PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

KFMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.09
02/25/2011 13:02

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

CHECK APPLICABLE BOX
XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT
DATE: 02/25/2011
TIME: 13:02

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH MEDICAL CENTER (14-0162) (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: 02/25/2011 13:02
lUl8dLbP6N7a6iOIPTb9HXG6tzhPL0
SY3Iq0PCj1gyYofhYyKNm6VGH:iY5R
AQ4dl.oZ.K05XXfP

PI Encryption: 02/25/2011 13:02
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L8DU10i70TQdw2zqAmVtW:IRYaG.Z1
ImW19D1U:H0uxCYJ

(SIGNED) Del Chu
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Senior Vice President, CFO
TITLE
2/25/11
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		60865	-20594		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		60865	-20594		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1	STREET: 2200 E WASHINGTON	P.O.BOX:			1
1.01	CITY: BLOOMINGTON	STATE: IL	ZIP CODE: 61701	COUNTY: MCLEAN	1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	COMPONENT NAME	PROVIDER NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX	
	0	1	2	3	4	5	6	
2	HOSPITAL	ST. JOSEPH MEDICAL CENTER	14-0162	07/01/1966	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	ST. JOSEPH MEDICAL CENTER	14-5590	01/01/1988	N	P	O	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
				1 2				
18	TYPE OF CONTROL			1				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I		20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.		21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	YES 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.	1 N 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.	1	21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1	21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO	21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO NO	21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.	NO	21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COl. 3.		23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.		24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.		24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION					
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO			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	100	0.9489	0.9489	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.	1	1040	14060	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 1 (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES 149006			40
40.01	NAME: NAME: OSF HEALTHCARE SYSTEM FI/CONTRACTOR'S NAME: WPS	FI/CONTRACTOR'S NUMBER: 52280			40.01
40.02	STREET: 800 NE GLEN OAK AVE	P.O.BOX:			40.02
40.03	CITY: PEORIA	STATE: IL ZIP CODE: 61603			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE 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 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	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: 310044		
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	LIMIT 2	Y/N 3	FEES 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01

MULTICAMPUS

			Y/N 1				
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				61
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5	

SETTLEMENT DATA

63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	12/06/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	143	52195			10246		2611		1
2	HMO					2430				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	143	52195			10246		2611		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							853		11
12	TOTAL HOSPITAL	143	52195			10246		3464		12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY	12	4380			1191		60		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	155								25
26	OBSERVATION BED DAYS							282		26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
29	LABOR & DELIVERY DAYS									29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		23001								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		23001								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		1846								11
12	TOTAL HOSPITAL		24847						867.00		12
13	RPCH VISITS										13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY		1696						9.00		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								876.00		25
26	OBSERVATION BED DAYS		2424								26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28
29	LABOR & DELIVERY DAYS										29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	DISCHARGES TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2551	739	6488	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		2551	739	6488	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

WORKSHEET S-3
PART II

	PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	62632224	565113	63197337	1936742.00	32.63		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	283441		283441	1879.00	150.85		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	377418	2737	380155	19173.00	19.83		8
8.01	EXCLUDED AREA SALARIES	25050550	474652	25525202	416828.00	61.24		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1984982		1984982	23467.00	84.59		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	168000		168000	1160.00	144.83		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	5194122		5194122	81189.00	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)	10850799		10850799			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4530182		4530182			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	37088		37088			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)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	7719374	15046	7734420	272408.00	28.39		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	316708		316708	1424.00	222.41		22.01
23	MAINTENANCE & REPAIRS	470885	10298	481183	19010.00	25.31		23
24	OPERATION OF PLANT	488218	16587	504805	19267.00	26.20		24
25	LAUNDRY & LINEN SERVICE	48413		48413	4335.00	11.17		25
26	HOUSEKEEPING	809813	17723	827536	70881.00	11.68		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	745601	-474656	270945	19783.00	13.70		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	74302	226781	301083	19640.00	15.33		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1165320	27397	1192717	37305.00	31.97		30
31	CENTRAL SERVICES AND SUPPLY	147289	1762	149051	12162.00	12.26		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	854913	17036	871949	46786.00	18.64		33
34	SOCIAL SERVICE	171768	2855	174623	7855.00	22.23		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

	PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	62948932	565113	63514045	1938166.00	32.77	1
2	EXCLUDED AREA SALARIES	25427968	477389	25905357	436001.00	59.42	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37520964	87724	37608688	1502165.00	25.04	3
4	SUBTOTAL OTHER WAGES & REL COSTS	7347104		7347104	105816.00	69.43	4
5	SUBTOTAL WAGE-RELATED COSTS	10887887		10887887		28.95%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	55755955	87724	55843679	1607981.00	34.73	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	13012604	-139171	12873433	530856.00	24.25	13

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

WORKSHEET S-7

	GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st RATE	SERVICES PRIOR TO OCTOBER 1st DAYS	SERVICES ON OR AFTER OCTOBER 1st RATE	SERVICES ON OR AFTER OCTOBER 1st DAYS	SERVICES THROUGH 4/1/2001 - 9/30/2001 RATE	SERVICES THROUGH 4/1/2001 - 9/30/2001 DAYS	SWING BED SNF DAYS	TOTAL	
	1	2	3	3.01	4	4.01	4.02	4.03	4.06	5	
1		RUC									1
2		RUB									2
3		RUA									3
3.01		RUX									3.01
3.02		RUL									3.02
4		RVC									4
5		RVB									5
6		RVA									6
6.01		RVX									6.01
6.02		RVL		11							6.02
7		RHC									7
8		RHB									8
9		RHA									9
9.01		RHX									9.01
9.02		RHL									9.02
10		RMC									10
11		RMB									11
12		RMA		12							12
12.01		RMX		63							12.01
12.02		RML		992							12.02
13		RLB									13
14		RLA									14
15		SE3		12							15
16		SE2		21							16
17		SE1									17
18		SSC									18
19		SSB									19
20		SSA		62							20
21		CC2									21
22		CC1									22
23		CB2									23
24		CB1									24
25		CA2									25
26		CA1									26
27		IB2									27
28		IB1									28
29		IA2									29
30		IA1									30
31		BB2									31
32		BB1									32
33		BA2									33
34		BA1									34
35		PE2									35
36		PE1									36
37		PD2									37
38		PD1									38
39		PC2									39
40		PC1									40
41		PB2									41
42		PB1									42
43		PA2									43
44		PA1									44
45		AAA									45
45.01		ES3									45.01
45.02		ES2									45.02
45.03		ES1									45.03
45.04		HE2									45.04
45.05		HE1									45.05
45.06		HD2									45.06
45.07		HD1									45.07
45.08		HC2									45.08
45.09		HC1									45.09
45.10		HB2									45.10
45.11		HB1									45.11
45.12		LE2									45.12
45.13		LE1									45.13
45.14		LD2									45.14
45.15		LD1									45.15
45.16		LC2									45.16
45.17		LC1									45.17
45.18		LB2									45.18
45.19		LB1									45.19
45.20		CE2									45.20
45.21		CE1									45.21
45.22		CD2									45.22
45.23		CD1									45.23
46		TOTAL		1191							46

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (6/2003)

VERSION: 2010.09
02/25/2011 13:01

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 LEVELS? 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	22107941	17
17.01	GROSS MEDICAID REVENUES	46288095	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	68396036	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.214385	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	46288095	28
29	TOTAL GROSS MEDICAID COST	9923473	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	22107941	30
31	UNCOMPENSATED CARE COST	4739611	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	9923473	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		3032745	3032745	-506197	2526548		2526548	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		3139862	3139862	-21915	3117947		3117947	4
5	0500	EMPLOYEE BENEFITS		14686493	14686493	-592159	14094334	-72948	14021386	5
6	0600	ADMINISTRATIVE & GENERAL	7719374	14956691	22676065	-69789	22606276	-1195110	21411166	6
7	0700	MAINTENANCE & REPAIRS	470885	950180	1421065	10298	1431363		1431363	7
8	0800	OPERATION OF PLANT	488218	2596526	3084744	16587	3101331	-16375	3084956	8
9	0900	LAUNDRY & LINEN SERVICE	48413	399109	447522		447522		447522	9
10	1000	HOUSEKEEPING	809813	62078	871891	17723	889614	-2678	886936	10
11	1100	DIETARY	745601	440604	1186205	-748732	437473	-550	436923	11
12	1200	CAFETERIA	74302	3445	77747	356586	434333		434333	12
13	1300	MAINTENANCE OF PERSONNEL								13
14	1400	NURSING ADMINISTRATION	1165320	163986	1329306	27397	1356703	-54969	1301734	14
15	1500	CENTRAL SERVICES & SUPPLY	147289	157270	304559	1762	306321		306321	15
16	1600	PHARMACY								16
17	1700	MEDICAL RECORDS & LIBRARY	854913	343964	1198877	17036	1215913	-30195	1185718	17
18	1800	SOCIAL SERVICE	171768	4534	176302	2855	179157		179157	18
20	2000	NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL								21
22	2200	I&R SERVICES-SALARY & FRINGES A								22
23	2300	I&R SERVICES-OTHER PRGM COSTS A		178506	178506		178506	-178506		23
24	2400	PARAMED ED PRGM-(SPECIFY)								24
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS	8960834	673953	9634787	100012	9734799		9734799	25
33	3300	NURSERY	298604	63671	362275	2886	365161		365161	33
34	3400	SKILLED NURSING FACILITY	377418	23180	400598	2737	403335		403335	34
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	2113878	11154040	13267918	9401	13277319	-10	13277309	37
38	3800	RECOVERY ROOM	356032	7361	363393	3288	366681		366681	38
39	3900	DELIVERY ROOM & LABOR ROOM	829768	262632	1092400	13929	1106329	-8055	1098274	39
40	4000	ANESTHESIOLOGY		407983	407983		407983	-30000	377983	40
41	4100	RADIOLOGY-DIAGNOSTIC	998105	2029325	3027430	20763	3048193	-68849	2979344	41
42	4200	RADIOLOGY-THERAPEUTIC		52209	52209		52209		52209	42
43	4300	RADIOISOTOPE	237778	480874	718652	3691	722343	-4674	717669	43
43.10	3260	ECHOCARDIOLOGY	245125	94365	339490	9979	349469		349469	43.10
43.20	3630	ULTRASOUND	443616	121089	564705	4045	568750		568750	43.20
43.30	3440	MAMMOGAPHY	273341	340186	613527	4551	618078	-824	617254	43.30
43.40	3230	CAT SCAN	453570	872286	1325856	8208	1334064	-32067	1301997	43.40
43.50	3430	MRI	195405	881722	1077127	4570	1081697	-57097	1024600	43.50
44	4400	LABORATORY	1615350	1876985	3492335	26908	3519243	-62221	3457022	44
46.30	4650	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47.10	3950	LITHOTRIPSY								47.10
49	4900	RESPIRATORY THERAPY	498629	357685	856314	4560	860874	-550	860324	49
50	5000	PHYSICAL THERAPY	1722158	869662	2591820	56013	2647833	-27471	2620362	50
51	5100	OCCUPATIONAL THERAPY	298779	19738	318517	1887	320404	-5425	314979	51
52	5200	SPEECH PATHOLOGY	164965	21415	186380	120	186500	-144	186356	52
53	5300	ELECTROCARDIOLOGY	151106	39926	191032	1200	192232		192232	53
53.10	3951	CARDIAC REHAB	149517	6632	156149	-109654	46495	-17494	29001	53.10
53.20	3620	GRADED EXERCISE								53.20
53.30	3120	CARDIAC CATH LAB	351795	1374526	1726321	2000	1728321		1728321	53.30
53.40	3370	HOLTER MONITOR								53.40
54	5400	ELECTROENCEPHALOGRAPHY	108372	9012	117384	800	118184		118184	54
55	5500	MEDICAL SUPPLIES CHARGED TO PAT	131130	841610	972740		972740	-20	972720	55
56	5600	DRUGS CHARGED TO PATIENTS	1632222	3736632	5368854	26289	5395143	-296719	5098424	56
57	5700	RENAL DIALYSIS		154605	154605		154605		154605	57
59	3330	ENDOSCOPY		867788	867788		867788	-166541	701247	59
59.10	3952	DIABETES SERVICES	96869	1802	98671	400	99071		99071	59.10
59.20	3953	PAIN CLINIC	117257	146810	264067	982	265049	-4122	260927	59.20
		OUTPATIENT SERVICE COST CENTERS								
60	6000	CLINIC	115382	181304	296686	1200	297886		297886	60
61	6100	EMERGENCY	1948773	1194519	3143292	24186	3167478	-570992	2596486	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310	RHC								63.50
63.60	6320	FQHC								63.60
		OTHER REIMBURSABLE COST CENTERS								
69.10	6910	CMHC								69.10
69.20	6920	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02

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	
95		SUBTOTALS	37581674	70281520	107863194	-1263597	106599597	-2904606	103694991	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN	64262	313279	377541	3491	381032		381032	96
98	9800	PHYSICIANS' PRIVATE OFFICES	23870796	4414754	28285550	682272	28967822		28967822	98
98.02	9809	HEMODIALYSIS								98.02
98.09	9808	CARDIAC REHAB NON ALLOWABLE				110205	110205		110205	98.09
98.10	9801	DIAMOND STAR NURSING								98.10
98.30	9802	FUND DEV, PLANNING, MKTING	444905	970030	1414935	26364	1441299		1441299	98.30
98.40	9803	COMMUNITY CANCER CTR								98.40
98.50	9804	MCLEAN CO EMS	84409	110083	194492	2085	196577		196577	98.50
98.60	9805	OCC MED PROGRAM	551579	142665	694244	17445	711689		711689	98.60
98.70	9806	CARDIAC SCREENING	34599	31251	65850	848	66698		66698	98.70
98.80	9807	PALLIATIVE CARE								98.80
98.90	9810	NON-PATIENT DIETARY				420887	420887		420887	98.90
101		TOTAL	62632224	76263582	138895806		138895806	-2904606	135991200	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5	
1	FIRE INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		50033	1
2		A	NEW CAP REL COSTS-MVBLE EQUIP	4		61848	2
3							3
4	TEAM AWARD	B	ADMINISTRATIVE & GENERAL	6	352951		4
5		B	MAINTENANCE & REPAIRS	7	10298		5
6		B	OPERATION OF PLANT	8	16587		6
7		B	HOUSEKEEPING	10	17723		7
8		B	DIETARY	11	25797		8
9		B	CAFETERIA	12	1622		9
10		B	NURSING ADMINISTRATION	14	27397		10
11		B	CENTRAL SERVICES & SUPPLY	15	1762		11
12		B	MEDICAL RECORDS & LIBRARY	17	17036		12
13		B	SOCIAL SERVICE	18	2855		13
14		B	ADULTS & PEDIATRICS	25	100012		14
15		B	NURSERY	33	2886		15
16		B	SKILLED NURSING FACILITY	34	2737		16
17		B	OPERATING ROOM	37	22171		17
18		B	RECOVERY ROOM	38	3288		18
19		B	DELIVERY ROOM & LABOR ROOM	39	13929		19
20		B	RADIOLOGY-DIAGNOSTIC	41	20763		20
21		B	RADIOISOTOPE	43	3691		21
22		B	ECHOCARDIOLOGY	43.10	9979		22
23		B	ULTRASOUND	43.20	4045		23
24		B	MAMMOGAPHY	43.30	4551		24
25		B	CAT SCAN	43.40	8208		25
26		B	MRI	43.50	4570		26
27		B	LABORATORY	44	26908		27
28		B	RESPIRATORY THERAPY	49	4560		28
29		B	PHYSICAL THERAPY	50	56013		29
30		B	OCCUPATIONAL THERAPY	51	1887		30
31		B	SPEECH PATHOLOGY	52	120		31
32		B	ELECTROCARDIOLOGY	53	1200		32
33		B	CARDIAC REHAB	53.10	551		33
34		B	CARDIAC CATH LAB	53.30	2000		34
35		B	ELECTROENCEPHALOGRAPHY	54	800		35
36	SUBTOTAL				768897	111881	36

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER
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
02/25/2011 13:01

RECLASSIFICATIONS

WORKSHEET A-6
PAGE 1

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
		1	COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	10	
1	FIRE INSURANCE	A						
2		A	ADMINISTRATIVE & GENERAL	6		111881	9	1
3							9	2
4	TEAM AWARI	B						3
5		B	ADMINISTRATIVE & GENERAL	6	903018			4
6		B						5
7		B						6
8		B						7
9		B						8
10		B						9
11		B						10
12		B						11
13		B						12
14		B						13
15		B						14
16		B						15
17		B						16
18		B						17
19		B						18
20		B						19
21		B						20
22		B						21
23		B						22
24		B						23
25		B						24
26		B						25
27		B						26
28		B						27
29		B						28
30		B						29
31		B						30
32		B						31
33		B						32
34		B						33
35		B						34
36	SUBTOTAL				903018	111881		35
								36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1		B	DRUGS CHARGED TO PATIENTS	56	26289		1
2		B	DIABETES SERVICES	59.10	400		2
3		B	PAIN CLINIC	59.20	982		3
4		B	EMERGENCY	61	24186		4
5		B	GIFT, FLOWER, COFFEE SHOP & C	96	1370		5
6		B	PHYSICIANS' PRIVATE OFFICES	98	45054		6
7		B	FUND DEV, PLANNING, MKTING	98.30	22791		7
8		B	MCLEAN CO EMS	98.50	2085		8
9		B	OCC MED PROGRAM	98.60	7594		9
10		B	CARDIAC SCREENING	98.70	848		10
11		B	CLINIC	60	1200		11
12		B	NON-PATIENT DIETARY	98.90	1322		12
13							13
14	CAFETERIA	C	CAFETERIA	12	370058	193933	14
15							15
16	CARDIAC REHAB	D	CARDIAC REHAB NON ALLOWABLE	98.09	105524	4681	16
17		D					17
18							18
19	DEPRECIATION	E	GIFT, FLOWER, COFFEE SHOP & C	96		2121	19
20		E	PHYSICIANS' PRIVATE OFFICES	98		624448	20
21		E	FUND DEV, PLANNING, MKTING	98.30		3573	21
22		E	OCC MED PROGRAM	98.60		9851	22
23		E					23
24							24
25	ENDOSCOPY	F					25
26							26
27	VACATION RECLASS	G	ADMINISTRATIVE & GENERAL	6	592159		27
28		G					28
29							29
30	TEAM AWARD ADJ RECLASS	H	ADMINISTRATIVE & GENERAL	6		26983	30
31		H					31
32							32
33	NON-PATIENT DIETARY COST REV RECL	I	NON-PATIENT DIETARY	98.90	275294	144271	33
34		I					34
35							35
36	SUBTOTAL				2246053	1121742	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1		B						1
2		B						2
3		B						3
4		B						4
5		B						5
6		B						6
7		B						7
8		B						8
9		B						9
10		B						10
11		B						11
12		B						12
13								13
14	CAFETERIA	C	DIETARY	11	370059	193933		14
15								15
16	CARDIAC REHAB	D	CARDIAC REHAB	53.10	105524	4681		16
17		D						17
18								18
19	DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		556230	9	19
20		E	NEW CAP REL COSTS-MVBLE EQUIP	4		83763	9	20
21		E						21
22		E						22
23		E						23
24								24
25	ENDOSCOPY	F						25
26								26
27	VACATION RECLASS	G	EMPLOYEE BENEFITS	5		592159		27
28		G						28
29								29
30	TEAM AWARD ADJ RECLASS	H	ADMINISTRATIVE & GENERAL	6	26983			30
31		H						31
32								32
33	NON-PATIENT DIETARY COST REV RECL	I	DIETARY	11	130395	80143		33
34		I	CAFETERIA	12	144899	64128		34
35								35
36	SUBTOTAL				1680877	1686918		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	ASC JOINT VENTURE	J	PHYSICIANS' PRIVATE OFFICES	98	12770	
2		J				
3						
4	TELEPHONE	K	ADMINISTRATIVE & GENERAL	6		63
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
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22						
23						
24						
25						
26						
27						
28						
29						
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31						
32						
33						
34						
35						
36	TOTAL RECLASSIFICATIONS				2258823	1121805

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.	
	1		6	7	8	9	10	
1	ASC JOINT VENTURE	J	OPERATING ROOM	37	12770			1
2		J						2
3								3
4	TELEPHONE	K	ADMINISTRATIVE & GENERAL	6	63			4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36	TOTAL RECLASSIFICATIONS				1693710	1666918		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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	1635357					1635357		1
2	LAND IMPROVEMENTS	2303150					2303150		2
3	BUILDINGS AND FIXTURES	83972848	6163316		6163316		90136164		3
4	BUILDING IMPROVEMENTS	195305					195305		4
5	FIXED EQUIPMENT	58705515	5447439		5447439	136124	64016830		5
6	MOVABLE EQUIPMENT	102891					102891		6
7	SUBTOTAL	146915066	11610755		11610755	136124	158389697		7
8	RECONCILING ITEMS								8
9	TOTAL	146915066	11610755		11610755	136124	158389697		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS (1)	CAPITALIZED LEASES (2)	GROSS ASSETS FOR RATIO (3)	RATIO (4)	ALLOCATION OF OTHER CAPITAL: INSURANCE (5)	TAXES (6)	OTHER CAPITAL-RELATED COSTS (7)	TOTAL (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 (9)	LEASE (10)	INTEREST (11)	INSURANCE (12)	TAXES (13)	OTHER CAPITAL-RELATED COSTS (14)	TOTAL (15)	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	2526548						2526548	3
4	NEW CAP REL COSTS-MVBLE EQUIP	3117947						3117947	4
5	TOTAL	5644495						5644495	5

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION (9)	LEASE (10)	INTEREST (11)	INSURANCE (12)	TAXES (13)	OTHER CAPITAL-RELATED COSTS (14)	TOTAL (15)	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	3032745						3032745	3
4	NEW CAP REL COSTS-MVBLE EQUIP	3139862						3139862	4
5	TOTAL	6172607						6172607	5

WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
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	-47417	ADMINISTRATIVE & GENERAL	6		9
10	TELEVISION AND RADIO SERVICE	A	-31385	NURSING ADMINISTRATION	14		10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-678438				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-930090				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	B	-280646	DRUGS CHARGED TO PATIENTS	56		19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-30195	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	DRUGS	B	-16073	DRUGS CHARGED TO PATIENTS	56		37
38	OPERATING ROOM	B	-10	OPERATING ROOM	37		38
39	ER	B	-580	EMERGENCY	61		39
40	LAB	B	-12221	LABORATORY	44		40
41							41
41.05	RADIOLOGY	B	-1035	RADIOLOGY-DIAGNOSTIC	41		41.05
41.06	COLLEGE AVE RAD ADMIN	B	-30	RADIOLOGY-DIAGNOSTIC	41		41.06
41.07	RESPIRATORY THERAPY	B	-550	RESPIRATORY THERAPY	49		41.07
41.20	FT JESSE PHYSICAL THERAPY	B	-12215	PHYSICAL THERAPY	50		41.20
41.21	COLLEGE AVE PHYSICAL THERAPY	B	-9935	PHYSICAL THERAPY	50		41.21
42	INDUSTRIAL REHAB	B	-5321	PHYSICAL THERAPY	50		42
42.10	COLLEGE AVE OCC THERAPY	B	-5425	OCCUPATIONAL THERAPY	51		42.10
43	SPEECH	B	-144	SPEECH PATHOLOGY	52		43
43.10	PAIN CLINIC	B	-4122	PAIN CLINIC	59.20		43.10
44	CARDIAC REHAB	B	-17494	CARDIAC REHAB	53.10		44
45	LABOR & DELIVERY	B	-8055	DELIVERY ROOM & LABOR ROOM	39		45
46	PATIENT ACCOUNTS	B	-820	ADMINISTRATIVE & GENERAL	6		46
46.10	HOUSEKEEPING	B	-2678	HOUSEKEEPING	10		46.10
47	PERSONNEL	B	-7119	ADMINISTRATIVE & GENERAL	6		47
48	CLINICAL EDUCATION	B	-21087	NURSING ADMINISTRATION	14		48
48.01	MEDICAL STAFF EXPENSE	B	-45600	ADMINISTRATIVE & GENERAL	6		48.01
48.02	DIETARY	B	-550	DIETARY	11		48.02
48.05	DISASTER PREPAREDNESS	B	-38791	ADMINISTRATIVE & GENERAL	6		48.05
48.07	NURSING ADMIN	B	-600	NURSING ADMINISTRATION	14		48.07
48.08	MED SUPPLIES TO PTS	B	-20	MEDICAL SUPPLIES CHARGED TO PAT	55		48.08
49	PRE-EMPLOY PHYSICALS	A	-140831	EMPLOYEE BENEFITS	5		49
49.01	PHYSICIAN RECRUITMENT	A	-28793	ADMINISTRATIVE & GENERAL	6		49.01
49.13	PROPERTY TAXES	A	-361824	ADMINISTRATIVE & GENERAL	6		49.13
49.15	TEAM AWARD ADJ CURRENT YR	A	-26983	ADMINISTRATIVE & GENERAL	6		49.15
49.17	AHA, IHHA, CHA DUES (LOBBYING %)	A	-26906	ADMINISTRATIVE & GENERAL	6		49.17

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 COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
49.21	UNEMPLOYMENT COMP	A	67883	EMPLOYEE BENEFITS	5		49.21
49.23	RESIDENT	A	-178506	I&R SERVICES-OTHER PRGM COSTS A	23		49.23
50	TOTAL		-2904606				50

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

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
	1	2	3	4	5	6	7	1
1				8363698	8971525	-607827		2
2	6	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	26102	27999	-1897		3
3	14	NURSING ADMINISTRATION	CORP OFFICE CHARGES	225326	241701	-16375		4
4	8	OPERATION OF PLANT	CORP OFFICE CHARGES	388661	445758	-57097		4.04
4.04	43.50	MRI	ET MAIN AGREE, EQUIP TECH	31811	36485	-4674		4.05
4.05	43	RADIOISOTOPE	ET MAIN AGREE, EQUIP TECH	218283	250350	-32067		4.06
4.06	43.40	CAT SCAN	ET MAIN AGREE, EQUIP TECH	5614	6438	-824		4.07
4.07	43.30	MAMMOGAPHY	ET MAIN AGREE, EQUIP TECH	291262	334050	-42788		4.09
4.09	41	RADIOLOGY-DIAGNOSTIC	ET MAIN AGREE, EQUIP TECH	555138	721679	-166541		4.10
4.10	59	ENDOSCOPY	ENDOSCOPY	951984	951984			4.11
4.11	44	LABORATORY	OSF SYSTEM LAB	11057879	11987969	-930090		5
5		TOTALS						

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

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

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

	-------- 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	SEE ATTACHED		
2						
3						
4						
5						

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	53	ELECTROCARDIOLOGY	EKG				1			
2	54	ELECTROENCEPHALOGRAPHY	EEG, EMG, EP				1			
3	43.10	ECHOCARDIOLOGY	ECHO				1			
4	53.40	HOLTER MONITOR	HOLTER MONITOR				1			
5	43.20	ULTRASOUND	CT SCANNER				1			
6	42	RADIOLOGY-THERAPEUTIC	RAD THERAPY							
7	44	LABORATORY	LAB	50000	50000		219500			
8	40	ANESTHESIOLOGY	ANESTHESIA	30000	30000		200300			
9	49	RESPIRATORY THERAPY	RESP THERAPY				171400			
10	61	EMERGENCY	ER	666000	498000	168000	171400	1160	95588	4779
11	50	PHYSICAL THERAPY	REHAB				171400			
12	41	RADIOLOGY-DIAGNOSTIC	RAD	24996	24996		231100			
13	61	EMERGENCY	ER ON-TIME	142800		142800	171400	8760	721858	36093
14	6	ADMINISTRATIVE & GENERAL	PALLIATIVE CARE	3030	3030		171400			
101		TOTAL		916826	606026	310800		9920	817446	40872

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	53	ELECTROCARDIOLOGY	EKG							
2	54	ELECTROENCEPHALOGRAPHY	EEG, EMG, EP							
3	43.10	ECHOCARDIOLOGY	ECHO							
4	53.40	HOLTER MONITOR	HOLTER MONITOR							
5	43.20	ULTRASOUND	CT SCANNER							
6	42	RADIOLOGY-THERAPEUTIC	RAD THERAPY							
7	44	LABORATORY	LAB							50000
8	40	ANESTHESIOLOGY	ANESTHESIA							30000
9	49	RESPIRATORY THERAPY	RESP THERAPY							
10	61	EMERGENCY	ER					95588	72412	570412
11	50	PHYSICAL THERAPY	REHAB							
12	41	RADIOLOGY-DIAGNOSTIC	RAD							24996
13	61	EMERGENCY	ER ON-TIME					721858		
14	6	ADMINISTRATIVE & GENERAL	PALLIATIVE CARE							3030
101		TOTAL						817446	72412	678438

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	2526548	2526548							3
4	NEW CAP REL COSTS-MVBLE EQUIP	3117947		3117947						4
5	EMPLOYEE BENEFITS	14021386			14021386					5
6	ADMINISTRATIVE & GENERAL	21411166	196781	590063	1716013	23914023	23914023			6
7	MAINTENANCE & REPAIRS	1431363	335556	44049	106759	1917727	409187	2326914		7
8	OPERATION OF PLANT	3084956	92040	38926	112000	3327922	710082	107395	4145399	8
9	LAUNDRY & LINEN SERVICE	447522	11383		10741	469646	100209	13283	24808	9
10	HOUSEKEEPING	886936	16971	5708	183603	1093218	233261	19802	36985	10
11	DIETARY	436923	30735	24498	60114	552270	117838	35863	66982	11
12	CAFETERIA	434333	19761	680	66900	521674	111289	23058	43066	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	1301734	27702	159315	264625	1753376	374120	32324	60371	14
15	CENTRAL SERVICES & SUPPLY	306321	32179	189407	33069	560976	119696	37548	70128	15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY	1185718	26383	7204	193457	1412762	301442	30785	57497	17
18	SOCIAL SERVICE	179157	1034		38743	218934	46714	1207	2254	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	9734799	437861	106196	2010303	12289159	2622150	510911	954230	25
33	NURSERY	365161	7351	6985	66891	446388	95246	8577	16019	33
34	SKILLED NURSING FACILITY	403335	35039	8120	84344	530838	113265	40885	76360	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	13277309	146444	353769	471086	14248608	3040240	170876	319146	37
38	RECOVERY ROOM	366681	14084	5979	79721	466465	99530	16433	30692	38
39	DELIVERY ROOM & LABOR ROOM	1098274	36184	48835	187189	1370482	292421	42221	78856	39
40	ANESTHESIOLOGY	377983	4109	35425		417517	89086	4795	8955	40
41	RADIOLOGY-DIAGNOSTIC	2979344	73139	185076	226053	3463612	739034	85341	159391	41
42	RADIOLOGY-THERAPEUTIC	52209				52209	11140			42
43	RADIOISOTOPE	717669	12480	32180	53574	815903	174090	14562	27198	43
43.10	ECHOCARDIOLOGY	349469	14417	113399	56599	533884	113915	16822	31418	43.10
43.20	ULTRASOUND	568750	8197	120025	99321	796293	169906	9565	17865	43.20
43.30	MAMMOGAPHY	617254	16124	43656	61655	738689	157615	18814	35140	43.30
43.40	CAT SCAN	1301997	25231	70534	102453	1500215	320102	29440	54986	43.40
43.50	MRI	1024600	18762	62320	44368	1150050	245387	21892	40888	43.50
44	LABORATORY	3457022	38273	125082	364363	3984740	850228	44659	83409	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY	860324	24808	29697	111641	1026470	219019	28946	54063	49
50	PHYSICAL THERAPY	2620362	28264	73568	394517	3116711	665016	32980	61596	50
51	OCCUPATIONAL THERAPY	314979	7802	90	66708	389579	83125	9103	17003	51
52	SPEECH PATHOLOGY	186356	7670	8529	36627	239182	51035	8950	16715	52
53	ELECTROCARDIOLOGY	192232	6962	66697	33792	299683	63944	8123	15172	53
53.10	CARDIAC REHAB	29001	4304	57398	9883	100586	21462	5021	9379	53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB	1728321	17193	93099	78495	1917108	409055	20062	37469	53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY	118184	8690	28634	24222	179730	38349	10140	18939	54
55	MEDICAL SUPPLIES CHARGED TO PAT	972720	7344		29093	1009157	215325	8569	16004	55
56	DRUGS CHARGED TO PATIENTS	5098424	14382	112699	367969	5593474	1193495	16781	31343	56
57	RENAL DIALYSIS	154605	39384			193989	41392	45955	85830	57
59	ENDOSCOPY	701247	35379			736626	157175	41281	77101	59
59.10	DIABETES SERVICES	99071	937		21581	121589	25944	1093	2042	59.10
59.20	PAIN CLINIC	260927		19303	26233	306463	65390			59.20
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	297886			25866	323752	69079			60
61	EMERGENCY	2596486	75756	18952	437734	3128928	667622	88394	165094	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

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	
95	SUBTOTALS	103694991	1957095	2886097	8358205	97230507	15643610	1662456	2904394	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	381032	5379	2106	14562	403079	86005	6277	11723	96
98	PHYSICIANS' PRIVATE OFFICES	28967822	499924	78738	5308952	34855436	7437145	583329	1089481	98
98.02	HEMODIALYSIS									98.02
98.09	CARDIAC REHAB NON ALLOWABLE	110205	10308	137676	23412	281601	60085	12027	22463	98.09
98.10	DIAMOND STAR NURSING									98.10
98.30	FUND DEV, PLANNING, MKTING	1441299	27445	3548	103766	1576058	336295	32024	59811	98.30
98.40	COMMUNITY CANCER CTR									98.40
98.50	MCLEAN CO EMS	196577			19190	215767	46038			98.50
98.60	OCC MED PROGRAM	711689	26397	9782	124062	871930	186045	30801	57527	98.60
98.70	CARDIAC SCREENING	66698			7865	74563	15910			98.70
98.80	PALLIATIVE CARE									98.80
98.90	NON-PATIENT DIETARY	420887			61372	482259	102900			98.90
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	135991200	2526548	3117947	14021386	135991200	23914023	2326914	4145399	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI-STRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 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	607946								9
10	HOUSEKEEPING		1383266							10
11	DIETARY		22689	795642						11
12	CAFETERIA		14588		713575					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		20450		23201	2263842				14
15	CENTRAL SERVICES & SUPPLY		23755		7570	40018	859691			15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY		19476		29101		839	1851902		17
18	SOCIAL SERVICE		763		4891		27		274790	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	306974	323232	741003	236780	1251769	96070	157781	255920	25
33	NURSERY		5426		6780	35845	680	6590		33
34	SKILLED NURSING FACILITY	39048	25866	54639	11930	63071	4135	3165	18870	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	59169	108106		54449	287854	344580	307043		37
38	RECOVERY ROOM		10397		7401	39128	1701	8490		38
39	DELIVERY ROOM & LABOR ROOM	50468	26711		18892	99873	15943	20810		39
40	ANESTHESIOLOGY		3033				23498	19734		40
41	RADIOLOGY-DIAGNOSTIC	7280	53992		23873		20188	67324		41
42	RADIOLOGY-THERAPEUTIC							312		42
43	RADIOISOTOPE	571	9213		5538		807	39998		43
43.10	ECHOCARDIOLOGY		10643		5512	29141	1319	14076		43.10
43.20	ULTRASOUND	6683	6051		5435		1005	21759		43.20
43.30	MAMMOGAPHY	1648	11903		2860		482	15428		43.30
43.40	CAT SCAN	8753	18626		9019		2799	141065		43.40
43.50	MRI	5861	13850		3947		2205	77177		43.50
44	LABORATORY		28254		46310		22736	245577		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY		18313		14001	74016	3763	64906		49
50	PHYSICAL THERAPY	470	20865		7531		1487	25116		50
51	OCCUPATIONAL THERAPY		5759		3688		63	6766		51
52	SPEECH PATHOLOGY		5662		2549		16	2934		52
53	ELECTROCARDIOLOGY	8193	5139		3972	21001	2998	17950		53
53.10	CARDIAC REHAB		3177		1022	5404	160	1445		53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB	10634	12692		6961	36803	24871	99695		53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY	1504	6415		2536		107	2796		54
55	MEDICAL SUPPLIES CHARGED TO PAT		5421		5448		159168	25147		55
56	DRUGS CHARGED TO PATIENTS		10617		24171		87309	360662		56
57	RENAL DIALYSIS		29074					2929		57
59	ENDOSCOPY		26117					13513		59
59.10	DIABETES SERVICES		692		1889		11	412		59.10
59.20	PAIN CLINIC					23463	766	8479		59.20
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC						651	2755		60
61	EMERGENCY	100690	55923		48510	256456	28283	70068		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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINI-STRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		9	10	11	12	14	15	17	18	
95	SUBTOTALS	607946	962890	795642	625767	2263842	848667	1851902	274790	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		3971		2213		76			96
98	PHYSICIANS' PRIVATE OFFICES		369049		56636		9322			98
98.02	HEMODIALYSIS									98.02
98.09	CARDIAC REHAB NON ALLOWABLE		7609		2446		385			98.09
98.10	DIAMOND STAR NURSING									98.10
98.30	FUND DEV, PLANNING, MKTING		20260		13172		335			98.30
98.40	COMMUNITY CANCER CTR									98.40
98.50	MCLEAN CO EMS									98.50
98.60	OCC MED PROGRAM		19487		11853		857			98.60
98.70	CARDIAC SCREENING				1488		49			98.70
98.80	PALLIATIVE CARE									98.80
98.90	NON-PATIENT DIETARY									98.90
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	607946	1383266	795642	713575	2263842	859691	1851902	274790	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		25	26	27	
	GENERAL SERVICE COST CENTERS				1
1	OLD CAP REL COSTS-BLDG & FIXT				2
2	OLD CAP REL COSTS-MVBLE EQUIP				3
3	NEW CAP REL COSTS-BLDG & FIXT				4
4	NEW CAP REL COSTS-MVBLE EQUIP				5
5	EMPLOYEE BENEFITS				6
6	ADMINISTRATIVE & GENERAL				7
7	MAINTENANCE & REPAIRS				8
8	OPERATION OF PLANT				9
9	LAUNDRY & LINEN SERVICE				10
10	HOUSEKEEPING				11
11	DIETARY				12
12	CAFETERIA				13
13	MAINTENANCE OF PERSONNEL				14
14	NURSING ADMINISTRATION				15
15	CENTRAL SERVICES & SUPPLY				16
16	PHARMACY				17
17	MEDICAL RECORDS & LIBRARY				18
18	SOCIAL SERVICE				20
20	NONPHYSICIAN ANESTHETISTS				21
21	NURSING SCHOOL				22
22	I&R SERVICES-SALARY & FRINGES A				23
23	I&R SERVICES-OTHER PRGM COSTS A				24
24	PARAMED ED PRGM-(SPECIFY)				
	INPATIENT ROUTINE SERV COST CENTERS				25
25	ADULTS & PEDIATRICS	19745979		19745979	33
33	NURSERY	621551		621551	34
34	SKILLED NURSING FACILITY	982072		982072	
	ANCILLARY SERVICE COST CENTERS				37
37	OPERATING ROOM	18940071		18940071	38
38	RECOVERY ROOM	680237		680237	39
39	DELIVERY ROOM & LABOR ROOM	2016677		2016677	40
40	ANESTHESIOLOGY	566618		566618	41
41	RADIOLOGY-DIAGNOSTIC	4620035		4620035	42
42	RADIOLOGY-THERAPEUTIC	63661		63661	43
43	RADIOISOTOPE	1087880		1087880	43.10
43.10	ECHOCARDIOLOGY	756730		756730	43.20
43.20	ULTRASOUND	1034562		1034562	43.30
43.30	MAMMOGAPHY	982579		982579	43.40
43.40	CAT SCAN	2085005		2085005	43.50
43.50	MRI	1561257		1561257	44
44	LABORATORY	5305913		5305913	46.30
46.30	BLOOD CLOTTING FACTORS ADMIN CO				47.10
47.10	LITHOTRIPSY				49
49	RESPIRATORY THERAPY	1503497		1503497	50
50	PHYSICAL THERAPY	3931772		3931772	51
51	OCCUPATIONAL THERAPY	515086		515086	52
52	SPEECH PATHOLOGY	327043		327043	53
53	ELECTROCARDIOLOGY	446175		446175	53.10
53.10	CARDIAC REHAB	147656		147656	53.20
53.20	GRADED EXERCISE				53.30
53.30	CARDIAC CATH LAB	2575350		2575350	53.40
53.40	HOLTER MONITOR				54
54	ELECTROENCEPHALOGRAPHY	260516		260516	55
55	MEDICAL SUPPLIES CHARGED TO PAT	1444239		1444239	56
56	DRUGS CHARGED TO PATIENTS	7317842		7317842	57
57	RENAL DIALYSIS	399169		399169	59
59	ENDOSCOPY	1051813		1051813	59.10
59.10	DIABETES SERVICES	153672		153672	59.20
59.20	PAIN CLINIC	404561		404561	
	OUTPATIENT SERVICE COST CENTERS				60
60	CLINIC	396237		396237	61
61	EMERGENCY	4609968		4609968	62
62	OBSERVATION BEDS (NON-DISTINCT				63.50
63.50	RHC				63.60
63.60	FQHC				
	OTHER REIMBURSABLE COST CENTERS				69.10
69.10	CMHC				69.20
69.20	OUTPATIENT PHYSICAL THERAPY				69.30
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.40
69.40	OUTPATIENT SPEECH PATHOLOGY				71
71	HOME HEALTH AGENCY				
	SPECIAL PURPOSE COST CENTERS				85.01
85.01	PANCREAS ACQUISITION				85.02
85.02	INTESTINAL ACQUISITION				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		25	26	27	
95	SUBTOTALS	86535423		86535423	95
	NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN	513344		513344	96
98	PHYSICIANS' PRIVATE OFFICES	44400398		44400398	98
98.02	HEMODIALYSIS				98.02
98.09	CARDIAC REHAB NON ALLOWABLE	386616		386616	98.09
98.10	DIAMOND STAR NURSING				98.10
98.30	FUND DEV, PLANNING, MKTING	2037945		2037945	98.30
98.40	COMMUNITY CANCER CTR				98.40
98.50	MCLEAN CO EMS	261805		261805	98.50
98.60	OCC MED PROGRAM	1178500		1178500	98.60
98.70	CARDIAC SCREENING	92010		92010	98.70
98.80	PALLIATIVE CARE				98.80
98.90	NON-PATIENT DIETARY	585159		585159	98.90
101	CROSS FOOT ADJUSTMENTS				101
102	NEGATIVE COST CENTER				102
103	TOTAL	135991200		135991200	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	ADMINI-STRATIVE & GENERAL 6	MAINTEN-ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
	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	1965879	196781	590063	2752722	2752722				6
7	MAINTENANCE & REPAIRS	2962	335556	44049	382567	47101	429668			7
8	OPERATION OF PLANT		92040	38926	130966	81737	19831	232534		8
9	LAUNDRY & LINEN SERVICE		11383		11383	11535	2453	1392	26763	9
10	HOUSEKEEPING	1800	16971	5708	24479	26851	3657	2075		10
11	DIETARY		30735	24498	55233	13564	6622	3757		11
12	CAFETERIA		19761	680	20441	12810	4258	2416		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		27702	159315	187017	43065	5969	3386		14
15	CENTRAL SERVICES & SUPPLY		32179	189407	221586	13778	6933	3934		15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY		26383	7204	33587	34699	5684	3225		17
18	SOCIAL SERVICE		1034		1034	5377	223	126		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	251	437861	106196	544308	301834	94341	53527	13513	25
33	NURSERY	170	7351	6985	14506	10964	1584	899		33
34	SKILLED NURSING FACILITY	54	35039	8120	43213	13038	7549	4283	1719	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	50196	146444	353769	550409	349960	31553	17902	2605	37
38	RECOVERY ROOM		14084	5979	20063	11457	3034	1722		38
39	DELIVERY ROOM & LABOR ROOM	56	36184	48835	85075	33660	7796	4423	2222	39
40	ANESTHESIOLOGY		4109	35425	39534	10255	885	502		40
41	RADIOLOGY-DIAGNOSTIC	203187	73139	185076	461402	85070	15758	8941	320	41
42	RADIOLOGY-THERAPEUTIC					1282				42
43	RADIOISOTOPE		12480	32180	44660	20039	2689	1526	25	43
43.10	ECHOCARDIOLOGY		14417	113399	127816	13113	3106	1762		43.10
43.20	ULTRASOUND		8197	120025	128222	19558	1766	1002	294	43.20
43.30	MAMMOGAPHY		16124	43656	59780	18143	3474	1971	73	43.30
43.40	CAT SCAN	1030352	25231	70534	1126117	36847	5436	3084	385	43.40
43.50	MRI		18762	62320	81082	28246	4042	2294	258	43.50
44	LABORATORY		38273	125082	163355	97869	8246	4679		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY		24808	29697	54505	25211	5345	3033		49
50	PHYSICAL THERAPY	460949	28264	73568	562781	76550	6090	3455	21	50
51	OCCUPATIONAL THERAPY		7802	90	7892	9568	1681	954		51
52	SPEECH PATHOLOGY		7670	8529	16199	5875	1653	938		52
53	ELECTROCARDIOLOGY		6962	66697	73659	7361	1500	851	361	53
53.10	CARDIAC REHAB		4304	57398	61702	2470	927	526		53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB		17193	93099	110292	47086	3704	2102	468	53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY		8690	28634	37324	4414	1872	1062	66	54
55	MEDICAL SUPPLIES CHARGED TO PAT	138658	7344		146002	24786	1582	898		55
56	DRUGS CHARGED TO PATIENTS		14382	112699	127081	137381	3099	1758		56
57	RENAL DIALYSIS		39384		39384	4765	8486	4815		57
59	ENDOSCOPY		35379		35379	18092	7623	4325		59
59.10	DIABETES SERVICES		937		937	2986	202	115		59.10
59.20	PAIN CLINIC	57782		19303	77085	7527				59.20
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	72519			72519	7952				60
61	EMERGENCY	3044	75756	18952	97752	76850	16322	9261	4433	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

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER
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
02/25/2011 13:01

WORKSHEET B
PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

	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	ADMINI-STRATIVE & GENERAL 6	MAINTEN-ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
95	SUBTOTALS	3987858	1957095	2886097	8831050	1800726	306975	162921	26763	95
	NONREIMBURSABLE COST CENTERS									96
96	GIFT, FLOWER, COFFEE SHOP & CAN		5379	2106	7485	9900	1159	658		98
98	PHYSICIANS' PRIVATE OFFICES	793721	499924	78738	1372383	856080	107713	61113		98.02
98.02	HEMODIALYSIS		10308	137676	147984	6916	2221	1260		98.09
98.09	CARDIAC REHAB NON ALLOWABLE									98.10
98.10	DIAMOND STAR NURSING									98.30
98.30	FUND DEV, PLANNING, MKTING	3399	27445	3548	34392	38710	5913	3355		98.40
98.40	COMMUNITY CANCER CTR									98.50
98.50	MCLEAN CO EMS					5299				98.60
98.60	OCC MED PROGRAM	3468	26397	9782	39647	21415	5687	3227		98.70
98.70	CARDIAC SCREENING					1831				98.80
98.80	PALLIATIVE CARE									98.90
98.90	NON-PATIENT DIETARY					11845				101
101	CROSS FOOT ADJUSTMENTS									102
102	NEGATIVE COST CENTER									103
103	TOTAL	4788446	2526548	3117947	10432941	2752722	429668	232534	26763	

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINI-STRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		10	11	12	14	15	17	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									9
10	HOUSEKEEPING	57062								10
11	DIETARY	936	80112							11
12	CAFETERIA	602		40527						12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	844		1318	241599					14
15	CENTRAL SERVICES & SUPPLY	980		430	4271	251912				15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY	803		1653		246	79897			17
18	SOCIAL SERVICE	31		278		8		7077		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	13334	74611	13447	133589	28151	6803	6591	1284049	25
33	NURSERY	224		385	3825	199	284		32870	33
34	SKILLED NURSING FACILITY	1067	5501	678	6731	1212	136	486	85613	34
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	4460		3092	30720	100971	13239		1104911	37
38	RECOVERY ROOM	429		420	4176	498	366		42165	38
39	DELIVERY ROOM & LABOR ROOM	1102		1073	10659	4672	897		151579	39
40	ANESTHESIOLOGY	125				6886	851		59038	40
41	RADIOLOGY-DIAGNOSTIC	2227		1356		5916	2903		583893	41
42	RADIOLOGY-THERAPEUTIC						13		1295	42
43	RADIOISOTOPE	380		315		237	1725		71596	43
43.10	ECHOCARDIOLOGY	439		313	3110	386	607		150652	43.10
43.20	ULTRASOUND	250		309		294	938		152633	43.20
43.30	MAMMOGAPHY	491		162		141	665		84900	43.30
43.40	CAT SCAN	768		512		820	6082		1180051	43.40
43.50	MRI	571		224		646	3328		120691	43.50
44	LABORATORY	1166		2630		6662	10588		295195	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY	755		795	7899	1103	2799		101445	49
50	PHYSICAL THERAPY	861		428		436	1083		651705	50
51	OCCUPATIONAL THERAPY	238		209		19	292		20853	51
52	SPEECH PATHOLOGY	234		145		5	126		25175	52
53	ELECTROCARDIOLOGY	212		226	2241	879	774		88064	53
53.10	CARDIAC REHAB	131		58	577	47	62		66500	53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB	524		395	3928	7288	4299		180086	53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY	265		144		31	121		45299	54
55	MEDICAL SUPPLIES CHARGED TO PAT	224		309		46640	1084		221525	55
56	DRUGS CHARGED TO PATIENTS	438		1373		25584	15599		312313	56
57	RENAL DIALYSIS	1199					126		58775	57
59	ENDOSCOPY	1077					583		67079	59
59.10	DIABETES SERVICES	29		107		3	18		4397	59.10
59.20	PAIN CLINIC				2504	224	366		87706	59.20
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC					191	119		80781	60
61	EMERGENCY	2307		2755	27369	8288	3021		248358	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

ALLOCATION OF NEW CAPITAL RELATED COSTS WORKSHEET B PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINI-STRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		10	11	12	14	15	17	18	25	
95	SUBTOTALS	39723	80112	35539	241599	248683	79897	7077	7661192	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	164		126		22			19514	96
98	PHYSICIANS' PRIVATE OFFICES	15221		3217		2731			2418458	98
98.02	HEMODIALYSIS									98.02
98.09	CARDIAC REHAB NON ALLOWABLE	314		139		113			158947	98.09
98.10	DIAMOND STAR NURSING									98.10
98.30	FUND DEV, PLANNING, MKTING	836		748		98			84052	98.30
98.40	COMMUNITY CANCER CTR									98.40
98.50	MCLEAN CO EMS								5299	98.50
98.60	OCC MED PROGRAM	604		673		251			71704	98.60
98.70	CARDIAC SCREENING			85		14			1930	98.70
98.80	PALLIATIVE CARE									98.80
98.90	NON-PATIENT DIETARY								11845	98.90
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	57062	80112	40527	241599	251912	79897	7077	10432941	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	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 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		1284049	25
33	NURSERY		32870	33
34	SKILLED NURSING FACILITY		85613	34
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		1104911	37
38	RECOVERY ROOM		42165	38
39	DELIVERY ROOM & LABOR ROOM		151579	39
40	ANESTHESIOLOGY		59038	40
41	RADIOLOGY-DIAGNOSTIC		583893	41
42	RADIOLOGY-THERAPEUTIC		1295	42
43	RADIOISOTOPE		71596	43
43.10	ECHOCARDIOLOGY		150652	43.10
43.20	ULTRASOUND		152633	43.20
43.30	MAMMOGAPHY		84900	43.30
43.40	CAT SCAN		1180051	43.40
43.50	MRI		120691	43.50
44	LABORATORY		295195	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47.10	LITHOTRIPSY			47.10
49	RESPIRATORY THERAPY		101445	49
50	PHYSICAL THERAPY		651705	50
51	OCCUPATIONAL THERAPY		20853	51
52	SPEECH PATHOLOGY		25175	52
53	ELECTROCARDIOLOGY		88064	53
53.10	CARDIAC REHAB		66500	53.10
53.20	GRADED EXERCISE			53.20
53.30	CARDIAC CATH LAB		180086	53.30
53.40	HOLTER MONITOR			53.40
54	ELECTROENCEPHALOGRAPHY		45299	54
55	MEDICAL SUPPLIES CHARGED TO PAT		221525	55
56	DRUGS CHARGED TO PATIENTS		312313	56
57	RENAL DIALYSIS		58775	57
59	ENDOSCOPY		67079	59
59.10	DIABETES SERVICES		4397	59.10
59.20	PAIN CLINIC		87706	59.20
	OUTPATIENT SERVICE COST CENTERS			
60	CLINIC		80781	60
61	EMERGENCY		248358	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

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
95	SUBTOTALS		7661192	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN		19514	96
98	PHYSICIANS' PRIVATE OFFICES		2418458	98
98.02	HEMODIALYSIS			98.02
98.09	CARDIAC REHAB NON ALLOWABLE		158947	98.09
98.10	DIAMOND STAR NURSING			98.10
98.30	FUND DEV, PLANNING, MKTING		84052	98.30
98.40	COMMUNITY CANCER CTR			98.40
98.50	MCLEAN CO EMS		5299	98.50
98.60	OCC MED PROGRAM		71704	98.60
98.70	CARDIAC SCREENING		1930	98.70
98.80	PALLIATIVE CARE			98.80
98.90	NON-PATIENT DIETARY		11845	98.90
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	TOTAL		10432941	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT SQUARE FEET 3	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINI-STRATIVE & GENERAL ACCUM COST 6	MAINTEN-ANCE AND REPAIRS SQUARE FEET 7	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	363996						3
4	NEW CAP REL COSTS-MVBLE EQUIP		3139863					4
5	EMPLOYEE BENEFITS			63197337				5
6	ADMINISTRATIVE & GENERAL	28350	594210	7734420	-23914023	112077177		6
7	MAINTENANCE & REPAIRS	48343	44359	481183		1917727	287303	7
8	OPERATION OF PLANT	13260	39200	504805		3327922	13260	8
9	LAUNDRY & LINEN SERVICE	1640		48413		469646	1640	9
10	HOUSEKEEPING	2445	5748	827536		1093218	2445	10
11	DIETARY	4428	24670	270945		552270	4428	11
12	CAFETERIA	2847	685	301083		521574	2847	12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	3991	160435	1192717		1753376	3991	14
15	CENTRAL SERVICES & SUPPLY	4636	190739	149051		560976	4636	15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY	3801	7255	871949		1412762	3801	17
18	SOCIAL SERVICE	149		174623		218934	149	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	63082	106942	9060846		12289159	63082	25
33	NURSERY	1059	7034	301490		446388	1059	33
34	SKILLED NURSING FACILITY	5048	8177	380155		530838	5048	34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	21098	356256	2123279		14248608	21098	37
38	RECOVERY ROOM	2029	6021	359320		466465	2029	38
39	DELIVERY ROOM & LABOR ROOM	5213	49178	843697		1370482	5213	39
40	ANESTHESIOLOGY	592	35674			417517	592	40
41	RADIOLOGY-DIAGNOSTIC	10537	186377	1018868		3463612	10537	41
42	RADIOLOGY-THERAPEUTIC					52209		42
43	RADIOISOTOPE	1798	32406	241469		815903	1798	43
43.10	ECHOCARDIOLOGY	2077	114196	255104		533884	2077	43.10
43.20	ULTRASOUND	1181	120869	447661		796293	1181	43.20
43.30	MAMMOGAPHY	2323	43963	277892		738689	2323	43.30
43.40	CAT SCAN	3635	71030	461778		1500215	3635	43.40
43.50	MRI	2703	62758	199975		1150050	2703	43.50
44	LABORATORY	5514	125961	1642258		3984740	5514	44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47.10	LITHOTRIPSY							47.10
49	RESPIRATORY THERAPY	3574	29906	503189		1026470	3574	49
50	PHYSICAL THERAPY	4072	74085	1778171		3116711	4072	50
51	OCCUPATIONAL THERAPY	1124	91	300666		389579	1124	51
52	SPEECH PATHOLOGY	1105	8589	165085		239182	1105	52
53	ELECTROCARDIOLOGY	1003	67166	152306		299683	1003	53
53.10	CARDIAC REHAB	620	57801	44544		100586	620	53.10
53.20	GRADED EXERCISE							53.20
53.30	CARDIAC CATH LAB	2477	93753	353795		1917108	2477	53.30
53.40	HOLTER MONITOR							53.40
54	ELECTROENCEPHALOGRAPHY	1252	28835	109172		179730	1252	54
55	MEDICAL SUPPLIES CHARGED TO P	1058		131130		1009157	1058	55
56	DRUGS CHARGED TO PATIENTS	2072	113491	1658511		5593474	2072	56
57	RENAL DIALYSIS	5674				193989	5674	57
59	ENDOSCOPY	5097				736626	5097	59
59.10	DIABETES SERVICES	135		97269		121589	135	59.10
59.20	PAIN CLINIC		19439	118239		306463		59.20
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC			116582		323752		60
61	EMERGENCY	10914	19085	1972959		3128928	10914	61
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERA							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT SQUARE FEET 3	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINI-STRATIVE & GENERAL ACCUM COST 6	MAINTEN-ANCE AND REPAIRS SQUARE FEET 7	
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
95	SUBTOTALS	281956	2906383	37672135	-23914023	73316484	205263	95
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & C	775	2121	65632		403079	775	96
98	PHYSICIANS' PRIVATE OFFICES	72023	79291	23928620		34855436	72023	98
98.02	HEMODIALYSIS							98.02
98.09	CARDIAC REHAB NON ALLOWABLE	1485	138644	105524		281601	1485	98.09
98.10	DIAMOND STAR NURSING							98.10
98.30	FUND DEV, PLANNING, MKTING	3954	3573	467696		1576059	3954	98.30
98.40	COMMUNITY CANCER CTR							98.40
98.50	MCLEAN CO EMS			86494		215767		98.50
98.60	OCC MED PROGRAM	3803	9851	559173		871930	3803	98.60
98.70	CARDIAC SCREENING			35447		74563		98.70
98.80	PALLIATIVE CARE							98.80
98.90	NON-PATIENT DIETARY			276616		482259		98.90
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	2526548	3117947	14021386		23914023	2326914	103
104	UNIT COST MULT-WS B PT I		.993020				8.099164	
								104
104	UNIT COST MULT-WS B PT I	6.941142		.221867		.213371		104
105	COST TO BE ALLOC PER B PT II							105
106	UNIT COST MULT-WS B PT II							
								106
106	UNIT COST MULT-WS B PT II							106
107	COST TO BE ALLOC PER B PT III					2752722	429668	107
108	UNIT COST MULT-WS B PT III						1.495522	
								108
108	UNIT COST MULT-WS B PT III					.024561		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA FTE'S	NURSING ADMINI-STRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS	
		8	9	10	11	12	14	15	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	274043							8
9	LAUNDRY & LINEN SERVICE	1640	855599						9
10	HOUSEKEEPING	2445		269958					10
11	DIETARY	4428		4428	24697				11
12	CAFETERIA	2847		2847		55147			12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	3991		3991		1793	33094		14
15	CENTRAL SERVICES & SUPPLY	4636		4636		585	585	3042890	15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY	3801		3801		2249		2971	17
19	SOCIAL SERVICE	149		149		378		96	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	63082	432025	63082	23001	18299	18299	340040	25
33	NURSERY	1059		1059		524	524	2408	33
34	SKILLED NURSING FACILITY	5048	54955	5048	1696	922	922	14635	34
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	21098	83272	21098		4208	4208	1219648	37
38	RECOVERY ROOM	2029		2029		572	572	6019	38
39	DELIVERY ROOM & LABOR ROOM	5213	71027	5213		1460	1460	56431	39
40	ANESTHESIOLOGY	592		592				83172	40
41	RADIOLOGY-DIAGNOSTIC	10537	10246	10537		1845		71456	41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE	1798	803	1798		428		2858	43
43.10	ECHOCARDIOLOGY	2077		2077		426	426	4668	43.10
43.20	ULTRASOUND	1181	9405	1181		420		3556	43.20
43.30	MAMMOGAPHY	2323	2319	2323		221		1707	43.30
43.40	CAT SCAN	3635	12318	3635		697		9906	43.40
43.50	MRI	2703	8248	2703		305		7803	43.50
44	LABORATORY	5514		5514		3579		80473	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
49	RESPIRATORY THERAPY	3574		3574		1082	1082	13319	49
50	PHYSICAL THERAPY	4072	661	4072		582		5265	50
51	OCCUPATIONAL THERAPY	1124		1124		285		224	51
52	SPEECH PATHOLOGY	1105		1105		197		58	52
53	ELECTROCARDIOLOGY	1003	11530	1003		307	307	10613	53
53.10	CARDIAC REHAB	620		620		79	79	568	53.10
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB	2477	14966	2477		538	538	88030	53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY	1252	2117	1252		196		377	54
55	MEDICAL SUPPLIES CHARGED TO P	1058		1058		421		563378	55
56	DRUGS CHARGED TO PATIENTS	2072		2072		1868		309030	56
57	RENAL DIALYSIS	5674		5674					57
59	ENDOSCOPY	5097		5097					59
59.10	DIABETES SERVICES	135		135		146		38	59.10
59.20	PAIN CLINIC						343	2711	59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC							2303	60
61	EMERGENCY	10914	141707	10914		3749	3749	100109	61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA FTE'S 12	NURSING ADMINI-STRATION FTE'S 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS 15	
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	192003	855599	187918	24697	48361	33094	3003870	95
	NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	775		775		171		269	96
98	PHYSICIANS' PRIVATE OFFICES	72023		72023		4377		32994	99
98.02	HEMODIALYSIS								98.02
98.09	CARDIAC REHAB NON ALLOWABLE	1485		1485		189		1364	98.09
98.10	DIAMOND STAR NURSING								98.10
98.30	FUND DEV, PLANNING, MKTING	3954		3954		1018		1185	98.30
98.40	COMMUNITY CANCER CTR								98.40
98.50	MCLEAN CO EMS	3803		3803		916		3035	98.50
98.60	OCC MED PROGRAM					115		173	98.60
98.70	CARDIAC SCREENING								98.70
98.80	PALLIATIVE CARE								98.80
98.90	NON-PATIENT DIETARY								98.90
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	4145399	607946	1383266	795642	713575	2263842	859691	103
104	UNIT COST MULT-WS B PT I	15.126820		5.124004		12.939507		.282525	104
			.710550		32.216140		68.406418		104
104	UNIT COST MULT-WS B PT I								105
105	COST TO BE ALLOC PER B PT II								106
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								107
107	COST TO BE ALLOC PER B PT III	232534	26763	57062	80112	40527	241599	251912	
108	UNIT COST MULT-WS B PT III	.848531		.211374		.734890		.082787	109
			.031280		3.243795		7.300387		108
108	UNIT COST MULT-WS B PT III								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 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			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	405360417		17
18	SOCIAL SERVICE		24697	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	FARAMED ED PRGM-(SPECIFY)			24
	INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	34532977	23001	25
33	NURSERY	1442232		33
34	SKILLED NURSING FACILITY	692642	1696	34
	ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	67201262		37
38	RECOVERY ROOM	1858271		38
39	DELIVERY ROOM & LABOR ROOM	4554624		39
40	ANESTHESIOLOGY	4319031		40
41	RADIOLOGY-DIAGNOSTIC	14735001		41
42	RADIOLOGY-THERAPEUTIC	68324		42
43	RADIOISOTOPE	8754293		43
43.10	ECHOCARDIOLOGY	3080706		43.10
43.20	ULTRASOUND	4762265		43.20
43.30	MAMMOGAPHY	3376740		43.30
43.40	CAT SCAN	30874434		43.40
43.50	MRI	16891413		43.50
44	LABORATORY	53748564		44
46.30	BLOOD CLOTTING FACTORS ADMIN			46.30
47.10	LITHOTRIPSY			47.10
49	RESPIRATORY THERAPY	14205803		49
50	PHYSICAL THERAPY	5496989		50
51	OCCUPATIONAL THERAPY	1480816		51
52	SPEECH PATHOLOGY	642103		52
53	ELECTROCARDIOLOGY	3928616		53
53.10	CARDIAC REHAB	316350		53.10
53.20	GRADED EXERCISE			53.20
53.30	CARDIAC CATH LAB	21819942		53.30
53.40	HOLTER MONITOR			53.40
54	ELECTROENCEPHALOGRAPHY	611942		54
55	MEDICAL SUPPLIES CHARGED TO P	5503761		55
56	DRUGS CHARGED TO PATIENTS	78978265		56
57	RENAL DIALYSIS	641044		57
59	ENDOSCOPY	2957495		59
59.10	DIABETES SERVICES	90243		59.10
59.20	PAIN CLINIC	1855755		59.20
	OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	602955		60
61	EMERGENCY	15335559		61
62	OBSERVATION BEDS (NON-DISTINC			62
63.50	RHC			63.50
63.60	FQHC			63.60
	OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC			69.10
69.20	OUTPATIENT PHYSICAL THERAPY			69.20
69.30	OUTPATIENT OCCUPATIONAL THERA			69.30
69.40	OUTPATIENT SPEECH PATHOLOGY			69.40
71	HOME HEALTH AGENCY			71
	SPECIAL PURPOSE COST CENTERS			

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 16	
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
95	SUBTOTALS	405360417	24697	95
	NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C			96
98	PHYSICIANS' PRIVATE OFFICES			98
98.02	HEMODIALYSIS			98.02
98.09	CARDIAC REHAB NON ALLOWABLE			98.09
98.10	DIAMOND STAR NURSING			98.10
98.30	FUND DEV, PLANNING, MKTING			98.30
98.40	COMMUNITY CANCER CTR			98.40
98.50	MCLEAN CO EMS			98.50
98.60	OCC MED PROGRAM			98.60
98.70	CARDIAC SCREENING			98.70
98.80	PALLIATIVE CARE			98.80
98.90	NON-PATIENT DIETARY			98.90
101	CROSS FOOT ADJUSTMENTS			101
102	NEGATIVE COST CENTER			102
103	COST TO BE ALLOC PER B PT I	1851902	274790	103
104	UNIT COST MULT-WS B PT I	.004569		
104	UNIT COST MULT-WS B PT I		11.126453	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	79897	7077	106
108	UNIT COST MULT-WS B PT III	.000197		107
108	UNIT COST MULT-WS B PT III		.286553	108
				108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	19745979		19745979		19745979	25
33	NURSERY	621551		621551		621551	33
34	SKILLED NURSING FACILITY	982072		982072		982072	34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	18940071		18940071		18940071	37
38	RECOVERY ROOM	680237		680237		680237	38
39	DELIVERY ROOM & LABOR ROOM	2016677		2016677		2016677	39
40	ANESTHESIOLOGY	566618		566618		566618	40
41	RADIOLOGY-DIAGNOSTIC	4620035		4620035		4620035	41
42	RADIOLOGY-THERAPEUTIC	63661		63661		63661	42
43	RADIOISOTOPE	1087880		1087880		1087880	43
43.10	ECHOCARDIOLOGY	756730		756730		756730	43.10
43.20	ULTRASOUND	1034562		1034562		1034562	43.20
43.30	MAMMOGAPHY	982579		982579		982579	43.30
43.40	CAT SCAN	2085005		2085005		2085005	43.40
43.50	MRI	1561257		1561257		1561257	43.50
44	LABORATORY	5305913		5305913		5305913	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47.10	LITHOTRIPSY						47.10
49	RESPIRATORY THERAPY	1503497		1503497		1503497	49
50	PHYSICAL THERAPY	3931772		3931772		3931772	50
51	OCCUPATIONAL THERAPY	515086		515086		515086	51
52	SPEECH PATHOLOGY	327043		327043		327043	52
53	ELECTROCARDIOLOGY	446175		446175		446175	53
53.10	CARDIAC REHAB	147656		147656		147656	53.10
53.20	GRADED EXERCISE						53.20
53.30	CARDIAC CATH LAB	2575350		2575350		2575350	53.30
53.40	HOLTER MONITOR						53.40
54	ELECTROENCEPHALOGRAPHY	260516		260516		260516	54
55	MEDICAL SUPPLIES CHARGED TO	1444239		1444239		1444239	55
56	DRUGS CHARGED TO PATIENTS	7317842		7317842		7317842	56
57	RENAL DIALYSIS	399169		399169		399169	57
59	ENDOSCOPY	1051813		1051813		1051813	59
59.10	DIABETES SERVICES	153672		153672		153672	59.10
59.20	PAIN CLINIC	404561		404561		404561	59.20
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	396237		396237		396237	60
61	EMERGENCY	4609968		4609968	72412	4682380	61
62	OBSERVATION BEDS (NON-DISTI	1882575		1882575		1882575	62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	86417998		86417998	72412	86490410	101
102	LESS OBSERVATION BEDS	1882575		1882575		1882575	102
103	TOTAL	86535423		86535423	72412	86607835	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT 6	OUTPATIENT 7	TOTAL 8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	21792007		21792007				25
33	NURSERY	1441309		1441309				33
34	SKILLED NURSING FACILITY	692642		692642				34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	52667352	14533910	67201262	.281841	.281841	.281841	37
38	RECOVERY ROOM	1167030	691241	1858271	.366059	.366059	.366059	38
39	DELIVERY ROOM & LABOR ROOM	3352766	1201858	4554624	.442776	.442776	.442776	39
40	ANESTHESIOLOGY	3166187	1152844	4319031	.131191	.131191	.131191	40
41	RADIOLOGY-DIAGNOSTIC	4810632	9924369	14735001	.313542	.313542	.313542	41
42	RADIOLOGY-THERAPEUTIC	68324		68324	.931752	.931752	.931752	42
43	RADIOISOTOPE	1428198	7326095	8754293	.124268	.124268	.124268	43
43.10	ECHOCARDIOLOGY	1261509	1819197	3080706	.245635	.245635	.245635	43.10
43.20	ULTRASOUND	895602	3866663	4762265	.217242	.217242	.217242	43.20
43.30	MAMMOGAPHY	1333	3375407	3376740	.290984	.290984	.290984	43.30
43.40	CAT SCAN	7252933	23621501	30874434	.067532	.067532	.067532	43.40
43.50	MRI	2484120	14407293	16891413	.092429	.092429	.092429	43.50
44	LABORATORY	17608116	36140448	53748564	.098717	.098717	.098717	44
46.30	BLOOD CLOTTING FACTORS ADMI							46.30
47.10	LITHOTRIPSY							47.10
49	RESPIRATORY THERAPY	12230419	1975384	14205803	.105837	.105837	.105837	49
50	PHYSICAL THERAPY	1550997	3945992	5496989	.715259	.715259	.715259	50
51	OCCUPATIONAL THERAPY	850260	630556	1480816	.347839	.347839	.347839	51
52	SPEECH PATHOLOGY	170258	471845	642103	.509331	.509331	.509331	52
53	ELECTROCARDIOLOGY	949354	2979262	3928616	.113571	.113571	.113571	53
53.10	CARDIAC REHAB	102552	213798	316350	.466749	.466749	.466749	53.10
53.20	GRADED EXERCISE							53.20
53.30	CARDIAC CATH LAB	11425027	10394915	21819942	.118027	.118027	.118027	53.30
53.40	HOLTER MONITOR							53.40
54	ELECTROENCEPHALOGRAPHY	215717	396225	611942	.425720	.425720	.425720	54
55	MEDICAL SUPPLIES CHARGED TO	4365491	1138270	5503761	.262409	.262409	.262409	55
56	DRUGS CHARGED TO PATIENTS	64057412	14920853	78978265	.092656	.092656	.092656	56
57	RENAL DIALYSIS	599510	41534	641044	.622686	.622686	.622686	57
59	ENDOSCOPY	2193978	763517	2957495	.355643	.355643	.355643	59
59.10	DIABETES SERVICES		90243	90243	1.702869	1.702869	1.702869	59.10
59.20	PAIN CLINIC	165	1855590	1855755	.218003	.218003	.218003	59.20
	OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	4701	598254	602955	.657158	.657158	.657158	60
61	EMERGENCY	2847754	12487805	15335559	.300606	.300606	.305328	61
62	OBSERVATION BEDS (NON-DISTI	1254393	9771895	11026288	.170735	.170735	.170735	62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	222908048	180736764	403644812				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	222908048	180736764	403644812				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: CAPITAL RELATED COST	OLD CAPITAL: SWING-BED ADJUSTMENT	OLD CAPITAL: REDUCED CAPITAL RELATED COST	NEW CAPITAL: CAPITAL RELATED COST	NEW CAPITAL: SWING-BED ADJUSTMENT	NEW CAPITAL: REDUCED CAPITAL RELATED COST	
		1	2	3	4	5	6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				1284049		1284049	25
26	INTENSIVE CARE UNIT							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				32870		32870	33
101	TOTAL				1316919		1316919	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	OLD CAPITAL: PER DIEM	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST	NEW CAPITAL: PER DIEM	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST	
		7	8	9	10	11	12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	25425	10246			50.50	517423	25
26	INTENSIVE CARE UNIT							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	1846				17.81		33
101	TOTAL	27271	10246				517423	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES	[ ] TITLE V	[XX] HOSPITAL (14-0162)	[ ] SUB III	[XX] PPS
	[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA
	[ ] TITLE XIX	[ ] SUB II		

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1104911	67201262	21419864				.016442	352185	37
38	RECOVERY ROOM	42165	1858271	420756				.022690	9547	38
39	DELIVERY ROOM & LABOR ROOM	151579	4554624	5022				.033280	167	39
40	ANESTHESIOLOGY	59038	4319031	1247516				.013669	17052	40
41	RADIOLOGY-DIAGNOSTIC	583893	14735001	2898371				.039626	114851	41
42	RADIOLOGY-THERAPEUTIC	1295	68324	58277				.018954	1105	42
43	RADIOISOTOPE	71596	8754293	750555				.008178	6138	43
43.10	ECHOCARDIOLOGY	150652	3080706	768542				.048902	37583	43.10
43.20	ULTRASOUND	152633	4762265	476783				.032051	15281	43.20
43.30	MAMMOGAPHY	84900	3376740					.025143		43.30
43.40	CAT SCAN	1180051	30874434	3294059				.038221	125902	43.40
43.50	MRI	120691	16891413	1145015				.007145	8181	43.50
44	LABORATORY	295195	53748564	8222420				.005492	45158	44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY	101445	14205803	6544585				.007141	46735	49
50	PHYSICAL THERAPY	651705	5496989	760525				.118557	90166	50
51	OCCUPATIONAL THERAPY	20853	1480816	378070				.014082	5324	51
52	SPEECH PATHOLOGY	25175	642103	104759				.039207	4107	52
53	ELECTROCARDIOLOGY	88064	3928616	465097				.022416	10426	53
53.10	CARDIAC REHAB	66500	316350	49253				.210210	10353	53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB	180086	21819942	6103660				.008253	50374	53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY	45299	611942	111663				.074025	8266	54
55	MEDICAL SUPPLIES CHARGED TO P	221525	5503761	1767848				.040250	71156	55
56	DRUGS CHARGED TO PATIENTS	312313	78978265	26527399				.003954	104889	56
57	RENAL DIALYSIS	58775	641044	427396				.091686	39186	57
59	ENDOSCOPY	67079	2957495	1250419				.022681	28361	59
59.10	DIABETES SERVICES	4397	90243					.048724		59.10
59.20	PAIN CLINIC	87706	1855755					.047262		59.20
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	80781	602955	2384				.133975	319	60
61	EMERGENCY	248358	15335559	1378359				.016195	22323	61
62	OBSERVATION BEDS (NON-DISTINC	122420	11026288	580780				.011103	6448	62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	6381080	379718854	87159377					1231583	101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D PART III

CHECK APPLICABLE BOXES
[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] 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					25425		10246		25
26	INTENSIVE CARE UNIT									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					1846				33
34	SKILLED NURSING FACILITY					1696		1191		34
35	NURSING FACILITY									35
101	TOTAL					28967		11437		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0162)
[ ] SUB I
[ ] SUB II
[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	INPATIENT NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
43.10	ECHOCARDIOLOGY								43.10
43.20	ULTRASOUND								43.20
43.30	MAMMOGAPHY								43.30
43.40	CAT SCAN								43.40
43.50	MRI								43.50
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
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
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB								53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
59	ENDOSCOPY								59
59.10	DIABETES SERVICES								59.10
59.20	PAIN CLINIC								59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER
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
02/25/2011 13:01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ]	FPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[ ]	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		67201262			21419864		3587099	37
38	RECOVERY ROOM		1858271			420756		96012	38
39	DELIVERY ROOM & LABOR ROOM		4554624			5022		10060	39
40	ANESTHESIOLOGY		4319031			1247516		226264	40
41	RADIOLOGY-DIAGNOSTIC		14735001			2898371		3078582	41
42	RADIOLOGY-THERAPEUTIC		68324			58277			42
43	RADIOISOTOPE		8754293			750555		2402035	43
43.10	ECHOCARDIOLOGY		3080706			768542		716434	43.10
43.20	ULTRASOUND		4762265			476783		899810	43.20
43.30	MAMMOGAPHY		3376740					20585	43.30
43.40	CAT SCAN		30874434			3294059		5504429	43.40
43.50	MRI		16891413			1145015		2964308	43.50
44	LABORATORY		53748564			8222420		1017259	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
49	RESPIRATORY THERAPY		14205803			6544585		531610	49
50	PHYSICAL THERAPY		5496989			760525		1429	50
51	OCCUPATIONAL THERAPY		1480816			378070			51
52	SPEECH PATHOLOGY		642103			104759		26557	52
53	ELECTROCARDIOLOGY		3928616			465097		602978	53
53.10	CARDIAC REHAB		316350			49253		87638	53.10
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB		21819942			6103660		3465409	53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY		611942			111663		84351	54
55	MEDICAL SUPPLIES CHARGED TO P		5503761			1767848		260074	55
56	DRUGS CHARGED TO PATIENTS		78978265			26527399		3376745	56
57	RENAL DIALYSIS		641044			427396		18110	57
59	ENDOSCOPY		2957495			1250419		182938	59
59.10	DIABETES SERVICES		90243						59.10
59.20	PAIN CLINIC		1855755					301755	59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		602955			2384		282131	60
61	EMERGENCY		15335559			1378359		1985000	61
62	OBSERVATION BEDS (NON-DISTINC		11026288			580780		2890109	62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		379718854			87159377		34619711	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

CHECK APPLICABLE BOXES

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0162)
[ ] SUB I
[ ] SUB II
[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	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
37	OPERATING ROOM						38
38	RECOVERY ROOM						39
39	DELIVERY ROOM & LABOR ROOM						40
40	ANESTHESIOLOGY						41
41	RADIOLOGY-DIAGNOSTIC						42
42	RADIOLOGY-THERAPEUTIC						43
43	RADIOISOTOPE						43.10
43.10	ECHOCARDIOLOGY						43.20
43.20	ULTRASOUND						43.30
43.30	MAMMOGAPHY						43.40
43.40	CAT SCAN						43.50
43.50	MRI						44
44	LABORATORY						46.30
46.30	BLOOD CLOTTING FACTORS ADMIN						47.10
47.10	LITHOTRIPSY						49
49	RESPIRATORY THERAPY						50
50	PHYSICAL THERAPY						51
51	OCCUPATIONAL THERAPY						52
52	SPEECH PATHOLOGY						53
53	ELECTROCARDIOLOGY						53.10
53.10	CARDIAC REHAB						53.20
53.20	GRADED EXERCISE						53.30
53.30	CARDIAC CATH LAB						53.40
53.40	HOLTER MONITOR						54
54	ELECTROENCEPHALOGRAPHY						55
55	MEDICAL SUPPLIES CHARGED TO P						56
56	DRUGS CHARGED TO PATIENTS						57
57	RENAL DIALYSIS						59
59	ENDOSCOPY						59.10
59.10	DIABETES SERVICES						59.20
59.20	PAIN CLINIC						
	OUTPATIENT SERVICE COST CENTERS						60
60	CLINIC						61
61	EMERGENCY						62
62	OBSERVATION BEDS (NON-DISTINC						63.50
63.50	RHC						63.60
63.60	FQHC						
	OTHER REIMBURSABLE COST CENTERS						101
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
[ ] TITLE XIX - O/P

[XX] HOSPITAL (14-0162)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8	PART I COL. 9	PART II COL. 9	PROGRAM CHARGES			
		1	1.01	1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							37
37	OPERATING ROOM	.281841	.281841	.281841				38
38	RECOVERY ROOM	.366059	.366059	.366059				39
39	DELIVERY ROOM & LABOR ROOM	.442776	.442776	.442776				40
40	ANESTHESIOLOGY	.131191	.131191	.131191				41
41	RADIOLOGY-DIAGNOSTIC	.313542	.313542	.313542				42
42	RADIOLOGY-THERAPEUTIC	.931752	.931752	.931752				43
43	RADIOISOTOPE	.124268	.124268	.124268				43.10
43.10	ECHOCARDIOLOGY	.245635	.245635	.245635				43.20
43.20	ULTRASOUND	.217242	.217242	.217242				43.30
43.30	MAMMOGAPHY	.290984	.290984	.290984				43.40
43.40	CAT SCAN	.067532	.067532	.067532				43.50
43.50	MRI	.092429	.092429	.092429				44
44	LABORATORY	.098717	.098717	.098717				46.30
46.30	BLOOD CLOTTING FACTORS ADMIN CO							47.10
47.10	LITHOTRIPSY							49
49	RESPIRATORY THERAPY	.105837	.105837	.105837				50
50	PHYSICAL THERAPY	.715259	.715259	.715259				51
51	OCCUPATIONAL THERAPY	.347839	.347839	.347839				52
52	SPEECH PATHOLOGY	.509331	.509331	.509331				53
53	ELECTROCARDIOLOGY	.113571	.113571	.113571				53.10
53.10	CARDIAC REHAB	.466749	.466749	.466749				53.20
53.20	GRADED EXERCISE							53.30
53.30	CARDIAC CATH LAB	.118027	.118027	.118027				53.40
53.40	HOLTER MONITOR							54
54	ELECTROENCEPHALOGRAPHY	.425720	.425720	.425720				55
55	MEDICAL SUPPLIES CHARGED TO PAT	.262409	.262409	.262409				56
56	DRUGS CHARGED TO PATIENTS	.092656	.092656	.092656				57
57	RENAL DIALYSIS	.622686	.622686	.622686				59
59	ENDOSCOPY	.355643	.355643	.355643				59.10
59.10	DIABETES SERVICES	1.702869	1.702869	1.702869				59.20
59.20	PAIN CLINIC	.218003	.218003	.218003				
	OUTPATIENT SERVICE COST CENTERS							60
60	CLINIC	.657158	.657158	.657158				61
61	EMERGENCY	.300606	.300606	.300606				62
62	OBSERVATION BEDS (NON-DISTINCT	.170735	.170735	.170735				63.50
63.50	RHC							63.60
63.60	FQHC							
	OTHER REIMBURSABLE COST CENTERS							65.01
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.03
65.03	AMBULANCE CHARGES (S-2 LINE 56.							101
101	SUBTOTAL							102
102	CRNA CHARGES							103
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							104
104	NET CHARGES							

PART VI - VACCINE COST APPORTIONMENT

			1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.092656	1
2	PROGRAM VACCINE CHARGES		12180	2
2.01	PROGRAM VACCINE CHARGES			2.01
3	PROGRAM COSTS		1129	3
3.01	PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0162)	[ ] SNF
	[XX]	TITLE XVIII-PT B	[ ]	SUB I	[ ] NF
	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ] S/B-SNF
			[ ]	SUB III	[ ] S/B-NF
			[ ]	SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES ALL OTHER (1) (SEE INSTRU.) 5	PPS SERVICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SERVICES (SEE INSTRU.) 5.03	PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		3587099							37
38	RECOVERY ROOM		96012							38
39	DELIVERY ROOM & LABOR ROOM		10060							39
40	ANESTHESIOLOGY		226264							40
41	RADIOLOGY-DIAGNOSTIC		3078582							41
42	RADIOLOGY-THERAPEUTIC									42
43	RADIOISOTOPE		2402035							43
43.10	ECHOCARDIOLOGY		716434							43.10
43.20	ULTRASOUND		899810							43.20
43.30	MAMMOGAPHY		20585							43.30
43.40	CAT SCAN		5504429							43.40
43.50	MRI		2964308							43.50
44	LABORATORY		1017259							44
46.30	BLOOD CLOTTING FACTORS ADMIN C									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY		531610							49
50	PHYSICAL THERAPY		1429							50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY		26557							52
53	ELECTROCARDIOLOGY		602978							53
53.10	CARDIAC REHAB		87638							53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB		3465409							53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY		84351							54
55	MEDICAL SUPPLIES CHARGED TO PA		260074							55
56	DRUGS CHARGED TO PATIENTS		3376745							56
57	RENAL DIALYSIS		18110							57
59	ENDOSCOPY		182938							59
59.10	DIABETES SERVICES									59.10
59.20	PAIN CLINIC		301755							59.20
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		282131							60
61	EMERGENCY		1985000							61
62	OBSERVATION BEDS (NON-DISTINCT		2890109							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		34619711							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		34619711							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[ ]	TITLE V - O/P	[XX]	HOSPITAL (14-0162)	[ ] SNF
APPLICABLE	[XX]	TITLE XVIII-FT 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 ALL OTHER (COLS 1x5) 9	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		1010992						37
38	RECOVERY ROOM		35146						38
39	DELIVERY ROOM & LABOR ROOM		4454						39
40	ANESTHESIOLOGY		29684						40
41	RADIOLOGY-DIAGNOSTIC		965265						41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE		298496						43
43.10	ECHOCARDIOLOGY		175981						43.10
43.20	ULTRASOUND		195477						43.20
43.30	MAMMOGAPHY		5990						43.30
43.40	CAT SCAN		371725						43.40
43.50	MRI		273988						43.50
44	LABORATORY		100421						44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47.10	LITHOTRIPSY								47.10
49	RESPIRATORY THERAPY		56264						49
50	PHYSICAL THERAPY		1022						50
51	OCCUPATIONAL THERAPY								51
52	SPEECH PATHOLOGY		13526						52
53	ELECTROCARDIOLOGY		68481						53
53.10	CARDIAC REHAB		40905						53.10
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB		409012						53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY		35910						54
55	MEDICAL SUPPLIES CHARGED TO PAT		68246						55
56	DRUGS CHARGED TO PATIENTS		312876						56
57	RENAL DIALYSIS		11277						57
59	ENDOSCOPY		65061						59
59.10	DIABETES SERVICES								59.10
59.20	PAIN CLINIC		65783						59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		185405						60
61	EMERGENCY		596703						61
62	OBSERVATION BEDS (NON-DISTINCT		493443						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		5891533						101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		5891533						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV		[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF	(14-5590)	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF			
			[ ]	SUB III	[ ]	ICF/MR			

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
43.10	ECHOCARDIOLOGY								43.10
43.20	ULTRASOUND								43.20
43.30	MAMMOGAPHY								43.30
43.40	CAT SCAN								43.40
43.50	MRI								43.50
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
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
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB								53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
59	ENDOSCOPY								59
59.10	DIABETES SERVICES								59.10
59.20	PAIN CLINIC								59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ] PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5590)	[ ] 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		67201262			1042			37
38	RECOVERY ROOM		1858271						38
39	DELIVERY ROOM & LABOR ROOM		4554624						39
40	ANESTHESIOLOGY		4319031						40
41	RADIOLOGY-DIAGNOSTIC		14735001			12271			41
42	RADIOLOGY-THERAPEUTIC		68324						42
43	RADIOISOTOPE		8754293			990			43
43.10	ECHOCARDIOLOGY		3080706			1013			43.10
43.20	ULTRASOUND		4762265			11998			43.20
43.30	MAMMOGAPHY		3376740						43.30
43.40	CAT SCAN		30874434			21652			43.40
43.50	MRI		16891413			2903			43.50
44	LABORATORY		53748564			171490			44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
49	RESPIRATORY THERAPY		14205803			79161			49
50	PHYSICAL THERAPY		5496989			157245			50
51	OCCUPATIONAL THERAPY		1480816			142325			51
52	SPEECH PATHOLOGY		642103			7162			52
53	ELECTROCARDIOLOGY		3928616			1440			53
53.10	CARDIAC REHAB		316350			7324			53.10
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB		21819942						53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY		611942						54
55	MEDICAL SUPPLIES CHARGED TO P		5503761			201174			55
56	DRUGS CHARGED TO PATIENTS		78978265			1025312			56
57	RENAL DIALYSIS		641044						57
59	ENDOSCOPY		2957495						59
59.10	DIABETES SERVICES		90243						59.10
59.20	PAIN CLINIC		1855755						59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		602955						60
61	EMERGENCY		15335559						61
62	OBSERVATION BEDS (NON-DISTINC		11026288						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		379718854			1844502			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ] PPS
	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5590)	[ ] TEFRA
	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF	
			[ ]	SUB III	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
43.10	ECHOCARDIOLOGY						43.10
43.20	ULTRASOUND						43.20
43.30	MAMMOGAPHY						43.30
43.40	CAT SCAN						43.40
43.50	MRI						43.50
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47.10	LITHOTRIPSY						47.10
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
53.20	GRADED EXERCISE						53.20
53.30	CARDIAC CATH LAB						53.30
53.40	HOLTER MONITOR						53.40
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	ENDOSCOPY						59
59.10	DIABETES SERVICES						59.10
59.20	PAIN CLINIC						59.20
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL: CAPITAL RELATED COST 1	OLD CAPITAL: SWING-BED ADJUSTMENT 2	OLD CAPITAL: REDUCED CAPITAL RELATED COST 3	NEW CAPITAL: CAPITAL RELATED COST 4	NEW CAPITAL: SWING-BED ADJUSTMENT 5	NEW CAPITAL: REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS							25
26	INTENSIVE CARE UNIT				1284049		1284049	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				32870		32870	33
101	TOTAL				1316919		1316919	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL: PER DIEM 9	OLD CAPITAL: INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL: PER DIEM 11	NEW CAPITAL: INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	25425	2611			50.50	131856	25
26	INTENSIVE CARE UNIT							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	1846	853			17.81	15192	33
101	TOTAL	27271	3464				147048	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0162)	[ ] SUB III	[ ] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] SUB I	[ ] SUB IV	[ ] TEFRA
BOXES	[XX] TITLE XIX	[ ] SUB II	[XX] OTHER	

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1104911	67201262				.016442		37
38	RECOVERY ROOM		42165	1858271				.022690		38
39	DELIVERY ROOM & LABOR ROOM		151579	4554624				.033280		39
40	ANESTHESIOLOGY		59038	4319031				.013669		40
41	RADIOLOGY-DIAGNOSTIC		583893	14735001				.039626		41
42	RADIOLOGY-THERAPEUTIC		1295	68324				.018954		42
43	RADIOISOTOPE		71596	8754293				.008178		43
43.10	ECHOCARDIOLOGY		150652	3080706				.048902		43.10
43.20	ULTRASOUND		152633	4762265				.032051		43.20
43.30	MAMMOGAPHY		84900	3376740				.025143		43.30
43.40	CAT SCAN		1180051	30874434				.038221		43.40
43.50	MRI		120691	16891413				.007145		43.50
44	LABORATORY		295195	53748564				.005492		44
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
47.10	LITHOTRIPSY									47.10
49	RESPIRATORY THERAPY		101445	14205803				.007141		49
50	PHYSICAL THERAPY		651705	5496989				.118557		50
51	OCCUPATIONAL THERAPY		20853	1480816				.014082		51
52	SPEECH PATHOLOGY		25175	642103				.039207		52
53	ELECTROCARDIOLOGY		88064	3928616				.022416		53
53.10	CARDIAC REHAB		66500	316350				.210210		53.10
53.20	GRADED EXERCISE									53.20
53.30	CARDIAC CATH LAB		180086	21819942				.008253		53.30
53.40	HOLTER MONITOR									53.40
54	ELECTROENCEPHALOGRAPHY		45299	611942				.074025		54
55	MEDICAL SUPPLIES CHARGED TO P		221525	5503761				.040250		55
56	DRUGS CHARGED TO PATIENTS		312313	78978265				.003954		56
57	RENAL DIALYSIS		58775	641044				.091686		57
59	ENDOSCOPY		67079	2957495				.022681		59
59.10	DIABETES SERVICES		4397	90243				.048724		59.10
59.20	PAIN CLINIC		87706	1855755				.047262		59.20
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		80781	602955				.133975		60
61	EMERGENCY		248358	15335559				.016195		61
62	OBSERVATION BEDS (NON-DISTINC		122420	11026288				.011103		62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		6381080	379718854						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES
[ ] TITLE V
[ ] TITLE XVIII-PT A
[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					25425		2611		25
25	ADULTS & PEDIATRICS									26
26	INTENSIVE CARE UNIT									27
27	CORONARY CARE UNIT									28
28	BURN INTENSIVE CARE UNIT									29
29	SURGICAL INTENSIVE CARE UNIT									30
30	OTHER SPECIAL CARE (SPECIFY)									31
31	SUBPROVIDER I					1846		853		33
33	NURSERY					1696		60		34
34	SKILLED NURSING FACILITY									35
35	NURSING FACILITY					28967		3524		101
101	TOTAL									

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	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 NONPHYSICIAN ANESTHETIST COST	OUTPATIENT NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS	
		1	1.01	2	2.01	2.02	2.03	3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
39	DELIVERY ROOM & LABOR ROOM								39
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
42	RADIOLOGY-THERAPEUTIC								42
43	RADIOISOTOPE								43
43.10	ECHOCARDIOLOGY								43.10
43.20	ULTRASOUND								43.20
43.30	MAMMOGAPHY								43.30
43.40	CAT SCAN								43.40
43.50	MRI								43.50
44	LABORATORY								44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
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
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB								53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY								54
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS								57
59	ENDOSCOPY								59
59.10	DIABETES SERVICES								59.10
59.20	PAIN CLINIC								59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	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		67201262						37
38	RECOVERY ROOM		1858271						38
39	DELIVERY ROOM & LABOR ROOM		4554624						39
40	ANESTHESIOLOGY		4319031						40
41	RADIOLOGY-DIAGNOSTIC		14735001						41
42	RADIOLOGY-THERAPEUTIC		68324						42
43	RADIOISOTOPE		8754293						43
43.10	ECHOCARDIOLOGY		3080706						43.10
43.20	ULTRASOUND		4762265						43.20
43.30	MAMMOGAPHY		3376740						43.30
43.40	CAT SCAN		30874434						43.40
43.50	MRI		16891413						43.50
44	LABORATORY		53748564						44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
49	RESPIRATORY THERAPY		14205803						49
50	PHYSICAL THERAPY		5496989						50
51	OCCUPATIONAL THERAPY		1480816						51
52	SPEECH PATHOLOGY		642103						52
53	ELECTROCARDIOLOGY		3928616						53
53.10	CARDIAC REHAB		316350						53.10
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB		21819942						53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY		611942						54
55	MEDICAL SUPPLIES CHARGED TO P		5503761						55
56	DRUGS CHARGED TO PATIENTS		78978265						56
57	RENAL DIALYSIS		641044						57
59	ENDOSCOPY		2957495						59
59.10	DIABETES SERVICES		90243						59.10
59.20	PAIN CLINIC		1855755						59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		602955						60
61	EMERGENCY		15335559						61
62	OBSERVATION BEDS (NON-DISTINC		11026288						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		379718854						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ]	TITLE V	[XX]	HOSPITAL (14-0162)	[ ]	SUB IV	[ ] PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ] TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ] OTHER
			[ ]	SUB III	[ ]	ICF/MR	

	COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
43.10	ECHOCARDIOLOGY						43.10
43.20	ULTRASOUND						43.20
43.30	MAMMOGAPHY						43.30
43.40	CAT SCAN						43.40
43.50	MRI						43.50
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
47.10	LITHOTRIPSY						47.10
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
53.20	GRADED EXERCISE						53.20
53.30	CARDIAC CATH LAB						53.30
53.40	HOLTER MONITOR						53.40
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	ENDOSCOPY						59
59.10	DIABETES SERVICES						59.10
59.20	PAIN CLINIC						59.20
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER
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
02/25/2011 13:01

WORKSHEET D
PART IV

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

CHECK APPLICABLE BOXES

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[ ] HOSPITAL
[ ] SUB I
[ ] SUB II
[ ] SUB III

[ ] SUB IV
[XX] SNF (14-5590)
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								37
37	OPERATING ROOM								38
38	RECOVERY ROOM								39
39	DELIVERY ROOM & LABOR ROOM								40
40	ANESTHESIOLOGY								41
41	RADIOLOGY-DIAGNOSTIC								42
42	RADIOLOGY-THERAPEUTIC								43
43	RADIOISOTOPE								43.10
43.10	ECHOCARDIOLOGY								43.20
43.20	ULTRASOUND								43.30
43.30	MAMMOGAPHY								43.40
43.40	CAT SCAN								43.50
43.50	MRI								44
44	LABORATORY								46.30
46.30	BLOOD CLOTTING FACTORS ADMIN								47.10
47.10	LITHOTRIPSY								49
49	RESPIRATORY THERAPY								50
50	PHYSICAL THERAPY								51
51	OCCUPATIONAL THERAPY								52
52	SPEECH PATHOLOGY								53
53	ELECTROCARDIOLOGY								53.10
53.10	CARDIAC REHAB								53.20
53.20	GRADED EXERCISE								53.30
53.30	CARDIAC CATH LAB								53.40
53.40	HOLTER MONITOR								54
54	ELECTROENCEPHALOGRAPHY								55
55	MEDICAL SUPPLIES CHARGED TO P								56
56	DRUGS CHARGED TO PATIENTS								57
57	RENAL DIALYSIS								59
59	ENDOSCOPY								59.10
59.10	DIABETES SERVICES								59.20
59.20	PAIN CLINIC								
	OUTPATIENT SERVICE COST CENTERS								60
60	CLINIC								61
61	EMERGENCY								62
62	OBSERVATION BEDS (NON-DISTINC								63.50
63.50	RHC								63.60
63.60	FQHC								
	OTHER REIMBURSABLE COST CENTERS								101
101	TOTAL								

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ] PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (14-5590)	[ ] 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		67201262						37
38	RECOVERY ROOM		1858271						38
39	DELIVERY ROOM & LABOR ROOM		4554624						39
40	ANESTHESIOLOGY		4319031						40
41	RADIOLOGY-DIAGNOSTIC		14735001						41
42	RADIOLOGY-THERAPEUTIC		68324						42
43	RADIOISOTOPE		8754293						43
43.10	ECHOCARDIOLOGY		3080706						43.10
43.20	ULTRASOUND		4762265						43.20
43.30	MAMMOGAPHY		3376740						43.30
43.40	CAT SCAN		30874434						43.40
43.50	MRI		16891413						43.50
44	LABORATORY		53748564						44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47.10	LITHOTRIPSY								47.10
49	RESPIRATORY THERAPY		14205803						49
50	PHYSICAL THERAPY		5496989						50
51	OCCUPATIONAL THERAPY		1480816						51
52	SPEECH PATHOLOGY		642103						52
53	ELECTROCARDIOLOGY		3928616						53
53.10	CARDIAC REHAB		316350						53.10
53.20	GRADED EXERCISE								53.20
53.30	CARDIAC CATH LAB		21819942						53.30
53.40	HOLTER MONITOR								53.40
54	ELECTROENCEPHALOGRAPHY		611942						54
55	MEDICAL SUPPLIES CHARGED TO P		5503761						55
56	DRUGS CHARGED TO PATIENTS		78978265						56
57	RENAL DIALYSIS		641044						57
59	ENDOSCOPY		2957495						59
59.10	DIABETES SERVICES		90243						59.10
59.20	PAIN CLINIC		1855755						59.20
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC		602955						60
61	EMERGENCY		15335559						61
62	OBSERVATION BEDS (NON-DISTINC		11026288						62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		379718854						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB IV		[ ] PPS		
	[ ] TITLE XVIII-PT A	[ ] SUB I	[XX] SNF	(14-5590)	[ ] TEFRA		
	[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
37	OPERATING ROOM						38
38	RECOVERY ROOM						39
39	DELIVERY ROOM & LABOR ROOM						40
40	ANESTHESIOLOGY						41
41	RADIOLOGY-DIAGNOSTIC						42
42	RADIOLOGY-THERAPEUTIC						43
43	RADIOISOTOPE						43.10
43.10	ECHOCARDIOLOGY						43.20
43.20	ULTRASOUND						43.30
43.30	MAMMOGAPHY						43.40
43.40	CAT SCAN						43.50
43.50	MRI						44
44	LABORATORY						46.30
46.30	BLOOD CLOTTING FACTORS ADMIN						47.10
47.10	LITHOTRIPSY						49
49	RESPIRATORY THERAPY						50
50	PHYSICAL THERAPY						51
51	OCCUPATIONAL THERAPY						52
52	SPEECH PATHOLOGY						53
53	ELECTROCARDIOLOGY						53.10
53.10	CARDIAC REHAB						53.20
53.20	GRADED EXERCISE						53.30
53.30	CARDIAC CATH LAB						53.40
53.40	HOLTER MONITOR						54
54	ELECTROENCEPHALOGRAPHY						55
55	MEDICAL SUPPLIES CHARGED TO P						56
56	DRUGS CHARGED TO PATIENTS						57
57	RENAL DIALYSIS						59
59	ENDOSCOPY						59.10
59.10	DIABETES SERVICES						59.20
59.20	PAIN CLINIC						
	OUTPATIENT SERVICE COST CENTERS						60
60	CLINIC						61
61	EMERGENCY						62
62	OBSERVATION BEDS (NON-DISTINC						63.50
63.50	RHC						63.60
63.60	FQHC						
	OTHER REIMBURSABLE COST CENTERS						101
101	TOTAL						

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

	INPATIENT DAYS	HOSPITAL (FFS) (14-0162) 1	SUB 1 1	SUB II 1	SUB III 1	SUB IV 1	SNF (PPS) (14-5590) 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	25425					1696	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	25425					1696	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25425					1696	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10246					1191	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	SWING-BED ADJUSTMENT	HOSPITAL (PPS) (14-0162) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	SNF (PPS) (14-5590) 1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19745979					982072	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST							26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19745979					982072	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21468515					691385	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21468515					691385	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.919765					1.420442	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	844.39					407.66	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	19745979					982072	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0162)	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	776.64					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7957453					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7957453					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						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) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	15265051					48
49	TOTAL PROGRAM INPATIENT COSTS	23222504					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	517423					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1231583					51
52	TOTAL PROGRAM EXCLUDABLE COST	1749006					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	21473498					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) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

		SNF (PPS) (14-5590) 1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST	982072	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	579.05	67
68	PROGRAM ROUTINE SERVICE COST	689649	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	689649	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	85613	71
72	PER DIEM CAPITAL RELATED COSTS	50.48	72
73	PROGRAM CAPITAL RELATED COSTS	60122	73
74	INPATIENT ROUTINE SERVICE COST	629527	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	629527	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78	INPATIENT ROUTINE SERVICE COST LIMITATION		78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	689649	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	351154	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	1040803	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	2424					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	776.64					84
85 OBSERVATION BED COST	1882575					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		19745979		1882575		86
87	NEW CAPITAL-RELATED COST	1284049	19745979	.065028	1882575	122420	87
88	NON PHYSICIAN ANESTHETIST		19745979		1882575		88
89	MEDICAL EDUCATION		19745979		1882575		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (OTHER) (14-0162) 1	SUB I 1	SUB II 1	SUB III 1	SNF (OTHER) (14-5590) 1	NF 1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	25425				1696		1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	25425				1696		2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25425				1696		4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2611				60		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	1846						15
16	TITLE V OR XIX NURSERY DAYS	853						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

	SWING-BED ADJUSTMENT	HOSPITAL (OTHER) (14-0162) 1	SUB I 1	SUB II 1	SUB III 1	SNF (OTHER) (14-5590) 1	NF 1	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19745979				982072		21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26	TOTAL SWING-BED COST							26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19745979				982072		27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21468515						28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21468515						30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.919765						31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	844.39						33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19745979				982072		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) (14-0162)	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	776.64					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2027807					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2027807					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)	621551	1846	336.70	853	287205	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						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) (14-0162)	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	2315012					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	147048					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	147048					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

	TARGET AMOUNT AND LIMITATION COMPUTATION	HOSPITAL (OTHER) (14-0162) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 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

		SNF (OTHER) (14-5590)	NF	
		1	1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST	982072		66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	579.05		67
68	PROGRAM ROUTINE SERVICE COST	34743		68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM			69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	34743		70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	85613		71
72	PER DIEM CAPITAL RELATED COSTS	50.48		72
73	PROGRAM CAPITAL RELATED COSTS	3029		73
74	INPATIENT ROUTINE SERVICE COST	31714		74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS			75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	31714		76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION			77
78	INPATIENT ROUTINE SERVICE COST LIMITATION			78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3029		79
80	PROGRAM INPATIENT ANCILLARY SERVICES			80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION			81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3029		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (OTHER) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	2424					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	776.64					84
85 OBSERVATION BED COST	1882575					85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (14-0162)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		10341317		25
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.281841	21419864	6036996	37
38	RECOVERY ROOM	.366059	420756	154022	38
39	DELIVERY ROOM & LABOR ROOM	.442776	5022	2224	39
40	ANESTHESIOLOGY	.131191	1247516	163663	40
41	RADIOLOGY-DIAGNOSTIC	.313542	2898371	908761	41
42	RADIOLOGY-THERAPEUTIC	.931752	58277	54300	42
43	RADIOISOTOPE	.124268	750555	93270	43
43.10	ECHOCARDIOLOGY	.245635	768542	188781	43.10
43.20	ULTRASOUND	.217242	476783	103577	43.20
43.30	MAMMOGAPHY	.290984			43.30
43.40	CAT SCAN	.067532	3294059	222454	43.40
43.50	MRI	.092429	1145015	105833	43.50
44	LABORATORY	.098717	8222420	811693	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.10	LITHOTRIPSY				47.10
49	RESPIRATORY THERAPY	.105837	6544585	692659	49
50	PHYSICAL THERAPY	.715259	760525	543972	50
51	OCCUPATIONAL THERAPY	.347839	378070	131507	51
52	SPEECH PATHOLOGY	.509331	104759	53357	52
53	ELECTROCARDIOLOGY	.113571	465097	52822	53
53.10	CARDIAC REHAB	.466749	49253	22989	53.10
53.20	GRADED EXERCISE				53.20
53.30	CARDIAC CATH LAB	.118027	6103660	720397	53.30
53.40	HOLTER MONITOR				53.40
54	ELECTROENCEPHALOGRAPHY	.425720	111663	47537	54
55	MEDICAL SUPPLIES CHARGED TO PAT	.262409	1767848	463899	55
56	DRUGS CHARGED TO PATIENTS	.092656	26527399	2457923	56
57	RENAL DIALYSIS	.622686	427396	266134	57
59	ENDOSCOPY	.355643	1250419	444703	59
59.10	DIABETES SERVICES	1.702869			59.10
59.20	PAIN CLINIC	.218003			59.20
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.657158	2384	1567	60
61	EMERGENCY	.305328	1378359	420852	61
62	OBSERVATION BEDS (NON-DISTINCT	.170735	580780	99159	62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		87159377	15265051	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		87159377		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[ ] HOSPITAL
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[XX] SNF (14-5590)
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] FFS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.281841	1043	294	37
38	RECOVERY ROOM	.366059			38
39	DELIVERY ROOM & LABOR ROOM	.442776			39
40	ANESTHESIOLOGY	.131191			40
41	RADIOLOGY-DIAGNOSTIC	.313542	12271	3847	41
42	RADIOLOGY-THERAPEUTIC	.931752			42
43	RADIOISOTOPE	.124268	990	123	43
43.10	ECHOCARDIOLOGY	.245635	1013	249	43.10
43.20	ULTRASOUND	.217242	11998	2606	43.20
43.30	MAMMOGAPHY	.290984			43.30
43.40	CAT SCAN	.067532	21652	1462	43.40
43.50	MRI	.092429	2903	268	43.50
44	LABORATORY	.098717	171490	16929	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.10	LITHOTRIPSY				47.10
49	RESPIRATORY THERAPY	.105837	79161	8378	49
50	PHYSICAL THERAPY	.715259	157245	112471	50
51	OCCUPATIONAL THERAPY	.347839	142325	49506	51
52	SPEECH PATHOLOGY	.509331	7162	3648	52
53	ELECTROCARDIOLOGY	.113571	1440	164	53
53.10	CARDIAC REHAB	.466749	7324	3418	53.10
53.20	GRADED EXERCISE				53.20
53.30	CARDIAC CATH LAB	.118027			53.30
53.40	HOLTER MONITOR				53.40
54	ELECTROENCEPHALOGRAPHY	.425720			54
55	MEDICAL SUPPLIES CHARGED TO PAT	.262409	201174	52790	55
56	DRUGS CHARGED TO PATIENTS	.092656	1025312	95001	56
57	RENAL DIALYSIS	.622686			57
59	ENDOSCOPY	.355643			59
59.10	DIABETES SERVICES	1.702869			59.10
59.20	PAIN CLINIC	.218003			59.20
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.657158			60
61	EMERGENCY	.300606			61
62	OBSERVATION BEDS (NON-DISTINCT	.170735			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL		1844502	351154	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		1844502		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (14-0162)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.281841			37
38	RECOVERY ROOM	.366059			38
39	DELIVERY ROOM & LABOR ROOM	.442776			39
40	ANESTHESIOLOGY	.131191			40
41	RADIOLOGY-DIAGNOSTIC	.313542			41
42	RADIOLOGY-THERAPEUTIC	.931752			42
43	RADIOISOTOPE	.124268			43
43.10	ECHOCARDIOLOGY	.245635			43.10
43.20	ULTRASOUND	.217242			43.20
43.30	MAMMOGAPHY	.290984			43.30
43.40	CAT SCAN	.067552			43.40
43.50	MRI	.092429			43.50
44	LABORATORY	.098717			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.10	LITHOTRIPSY				47.10
49	RESPIRATORY THERAPY	.105837			49
50	PHYSICAL THERAPY	.715259			50
51	OCCUPATIONAL THERAPY	.347839			51
52	SPEECH PATHOLOGY	.509331			52
53	ELECTROCARDIOLOGY	.113571			53
53.10	CARDIAC REHAB	.466749			53.10
53.20	GRADED EXERCISE				53.20
53.30	CARDIAC CATH LAB	.118027			53.30
53.40	HOLTER MONITOR				53.40
54	ELECTROENCEPHALOGRAPHY	.425720			54
55	MEDICAL SUPPLIES CHARGED TO PAT	.262409			55
56	DRUGS CHARGED TO PATIENTS	.092656			56
57	RENAL DIALYSIS	.622686			57
59	ENDOSCOPY	.355643			59
59.10	DIABETES SERVICES	1.702869			59.10
59.20	PAIN CLINIC	.218003			59.20
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.657156			60
61	EMERGENCY	.300606			61
62	OBSERVATION BEDS (NON-DISTINCT	.170735			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

INPATIENT ANCILLARY COST APPORTIONMENT

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[ ] HOSPITAL
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[XX] SNF (14-5590)
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[XX] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS				25
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.281841			37
38	RECOVERY ROOM	.366059			38
39	DELIVERY ROOM & LABOR ROOM	.442776			39
40	ANESTHESIOLOGY	.131191			40
41	RADIOLOGY-DIAGNOSTIC	.313542			41
42	RADIOLOGY-THERAPEUTIC	.931752			42
43	RADIOISOTOPE	.124268			43
43.10	ECHOCARDIOLOGY	.245635			43.10
43.20	ULTRASOUND	.217242			43.20
43.30	MAMMOGAPHY	.290984			43.30
43.40	CAT SCAN	.067532			43.40
43.50	MRI	.092429			43.50
44	LABORATORY	.098717			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.10	LITHOTRIPSY				47.10
49	RESPIRATORY THERAPY	.105837			49
50	PHYSICAL THERAPY	.715259			50
51	OCCUPATIONAL THERAPY	.347839			51
52	SPEECH PATHOLOGY	.509331			52
53	ELECTROCARDIOLOGY	.113571			53
53.10	CARDIAC REHAB	.466749			53.10
53.20	GRADED EXERCISE				53.20
53.30	CARDIAC CATH LAB	.118027			53.30
53.40	HOLTER MONITOR				53.40
54	ELECTROENCEPHALOGRAPHY	.425720			54
55	MEDICAL SUPPLIES CHARGED TO PAT	.262409			55
56	DRUGS CHARGED TO PATIENTS	.092656			56
57	RENAL DIALYSIS	.622686			57
59	ENDOSCOPY	.355643			59
59.10	DIABETES SERVICES	1.702869			59.10
59.20	PAIN CLINIC	.218003			59.20
	OUTPATIENT SERVICE COST CENTERS				
60	CLINIC	.657158			60
61	EMERGENCY	.300606			61
62	OBSERVATION BEDS (NON-DISTINCT	.170735			62
	OTHER REIMBURSABLE COST CENTERS				
63.50	RHC				63.50
63.60	FQHC				63.60
101	TOTAL				101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES				103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
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	5030877					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	15092632					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	773826					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	136.36					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE						3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	RES. IN INIT YRS 0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A
(CONT)

		HOSPITAL (14-0162)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1						3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]						3.23
3.24	SUM OF LINES 3.21-3.23 0 0 DISPROPORTIONATE SHARE ADJUSTMENT						3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0366					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1394					4.01
4.02	SUM OF 4 AND 4.01	0.1760					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0419					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	843175					4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL	21740510					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	21740510					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1758631					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE						11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.02
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL	23499141					16
17	PRIMARY PAYER PAYMENTS	17246					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	23481895					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2088705					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	27225					20
21	REIMBURSABLE BAD DEBTS	214018					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	149813					21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	197875					21.02
22	SUBTOTAL	21515778					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A
(CONT)

		HOSPITAL (14-0162)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	21515778					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	21454913					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	60865					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	551421					30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0162) 1	HOSPITAL (14-0162) 1.01	HOSPITAL (14-0162) 1.02	
1	MEDICAL AND OTHER SERVICES	1129			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	5891533			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6687594			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.835			1.03
1.04	LINE 1.01 TIMES LINE 1.03	4919430			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	1129			5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES	12180			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	12180			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	12180			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	11051			15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES	1129			17
17.01	TOTAL PPS PAYMENTS	6687594			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (14-0162) 1	HOSPITAL (14-0162) 1.01	HOSPITAL (14-0162) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1565016			18.01
19	SUBTOTAL	5123707			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	5123707			23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL	5123707			25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	214880			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	150416			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	207299			27.02
28	SUBTOTAL	5274123			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	5274123			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	5294717			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM	-20594			35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT				51
52	THE RATE USED TO CALCULATE THE TIME VALUE				52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54	TOTAL (SUM OF LINES 51 AND 53)				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SNF (14-5590) 1	SNF (14-5590) 1.01	SNF (14-5590) 1.02	
1	MEDICAL AND OTHER SERVICES				1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04	LINE 1.01 TIMES LINE 1.03				1.04
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST				5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		SNF (14-5590) 1	SNF (14-5590) 1.01	SNF (14-5590) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				18
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19	SUBTOTAL				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				23
24	PRIMARY PAYER PAYMENTS				24
25	SUBTOTAL				25
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS				27
27.01	REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28	SUBTOTAL				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				32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS				34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35	BALANCE DUE PROVIDER/PROGRAM				35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
	TO BE COMPLETED BY CONTRACTOR				
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51	OUTLIER 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

WORKSHEET E-1

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-0162)

	DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				21454913		5273117	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 TO PROVIDER	.01 .02 .03 .04 .05 .50		NONE	04/27/2010	21600	3.01 3.02 3.03 3.04 3.05 3.50
		PROVIDER TO PROGRAM	.51 .52 .53 .54		NONE		NONE	3.51 3.52 3.53 3.54
	SUBTOTAL		.99				21600	3.99
4	TOTAL INTERIM PAYMENTS				21454913		5294717	4
	TO BE COMPLETED BY INTERMEDIARY							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER	.01 .02 .03					5.01 5.02 5.03
		PROVIDER TO PROGRAM	.50 .51 .52					5.50 5.51 5.52
	SUBTOTAL		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED — WORKSHEET E-1
SKILLED NURSING FACILITY 1 (14-5590)

	DESCRIPTION			INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				444408			1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.				NONE		NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					3.01
		PROGRAM TO PROVIDER	.02					3.02
			.03		NONE		NONE	3.03
			.04					3.04
			.05					3.05
			.50					3.50
		PROVIDER TO PROGRAM	.51					3.51
			.52		NONE		NONE	3.52
			.53					3.53
			.54					3.54
	SUBTOTAL		.99					3.99
4	TOTAL INTERIM PAYMENTS				444408			4
	TO BE COMPLETED BY INTERMEDIARY							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01					5.01
		PROGRAM TO PROVIDER	.02					5.02
			.03					5.03
			.50					5.50
		PROVIDER TO PROGRAM	.51					5.51
			.52					5.52
	SUBTOTAL		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER	.01					6.01
		PROVIDER TO PROGRAM	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY							7

NAME OF INTERMEDIARY: _____ INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____ DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

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

		SNF I (14-5590) (PPS) 2	
	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		9
	COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	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)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	457339	24
25	OUTLIER PAYMENTS		25
26	PROGRAM CAPITAL PAYMENTS		26
27	CAPITAL EXCEPTION PAYMENTS		27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		29
30	SUBTOTAL	457339	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	457339	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

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

		SNF I (14-5590) (PPS) 2	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	457339	35
36	COINSURANCE	12931	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		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
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	444408	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	AMOUNT TO ZERO OUT SNF		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	444408	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	444408	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	444408	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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 (14-0162) (OTHER)	SUB I	SUB II	SUB III	SNF I (14-5590) (OTHER)	NF I (PPS)	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	2315012				3029		1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	2315012				3029		6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	2315012				3029		9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	2315012				3029		22
23	COST OF COVERED SERVICES	2315012				3029		23
	PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL	2315012				3029		30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	2315012				3029		32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

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

		HOSPITAL (14-0162) (OTHER)	SUB I	SUB II	SUB III	SNF I (14-5590) (OTHER)	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST	2315012				3029		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	AMOUNT TO ZERO OUT SNF							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	2431369				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	52956895				4
5	OTHER RECEIVABLES	762792				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-32442237				6
7	INVENTORY	1452258				7
8	PREPAID EXPENSES					8
9	OTHER CURRENT ASSETS	2058629				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	27219706				11
	FIXED ASSETS					
12	LAND	1635357				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS	2303150				13
13.01	ACCUMULATED DEPRECIATION	-2104851				13.01
14	BUILDINGS	90136164				14
14.01	ACCUMULATED DEPRECIATION	-48141640				14.01
15	LEASEHOLD IMPROVEMENTS	523198				15
15.01	ACCUMULATED AMORTIZATION	-195305				15.01
16	FIXED EQUIPMENT	102891				16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	67114212				18
18.01	ACCUMULATED DEPRECIATION	-53302783				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	58070393				21
	OTHER ASSETS					
22	INVESTMENTS	84528753				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	12005831				25
26	TOTAL OTHER ASSETS	96534584				26
27	TOTAL ASSETS	181824683				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2870100				28
29	SALARIES, WAGES & FEES PAYABLE	7452754				29
30	PAYROLL TAXES PAYABLE					30
31	NOTES & LOANS PAYABLE (SHORT TERM)	222128				31
32	DEFERRED INCOME					32
33	ACCELERATED PAYMENTS					33
34	DUE TO OTHER FUNDS	8776476				34
35	OTHER CURRENT LIABILITIES	1756782				35
36	TOTAL CURRENT LIABILITIES	21078240				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	1297652				41
42	TOTAL LONG TERM LIABILITIES	1297652				42
43	TOTAL LIABILITIES	22375892				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	159448791				44
45	SPECIFIC PURPOSE FUND BALANCE					45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49	PLANT FUND BALANCE - INVESTED IN PLANT					49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51	TOTAL FUND BALANCES	159448791				51
52	TOTAL LIABILITIES AND FUND BALANCES	181824683				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	138638371				1
2	NET INCOME (LOSS)	20803423				2
3	TOTAL	159441794				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5	CONTRIBUTION ACTIVITY	6997				5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS	6997				10
11	SUBTOTAL	159448791				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13	CONTRIBUTION ACTIVITY					13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	159448791				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	21468515		21468515	1
2	SUBPROVIDER I				2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY	691385		691385	6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	22159900		22159900	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT				10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	22159900		22159900	16
17	ANCILLARY SERVICES	200829018		200829018	17
18	OUTPATIENT SERVICES		229152905	229152905	18
18.50	RHC				18.50
18.60	FQHC				18.60
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	222988918	229152905	452141823	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		138895806	26
27	ADD (SPECIFY)			27
28	BAD DEBTS	7092884		28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS		7092884	33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		145988690	40

PROVIDER NO. 14-0162 ST. JOSEPH MEDICAL CENTER
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
02/25/2011 13:01

WORKSHEET G-3

STATEMENT OF REVENUES AND EXPENSES

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	452141823	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	297888044	2
3	NET PATIENT REVENUES	154253779	3
4	LESS - TOTAL OPERATING EXPENSES	145988690	4
5	NET INCOME FROM SERVICE TO PATIENTS	8265089	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	464501	6
7	INCOME FROM INVESTMENTS	9283112	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	418795	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	30195	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	166766	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	884384	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)	1290581	24
25	TOTAL OTHER INCOME	12538334	25
26	TOTAL	20803423	26
27	CUMULATIVE EFFECT		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	20803423	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (14-0162) (14-0162)	SUB I	SUB II	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
	CAPITAL FEDERAL AMOUNT						
2	CAPITAL DRG OTHER THAN OUTLIER	1649278					2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997						3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	49484					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E,PT A,LN.3.17] [E-3,PT VI,LN.18] [x E-3,PT VI,LN.1]						4
4.01	NO. OF INTERNS & RESIDENTS 0.00 0.00						4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT						4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0366					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1394					5.01
5.02	SUM OF LINES 5 AND 5.01	0.1760					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0363					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	59869					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1758631					6
	PART II - HOLD HARMLESS METHOD						
1	NEW CAPITAL						1
2	OLD CAPITAL						2
3	TOTAL CAPITAL						3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL						4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE						5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT						6
7	REDUCED OLD CAPITAL AMOUNT						7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL						8
9	SUBTOTAL						9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
	PART III - PAYMENT UNDER REASONABLE COST						
1	PROGRAM INPATIENT ROUTINE CAPITAL COST						1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
3	TOTAL INPATIENT PROGRAM CAPITAL						3
4	CAPITAL COST PAYMENT FACTOR						4
5	TOTAL INPATIENT PROGRAM CAPITAL COST						5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
1	PROGRAM INPATIENT CAPITAL COSTS						1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES						2
3	NET PROGRAM INPATIENT CAPITAL COSTS						3
4	APPLICABLE EXCEPTION PERCENTAGE						4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS						5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES						7
8	CAPITAL MINIMUM PAYMENT LEVEL						8
9	CURRENT YEAR CAPITAL PAYMENTS						9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS						10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT						11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS						12
13	CURRENT YEAR EXCEPTION PAYMENT						13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD						14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)						15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)						16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT						17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6	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
33	NURSERY						33
34	SKILLED NURSING FACILITY						34
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE						43
43.10	ECHOCARDIOLOGY						43.10
43.20	ULTRASOUND						43.20
43.30	MAMMOGAPHY						43.30
43.40	CAT SCAN						43.40
43.50	MRI						43.50
44	LABORATORY						44
46.30	BLOOD CLOTTING FACTORS ADMIN C						46.30
47.10	LITHOTRIPSY						47.10
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
53.20	GRADED EXERCISE						53.20
53.30	CARDIAC CATH LAB						53.30
53.40	HOLTER MONITOR						53.40
54	ELECTROENCEPHALOGRAPHY						54
55	MEDICAL SUPPLIES CHARGED TO PA						55
56	DRUGS CHARGED TO PATIENTS						56
57	RENAL DIALYSIS						57
59	ENDOSCOPY						59
59.10	DIABETES SERVICES						59.10
59.20	PAIN CLINIC						59.20
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERAP						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02

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	
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CA						96
98	PHYSICIANS' PRIVATE OFFICES						98
98.02	HEMODIALYSIS						98.02
98.09	CARDIAC REHAB NON ALLOWABLE						98.09
98.10	DIAMOND STAR NURSING						98.10
98.30	FUND DEV, PLANNING, MKTING						98.30
98.40	COMMUNITY CANCER CTR						98.40
98.50	MCLEAN CO EMS						98.50
98.60	OCC MED PROGRAM						98.60
98.70	CARDIAC SCREENING						98.70
98.80	PALLIATIVE CARE						98.80
98.90	NON-PATIENT DIETARY						98.90
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 PART A	TITLE XVIII PART B	TITLE XIX INPATIENT	TITLE XIX OUTPATIENT	TITLE V INPATIENT	TITLE V OUTPATIENT	TOTAL THIRD PARTY UTIL	
		1	2	3	4	5	6	7	
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	40.30		10.27				50.57	25
33	NURSERY			46.21				46.21	33
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	31.87	5.34					37.21	37
38	RECOVERY ROOM	22.64	5.17					27.81	38
39	DELIVERY ROOM & LABOR ROOM	0.11	0.22					0.33	39
40	ANESTHESIOLOGY	28.88	5.24					34.12	40
41	RADIOLOGY-DIAGNOSTIC	19.67	20.89					40.56	41
42	RADIOLOGY-THERAPEUTIC	85.30						85.30	42
43	RADIOISOTOPE	8.57	27.44					36.01	43
43.10	ECHOCARDIOLOGY	24.95	23.26					48.21	43.10
43.20	ULTRASOUND	10.01	18.89					28.90	43.20
43.30	MAMMOGAPHY		0.61					0.61	43.30
43.40	CAT SCAN	10.67	17.83					28.50	43.40
43.50	MRI	6.78	17.55					24.33	43.50
44	LABORATORY	15.30	1.89					17.19	44
49	RESPIRATORY THERAPY	46.07	3.74					49.81	49
50	PHYSICAL THERAPY	13.84	0.03					13.87	50
51	OCCUPATIONAL THERAPY	25.53						25.53	51
52	SPEECH PATHOLOGY	16.31	4.14					20.45	52
53	ELECTROCARDIOLOGY	11.84	15.35					27.19	53
53.10	CARDIAC REHAB	15.57	27.70					43.27	53.10
53.30	CARDIAC CATH LAB	27.97	15.88					43.85	53.30
54	ELECTROENCEPHALOGRAPHY	18.25	13.78					32.03	54
55	MEDICAL SUPPLIES CHARGED TO PAT	32.12	4.73					36.85	55
56	DRUGS CHARGED TO PATIENTS	33.59	4.28					37.87	56
57	RENAL DIALYSIS	66.67	2.83					69.50	57
59	ENDOSCOPY	42.28	6.19					48.47	59
59.20	PAIN CLINIC		16.26					16.26	59.20
60	CLINIC	0.40	46.79					47.19	60
61	EMERGENCY	8.99	12.94					21.93	61
62	OBSERVATION BEDS (NON-DISTINCT	5.27	26.21					31.48	62
101	TOTAL CHARGES	21.59	8.58					30.17	101

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

SNF / NF

	COST CENTERS	SNF TITLE XVIII PART A 1	SNF TITLE XVIII PART B 2	NF TITLE XIX INPATIENT 3	NF TITLE XIX OUTPATIENT 4	NF TITLE V INPATIENT 5	NF TITLE V OUTPATIENT 6	TOTAL THIRD PARTY UTIL 7	
UTILIZATION PERCENTAGES BASED ON DAYS									
34	SKILLED NURSING FACILITY	70.22						70.22	34
35	NURSING FACILITY			3.54				3.54	35
UTILIZATION PERCENTAGES BASED ON CHARGES									
41	RADIOLOGY-DIAGNOSTIC	0.08						0.08	41
43	RADIOISOTOPE	0.01						0.01	43
43.10	ECHOCARDIOLOGY	0.03						0.03	43.10
43.20	ULTRASOUND	0.25						0.25	43.20
43.40	CAT SCAN	0.07						0.07	43.40
43.50	MRI	0.02						0.02	43.50
44	LABORATORY	0.32						0.32	44
49	RESPIRATORY THERAPY	0.56						0.56	49
50	PHYSICAL THERAPY	2.86						2.86	50
51	OCCUPATIONAL THERAPY	9.61						9.61	51
52	SPEECH PATHOLOGY	1.12						1.12	52
53	ELECTROCARDIOLOGY	0.04						0.04	53
53.10	CARDIAC REHAB	2.32						2.32	53.10
55	MEDICAL SUPPLIES CHARGED TO PAT	3.66						3.66	55
56	DRUGS CHARGED TO PATIENTS	1.30						1.30	56
101	TOTAL CHARGES	0.46						0.46	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	2526548	1.86	-2526548	-4.98			3
4	NEW CAP REL COSTS-MVBLE EQUIP	3117947	2.29	-3117947	-6.14			4
5	EMPLOYEE BENEFITS	14021386	10.31	-14021386	-27.62			5
6	ADMINISTRATIVE & GENERAL	21411166	15.74	-21411166	-42.17			6
7	MAINTENANCE & REPAIRS	1431363	1.05	-1431363	-2.82			7
8	OPERATION OF PLANT	3084956	2.27	-3084956	-6.08			8
9	LAUNDRY & LINEN SERVICE	447522	.33	-447522	-.88			9
10	HOUSEKEEPING	886936	.65	-886936	-1.75			10
11	DIETARY	436923	.32	-436923	-.86			11
12	CAFETERIA	434333	.32	-434333	-.86			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1301734	.96	-1301734	-2.56			14
15	CENTRAL SERVICES & SUPPLY	306321	.23	-306321	-.60			15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY	1185718	.87	-1185718	-2.34			17
18	SOCIAL SERVICE	179157	.13	-179157	-.35			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	9734799	7.16	10011180	19.72	19745979	14.52	25
33	NURSERY	365161	.27	256390	.50	621551	.46	33
34	SKILLED NURSING FACILITY	403335	.30	578737	1.14	982072	.72	34
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	13277309	9.76	5662762	11.15	18940071	13.93	37
38	RECOVERY ROOM	366681	.27	313556	.62	680237	.50	38
39	DELIVERY ROOM & LABOR ROOM	1098274	.81	918403	1.81	2016677	1.48	39
40	ANESTHESIOLOGY	377983	.28	188635	.37	566618	.42	40
41	RADIOLOGY-DIAGNOSTIC	2979344	2.19	1640691	3.23	4620035	3.40	41
42	RADIOLOGY-THERAPEUTIC	52209	.04	11452	.02	63661	.05	42
43	RADIOISOTOPE	717669	.53	370211	.73	1087880	.80	43
43.10	ECHOCARDIOLOGY	349469	.26	407261	.80	756730	.56	43.10
43.20	ULTRASOUND	568750	.42	465812	.92	1034562	.76	43.20
43.30	MAMMOGAPHY	617254	.45	365325	.72	982579	.72	43.30
43.40	CAT SCAN	1301997	.96	783008	1.54	2085005	1.53	43.40
43.50	MRI	1024600	.75	536657	1.06	1561257	1.15	43.50
44	LABORATORY	3457022	2.54	1848891	3.64	5305913	3.90	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.10	LITHOTRIPSY							47.10
49	RESPIRATORY THERAPY	860324	.63	643173	1.27	1503497	1.11	49
50	PHYSICAL THERAPY	2620362	1.93	1311410	2.58	3931772	2.89	50
51	OCCUPATIONAL THERAPY	314979	.23	200107	.39	515086	.38	51

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- AMOUNT	%	
52	SPEECH PATHOLOGY	186356	.14	140687	.28	327043	.24	52
53	ELECTROCARDIOLOGY	192232	.14	253943	.50	446175	.33	53
53.10	CARDIAC REHAB	29001	.02	118655	.23	147656	.11	53.10
53.20	GRADED EXERCISE							53.20
53.30	CARDIAC CATH LAB	1728321	1.27	847029	1.67	2575350	1.89	53.30
53.40	HOLTER MONITOR							53.40
54	ELECTROENCEPHALOGRAPHY	118184	.09	142332	.28	260516	.19	54
55	MEDICAL SUPPLIES CHARGED TO PAT	972720	.72	471519	.93	1444239	1.06	55
56	DRUGS CHARGED TO PATIENTS	5098424	3.75	2219418	4.37	7317842	5.38	56
57	RENAL DIALYSIS	154605	.11	244564	.48	399169	.29	57
59	ENDOSCOPY	701247	.52	350566	.69	1051813	.77	59
59.10	DIABETES SERVICES	99071	.07	54601	.11	153672	.11	59.10
59.20	PAIN CLINIC	260927	.19	143634	.28	404561	.30	59.20
60	CLINIC	297886	.22	98351	.19	396237	.29	60
61	EMERGENCY	2596486	1.91	2013482	3.97	4609968	3.39	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	381032	.28	132312	.26	513344	.38	96
98	PHYSICIANS' PRIVATE OFFICES	29967822	21.30	15432576	30.40	44400398	32.65	98
98.02	HEMODIALYSIS							98.02
98.09	CARDIAC REHAB NON ALLOWABLE	110205	.08	276411	.54	386616	.28	98.09
98.10	DIAMOND STAR NURSING							98.10
98.30	FUND DEV, PLANNING, MKTING	1441299	1.06	596646	1.18	2037945	1.50	98.30
98.40	COMMUNITY CANCER CTR							98.40
98.50	MCLEAN CO EMS	196577	.14	65228	.13	261805	.19	98.50
98.60	OCC MED PROGRAM	711689	.52	466811	.92	1178500	.87	98.60
98.70	CARDIAC SCREENING	66698	.05	25312	.05	92010	.07	98.70
98.80	PALLIATIVE CARE							98.80
98.90	NON-PATIENT DIETARY	420887	.31	164272	.32	585159	.43	98.90
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	135991200	100.00	0	.00	135991200	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	1104911	67201262	.016442	21419864	352185	37
38	RECOVERY ROOM	42165	1658271	.022690	420756	9547	38
39	DELIVERY ROOM & LABOR ROOM	151579	4554624	.033280	5022	167	39
40	ANESTHESIOLOGY	59038	4319031	.013669	1247516	17052	40
41	RADIOLOGY-DIAGNOSTIC	583893	14735001	.039626	2896371	114851	41
42	RADIOLOGY-THERAPEUTIC	1295	68324	.018954	58277	1105	42
43	RADIOISOTOPE	71596	8754293	.008178	750555	6138	43
43.10	ECHOCARDIOLOGY	150652	3080706	.048902	768542	37583	43.10
43.20	ULTRASOUND	152633	4762265	.032051	476783	15281	43.20
43.30	MAMMOGAPHY	54900	3376740	.025143			43.30
43.40	CAT SCAN	1180051	30874434	.038221	3294059	125902	43.40
43.50	MRI	120691	16891413	.007145	1145015	8181	43.50
44	LABORATORY	295195	53748564	.005492	8222420	45158	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.10	LITHOTRIPSY						47.10
49	RESPIRATORY THERAPY	101445	14205803	.007141	6544585	46735	49
50	PHYSICAL THERAPY	651705	5496989	.118557	760525	90166	50
51	OCCUPATIONAL THERAPY	20853	1480816	.014082	378070	5324	51
52	SPEECH PATHOLOGY	25175	642103	.039207	104759	4107	52
53	ELECTROCARDIOLOGY	88064	3928616	.022416	465097	10426	53
53.10	CARDIAC REHAB	66500	316350	.210210	49253	10353	53.10
53.20	GRADED EXERCISE						53.20
53.30	CARDIAC CATH LAB	180086	21819942	.008253	6103660	50374	53.30
53.40	HOLTER MONITOR						53.40
54	ELECTROENCEPHALOGRAPHY	45299	611942	.074025	111663	8266	54
55	MEDICAL SUPPLIES CHARGED TO PAT	221525	5503761	.040250	1767848	71156	55
56	DRUGS CHARGED TO PATIENTS	312313	78978265	.003954	26527399	104889	56
57	RENAL DIALYSIS	58775	641044	.091686	427396	39186	57
59	ENDOSCOPY	67079	2957495	.022681	1250419	28361	59
59.10	DIABETES SERVICES	4397	90243	.048724			59.10
59.20	PAIN CLINIC	87706	1855755	.047262			59.20
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	80781	602955	.133975	2384	319	60
61	EMERGENCY	248358	15335559	.016195	1378359	22323	61
62	OBSERVATION BEDS (NON-DISTINCT	122420	11026288	.011103	580780	6448	62
	OTHER REIMBURSABLE COST CENTERS						
63.50	RHC						63.50
63.60	FQHC						63.60
101	TOTAL	6381080	379718854		87159377	1231583	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	1284049		1284049	25425	50.50	10246	517423 25
101	TOTAL	1284049		1284049			10246	517423 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	517423
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1231583
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	1749006
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	2551
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	10246
PER DISCHARGE CAPITAL COSTS	685.62
PER DIEM CAPITAL COSTS	170.70

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)	21473498
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	97500694
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.220

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)	1749006
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	5865708
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	34573615
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.170

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CREATION DATE: 2/25/2011

CREATION TIME: 13:02

PROVIDER NAME: ST. JOSEPH MEDICAL CENTER

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	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
4310	ECHOCARDIOLOGY	3260	

****
ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
****

CMS EDIT NO.			
4320	ULTRASOUND	3630	
4330	MAMMOGAPHY	3440	
4340	CAT SCAN	3230	
4350	MRI	3430	
44	LABORATORY	4400	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
4710	LITHOTRIPSY	3950	**
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
5310	CARDIAC REHAB	3951	
5320	GRADED EXERCISE	3620	**
5330	CARDIAC CATH LAB	3120	
5340	HOLTER MONITOR	3370	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ENDOSCOPY	3330	
5910	DIABETES SERVICES	3952	
5920	PAIN CLINIC	3953	
60	CLINIC	6000	
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 2	HEMODIALYSIS	9809	**
98 9	CARDIAC REHAB NON ALLOWABLE	9808	
9810	DIAMOND STAR NURSING	9801	**
9830	FUND DEV, PLANNING, MKTING	9802	
9840	COMMUNITY CANCER CTR	9803	**
9850	MCLEAN CO EMS	9804	
9860	OCC MED PROGRAM	9805	
9870	CARDIAC SCREENING	9806	
9880	PALLIATIVE CARE	9807	**

****
ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
****

CMS EDIT NO.		
9890	NON-PATIENT DIETARY	9810

****
ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)
****

CMS
EDIT NO.

2135S WKST S-3, PART II, LINES 21-35, COLUMN 1 ARE ZERO
BUT THE RATIO OF WKST S-3, PART II, COLUMN 4, LINE 1
MINUS LINES 3, 5, AND 7 TO WKST S-3, PART II, COLUMN 4
LINES 8 + 8.01 IS GREATER THAN OR EQUAL TO 15 PERCENT.

2100D TOTAL INPATIENT DAYS ON WKST D-1, LINE 1 FOR THE S.N.F.
ARE GREATER THAN ZERO BUT THE ROUTINE SERVICE CHARGES ON LINE 28
ARE NOT GREATER THAN ZERO. (TITLE XIX)

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

		PART A	PART B	TOTAL
1	HOSPITAL	21454913	5294717	26749630
2	SUBPROVIDER I			
3	SWING-BED SNF			
4	SKILLED NURSING FAC	444408		444408
5	HOME HEALTH AGENCY I			
6	CORF			
	TOTAL	21899321	5294717	27194038

WORKSHEET S - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL		60865	-20594		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	CORF					8
9	HEALTH CLINIC					9
100	TOTAL		60865	-20594		100

****
COMPU-MAX CMS-2552-96 EDIT REPORT
****

I. OPTIONS SELECTED:
OPTION 16
OPTION 20, 6
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	2	3	4	
1	HOSPITAL		60865	-20594		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	O/P REHAB PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		60865	-20594		100

II. REMARKS (from 'CR' data file)
****

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

****
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.

****

III. 1000 LEVEL ERRORS
****

IV. 2000 LEVEL ERRORS
****

2027 - WKST C, PART I, LINE 59.10, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

V. 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 = $222.41

**** - 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 = $59.42

VI. 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 $930,090

(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 $678,438

(I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WORKSHEET E, PART A, LINE 30 FOR A PPS FACILITY (HOSPITAL)

(I) - WORKSHEET E, PART A, LINE 2.01 IS GREATER THAN 500,000. PLEASE REVIEW AS ADDITIONAL RECONCILIATION MAY BE REQUIRED BASED ON CMS CR 2785.