST/CHARGE RATIO	.919478						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	909.70						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1120.89						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6044528						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) (14-0161)	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	1024.15					38
39 PROGRAM GENERAL INFATIENT ROUTINE SERVICE COST	2307410					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2307410					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	1599882	908	1761.98	531	935611	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3477534					48
49 TOTAL PROGRAM INPATIENT COSTS	6720555					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	239883					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	239275					51
52 TOTAL PROGRAM EXCLUDABLE COST	479158					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6241397					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) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	4199					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61	4332					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62	8531					TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/22/2011 08:49

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
 (FPS)
 (14-0161)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1488	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1024.15	84
85 OBSERVATION BED COST	1523935	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		6044528		1523935		86
87 NEW CAPITAL-RELATED COST	448526	6044528	.074204	1523935	113082	87
88 NON PHYSICIAN ANESTHETIST		6044528		1523935		88
89 MEDICAL EDUCATION		6044528		1523935		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5950					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	5902					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	197					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5705					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	24					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	24					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)	762					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	554					15
16 TITLE V OR XIX NURSERY DAYS	393					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES AFFLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	174.94						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						16
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	6053059						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4199						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4332						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	8531						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6044528						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6573870						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	179210						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6394660						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.919478						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	909.70						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1120.89						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6044528						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0161)	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	1024.15					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	780402					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	780402					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)			554	393	42	
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	1599882	908	1761.98	78	137434	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	917836					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	67949					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	67949					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0161)	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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

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

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT	[] TITLE XVIII-PART A	[XX] TITLE XIX-INPT			
	HOSPITAL (OTHER) (14-0161)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1488	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1024.15	84
85 OBSERVATION BED COST	1523935	85

INFANTIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0161) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] S/B-NF
 [] 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		2240384		25
26 INTENSIVE CARE UNIT		1067771		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.390783	3631315	1419056	37
40 ANESTHESIOLOGY	.227608	440210	100195	40
41 RADIOLOGY-DIAGNOSTIC	.286924	456400	130906	41
41.10 ULTRASOUND	.183677	58649	10772	41.10
41.20 CT SCAN	.062939	762025	47961	41.20
41.30 MRI	.101396	186212	18881	41.30
41.40 MAMMOGRAPHY	.337823			41.40
43 RADIOISOTOPE	.169188	66484	11248	43
44 LABORATORY	.108536	2017578	218980	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.543324	162236	88147	47
49 RESPIRATORY THERAPY	.173234	1402237	242915	49
50 PHYSICAL THERAPY	.496414	248391	123305	50
51 OCCUPATIONAL THERAPY	.353121	152825	53966	51
52 SPEECH PATHOLOGY	1.147258	11297	12961	52
53 ELECTROCARDIOLOGY	.097533	389900	38028	53
53.10 CARDIAC REHAB	.938205			53.10
54.10 EMGS				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.241632	561568	135693	55
56 DRUGS CHARGED TO PATIENTS	.227384	1968716	447655	56
59 DIABETES SVC	1.313080			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.648735	463762	300659	61
62 OBSERVATION BEDS (NON-DISTINCT	.723140	105106	76006	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		13084911	3477534	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		13084911		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> FPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-U161)	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.390783	2067	808	37
40 ANESTHESIOLOGY	.053294	325	17	40
41 RADIOLOGY-DIAGNOSTIC	.286824	762	219	41
41.10 ULTRASOUND	.183677			41.10
41.20 CT SCAN	.062934			41.20
41.30 MRI	.101396			41.30
41.40 MAMMOGRAPHY	.337823			41.40
43 RADIOISOTOPE	.169188			43
44 LABORATORY	.108052	6203	670	44
46.50 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.543324			47
49 RESPIRATORY THERAPY	.173234	4430	767	49
50 PHYSICAL THERAPY	.496414	10708	5316	50
51 OCCUPATIONAL THERAPY	.353121	9669	3414	51
52 SPEECH PATHOLOGY	1.147258	274	314	52
53 ELECTROCARDIOLOGY	.097533	374	36	53
53.10 CARDIAC REHAB	.903068			53.10
54.10 EMGS				54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	.241632	1025	248	55
56 DRUGS CHARGED TO PATIENTS	.227384	28058	6380	56
59 DIABETES SVC	1.313080			59
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.419350	23	10	61
62 OBSERVATION BEDS (NON-DISTINCT	.723140			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		63918	18199	101
102 LESS PBF CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		63918		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

FART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0161)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1522079					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	4566238					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	25868					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	37.79					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					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
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 (14-0161)	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	0.0208					4
4.01	0.2098					4.01
4.02	0.2306					4.02
4.03	0.0824					4.03
4.04	501677					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	6615862					6
7	6955165					7
7.01						7.01
8	6955165					8
9	450721					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	7405886					16
17						17
18	7405886					18
19	564700					19
20						20
21	121888					21
21.01	85322					21.01
21.02						21.02
22	6926508					22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INFATIENT HOSPITAL SERVICES UNDER FPS

	HOSPITAL (14-0161)	SUB I	SUB II	SUB III	SUB IV	
23						23
						TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
24						24
						OTHER ADJUSTMENTS
25						25
						AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
26	6926508					26
						AMOUNT DUE PROVIDER
27						27
						SEQUESTRATION ADJUSTMENT
28	6374996					28
						INTERIM PAYMENTS
28.01						28.01
						TENTATIVE SETTLEMENT (FOR FI USE ONLY)
29	551512					29
						BALANCE DUE PROVIDER (PROGRAM)
30	306815					30
						PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2
						TO BE COMPLETED BY INTERMEDIARY
50						50
						OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01
51						51
						CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01
52						52
						OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)
53						53
						CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54						54
						THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55						55
						TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56						56
						CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0161) 1	HOSPITAL (14-0161) 1.01	HOSPITAL (14-0161) 1.02	
1 MEDICAL AND OTHER SERVICES	731			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4079265			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3800247			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.865			1.03
1.04 LINE 1.01 TIMES LINE 1.03	3528564			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	731			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	3214			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	3214			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	3214			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	2483			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	731			17
17.01 TOTAL PPS PAYMENTS	3800247			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0161)	HOSPITAL (14-0161)	HOSPITAL (14-0161)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	960817		18.01
LINE 17.01			
19 SUBTOTAL	2840161		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	2840161		23
24 PRIMARY PAYER PAYMENTS	36		24
25 SUBTOTAL	2840125		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	117472		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	82230		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2922355		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	2922355		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3015871		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-93516		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0161)

WORKSHEET E-1

DESCRIPTION	INFATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6374996		3015871	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54			NONE NONE NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		6374996		3015871	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: MUTUAL OF OMAHA

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-U161)

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		14591		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		14591		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: MUTUAL OF OMAHA

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/E SNF	S/B NF	
		PART A	PART B			
	1	(14-U161)	(14-U161)	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF	14591				1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES					3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS	48				5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL	14591				8
9	PRIMARY FAYER PAYMENTS					9
10	SUBTOTAL	14591				10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL	14591				12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)					13
14	80% OF PART B COSTS					14
15	SUBTOTAL	14591				15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL	14591				18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS	14591				20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM					21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2					22

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

WORKSHEET E-3
 PART III

	[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX		NF I
	HOSPITAL (14-0161) (OTHER)		SUB I	SUB II	SUB III	SUB IV	
1	1		1	1	1	1	1
2	917836						2
3							3
4							4
5							5
6	917836						6
7							7
8							8
9	917836						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	917836						22
23	917836						23
24							24
25							25
26							26
27							27
28							28
29							29
30	917836						30
31							31
32	917836						32
33							33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0161) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
34	EXCESS OF REASONABLE COST	917836				34
35	SUBTOTAL					35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)					59

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	702686	173071	882700	1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	20990930			4
5	OTHER RECEIVABLES	584721			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13295647			6
7	INVENTORY	628484			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	253787			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	9864961	173071	882700	11
FIXED ASSETS					
12	LAND	749404			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2287903			13
13.01	ACCUMULATED DEPRECIATION	-1616915			13.01
14	BUILDINGS	35729971			14
14.01	ACCUMULATED DEPRECIATION	-13611614			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	97230			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	26657612			18
18.01	ACCUMULATED DEPRECIATION	-21900287			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	28393304			21
OTHER ASSETS					
22	INVESTMENTS	16949445			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	503018			25
26	TOTAL OTHER ASSETS	17452463			26
27	TOTAL ASSETS	55710728	173071	882700	27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	901964			28
29	SALARIES, WAGES & FEES PAYABLE	3948503			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	1417796			34
35	OTHER CURRENT LIABILITIES	218894			35
36	TOTAL CURRENT LIABILITIES	6487157			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	54000			41
42	TOTAL LONG TERM LIABILITIES	54000			42
43	TOTAL LIABILITIES	6541157			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	49169571			44
45	SPECIFIC PURPOSE FUND BALANCE		173071		45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			882700	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	49169571	173071	882700	51
52	TOTAL LIABILITIES AND FUND BALANCES	55710728	173071	882700	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	52040082	168436	882700	1
2 NET INCOME (LOSS)	-2870511			2
3 TOTAL	49169571	168436	882700	3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 RESTRICTED ASSETS		4635		5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS		4635		10
11 SUBTOTAL	49169571	173071	882700	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	49169571	173071	882700	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	4756840		4756840	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	4756840		4756840	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	1817030		1817030	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	1817030		1817030	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	6573870		6573870	18
19 ANCILLARY SERVICES	27219711	93731871	120951582	19
20 OUTPATIENT SERVICES		27863644	27863644	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 CORF				25
26 ASC				26
27 HOSPICE				27
28 TOTAL PATIENT REVENUES	33793581	121595515	155389096	28

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		61104813	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	5901280		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		5901280	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		67006093	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	155389096	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	92946254	2
3	NET PATIENT REVENUES	62442842	3
4	LESS - TOTAL OPERATING EXPENSES	67006093	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4563251	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	274534	6
7	INCOME FROM INVESTMENTS	956672	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	461534	24
25	TOTAL OTHER INCOME	1692740	25
26	TOTAL	-2870511	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2870511	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0161)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	448624				3
3.01					3.01
4	2097				4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	450721				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.10 ULTRASOUND					41.10
41.20 CT SCAN					41.20
41.30 MRI					41.30
41.40 MAMMOGRAPHY					41.40
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAFY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.10 CARDIAC REHAB					53.10
54.10 EMGS					54.10
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
59 DIABETES SVC					59
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 CARDIAC PHASE III					98.01
98.02 FUND DEVELOPMENT					98.02
98.03 PULMONARY FUNCTION					98.03
99 NONPAID WORKERS					99
100 CONTRACT NURSING					100
100.01 NON-PATIENT DIETARY					100.01

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/22/2011 08:49

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	38.17		12.91				51.08 25
26 INTENSIVE CARE UNIT	58.46		8.59				67.07 26
33 NURSERY			70.94				70.94 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.17	14.69					30.86 37
40 ANESTHESIOLOGY	16.03	9.04					25.07 40
41 RADIOLOGY-DIAGNOSTIC	9.25	22.11					31.36 41
41.10 ULTRASOUND	2.06	18.99					21.05 41.10
41.20 CT SCAN	5.19	25.85					31.04 41.20
41.30 MRI	2.45	22.96					25.41 41.30
41.40 MAMMOGRAPHY		4.20					4.20 41.40
43 RADIOISOTOPE	1.93	37.72					39.65 43
44 LABORATORY	8.80	2.47					11.27 44
47 BLOOD STORING, PROCESSING & TRA	29.50	14.88					44.38 47
49 RESPIRATORY THERAPY	39.35	10.05					49.40 49
50 PHYSICAL THERAPY	8.94	0.02					8.96 50
51 OCCUPATIONAL THERAPY	10.42						10.42 51
52 SPEECH PATHOLOGY	2.09	9.59					11.68 52
53 ELECTROCARDIOLOGY	10.65	29.80					40.45 53
53.10 CARDIAC REHAB		56.58					56.58 53.10
55 MEDICAL SUPPLIES CHARGED TO PAT	19.80	12.34					32.14 55
56 DRUGS CHARGED TO PATIENTS	26.17	15.06					41.23 56
59 DIABETES SVC		1.46					1.46 59
61 EMERGENCY	6.69	17.86					24.55 61
62 OBSERVATION BEDS (NON-DISTINCT	4.99	28.89					33.88 62
101 TOTAL CHARGES	10.68	14.40					25.08 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	427804	.74	257531	1.20	685335	1.18	55
56 DRUGS CHARGED TO PATIENTS	1189853	2.05	520456	2.42	1710309	2.94	56
59 DIABETES SVC	69476	.12	58938	.27	128414	.22	59
61 EMERGENCY	1500656	2.58	1404656	6.52	2905312	5.00	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	37223	.06	13496	.06	50719	.09	96
98 PHYSICIANS' PRIVATE OFFICES	16572909	28.50	7099181	32.95	23672090	40.71	98
98.01 CARDIAC PHASE III	624		1467	.01	2091		98.01
98.02 FUND DEVELOPMENT	641109	1.10	293009	1.36	934118	1.61	98.02
98.03 PULMONARY FUNCTION	20741	.04	11605	.05	32346	.06	98.03
99 NONPAID WORKERS			142877	.66	142877	.25	99
100 CONTRACT NURSING							100
100.01 NON-PATIENT DIETARY	137086	.24	62758	.29	199844	.34	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	58151160	100.00	0	.00	58151160	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE FPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT FPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	621071	22452369	.027662	3631315	100449	37
40 ANESTHESIOLOGY	27068	2745920	.009858	440210	4340	40
41 RADIOLOGY-DIAGNOSTIC	220889	4931789	.044789	456400	20442	41
41.10 ULTRASOUND	69982	2850192	.024553	58649	1440	41.10
41.20 CT SCAN	376883	14679642	.025674	762025	19564	41.20
41.30 MRI	21856	7585404	.002881	186212	536	41.30
41.40 MAMMOGRAPHY	171935	1495402	.114976			41.40
43 RADIOISOTOPE	21605	3447371	.006267	66484	417	43
44 LABORATORY	170957	22927026	.007457	2017578	15045	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	7876	549867	.014323	162236	2324	47
49 RESPIRATORY THERAPY	33905	3563169	.009515	1402237	13342	49
50 PHYSICAL THERAPY	109331	2777384	.039365	248391	9778	50
51 OCCUPATIONAL THERAPY	36154	1466301	.024657	152825	3768	51
52 SPEECH PATHOLOGY	76194	541491	.140711	11297	1590	52
53 ELECTROCARDIOLOGY	22240	3662403	.006073	389900	2368	53
53.10 CARDIAC REHAB	21609	140253	.154072			53.10
54.10 EMGS						54.10
55 MEDICAL SUPPLIES CHARGED TO PAT	45770	2836271	.016137	561568	9062	55
56 DRUGS CHARGED TO PATIENTS	64283	7521686	.008546	1968716	16825	56
59 DIABETES SVC	5530	97796	.056546			59
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	184427	6928124	.026620	463762	12345	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	113082	2107387	.053660	105106	5640	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	2422647	115307247		13084911	239275	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	447894	632	448526	5902	75.89	2253	170980 25
26	INTENSIVE CARE UNIT	117825		117825	908	129.76	531	68903 26
101	TOTAL	565719	632	566351			2784	239883 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							239883	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							239275	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							479158	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							706	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							2784	
PER DISCHARGE CAPITAL COSTS							678.69	
PER DIEM CAPITAL COSTS							172.11	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	6241397
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	16393066
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.381

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	479158
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.029

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4019469
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	17583764
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.229

ECR TO COMPU-MAX FILE CONVERSION UTILITY
TRANSMITTAL #22 - CMS-2552-96

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC140161.10A

COMPU-MAX FILE NAME: C:\255296\CMTEMP\CRECTEMP

PROVIDER NUMBER: 14-0161

SOFTWARE VENDOR: S01
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 02/19/10

CREATION DATE: 2/22/2011

CREATION TIME: 08:51

PROVIDER NAME: SAINT JAMES HOSPITAL

FISCAL YEAR BEGINNING: 10/01/2009

FISCAL YEAR ENDING: 09/30/2010

ECR FINGERPRINT:

REMARKS:

 ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:

- LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS. LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.
- LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS. THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S). LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

WORKSHEET A COST CENTER LIST: (THE ASTERISK INDICATES THAT THERE IS NO DIRECT INPUT DATA ASSOCIATED WITH THE COST CENTER)

CMS EDIT NO.			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	**
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	**
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	**
16	PHARMACY	1600	**
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	**
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	**
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	**
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	**
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
4110	ULTRASOUND	3630	
4120	CT SCAN	3230	
4130	MRI	3430	
4140	MAMMOGRAPHY	3440	
43	RADIOISOTOPE	4300	

ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)

CMS
EDIT NO.

44	LABORATORY	4400	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
5310	CARDIAC REHAB	3140	
5410	EMGS	3290	**
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	DIABETES SVC	3950	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
6350	RHC	6310	**
6360	FQHC	6320	**
6910	CMHC	6910	**
6920	OUTPATIENT PHYSICAL THERAPY	6920	**
6930	OUTPATIENT OCCUPATIONAL THERAPY	6930	**
6940	OUTPATIENT SPEECH PATHOLOGY	6940	**
71	HOME HEALTH AGENCY	7100	**
85 1	PANCREAS ACQUISITION	8510	**
85 2	INTESTINAL ACQUISITION	8520	**
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98 1	CARDIAC PHASE III	9801	
98 2	FUND DEVELOPMENT	9802	
98 3	PULMONARY FUNCTION	9803	
99	NONPAID WORKERS	9900	
100	CONTRACT NURSING	7950	**
100 1	NON-PATIENT DIETARY	7951	

PROVIDER NO. 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

RUN DATE: 02/22/2011

ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)

CMS
EDIT NO.

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

		PART A	PART B	TOTAL
1	HOSPITAL	6374996	3015871	9390867
2	SUBPROVIDER I			
3	SWING-BED SNF	14591		14591
4	SKILLED NURSING FAC			
5	HOME HEALTH AGENCY I			
6	CORE			
	TOTAL	6389587	3015871	9405458

WORKSHEET S - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	551512	-93516		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	CORF				8
9	HEALTH CLINIC				9
100	TOTAL	551512	-93516		100

COMPU-MAX CMS-2552-96 EDIT REPORT

I. OPTIONS SELECTED:
OPTION 16
OPTION 20, 6
OPTION 21,10
OPTION 60, 5

COMPU-MAX - CMS-2552-96 - SETTLEMENT SUMMARY, VERSION 2010.09

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	551512	-93516		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	O/P REHAB PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	551512	-93516		100

II. REMARKS (from 'CR' data file)

R WORKSHEET B-1 OFFSETS BEGIN HERE
R END OF WORKSHEET B-1 OFFSETS

III. INVALID DATA LINES

THE FOLLOWING LINE OF DATA HAS AN INVALID WORKSHEET A
LINE NUMBER IN THE AMOUNT FIELD
A81 A1 1 0

Explanation of error code types:

- 1000 - The '1000' level error codes (in the range from 1000-1999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your Medicare Fiscal Intermediary, and will be used by the FI as a basis of rejection should your file be received by the FI with such errors
- 2000 - Errors in the range of 2000-2999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).
- **** - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.
- (*) - Error messages marked with an asterisk (*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.
- (I) - Messages preceded by (I) are informational and are not errors.

IV. 1000 LEVEL ERRORS

V. 2000 LEVEL ERRORS

- 2027 - WKST C, PART I, LINE 52, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%
- 2027 - WKST C, PART I, LINE 59, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

VI. KPMG LEVEL ERRORS

(KPMG edits cannot be used as a basis of cost report or ECR file rejection.)

- **** - IF WKST S-3, PART II, LINE 22.01, COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= \$13 AND <= \$175
AVE HOURLY WAGE FOR CONTRACT A&G = \$194.26

- **** - IF WKST S-3, PART II, LINE 10 , COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= \$50 AND <= \$200
AVE HOURLY WAGE FOR PHYSICIAN PART A = \$216.49
- **** - IF WKST S-3, PART III, LINE 2, COL 3 IS GREATER THAN ZERO,
COL 5 SHOULD BE >= \$5 AND <= \$45
AVE HOURLY WAGE FOR EXCLUDED SERVICES = \$79.42
- **** - WORKSHEET B-1, LINE 99 HAS STATISTICS, BUT
THERE IS NO COST ON WORKSHEET A, COLUMN 7

VII. INFORMATIONAL MESSAGES

- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN
TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8
THAT YOU INPUT HAS BEEN DECREASED BY \$575,905
- (I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN
TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8
THAT YOU INPUT HAS BEEN DECREASED BY \$2,083,965
- (I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WORKSHEET E, PART A, LINE 30
FOR A PPS FACILITY (HOSPITAL)