

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ALEXIUS MEDICAL CENTER (14-0290) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	2176314	-127209		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	2176314	-127209		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1555 BARRINGTON ROAD P.O.BOX: 1  
 1.01 CITY: HOFFMAN ESTATES STATE: IL ZIP CODE: 60194 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0290	09/16/1979	N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2010	TO: 12/31/2010	1	2		17
18	TYPE OF CONTROL			1			18
TYPE OF HOSPITAL/SUBPROVIDER							
19	HOSPITAL			1			19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES	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	16974 21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR '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 OR MMEA SECTION 108? 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?						22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW						23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			NO			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

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
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		1	XVIII	XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	2	3
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	YES	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?		NO	YES	NO
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		NO	NO	NO
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?		NO	NO	NO
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?		NO	NO	NO
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?		NO	NO	NO
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?		NO	NO	NO

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

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 149019 40

40.01 NAME: ALEXIAN BROTHERS HOSPITAL N FI/CONTRACTOR'S NAME: 52280 FI/CONTRACTOR'S NUMBER: 52280 40.01

40.02 STREET: 3040 SALT CREEK LANE P.O.BOX: 40.02

40.03 CITY: ARLINGTON HEIGHTS STATE: IL ZIP CODE: 60005 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? YES 42.01

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? YES 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? NO 45

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02

45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03

46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	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: PREMIUMS: 5407631 PAID LOSSES: 355000 AND/OR SELF INSURANCE:						54
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
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.				DATE / / Y/N NO LIMIT 0.00 Y/N NO FEES 4		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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	04/28/2011		63
MISCELLANEOUS DATA						
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.		YES			64





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6410	4197	18286
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		6410	4197	18286
13 RPCH VISITS				13
14 SUBPROVIDER I				14
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	97985042		97985042	3343716.00	29.30		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	172209		172209	11952.00	14.41		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3704473		3704473	64734.00	57.23	SCHEDULE	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	223009		223009	1554.00	143.51		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	17217282		17217282	333279.00	51.66	HOME OFFICE W/P	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	24130019		24130019			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	105996		105996			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1091542		1091542	17083.00	63.90		21
22 ADMINISTRATIVE & GENERAL	9416752		9416752	310064.00	30.37		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	1220696		1220696	40561.00	30.10		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING	2251569		2251569	165828.00	13.58		26
26.01 HOUSEKEEPING UNDER CONTRACT	950935		950935	12443.00	76.42		26.01
27 DIETARY	1791442	-537432	1254010	88862.00	14.11		27
27.01 DIETARY UNDER CONTRACT	1316488		1316488	29639.00	44.42		27.01
28 CAFETERIA		537432	537432	38084.00	14.11		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1780974		1780974	41214.00	43.21		30
31 CENTRAL SERVICES AND SUPPLY	415462		415462	24087.00	17.25		31
32 PHARMACY	2647904		2647904	73393.00	36.08		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1438076		1438076	68061.00	21.13		33
34 SOCIAL SERVICE	1765311		1765311	51514.00	34.27		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		2	3	4	5	
1 NET SALARIES	100252465		100252465	3385798.00	29.61	1
2 EXCLUDED AREA SALARIES	172209		172209	11952.00	14.41	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	100080256		100080256	3373846.00	29.66	3
4 SUBTOTAL OTHER WAGES & REL COSTS	21144764		21144764	399567.00	52.92	4
5 SUBTOTAL WAGE-RELATED COSTS	24130019		24130019		24.11%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	145355039		145355039	3773413.00	38.52	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	26087151		26087151	960833.00	27.15	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	43678313	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	43678313	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.228821	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	163976610	28
29	TOTAL GROSS MEDICAID COST	37521292	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	43821884	30
31	UNCOMPENSATED CARE COST	10027367	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	37521292	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	
69.10 6910 CMHC								69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 8510 PANCREAS ACQUISITION								85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
85.03 8530 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	97812833	175131831	272944664	18636	272963300	-12429302	260533998	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN	167146	258854	426000		426000		426000	96
97 9700 RESEARCH								97
97.01 9701 COMMUNITY PROGRAMS	5063	10340	15403		15403		15403	97.01
98 9800 PHYSICIANS' PRIVATE OFFICES		5409823	5409823	-252	5409571	-3010833	2398738	98
99 9900 NONPAID WORKERS		3653425	3653425	-18384	3635041		3635041	99
101 TOTAL	97985042	184464273	282449315		282449315	-15440135	267009180	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 LEASE EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		6269670
2	A	NEW CAP REL COSTS-BLDG & FIXT	3		2171569
3	A				
4	A				
5	A				
6	A				
7	A				
8	A				
9	A				
10	A				
11	A				
12	A				
13	A				
14	A				
15	A				
16	A				
17	A				
18	A				
19	A				
20	A				
21	A				
22	A				
23	A				
24	A				
25	A				
26	A				
27	A				
28	A				
29	A				
30	A				
31	A				
32	A				
33	A				
34	A				
35	A				
36 SUBTOTAL					8441239

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 LEASE EXPENSE	A	CENTRAL SERVICES & SUPPLY	15		399021	9 1
2	A	EMPLOYEE BENEFITS	5		90	9 2
3	A	ADMINISTRATIVE & GENERAL	6		282426	3
4	A	OPERATION OF PLANT	8		164712	4
5	A	HOUSEKEEPING	10		987	5
6	A	PHARMACY	16		250295	6
7	A	MEDICAL RECORDS & LIBRARY	17		90	7
8	A	ADULTS & PEDIATRICS	25		461380	8
9	A	INTENSIVE CARE UNIT	26		70913	9
10	A	NURSERY	33		49084	10
11	A	OPERATING ROOM	37		858557	11
12	A	ENDOSCOPY	37.01		415623	12
13	A	IMPL. DEV. CHARGED TO PATIENT	55.30		1600	13
14	A	RECOVERY ROOM	38		11244	14
15	A	DELIVERY ROOM & LABOR ROOM	39		37228	15
16	A	ANESTHESIOLOGY	40		35412	16
17	A	RADIOLOGY-DIAGNOSTIC	41		4744	17
18	A	RADIOLOGY-SPECIAL PROCEDURES	41.02		5412	18
19	A	MAMMOGRAPHY	41.04		82462	19
20	A	MRI	41.05		1401717	20
21	A	CAT SCAN	41.06		410670	21
22	A	RADIATION ONCOLOGY	41.07		551903	22
23	A	LABORATORY	44		224555	23
24	A	WHOLE BLOOD & PACKED RED BLOO	46		7840	24
25	A	RESPIRATORY THERAPY	49		26874	25
26	A	PHYSICAL THERAPY	50		60	26
27	A	REHAB OUTPATIENT	50.01		7034	27
28	A	ELECTROCARDIOLOGY	53		42551	28
29	A	CARDIAC CATH LAB	53.02		338936	29
30	A	PROCEDURE CLINIC	60.02		37786	30
31	A	PHYSICIANS' PRIVATE OFFICES	98		1450	31
32	A	NONPAID WORKERS	99		18384	32
33	A	ADMINISTRATIVE & GENERAL	6		1679411	33
34	A	OPERATION OF PLANT	8		44568	34
35	A	MAMMOGRAPHY	41.04		227554	35
36 SUBTOTAL					8152573	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	A				1
2	A				2
3	A				3
4					4
5 CHARGEABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		11120817 5
6					6
7 DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		3950252 7
8					8
9 LAUNDRY	D	LAUNDRY & LINEN SERVICE	9		1318701 9
10					10
11 CAFETERIA	E	CAFETERIA	12	537432	507366 11
12					12
13 WORKERS COMP	F	EMPLOYEE BENEFITS	5		620522 13
14					14
15 BROTHER KENNEDY CLINIC	G	PHYSICIANS' PRIVATE OFFICES	98		1198 15
16					16
17 ENTEROSTOMAL THERAPY	H	ADULTS & PEDIATRICS	25	89667	11650 17
18					18
19 CARDIAC REHAB	I	ELECTROCARDIOLOGY	53		150 19
20					20
21 IMMEDIATE CARE CLINIC	J	PROCEDURE CLINIC	60.02		374 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				627099	25972269 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	A	LABORATORY	44		6600	1
2	A	REHAB OUTPATIENT	50.01		213436	2
3	A	EMERGENCY	61		68630	3
4						4
5	B	PHARMACY	16		11120817	5
6						6
7	C	NEW CAP REL COSTS-BLDG & FIXT	3		3950252	9 7
8						8
9	D	HOUSEKEEPING	10		1318701	9
10						10
11	E	DIETARY	11	537432	507366	11
12						12
13	F	ADMINISTRATIVE & GENERAL	6		620522	13
14						14
15	G	CLINIC	60		1198	15
16						16
17	H	ENTEROSTOMAL THERAPY	60.01	89667	11650	17
18						18
19	I	CARDIAC REHABILITATION	53.01		150	19
20						20
21	J	IMMEDIATE CARE CENTERS	60.03		374	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		627099	25972269	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	11000000					11000000		1
2 LAND IMPROVEMENTS	14374000	2505000		2505000		16879000		2
3 BUILDINGS AND FIXTURES	81214000	7137000		7137000	177000	88174000		3
4 BUILDING IMPROVEMENTS	58080000	6934000		6934000		65014000		4
5 FIXED EQUIPMENT	5862000	391000		391000		6253000		5
6 MOVABLE EQUIPMENT	86083000	2571000		2571000	5430000	83224000		6
7 SUBTOTAL	256613000	19538000		19538000	5607000	270544000		7
8 RECONCILING ITEMS								8
9 TOTAL	256613000	19538000		19538000	5607000	270544000		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	170530000		170530000	.664542				3
4 NEW CAP REL COSTS-MVBLE EQUIP	86083000		86083000	.335458				4
5 TOTAL	256613000		256613000	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	13476869						13476869 3
4 NEW CAP REL COSTS-MVBLE EQUIP	10211922						10211922 4
5 TOTAL	23688791						23688791 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	11073784						11073784 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	11073784						11073784 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-8876	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-94000	OPERATION OF PLANT	8	9
10 TELEVISION AND RADIO SERVICE	A	-7600	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3576130			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	5856990			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	-6288	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1200	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-15821	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.08 OTHER EDUCATION	B	-17933	NURSING ADMINISTRATION	14	37.08
37.09 MISC INCOME	B	-22679	OPERATION OF PLANT	8	37.09
37.11 LOBBYING PORTION OF FEES	A	-50000	ADMINISTRATIVE & GENERAL	6	37.11
37.13 PATIENT TELEPHONE	A	-1500	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.13
37.14 CONTRIBUTIONS	A	-250	ADMINISTRATIVE & GENERAL	6	37.14
38 PATIENT TELEPHONE	A	-6500	NEW CAP REL COSTS-MVBLE EQUIP	4	9 38
38.03 NON PATIENT RELATED	A	-265212	ADMINISTRATIVE & GENERAL	6	38.03
38.04 NON PATIENT RELATED	A	-1130	DIETARY	11	38.04
38.07 PHYSICIANS PT B	A	-2947050	PHYSICIANS' PRIVATE OFFICES	98	38.07
38.08 FREE CLINIC PT B	A	-63783	PHYSICIANS' PRIVATE OFFICES	98	38.08
38.09 COMMUNITY TRANSPORT	A	-10682	ADMINISTRATIVE & GENERAL	6	38.09
38.11 PERINATAL CLASS TUITION	B	-28409	NURSERY	33	38.11
38.12 MISCELLANEOUS INCOME	B	-53877	ADMINISTRATIVE & GENERAL	6	38.12
39 BAD DEBTS	A	-1226301	ADMINISTRATIVE & GENERAL	6	39
40 EMERGENCY RM PURCH SVCES	A	-1491904	EMERGENCY	61	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-15440135			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	22563473	24570824	-2007351	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	4046994		4046994	9 2
3	5	EMPLOYEE BENEFITS	EXECUTIVE BENEFITS	286663	286663		3
4	6	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	1503226	1503226		4
4.01	25	ADULTS & PEDIATRICS	ABHN ADULT AND PEDS	365456		365456	11 4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	SALT CREEK CAPITAL	90665		90665	9 4.02
4.03	8	OPERATION OF PLANT	SALT CREEK NON CAPITAL	231260		231260	4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	ABMP	50709	6600	44109	9 4.04
4.05	8	OPERATION OF PLANT	ABMP	23564		23564	4.05
4.06	8	OPERATION OF PLANT	CLINICAL ENGINEERING	3062293		3062293	4.06
5		TOTALS		32224303	26367313	5856990	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	A ABHS					1
2						2
3						3
4						4
5						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	1190612	1129870	60742	154000	900	66635	3332
2	44	LABORATORY	72000		72000	154000	1000	74038	3702
3	37	OPERATING ROOM	22090		22090	154000	300	22212	1111
4	40	ANESTHESIOLOGY	10558		10558	154000	200	14808	740
5	61	EMERGENCY	2406788	2406788					
6	53.02	CARDIAC CATH LAB	13275		13275	154000	200	14808	740
7	60.04	EPILEPSY MONITORING UNIT	39472	39472					
101		TOTAL	3754795	3576130	178665		2600	192501	9625

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/24/2011 11:30

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
10	11								
1	25	ADULTS & PEDIATRICS					66635		1129870
2	44	LABORATORY					74038		
3	37	OPERATING ROOM					22212		
4	40	ANESTHESIOLOGY					14808		
5	61	EMERGENCY							2406788
6	53.02	CARDIAC CATH LAB					14808		
7	60.04	EPILEPSY MONITORING UNIT							39472
101		TOTAL					192501		3576130

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS-TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & 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	13476869	13476869							3
4 NEW CAP REL COSTS-MVBLE EQUIP	10211922		10211922						4
5 EMPLOYEE BENEFITS	17800500	53318	104003	17957821					5
6 ADMINISTRATIVE & GENERAL	53736723	962356	995974	1745263	57440316	57440316			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	10574612	3159104	825787	226239	14785742	4052594	18838336		8
9 LAUNDRY & LINEN SERVICE	1318701		40051		1358752	372418		1731170	9
10 HOUSEKEEPING	3799158	176049	126241	417297	4518745	1238534	356530		10
11 DIETARY	2420912	200297	251234	232413	3104856	851004	405636		11
12 CAFETERIA	1044798	124292	181798	99605	1450493	397563	251714		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2203724	353382	322751	330079	3209936	879805	715659		14
15 CENTRAL SERVICES & SUPPLY	861053	85059	74731	77000	1097843	300906	172258		15
16 PHARMACY	3266226	86099	83846	490752	3926923	1076322	174366		16
17 MEDICAL RECORDS & LIBRARY	2516968	229124	183840	266527	3196459	876111	464016		17
18 SOCIAL SERVICE	2631616	10025		327176	2968817	813717	20303		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	32579132	2961893	3002029	4983700	43526754	11930166	5998343	833704	25
26 INTENSIVE CARE UNIT	5851152	370137	371689	820506	7413484	2031947	749591	93542	26
33 NURSERY	4094735	159121	119850	518773	4892479	1340970	322247	11245	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	13137196	689176	716451	1022708	15565531	4266325	1395700	174952	37
37.01 ENDOSCOPY	2072444	364378		248546	2685368	736027	737929		37.01
37.02 IMPLANTS									37.02
38 RECOVERY ROOM	1398963	131716	137284	214756	1882719	516031	266748	62796	38
39 DELIVERY ROOM & LABOR ROOM	3832578	494672	557572	548883	5433705	1489313	1001796	27443	39
40 ANESTHESIOLOGY	807836		39559	14145	861540	236138			40
41 RADIOLOGY-DIAGNOSTIC	3486350	339506	624701	487223	4937780	1353386	687558	88788	41
41.01 ULTRASOUND	1395246	38956	21746	205654	1661602	455425	78893		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	1589118	35661	36760	154597	1816136	497781	72219		41.02
41.03 NUCLEAR MEDICINE	1479780	73785	44854	89037	1687456	462511	149426		41.03
41.04 MAMMOGRAPHY	1758248	170221		217422	2145891	588163	344728		41.04
41.05 MRI	1344726	81139		130729	1556594	426644	164320		41.05
41.06 CAT SCAN	2048259	89672		209937	2347868	643522	181602		41.06
41.07 RADIATION ONCOLOGY	1197211	431121		164702	1793034	491449	873094		41.07
44 LABORATORY	8110869	309743	306867	638772	9366251	2567177	627282		44
44.01 PATHOLOGY									44.01
46 WHOLE BLOOD & PACKED RED BLOOD	2170829	18836	24053	78909	2292627	628382	38147		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY	500324		117354	48974	666652	182721			48
49 RESPIRATORY THERAPY	3154499	53318	263223	435716	3906756	1070795	107978		49
50 PHYSICAL THERAPY	1233040	39130		167788	1439958	394675	79244		50
50.01 REHAB OUTPATIENT	1270123			194088	1464211	401323			50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY	138260			19077	157337	43124			52
53 ELECTROCARDIOLOGY	1189253		169091	179013	1537357	421371		271069	53
53.01 CARDIAC REHABILITATION									53.01
53.02 CARDIAC CATH LAB	5629338	160023		352197	6141558	1683327	324073		53.02
54 ELECTROENCEPHALOGRAPHY	152705	19287	58015	24322	254329	69709	39060		54
55.30 IMPL. DEV. CHARGED TO PATIENT	10193871				10193871	2794018			55.30
56 DRUGS CHARGED TO PATIENTS	11114529				11114529	3046359			56
57 RENAL DIALYSIS	764787				764787	209619			57
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 ENTEROSTOMAL THERAPY									60.01
60.02 PROCEDURE CLINIC	2625456	224094		393244	3242794	888811	453829		60.02
60.03 IMMEDIATE CARE CENTERS									60.03
60.04 EPILEPSY MONITORING UNIT	10293			403	10696	2932			60.04
60.05 OFF SITE IMAGING CENTER	795				795	218			60.05
61 EMERGENCY	8338271	727057	393360	1149733	10608421	2907641	1472416	167631	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	0	3	4	5	5A	6	8	9	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	260533998	13421747	10194714	17925905	260429752	55636974	18726705	1731170	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	426000	55122	17208	30978	529308	145077	111631		96
97 RESEARCH									97
97.01 COMMUNITY PROGRAMS	15403			938	16341	4479			97.01
98 PHYSICIANS' PRIVATE OFFICES	2398738				2398738	657465			98
99 NONPAID WORKERS	3635041				3635041	996321			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	267009180	13476869	10211922	17957821	267009180	57440316	18838336	1731170	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	6113809								10
11 DIETARY	134185	4495681							11
12 CAFETERIA	83267		2183037						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	236741		33489	5075630					14
15 CENTRAL SERVICES & SUPPLY	56983		19576		1647566				15
16 PHARMACY	57681		59659		19474	5314425			16
17 MEDICAL RECORDS & LIBRARY	153497		55314				4745397		17
18 SOCIAL SERVICE	6716		41875		192			3851620	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	1984263	3616247	777558	2806440	261900		394694	3529100	25
26 INTENSIVE CARE UNIT	247966	330484	102920	371466	99295		70754	322520	26
33 NURSERY	106600	548950	59997	216546	38552		61540		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	461700		127348	459635	581481		509125		37
37.01 ENDOSCOPY	244108		34707	125266	45184		158953		37.01
37.02 IMPLANTS									37.02
38 RECOVERY ROOM	88240		24056	86826	13760		82837		38
39 DELIVERY ROOM & LABOR ROOM	331396		68669	247848	59111		67251		39
40 ANESTHESIOLOGY			3449		53913		104390		40
41 RADIOLOGY-DIAGNOSTIC	227445		97527		4235		142327		41
41.01 ULTRASOUND	26098		23211		11412		113129		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	23890		14978		18300		34658		41.02
41.03 NUCLEAR MEDICINE	49430		9163		2004		76395		41.03
41.04 MAMMOGRAPHY	114036		30261		20719		29796		41.04
41.05 MRI	54357		16652		9374		193273		41.05
41.06 CAT SCAN	60074		24327		32258		439835		41.06
41.07 RADIATION ONCOLOGY	288821		15756		3531	94	56990		41.07
44 LABORATORY	207506		130070		45894		739223		44
44.01 PATHOLOGY									44.01
46 WHOLE BLOOD & PACKED RED BLOOD	12619		13372		5238		35966		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY			4953		10443		16417		48
49 RESPIRATORY THERAPY	35719		61113		61212		211295		49
50 PHYSICAL THERAPY	26214		17227		699		36183		50
50.01 REHAB OUTPATIENT			26947		4173		28410		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY			1843				2474		52
53 ELECTROCARDIOLOGY			28993		7955		152800		53
53.01 CARDIAC REHABILITATION									53.01
53.02 CARDIAC CATH LAB	107204		33084		51171		146771		53.02
54 ELECTROENCEPHALOGRAPHY	12921		4209		1143		9241		54
55.30 IMPL. DEV. CHARGED TO PATIENT					13526		78755		55.30
56 DRUGS CHARGED TO PATIENTS						5314331	471180		56
57 RENAL DIALYSIS							15676		57
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 ENTEROSTOMAL THERAPY									60.01
60.02 PROCEDURE CLINIC	150127		52762	190431	26375		37990		60.02
60.03 IMMEDIATE CARE CENTERS									60.03
60.04 EPILEPSY MONITORING UNIT					234				60.04
60.05 OFF SITE IMAGING CENTER									60.05
61 EMERGENCY	487077		158251	571172	144577		227069		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	6076881	4495681	2173316	5075630	1647335	5314425	4745397	3851620	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	36928		9501						96
97 RESEARCH			220		231				97
97.01 COMMUNITY PROGRAMS									97.01
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS									99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	6113809	4495681	2183037	5075630	1647566	5314425	4745397	3851620	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 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	75659169		75659169	25
26 INTENSIVE CARE UNIT	11833969		11833969	26
33 NURSERY	7599126		7599126	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	23541797		23541797	37
37.01 ENDOSCOPY	4767542		4767542	37.01
37.02 IMPLANTS				37.02
38 RECOVERY ROOM	3024013		3024013	38
39 DELIVERY ROOM & LABOR ROOM	8726532		8726532	39
40 ANESTHESIOLOGY	1259430		1259430	40
41 RADIOLOGY-DIAGNOSTIC	7539046		7539046	41
41.01 ULTRASOUND	2369770		2369770	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	2477962		2477962	41.02
41.03 NUCLEAR MEDICINE	2436385		2436385	41.03
41.04 MAMMOGRAPHY	3273594		3273594	41.04
41.05 MRI	2421214		2421214	41.05
41.06 CAT SCAN	3729486		3729486	41.06
41.07 RADIATION ONCOLOGY	3522769		3522769	41.07
44 LABORATORY	13683403		13683403	44
44.01 PATHOLOGY				44.01
46 WHOLE BLOOD & PACKED RED BLOOD	3026351		3026351	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	881186		881186	48
49 RESPIRATORY THERAPY	5454868		5454868	49
50 PHYSICAL THERAPY	1994200		1994200	50
50.01 REHAB OUTPATIENT	1925064		1925064	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	204778		204778	52
53 ELECTROCARDIOLOGY	2419545		2419545	53
53.01 CARDIAC REHABILITATION				53.01
53.02 CARDIAC CATH LAB	8487188		8487188	53.02
54 ELECTROENCEPHALOGRAPHY	390612		390612	54
55.30 IMPL. DEV. CHARGED TO PATIENT	13080170		13080170	55.30
56 DRUGS CHARGED TO PATIENTS	19946399		19946399	56
57 RENAL DIALYSIS	990082		990082	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 ENTEROSTOMAL THERAPY				60.01
60.02 PROCEDURE CLINIC	5043119		5043119	60.02
60.03 IMMEDIATE CARE CENTERS				60.03
60.04 EPILEPSY MONITORING UNIT	13862		13862	60.04
60.05 OFF SITE IMAGING CENTER	1013		1013	60.05
61 EMERGENCY	16744255		16744255	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/24/2011 11:30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	258467899		258467899	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	832445		832445	96
97 RESEARCH	451		451	97
97.01 COMMUNITY PROGRAMS	20820		20820	97.01
98 PHYSICIANS' PRIVATE OFFICES	3056203		3056203	98
99 NONPAID WORKERS	4631362		4631362	99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	267009180		267009180	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		53318	104003	157321	157321				5
6		962356	995974	1958330	15293	1973623			6
7									7
8		3159104	825787	3984891	1982	139252	4126125		8
9			40051	40051		12797		52848	9
10		176049	126241	302290	3657	42558	78090		10
11		200297	251234	451531	2037	29242	88846		11
12		124292	181798	306090	873	13661	55132		12
13									13
14		353382	322751	676133	2892	30231	156749		14
15		85059	74731	159790	675	10339	37729		15
16		86099	83846	169945	4300	36984	38191		16
17		229124	183840	412964	2335	30104	101632		17
18		10025		10025	2867	27960	4447		18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25		2961893	3002029	5963922	43635	409838	1313808	25451	25
26		370137	371689	741826	7190	69820	164181	2856	26
33		159121	119850	278971	4546	46077	70581	343	33
ANCILLARY SERVICE COST CENTERS									
37		689176	716451	1405627	8961	146596	305698	5341	37
37.01		364378		364378	2178	25291	161627		37.01
37.02									37.02
38		131716	137284	269000	1882	17731	58425	1917	38
39		494672	557572	1052244	4810	51175	219422	838	39
40			39559	39559	124	8114			40
41		339506	624701	964207	4269	46504	150595	2710	41
41.01		38956	21746	60702	1802	15649	17280		41.01
41.02		35661	36760	72421	1355	17104	15818		41.02
41.03		73785	44854	118639	780	15892	32729		41.03
41.04		170221		170221	1905	20210	75505		41.04
41.05		81139		81139	1146	14660	35991		41.05
41.06		89672		89672	1840	22112	39776		41.06
41.07		431121		431121	1443	16887	191232		41.07
44		309743	306867	616610	5597	88211	137392		44
44.01									44.01
46		18836	24053	42889	691	21592	8355		46
46.30									46.30
48			117354	117354	429	6279			48
49		53318	263223	316541	3818	36794	23650		49
50		39130		39130	1470	13562	17357		50
50.01					1701	13790			50.01
51									51
52					167	1482			52
53			169091	169091	1569	14479		8275	53
53.01									53.01
53.02		160023		160023	3086	57841	70981		53.02
54		19287	58015	77302	213	2395	8555		54
55.30						96006			55.30
56						104677			56
57						7203			57
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60									60
60.01									60.01
60.02		224094		224094	3446	30541	99401		60.02
60.03									60.03
60.04					4	101			60.04
60.05						7			60.05
61		727057	393360	1120417	10074	99910	322500	5117	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		13421747	10194714	23616461	157042	1911658	4101675	52848	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		55122	17208	72330	271	4985	24450		96
97 RESEARCH									97
97.01 COMMUNITY PROGRAMS					8	154			97.01
98 PHYSICIANS' PRIVATE OFFICES						22591			98
99 NONPAID WORKERS						34235			99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		13476869	10211922	23688791	157321	1973623	4126125	52848	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	426595								10
11 DIETARY	9363	581019							11
12 CAFETERIA	5810		381566						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	16519		5854	888378					14
15 CENTRAL SERVICES & SUPPLY	3976				215931				15
16 PHARMACY	4025		10428		2552	266425			16
17 MEDICAL RECORDS & LIBRARY	10710		9668				567413		17
18 SOCIAL SERVICE	469		7319					53112	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	138452	467361	135904	491206	34325		47164	48665	25
26 INTENSIVE CARE UNIT	17302	42712	17989	65017	13014		8455	4447	26
33 NURSERY	7438	70946	10487	37902	5053		7354		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	32215		22259	80449	76204		60838		37
37.01 ENDOSCOPY	17033		6066	21925	5922		18994		37.01
37.02 IMPLANTS									37.02
38 RECOVERY ROOM	6157		4205	15197	1803		9899		38
39 DELIVERY ROOM & LABOR ROOM	23123		12003	43380	7747		8036		39
40 ANESTHESIOLOGY			603		7066		12474		40
41 RADIOLOGY-DIAGNOSTIC	15870		17046		555		17007		41
41.01 ULTRASOUND	1821		4057		1496		13518		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	1667		2618		2398		4141		41.02
41.03 NUCLEAR MEDICINE	3449		1602		263		9129		41.03
41.04 MAMMOGRAPHY	7957		5289		2715		3560		41.04
41.05 MRI	3793		2911		1229		23095		41.05
41.06 CAT SCAN	4192		4252		4228		52558		41.06
41.07 RADIATION ONCOLOGY	20153		2754		463	5	6810		41.07
44 LABORATORY	14479		22734		6015		88694		44
44.01 PATHOLOGY									44.01
46 WHOLE BLOOD & PACKED RED BLOOD	881		2337		687		4298		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY			866		1369		1962		48
49 RESPIRATORY THERAPY	2492		10682		8023		25249		49
50 PHYSICAL THERAPY	1829		3011		92		4324		50
50.01 REHAB OUTPATIENT			4710		547		3395		50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY			322				296		52
53 ELECTROCARDIOLOGY			5068		1043		18259		53
53.01 CARDIAC REHABILITATION									53.01
53.02 CARDIAC CATH LAB	7480		5783		6707		17538		53.02
54 ELECTROENCEPHALOGRAPHY	902		736		150		1104		54
55.30 IMPL. DEV. CHARGED TO PATIENT					1773		9411		55.30
56 DRUGS CHARGED TO PATIENTS						266420	56304		56
57 RENAL DIALYSIS							1873		57
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 ENTEROSTOMAL THERAPY									60.01
60.02 PROCEDURE CLINIC	10475		9222	33331	3457		4540		60.02
60.03 IMMEDIATE CARE CENTERS									60.03
60.04 EPILEPSY MONITORING UNIT					31				60.04
60.05 OFF SITE IMAGING CENTER									60.05
61 EMERGENCY	33986		27660	99971	18949		27134		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	424018	581019	379867	888378	215901	266425	567413	53112	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	2577		1661						96
97 RESEARCH			38		30				97
97.01 COMMUNITY PROGRAMS									97.01
98 PHYSICIANS' PRIVATE OFFICES									98
99 NONPAID WORKERS									99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	426595	581019	381566	888378	215931	266425	567413	53112	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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 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	9119731		9119731	25
26 INTENSIVE CARE UNIT	1154809		1154809	26
33 NURSERY	539698		539698	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	2144188		2144188	37
37.01 ENDOSCOPY	623414		623414	37.01
37.02 IMPLANTS				37.02
38 RECOVERY ROOM	386216		386216	38
39 DELIVERY ROOM & LABOR ROOM	1422778		1422778	39
40 ANESTHESIOLOGY	67940		67940	40
41 RADIOLOGY-DIAGNOSTIC	1218763		1218763	41
41.01 ULTRASOUND	116325		116325	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	117522		117522	41.02
41.03 NUCLEAR MEDICINE	182483		182483	41.03
41.04 MAMMOGRAPHY	287362		287362	41.04
41.05 MRI	163964		163964	41.05
41.06 CAT SCAN	218630		218630	41.06
41.07 RADIATION ONCOLOGY	670868		670868	41.07
44 LABORATORY	979732		979732	44
44.01 PATHOLOGY				44.01
46 WHOLE BLOOD & PACKED RED BLOOD	81730		81730	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	128259		128259	48
49 RESPIRATORY THERAPY	427249		427249	49
50 PHYSICAL THERAPY	80775		80775	50
50.01 REHAB OUTPATIENT	24143		24143	50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	2267		2267	52
53 ELECTROCARDIOLOGY	217784		217784	53
53.01 CARDIAC REHABILITATION				53.01
53.02 CARDIAC CATH LAB	329439		329439	53.02
54 ELECTROENCEPHALOGRAPHY	91357		91357	54
55.30 IMPL. DEV. CHARGED TO PATIENT	107190		107190	55.30
56 DRUGS CHARGED TO PATIENTS	427401		427401	56
57 RENAL DIALYSIS	9076		9076	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 ENTEROSTOMAL THERAPY				60.01
60.02 PROCEDURE CLINIC	418507		418507	60.02
60.03 IMMEDIATE CARE CENTERS				60.03
60.04 EPILEPSY MONITORING UNIT	136		136	60.04
60.05 OFF SITE IMAGING CENTER	7		7	60.05
61 EMERGENCY	1765718		1765718	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	23525461		23525461	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	106274		106274	96
97 RESEARCH	68		68	97
97.01 COMMUNITY PROGRAMS	162		162	97.01
98 PHYSICIANS' PRIVATE OFFICES	22591		22591	98
99 NONPAID WORKERS	34235		34235	99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	23688791		23688791	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS  GROSS SALARIES	
	1	2	3	4	5	6A
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT	388500					1
2 OLD CAP REL COSTS-MVBLE EQUIP		388500				2
3 NEW CAP REL COSTS-BLDG & FIXT			388500			3
4 NEW CAP REL COSTS-MVBLE EQUIP				270018		4
5 EMPLOYEE BENEFITS	1537	1537	1537	2750	96893500	5
6 ADMINISTRATIVE & GENERAL	27742	27742	27742	26335	9416752	-57440316
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT	91068	91068	91068	21835	1220696	8
9 LAUNDRY & LINEN SERVICE				1059		9
10 HOUSEKEEPING	5075	5075	5075	3338	2251569	10
11 DIETARY	5774	5774	5774	6643	1254010	11
12 CAFETERIA	3583	3583	3583	4807	537432	12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	10187	10187	10187	8534	1780974	14
15 CENTRAL SERVICES & SUPPLY	2452	2452	2452	1976	415462	15
16 PHARMACY	2482	2482	2482	2217	2647904	16
17 MEDICAL RECORDS & LIBRARY	6605	6605	6605	4861	1438076	17
18 SOCIAL SERVICE	289	289	289		1765311	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	85383	85383	85383	79378	26890241	25
26 INTENSIVE CARE UNIT	10670	10670	10670	9828	4427128	26
33 NURSERY	4587	4587	4587	3169	2799096	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	19867	19867	19867	18944	5518128	37
37.01 ENDOSCOPY	10504	10504	10504		1341055	37.01
37.02 IMPLANTS						37.02
38 RECOVERY ROOM	3797	3797	3797	3630	1158739	38
39 DELIVERY ROOM & LABOR ROOM	14260	14260	14260	14743	2961559	39
40 ANESTHESIOLOGY				1046	76322	40
41 RADIOLOGY-DIAGNOSTIC	9787	9787	9787	16518	2628863	41
41.01 ULTRASOUND	1123	1123	1123	575	1109629	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	1028	1028	1028	972	834142	41.02
41.03 NUCLEAR MEDICINE	2127	2127	2127	1186	480406	41.03
41.04 MAMMOGRAPHY	4907	4907	4907		1173125	41.04
41.05 MRI	2339	2339	2339		705363	41.05
41.06 CAT SCAN	2585	2585	2585		1132739	41.06
41.07 RADIATION ONCOLOGY	12428	12428	12428		888668	41.07
44 LABORATORY	8929	8929	8929	8114	3446562	44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOO	543	543	543	636	425761	46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
48 INTRAVENOUS THERAPY				3103	264243	48
49 RESPIRATORY THERAPY	1537	1537	1537	6960	2350954	49
50 PHYSICAL THERAPY	1128	1128	1128		905320	50
50.01 REHAB OUTPATIENT					1047223	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY					102931	52
53 ELECTROCARDIOLOGY				4471	965886	53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	4613	4613	4613		1900317	53.02
54 ELECTROENCEPHALOGRAPHY	556	556	556	1534	131230	54
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	6460	6460	6460		2121791	60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 EPILEPSY MONITORING UNIT					2177	60.04
60.05 OFF SITE IMAGING CENTER						60.05
61 EMERGENCY	20959	20959	20959	10401	6203507	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		
	1	2	3	4	5	6A	
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	386911	386911	386911	269563	96721291	-57440316	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1589	1589	1589	455	167146		96
97 RESEARCH							97
97.01 COMMUNITY PROGRAMS					5063		97.01
98 PHYSICIANS' PRIVATE OFFICES							98
99 NONPAID WORKERS							99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I			13476869	10211922	17957821		103
104 UNIT COST MULT-WS B PT I				37.819412			104
104 UNIT COST MULT-WS B PT I			34.689495		.185336		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					157321		107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III					.001624		108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	PATIENT DAYS	FTE'S	
	6	7	8	9	10	11	12	
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	202989436	357632	266564	1590202	261489	79865	128558	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	529308	1589	1589		1589		562	96
97 RESEARCH							13	97
97.01 COMMUNITY PROGRAMS	16341							97.01
98 PHYSICIANS' PRIVATE OFFICES	2398738							98
99 NONPAID WORKERS	3635041							99
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	57440316		18838336	1731170	6113809	4495681	2183037	103
104 UNIT COST MULT-WS B PT I	.274088		70.252192		23.239530		16.905338	
104 UNIT COST MULT-WS B PT I				1.088648		56.291004		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	1973623		4126125	52848	426595	581019	381566	106
108 UNIT COST MULT-WS B PT III	.009418		15.387204		1.621553		2.954830	107
108 UNIT COST MULT-WS B PT III				.033234		7.275014		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	14	15	16	17	18	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	83185					14
15 CENTRAL SERVICES & SUPPLY		8788196				15
16 PHARMACY		103873	11121014			16
17 MEDICAL RECORDS & LIBRARY				1129565998		17
18 SOCIAL SERVICE		1025			70113	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	45995	1396985		93952354	64242	25
26 INTENSIVE CARE UNIT	6088	529644		16842269	5871	26
33 NURSERY	3549	205639		14648963		33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	7533	3101654		121191486		37
37.01 ENDOSCOPY	2053	241014		37836826		37.01
37.02 IMPLANTS						37.02
38 RECOVERY ROOM	1423	73395		19718446		38
39 DELIVERY ROOM & LABOR ROOM	4062	315303		16008302		39
40 ANESTHESIOLOGY		287576		24848747		40
41 RADIOLOGY-DIAGNOSTIC		22588		33879413		41
41.01 ULTRASOUND		60874		26928991		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		97613		8249926		41.02
41.03 NUCLEAR MEDICINE		10690		18184924		41.03
41.04 MAMMOGRAPHY		110515		7092502		41.04
41.05 MRI		50003		46006377		41.05
41.06 CAT SCAN		172067		104697647		41.06
41.07 RADIATION ONCOLOGY		18833	197	13565844		41.07
44 LABORATORY		244798		175942042		44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOO		27942		8561407		46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
48 INTRAVENOUS THERAPY		55703		3907963		48
49 RESPIRATORY THERAPY		326508		50296274		49
50 PHYSICAL THERAPY		3729		8612940		50
50.01 REHAB OUTPATIENT		22257		6762562		50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY				588937		52
53 ELECTROCARDIOLOGY		42432		36372190		53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB		272947		34937208		53.02
54 ELECTROENCEPHALOGRAPHY		6095		2199620		54
55.30 IMPL. DEV. CHARGED TO PATIENT		72147		18746733		55.30
56 DRUGS CHARGED TO PATIENTS			11120817	112159082		56
57 RENAL DIALYSIS				3731610		57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	3121	140688		9043132		60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 EPILEPSY MONITORING UNIT		1247		1		60.04
60.05 OFF SITE IMAGING CENTER				1		60.05
61 EMERGENCY	9361	771180		54051279		61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	14	15	16	17	18	
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	83185	8786964	11121014	1129565998	70113	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & C						96
97 RESEARCH		1232				97
97.01 COMMUNITY PROGRAMS						97.01
98 PHYSICIANS' PRIVATE OFFICES						98
99 NONPAID WORKERS						99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	5075630	1647566	5314425	4745397	3851620	103
104 UNIT COST MULT-WS B PT I	61.016169		.477872		54.934463	
104 UNIT COST MULT-WS B PT I		.187475		.004201		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	888378	215931	266425	567413	53112	107
108 UNIT COST MULT-WS B PT III	10.679546		.023957		.757520	
108 UNIT COST MULT-WS B PT III		.024571		.000502		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	75659169		75659169		75659169	25
26 INTENSIVE CARE UNIT	11833969		11833969		11833969	26
33 NURSERY	7599126		7599126		7599126	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	23541797		23541797		23541797	37
37.01 ENDOSCOPY	4767542		4767542		4767542	37.01
37.02 IMPLANTS						37.02
38 RECOVERY ROOM	3024013		3024013		3024013	38
39 DELIVERY ROOM & LABOR ROOM	8726532		8726532		8726532	39
40 ANESTHESIOLOGY	1259430		1259430		1259430	40
41 RADIOLOGY-DIAGNOSTIC	7539046		7539046		7539046	41
41.01 ULTRASOUND	2369770		2369770		2369770	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURE	2477962		2477962		2477962	41.02
41.03 NUCLEAR MEDICINE	2436385		2436385		2436385	41.03
41.04 MAMMOGRAPHY	3273594		3273594		3273594	41.04
41.05 MRI	2421214		2421214		2421214	41.05
41.06 CAT SCAN	3729486		3729486		3729486	41.06
41.07 RADIATION ONCOLOGY	3522769		3522769		3522769	41.07
44 LABORATORY	13683403		13683403		13683403	44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BL	3026351		3026351		3026351	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	881186		881186		881186	48
49 RESPIRATORY THERAPY	5454868		5454868		5454868	49
50 PHYSICAL THERAPY	1994200		1994200		1994200	50
50.01 REHAB OUTPATIENT	1925064		1925064		1925064	50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	204778		204778		204778	52
53 ELECTROCARDIOLOGY	2419545		2419545		2419545	53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	8487188		8487188		8487188	53.02
54 ELECTROENCEPHALOGRAPHY	390612		390612		390612	54
55.30 IMPL. DEV. CHARGED TO PATIE	13080170		13080170		13080170	55.30
56 DRUGS CHARGED TO PATIENTS	19946399		19946399		19946399	56
57 RENAL DIALYSIS	990082		990082		990082	57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	5043119		5043119		5043119	60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 EPILEPSY MONITORING UNIT	13862		13862		13862	60.04
60.05 OFF SITE IMAGING CENTER	1013		1013		1013	60.05
61 EMERGENCY	16744255		16744255		16744255	61
62 OBSERVATION BEDS (NON-DISTI	7474238		7474238		7474238	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	265942137		265942137		265942137	101
102 LESS OBSERVATION BEDS	7474238		7474238		7474238	102
103 TOTAL	258467899		258467899		258467899	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	85673482		85673482			25
26 INTENSIVE CARE UNIT	16842269		16842269			26
33 NURSERY	14648963		14648963			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	54796080	66395406	121191486	.194253	.194253	.194253 37
37.01 ENDOSCOPY	8477014	29359812	37836826	.126003	.126003	.126003 37.01
37.02 IMPLANTS						
38 RECOVERY ROOM	8133175	11585271	19718446	.153360	.153360	.153360 38
39 DELIVERY ROOM & LABOR ROOM	15624147	384155	16008302	.545125	.545125	.545125 39
40 ANESTHESIOLOGY	10453403	14395344	24848747	.050684	.050684	.050684 40
41 RADIOLOGY-DIAGNOSTIC	11997009	21882404	33879413	.222526	.222526	.222526 41
41.01 ULTRASOUND	7377737	19551254	26928991	.088001	.088001	.088001 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURE	4635054	3614872	8249926	.300362	.300362	.300362 41.02
41.03 NUCLEAR MEDICINE	7766333	10418591	18184924	.133978	.133978	.133978 41.03
41.04 MAMMOGRAPHY	14299	7078203	7092502	.461557	.461557	.461557 41.04
41.05 MRI	15118762	30887615	46006377	.052628	.052628	.052628 41.05
41.06 CAT SCAN	36006163	68691484	104697647	.035621	.035621	.035621 41.06
41.07 RADIATION ONCOLOGY	614594	12951250	13565844	.259679	.259679	.259679 41.07
44 LABORATORY	81657661	94284381	175942042	.077772	.077772	.077772 44
44.01 PATHOLOGY						
46 WHOLE BLOOD & PACKED RED BL	6637251	1924156	8561407	.353488	.353488	.353488 46
46.30 BLOOD CLOTTING FACTORS ADMI						
48 INTRAVENOUS THERAPY	3584000	323963	3907963	.225485	.225485	.225485 48
49 RESPIRATORY THERAPY	46465784	3830490	50296274	.108455	.108455	.108455 49
50 PHYSICAL THERAPY	8211117	401823	8612940	.231535	.231535	.231535 50
50.01 REHAB OUTPATIENT	7844	6754718	6762562	.284665	.284665	.284665 50.01
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY	565267	23670	588937	.347708	.347708	.347708 52
53 ELECTROCARDIOLOGY	18855468	17516722	36372190	.066522	.066522	.066522 53
53.01 CARDIAC REHABILITATION						
53.02 CARDIAC CATH LAB	28713647	6223561	34937208	.242927	.242927	.242927 53.02
54 ELECTROENCEPHALOGRAPHY	887965	1311655	2199620	.177582	.177582	.177582 54
55.30 IMPL. DEV. CHARGED TO PATIE	13761319	4985414	18746733	.697731	.697731	.697731 55.30
56 DRUGS CHARGED TO PATIENTS	76315821	35843261	112159082	.177840	.177840	.177840 56
57 RENAL DIALYSIS	3645099	86511	3731610	.265323	.265323	.265323 57
59.97 CARDIAC REHABILITATION						
59.98 HYPERBARIC OXYGEN THERAPY						
59.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						
60.01 ENTEROSTOMAL THERAPY						60
60.02 PROCEDURE CLINIC	233304	8809828	9043132	.557674	.557674	.557674 60.02
60.03 IMMEDIATE CARE CENTERS						
60.04 EPILEPSY MONITORING UNIT		1	1	13862.000000	13862.000000	13862.000000 60.04
60.05 OFF SITE IMAGING CENTER		1	1	1013.000000	1013.000000	1013.000000 60.05
61 EMERGENCY	15665730	38385549	54051279	.309785	.309785	.309785 61
62 OBSERVATION BEDS (NON-DISTI		8278872	8278872	.902809	.902809	.902809 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	603385761	526180237	1129565998			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	603385761	526180237	1129565998			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				9119731		9119731
26 INTENSIVE CARE UNIT				1154809		1154809
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				539698		539698
101 TOTAL				10814238		10814238

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	71284	28412			127.94	3635031
26 INTENSIVE CARE UNIT	5871	3233			196.70	635931
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	9752				55.34	
101 TOTAL	86907	31645				4270962

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2144188	121191486	18609290			.017693	329254 37
37.01 ENDOSCOPY		623414	37836826	4340471			.016476	71514 37.01
37.02 IMPLANTS								37.02
38 RECOVERY ROOM		386216	19718446	2873774			.019587	56289 38
39 DELIVERY ROOM & LABOR ROOM		1422778	16008302	8508			.088878	756 39
40 ANESTHESIOLOGY		67940	24848747	3544491			.002734	9691 40
41 RADIOLOGY-DIAGNOSTIC		1218763	33879413	6423548			.035974	231081 41
41.01 ULTRASOUND		116325	26928991	3866671			.004320	16704 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		117522	8249926	2717188			.014245	38706 41.02
41.03 NUCLEAR MEDICINE		182483	18184924	4753873			.010035	47705 41.03
41.04 MAMMOGRAPHY		287362	7092502	3150			.040516	128 41.04
41.05 MRI		163964	46006377	6792870			.003564	24210 41.05
41.06 CAT SCAN		218630	104697647	17634059			.002088	36820 41.06
41.07 RADIATION ONCOLOGY		670868	13565844	359822			.049453	17794 41.07
44 LABORATORY		979732	175942042	41123457			.005568	228975 44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOO		81730	8561407	3007302			.009546	28708 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		128259	3907963	2150379			.032820	70575 48
49 RESPIRATORY THERAPY		427249	50296274	24661497			.008495	209499 49
50 PHYSICAL THERAPY		80775	8612940	5445732			.009378	51070 50
50.01 REHAB OUTPATIENT		24143	6762562				.003570	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		2267	588937	423647			.003849	1631 52
53 ELECTROCARDIOLOGY		217784	36372190	10750050			.005988	64371 53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		329439	34937208	16593612			.009429	156461 53.02
54 ELECTROENCEPHALOGRAPHY		91357	2199620	394293			.041533	16376 54
55.30 IMPL. DEV. CHARGED TO PATIENT		107190	18746733	5694260			.005718	32560 55.30
56 DRUGS CHARGED TO PATIENTS		427401	112159082	36694220			.003811	139842 56
57 RENAL DIALYSIS		9076	3731610	2697820			.002432	6561 57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY								60.01
60.02 PROCEDURE CLINIC		418507	9043132	88947			.046279	4116 60.02
60.03 IMMEDIATE CARE CENTERS								60.03
60.04 EPILEPSY MONITORING UNIT		136	1				136.000000	60.04
60.05 OFF SITE IMAGING CENTER		7	1				7.000000	60.05
61 EMERGENCY		1765718	54051279	7349216			.032667	240077 61
62 OBSERVATION BEDS (NON-DISTINC		900922	8278872				.108822	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13612145	1012401284	229002147				2131474 101

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/24/2011 11:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					71284		28412	25
26 INTENSIVE CARE UNIT					5871		3233	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					9752			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					86907		31645	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES							41.02
41.03 NUCLEAR MEDICINE							41.03
41.04 MAMMOGRAPHY							41.04
41.05 MRI							41.05
41.06 CAT SCAN							41.06
41.07 RADIATION ONCOLOGY							41.07
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHAB OUTPATIENT							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 EPILEPSY MONITORING UNIT							60.04
60.05 OFF SITE IMAGING CENTER							60.05
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 (14-0290) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		121191486			18609290		10198043
37.01 ENDOSCOPY		37836826			4340471		8929759
37.02 IMPLANTS							
38 RECOVERY ROOM		19718446			2873774		1158718
39 DELIVERY ROOM & LABOR ROOM		16008302			8508		3200
40 ANESTHESIOLOGY		24848747			3544491		2134540
41 RADIOLOGY-DIAGNOSTIC		33879413			6423548		4539836
41.01 ULTRASOUND		26928991			3866671		2978801
41.02 RADIOLOGY-SPECIAL PROCEDURES		8249926			2717188		1831351
41.03 NUCLEAR MEDICINE		18184924			4753873		3174588
41.04 MAMMOGRAPHY		7092502			3150		379919
41.05 MRI		46006377			6792870		6218086
41.06 CAT SCAN		104697647			17634059		14875023
41.07 RADIATION ONCOLOGY		13565844			359822		4586168
44 LABORATORY		175942042			41123457		3976685
44.01 PATHOLOGY							
46 WHOLE BLOOD & PACKED RED BLOO		8561407			3007302		652851
46.30 BLOOD CLOTTING FACTORS ADMIN							
48 INTRAVENOUS THERAPY		3907963			2150379		57455
49 RESPIRATORY THERAPY		50296274			24661497		614597
50 PHYSICAL THERAPY		8612940			5445732		
50.01 REHAB OUTPATIENT		6762562					214
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY		588937			423647		
53 ELECTROCARDIOLOGY		36372190			10750050		3701971
53.01 CARDIAC REHABILITATION							
53.02 CARDIAC CATH LAB		34937208			16593612		3301986
54 ELECTROENCEPHALOGRAPHY		2199620			394293		249884
55.30 IMPL. DEV. CHARGED TO PATIENT		18746733			5694260		1129075
56 DRUGS CHARGED TO PATIENTS		112159082			36694220		11485505
57 RENAL DIALYSIS		3731610			2697820		64759
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							
60.01 ENTEROSTOMAL THERAPY							
60.02 PROCEDURE CLINIC		9043132			88947		3647831
60.03 IMMEDIATE CARE CENTERS							
60.04 EPILEPSY MONITORING UNIT		1					
60.05 OFF SITE IMAGING CENTER		1					
61 EMERGENCY		54051279			7349216		4671053
62 OBSERVATION BEDS (NON-DISTINC		8278872					1571906
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1012401284			229002147		96133804

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHAB OUTPATIENT					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 EPILEPSY MONITORING UNIT					60.04
60.05 OFF SITE IMAGING CENTER					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0290) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.194253	.194253	.194253			37
37.01 ENDOSCOPY	.126003	.126003	.126003			37.01
37.02 IMPLANTS						37.02
38 RECOVERY ROOM	.153360	.153360	.153360			38
39 DELIVERY ROOM & LABOR ROOM	.545125	.545125	.545125			39
40 ANESTHESIOLOGY	.050684	.050684	.050684			40
41 RADIOLOGY-DIAGNOSTIC	.222526	.222526	.222526			41
41.01 ULTRASOUND	.088001	.088001	.088001			41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.300362	.300362	.300362			41.02
41.03 NUCLEAR MEDICINE	.133978	.133978	.133978			41.03
41.04 MAMMOGRAPHY	.461557	.461557	.461557			41.04
41.05 MRI	.052628	.052628	.052628			41.05
41.06 CAT SCAN	.035621	.035621	.035621			41.06
41.07 RADIATION ONCOLOGY	.259679	.259679	.259679			41.07
44 LABORATORY	.077772	.077772	.077772			44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.353488	.353488	.353488			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	.225485	.225485	.225485			48
49 RESPIRATORY THERAPY	.108455	.108455	.108455			49
50 PHYSICAL THERAPY	.231535	.231535	.231535			50
50.01 REHAB OUTPATIENT	.284665	.284665	.284665			50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.347708	.347708	.347708			52
53 ELECTROCARDIOLOGY	.066522	.066522	.066522			53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	.242927	.242927	.242927			53.02
54 ELECTROENCEPHALOGRAPHY	.177582	.177582	.177582			54
55.30 IMPL. DEV. CHARGED TO PATIENT	.697731	.697731	.697731			55.30
56 DRUGS CHARGED TO PATIENTS	.177840	.177840	.177840			56
57 RENAL DIALYSIS	.265323	.265323	.265323			57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	.557674	.557674	.557674			60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 EPILEPSY MONITORING UNIT	13862.000000	13862.000000	13862.000000			60.04
60.05 OFF SITE IMAGING CENTER	1013.000000	1013.000000	1013.000000			60.05
61 EMERGENCY	.309785	.309785	.309785			61
62 OBSERVATION BEDS (NON-DISTINCT	.902809	.902809	.902809			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.177840	1
2 PROGRAM VACCINE CHARGES	93539	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	16635	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0290) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37.01 OPERATING ROOM		10198043						37
37.02 ENDOSCOPY		8929759						37.01
38 IMPLANTS								37.02
38 RECOVERY ROOM		1158718						38
39 DELIVERY ROOM & LABOR ROOM		3200						38
40 ANESTHESIOLOGY		2134540						39
41 RADIOLOGY-DIAGNOSTIC		4539836						39
41.01 ULTRASOUND		2978801						40
41.02 RADIOLOGY-SPECIAL PROCEDURES		1831351						40
41.03 NUCLEAR MEDICINE		3174588						41
41.04 MAMMOGRAPHY		379919						41.01
41.05 MRI		6218086						41.02
41.06 CAT SCAN		14875023						41.03
41.07 RADIATION ONCOLOGY		4586168						41.04
44 LABORATORY		3976685						41.05
44.01 PATHOLOGY								41.06
46 WHOLE BLOOD & PACKED RED BLOOD		652851						41.07
46.30 BLOOD CLOTTING FACTORS ADMIN C								44
48 INTRAVENOUS THERAPY		57455						44.01
49 RESPIRATORY THERAPY		614597						46
50 PHYSICAL THERAPY								46.30
50.01 REHAB OUTPATIENT		214						48
51 OCCUPATIONAL THERAPY								49
52 SPEECH PATHOLOGY								50
53 ELECTROCARDIOLOGY		3701971						50.01
53.01 CARDIAC REHABILITATION								51
53.02 CARDIAC CATH LAB		3301986						52
54 ELECTROENCEPHALOGRAPHY		249884						53
55.30 IMPL. DEV. CHARGED TO PATIENT		1129075						53.01
56 DRUGS CHARGED TO PATIENTS		11485505						53.02
57 RENAL DIALYSIS		64759						54
59.97 CARDIAC REHABILITATION								55.30
59.98 HYPERBARIC OXYGEN THERAPY								56
59.99 LITHOTRIPSY								57
OUTPATIENT SERVICE COST CENTERS								59.97
60 CLINIC								59.98
60.01 ENTEROSTOMAL THERAPY								59.99
60.02 PROCEDURE CLINIC		3647831						60
60.03 IMMEDIATE CARE CENTERS								60.01
60.04 EPILEPSY MONITORING UNIT								60.02
60.05 OFF SITE IMAGING CENTER								60.03
61 EMERGENCY		4671053						60.04
62 OBSERVATION BEDS (NON-DISTINCT)		1571906						60.05
63.50 RHC								61
63.60 FQHC								62
OTHER REIMBURSABLE COST CENTERS								63.50
65.01 AMBULANCE SERVICES (2ND PERIOD)								63.60
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.02
101 SUBTOTAL		96133804						65.03
102 CRNA CHARGES								101
103 PBP CLINIC LAB								102
104 NET CHARGES		96133804						103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0290) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 1.01	ALL OTHER (COLUMNS 1.01x5.02) 1.01	PPS SERVICES (COLUMNS 1.01x5.03) 1.01	PPS SERVICES (COLUMNS 1.01x5.04) 1.01	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1981000					37
37.01 ENDOSCOPY		1125176					37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM		177701					38
39 DELIVERY ROOM & LABOR ROOM		1744					39
40 ANESTHESIOLOGY		108187					40
41 RADIOLOGY-DIAGNOSTIC		1010232					41
41.01 ULTRASOUND		262137					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		550068					41.02
41.03 NUCLEAR MEDICINE		425325					41.03
41.04 MAMMOGRAPHY		175354					41.04
41.05 MRI		327245					41.05
41.06 CAT SCAN		529863					41.06
41.07 RADIATION ONCOLOGY		1190932					41.07
44 LABORATORY		309275					44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOOD		230775					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		12955					48
49 RESPIRATORY THERAPY		66656					49
50 PHYSICAL THERAPY							50
50.01 REHAB OUTPATIENT		61					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		246263					53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB		802142					53.02
54 ELECTROENCEPHALOGRAPHY		44375					54
55.30 IMPL. DEV. CHARGED TO PATIENT		787791					55.30
56 DRUGS CHARGED TO PATIENTS		2042582					56
57 RENAL DIALYSIS		17182					57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC		2034301					60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 EPILEPSY MONITORING UNIT							60.04
60.05 OFF SITE IMAGING CENTER							60.05
61 EMERGENCY		1447022					61
62 OBSERVATION BEDS (NON-DISTINCT		1419131					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		17325475					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		17325475					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				9119731		9119731
26 INTENSIVE CARE UNIT				1154809		1154809
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY				539698		539698
101 TOTAL				10814238		10814238

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	71284	10690			127.94	1367679
26 INTENSIVE CARE UNIT	5871	466			196.70	91662
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	9752	5937			55.34	328554
101 TOTAL	86907	17093				1787895

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] 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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2144188	121191486				.017693	37
37.01 ENDOSCOPY		623414	37836826				.016476	37.01
37.02 IMPLANTS								37.02
38 RECOVERY ROOM		386216	19718446				.019587	38
39 DELIVERY ROOM & LABOR ROOM		1422778	16008302				.088878	39
40 ANESTHESIOLOGY		67940	24848747				.002734	40
41 RADIOLOGY-DIAGNOSTIC		1218763	33879413				.035974	41
41.01 ULTRASOUND		116325	26928991				.004320	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		117522	8249926				.014245	41.02
41.03 NUCLEAR MEDICINE		182483	18184924				.010035	41.03
41.04 MAMMOGRAPHY		287362	7092502				.040516	41.04
41.05 MRI		163964	46006377				.003564	41.05
41.06 CAT SCAN		218630	104697647				.002088	41.06
41.07 RADIATION ONCOLOGY		670868	13565844				.049453	41.07
44 LABORATORY		979737	175942042				.005568	44
44.01 PATHOLOGY								44.01
46 WHOLE BLOOD & PACKED RED BLOO		81730	8561407				.009546	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		128259	3907963				.032820	48
49 RESPIRATORY THERAPY		427249	50296274				.008495	49
50 PHYSICAL THERAPY		80775	8612940				.009378	50
50.01 REHAB OUTPATIENT		24143	6762562				.003570	50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		2267	588937				.003849	52
53 ELECTROCARDIOLOGY		217784	36372190				.005988	53
53.01 CARDIAC REHABILITATION								53.01
53.02 CARDIAC CATH LAB		329439	34937208				.009429	53.02
54 ELECTROENCEPHALOGRAPHY		91357	2199620				.041533	54
55.30 IMPL. DEV. CHARGED TO PATIENT		107190	18746733				.005718	55.30
56 DRUGS CHARGED TO PATIENTS		427401	112159082				.003811	56
57 RENAL DIALYSIS		9076	3731610				.002432	57
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 ENTEROSTOMAL THERAPY								60.01
60.02 PROCEDURE CLINIC		418507	9043132				.046279	60.02
60.03 IMMEDIATE CARE CENTERS								60.03
60.04 EPILEPSY MONITORING UNIT		136	1				136.000000	60.04
60.05 OFF SITE IMAGING CENTER		7	1				7.000000	60.05
61 EMERGENCY		1765718	54051279				.032667	61
62 OBSERVATION BEDS (NON-DISTINC		900922	8278872				.108822	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13612145	1012401284					101

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
 05/24/2011 11:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
		ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					71284		10690	25
26	INTENSIVE CARE UNIT					5871		466	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					9752		5937	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					86907		17093	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES							41.02
41.03 NUCLEAR MEDICINE							41.03
41.04 MAMMOGRAPHY							41.04
41.05 MRI							41.05
41.06 CAT SCAN							41.06
41.07 RADIATION ONCOLOGY							41.07
44 LABORATORY							44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 REHAB OUTPATIENT							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 EPILEPSY MONITORING UNIT							60.04
60.05 OFF SITE IMAGING CENTER							60.05
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 (14-0290) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		121191486					37
37.01 ENDOSCOPY		37836826					37.01
37.02 IMPLANTS							37.02
38 RECOVERY ROOM		19718446					38
39 DELIVERY ROOM & LABOR ROOM		16008302					39
40 ANESTHESIOLOGY		24848747					40
41 RADIOLOGY-DIAGNOSTIC		33879413					41
41.01 ULTRASOUND		26928991					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES		8249926					41.02
41.03 NUCLEAR MEDICINE		18184924					41.03
41.04 MAMMOGRAPHY		7092502					41.04
41.05 MRI		46006377					41.05
41.06 CAT SCAN		104697647					41.06
41.07 RADIATION ONCOLOGY		13565844					41.07
44 LABORATORY		175942042					44
44.01 PATHOLOGY							44.01
46 WHOLE BLOOD & PACKED RED BLOO		8561407					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		3907963					48
49 RESPIRATORY THERAPY		50296274					49
50 PHYSICAL THERAPY		8612940					50
50.01 REHAB OUTPATIENT		6762562					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		588937					52
53 ELECTROCARDIOLOGY		36372190					53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB		34937208					53.02
54 ELECTROENCEPHALOGRAPHY		2199620					54
55.30 IMPL. DEV. CHARGED TO PATIENT		18746733					55.30
56 DRUGS CHARGED TO PATIENTS		112159082					56
57 RENAL DIALYSIS		3731610					57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC		9043132					60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 EPILEPSY MONITORING UNIT		1					60.04
60.05 OFF SITE IMAGING CENTER		1					60.05
61 EMERGENCY		54051279					61
62 OBSERVATION BEDS (NON-DISTINC		8278872					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1012401284					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHAB OUTPATIENT					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 EPILEPSY MONITORING UNIT					60.04
60.05 OFF SITE IMAGING CENTER					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71284						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71284						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71284						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)	28412						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	75659169						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	75659169						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.863959						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	569.42						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	75659169						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0290)	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	1061.38					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	30155929					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	30155929					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	11833969	5871	2015.66	3233	6516629	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	36276120					48
49 TOTAL PROGRAM INPATIENT COSTS	72948678					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4270962					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2131474					51
52 TOTAL PROGRAM EXCLUDABLE COST	6402436					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	66546242					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) (14-0290)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (14-0290)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	7042	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1061.38	84
85 OBSERVATION BED COST	7474238	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		75659169		7474238		86
87 NEW CAPITAL-RELATED COST	9119731	75659169	.120537	7474238	900922	87
88 NON PHYSICIAN ANESTHETIST		75659169		7474238		88
89 MEDICAL EDUCATION		75659169		7474238		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	71284						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71284						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	71284						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)	10690						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	9752						15
16 TITLE V OR XIX NURSERY DAYS	5937						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES 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	75659169						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	75659169						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	40590568						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.863959						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	569.42						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	75659169						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) (14-0290)	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	1061.38						38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11346152						39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11346152						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)	7599126	9752	779.24	5937	4626348		42	
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
44	INTENSIVE CARE UNIT	11833969	5871	2015.66	466	939298		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) (14-0290)	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	16911798						49	
		PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1787895						50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51	
52	TOTAL PROGRAM EXCLUDABLE COST	1787895						52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53	

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0290)	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

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
05/24/2011 11:30

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
05/24/2011 11:30

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0290)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	7042	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1061.38	84
85 OBSERVATION BED COST	7474238	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		39304055		25
26 INTENSIVE CARE UNIT		9430973		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.194253	18609290	3614910	37
37.01 ENDOSCOPY	.126003	4340471	546912	37.01
37.02 IMPLANTS				37.02
38 RECOVERY ROOM	.153360	2873774	440722	38
39 DELIVERY ROOM & LABOR ROOM	.545125	8508	4638	39
40 ANESTHESIOLOGY	.050684	3544491	179649	40
41 RADIOLOGY-DIAGNOSTIC	.222526	6423548	1429406	41
41.01 ULTRASOUND	.088001	3866671	340271	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.300362	2717188	816140	41.02
41.03 NUCLEAR MEDICINE	.133978	4753873	636914	41.03
41.04 MAMMOGRAPHY	.461557	3150	1454	41.04
41.05 MRI	.052628	6792870	357495	41.05
41.06 CAT SCAN	.035621	17634059	628143	41.06
41.07 RADIATION ONCOLOGY	.259679	359822	93438	41.07
44 LABORATORY	.077772	41123457	3198253	44
44.01 PATHOLOGY				44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.353488	3007302	1063045	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.225485	2150379	484878	48
49 RESPIRATORY THERAPY	.108455	24661497	2674663	49
50 PHYSICAL THERAPY	.231535	5445732	1260878	50
50.01 REHAB OUTPATIENT	.284665			50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.347708	423647	147305	52
53 ELECTROCARDIOLOGY	.066522	10750050	715115	53
53.01 CARDIAC REHABILITATION				53.01
53.02 CARDIAC CATH LAB	.242927	16593612	4031036	53.02
54 ELECTROENCEPHALOGRAPHY	.177582	394293	70019	54
55.30 IMPL. DEV. CHARGED TO PATIENT	.697731	5694260	3973062	55.30
56 DRUGS CHARGED TO PATIENTS	.177840	36694220	6525700	56
57 RENAL DIALYSIS	.265323	2697820	715794	57
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 ENTEROSTOMAL THERAPY				60.01
60.02 PROCEDURE CLINIC	.557674	88947	49603	60.02
60.03 IMMEDIATE CARE CENTERS				60.03
60.04 EPILEPSY MONITORING UNIT	13862.000000			60.04
60.05 OFF SITE IMAGING CENTER	1013.000000			60.05
61 EMERGENCY	.309785	7349216	2276677	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.902809			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		229002147	36276120	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		229002147		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0290)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.194253		37
37.01 ENDOSCOPY	.126003		37.01
37.02 IMPLANTS			37.02
38 RECOVERY ROOM	.153360		38
39 DELIVERY ROOM & LABOR ROOM	.545125		39
40 ANESTHESIOLOGY	.050684		40
41 RADIOLOGY-DIAGNOSTIC	.222526		41
41.01 ULTRASOUND	.088001		41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	.300362		41.02
41.03 NUCLEAR MEDICINE	.133978		41.03
41.04 MAMMOGRAPHY	.461557		41.04
41.05 MRI	.052628		41.05
41.06 CAT SCAN	.035621		41.06
41.07 RADIATION ONCOLOGY	.259679		41.07
44 LABORATORY	.077772		44
44.01 PATHOLOGY			44.01
46 WHOLE BLOOD & PACKED RED BLOOD	.353488		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.225485		48
49 RESPIRATORY THERAPY	.108455		49
50 PHYSICAL THERAPY	.231535		50
50.01 REHAB OUTPATIENT	.284665		50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.347708		52
53 ELECTROCARDIOLOGY	.066522		53
53.01 CARDIAC REHABILITATION			53.01
53.02 CARDIAC CATH LAB	.242927		53.02
54 ELECTROENCEPHALOGRAPHY	.177582		54
55.30 IMPL. DEV. CHARGED TO PATIENT	.697731		55.30
56 DRUGS CHARGED TO PATIENTS	.177840		56
57 RENAL DIALYSIS	.265323		57
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
60.01 ENTEROSTOMAL THERAPY			60.01
60.02 PROCEDURE CLINIC	.557674		60.02
60.03 IMMEDIATE CARE CENTERS			60.03
60.04 EPILEPSY MONITORING UNIT	13862.000000		60.04
60.05 OFF SITE IMAGING CENTER	1013.000000		60.05
61 EMERGENCY	.309785		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.902809		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	38249157					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12749719					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	3288644					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2369903					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	319.71					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06		0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	1.34					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.45	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.001408				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.005000				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.001408				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	31984				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	9817				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 DISPROPORTIONATE SHARE ADJUSTMENT	41801 0	41801			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0218				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2140				4.01
4.02	SUM OF 4 AND 4.01	0.2358				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0867				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	4421603				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	57832183				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	57832183				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	5047655				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	15767				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	62895605				16
17	PRIMARY PAYER PAYMENTS	580365				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	62315240				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4502900				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	329370				20
21	REIMBURSABLE BAD DEBTS	820987				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	574691				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	526516				21.02
22	SUBTOTAL	58057661				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0290)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26						26
27						27
28						28
28.01						28.01
29						29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0290) 1	HOSPITAL (14-0290) 1.01	HOSPITAL (14-0290) 1.02	
1 MEDICAL AND OTHER SERVICES	16635			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	17325475			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	15211576			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	16635			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	93539			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	93539			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	93539			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	76904			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	16635			17
17.01 TOTAL PPS PAYMENTS	15211576			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0290) 1	HOSPITAL (14-0290) 1.01	HOSPITAL (14-0290) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3728248		18.01
19 SUBTOTAL	11499963		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3769		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	11503732		23
24 PRIMARY PAYER PAYMENTS	40166		24
25 SUBTOTAL	11463566		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	673555		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	471489		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	509114		27.02
28 SUBTOTAL	11935055		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	11935055		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	12062264		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-127209		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54



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 (14-0290) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	16911798						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	16911798						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	16911798						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	16911798						22
23	COST OF COVERED SERVICES	16911798						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	16911798						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)							31
32	LESSER OF LINES 30 OR 31	16911798						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0290) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	16911798					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
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						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
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						59
	SECTION 115.2						

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	0.17 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	2.83 3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.00 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS		1.34	3.20
3.21	SEE INSTRUCTIONS		0.45	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.45	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		91000.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		40950	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		40950	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		31645	4
5	TOTAL INPATIENT DAYS		70113	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.451343	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 18482	0	18482	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2103	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		70113	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		1054	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		3731610	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
05/24/2011 11:30

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	72948678 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	580365 15
16	TOTAL PART A REASONABLE COST	72368313 16
PART B REASONABLE COST		
17	REASONABLE COST	17342110 17
18	PRIMARY PAYER PAYMENTS	40166 18
19	TOTAL PART B REASONABLE COST	17301944 19
20	TOTAL REASONABLE COST	89670257 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.807049 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.192951 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	19536 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	15767 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	3769 25

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

WORKSHEET E-3  
PART IV

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	11156	4
5	TOTAL INPATIENT DAYS	70113	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.159115	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	70113	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO ] [E-3,PART 6] [ 422 ] [ LINE 12 ]	0 0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
05/24/2011 11:30

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

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

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

WORKSHEET E-3  
 PART VI

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

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

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

WORKSHEET E-3  
PART VI

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	15139000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	31884000			4
5	OTHER RECEIVABLES	1492000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4374000			7
8	PREPAID EXPENSES	720000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	53609000			11
FIXED ASSETS					
12	LAND	11000000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	16879000			13
13.01	ACCUMULATED DEPRECIATION	-6255000			13.01
14	BUILDINGS	140412000			14
14.01	ACCUMULATED DEPRECIATION	-40732000			14.01
15	LEASEHOLD IMPROVEMENTS	12774000			15
15.01	ACCUMULATED AMORTIZATION	-3300000			15.01
16	FIXED EQUIPMENT	6253000			16
16.01	ACCUMULATED DEPRECIATION	-4427000			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	88627000			18
18.01	ACCUMULATED DEPRECIATION	-73731000			18.01
19	MINOR EQUIPMENT DEPRECIABLE	5575000			19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	153075000			21
OTHER ASSETS					
22	INVESTMENTS	22000000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	9733000			25
26	TOTAL OTHER ASSETS	31733000			26
27	TOTAL ASSETS	238417000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	5178000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	41820000			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	15147000			35
36	TOTAL CURRENT LIABILITIES	62145000			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	17957000			41
42	TOTAL LONG TERM LIABILITIES	17957000			42
43	TOTAL LIABILITIES	80102000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	158315000			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	158315000			51
52	TOTAL LIABILITIES AND FUND BALANCES	238417000			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	151774000			1
2 NET INCOME (LOSS)	23821000			2
3 TOTAL	175595000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED	761000			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	761000			10
11 SUBTOTAL	176356000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS TO AFFILIATES	18041000			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	18041000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	158315000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	85674000		85674000	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	85674000		85674000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	16842000		16842000	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	16842000		16842000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	102516000		102516000	18
18.50 ANCILLARY SERVICES	500894000		500894000	18.50
18.60 OUTPATIENT SERVICES		531931000	531931000	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE		3903000	3903000	25
PHYSICIAN OFFICE		3903000	3903000	
TOTAL PATIENT REVENUES	603410000	535834000	1139244000	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		282449315	26
27 ADD (SPECIFY)			27
28			28
29 INTEREST	6937000		29
30 DOCTOR'S OFFICE BUILDING	1093541		30
31 IMMATERIAL VARIANCE	5144		31
32			32
33 TOTAL ADDITIONS		8035685	33
34 ROUNDING			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		290485000	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1139244000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	828746000	2
3	NET PATIENT REVENUES	310498000	3
4	LESS - TOTAL OPERATING EXPENSES	290485000	4
5	NET INCOME FROM SERVICE TO PATIENTS	20013000	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-57000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	20000	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	151000	20
21	RENTAL OF VENDING MACHINES	16000	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	NW PRIMARY CARE CAPITATION	425000	24
24.01	PERINATAL CLASS TUITION	27000	24.01
24.02	STARBUCKS	315000	24.02
24.03	MISCELLANEOUS	4000	24.03
24.04	DOCTOR'S BUILDING	1219000	24.04
24.05	FOUNDATION RESTR FUNDS UTILIZED	251000	24.05
24.06	PHYSICIAN OFFICE RENTAL	879000	24.06
24.07	INCOME FROM EASEMENT	147000	24.07
24.08	HOFFMAN ESTATES SURGICENTER	411000	24.08
25	TOTAL OTHER INCOME	3808000	25
26	TOTAL	23821000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	23821000	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0290) (14-0290)	SUB I	SUB II	SUB III	SUB IV
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
2					2
3	4183465				3
3.01	656691				3.01
4	192.09				4
4.01	0.45				4.01
4.02	0.07				4.02
4.03	2928				4.03
5	0.0218				5
5.01	0.2140				5.01
5.02	0.2358				5.02
5.03	0.0489				5.03
5.04	204571				5.04
6	5047655				6
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
2					2
3					3
4					4
5					5
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
37.02 IMPLANTS					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES					41.02
41.03 NUCLEAR MEDICINE					41.03
41.04 MAMMOGRAPHY					41.04
41.05 MRI					41.05
41.06 CAT SCAN					41.06
41.07 RADIATION ONCOLOGY					41.07
44 LABORATORY					44
44.01 PATHOLOGY					44.01
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 REHAB OUTPATIENT					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CARDIAC CATH LAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ENTEROSTOMAL THERAPY					60.01
60.02 PROCEDURE CLINIC					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 EPILEPSY MONITORING UNIT					60.04
60.05 OFF SITE IMAGING CENTER					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03  
05/24/2011 11:30

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
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
97 RESEARCH					97
97.01 COMMUNITY PROGRAMS					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	39.86		15.00				54.86 25
26 INTENSIVE CARE UNIT	55.07		7.94				63.01 26
33 NURSERY			60.88				60.88 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	15.36	8.41					23.77 37
37.01 ENDOSCOPY	11.47	23.60					35.07 37.01
38 RECOVERY ROOM	14.57	5.88					20.45 38
39 DELIVERY ROOM & LABOR ROOM	0.05	0.02					0.07 39
40 ANESTHESIOLOGY	14.26	8.59					22.85 40
41 RADIOLOGY-DIAGNOSTIC	18.96	13.40					32.36 41
41.01 ULTRASOUND	14.36	11.06					25.42 41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	32.94	22.20					55.14 41.02
41.03 NUCLEAR MEDICINE	26.14	17.46					43.60 41.03
41.04 MAMMOGRAPHY	0.04	5.36					5.40 41.04
41.05 MRI	14.77	13.52					28.29 41.05
41.06 CAT SCAN	16.84	14.21					31.05 41.06
41.07 RADIATION ONCOLOGY	2.65	33.81					36.46 41.07
44 LABORATORY	23.37	2.26					25.63 44
46 WHOLE BLOOD & PACKED RED BLOOD	35.13	7.63					42.76 46
48 INTRAVENOUS THERAPY	55.03	1.47					56.50 48
49 RESPIRATORY THERAPY	49.03	1.22					50.25 49
50 PHYSICAL THERAPY	63.23						63.23 50
52 SPEECH PATHOLOGY	71.93						71.93 52
53 ELECTROCARDIOLOGY	29.56	10.18					39.74 53
53.02 CARDIAC CATH LAB	47.50	9.45					56.95 53.02
54 ELECTROENCEPHALOGRAPHY	17.93	11.36					29.29 54
55.30 IMPL. DEV. CHARGED TO PATIENT	30.37	6.02					36.39 55.30
56 DRUGS CHARGED TO PATIENTS	32.72	10.24					42.96 56
57 RENAL DIALYSIS	72.30	1.74					74.04 57
60.02 PROCEDURE CLINIC	0.98	40.34					41.32 60.02
61 EMERGENCY	13.60	8.64					22.24 61
62 OBSERVATION BEDS (NON-DISTINCT)		18.99					18.99 62
101 TOTAL CHARGES	20.27	8.51					28.78 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	13476869	5.05	-13476869	-10.71		3
4	NEW CAP REL COSTS-MVBLE EQUIP	10211922	3.82	-10211922	-8.11		4
5	EMPLOYEE BENEFITS	17800500	6.67	-17800500	-14.14		5
6	ADMINISTRATIVE & GENERAL	53736723	20.13	-53736723	-42.69		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	10574612	3.96	-10574612	-8.40		8
9	LAUNDRY & LINEN SERVICE	1318701	.49	-1318701	-1.05		9
10	HOUSEKEEPING	3799158	1.42	-3799158	-3.02		10
11	DIETARY	2420912	.91	-2420912	-1.92		11
12	CAFETERIA	1044798	.39	-1044798	-.83		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2203724	.83	-2203724	-1.75		14
15	CENTRAL SERVICES & SUPPLY	861053	.32	-861053	-.68		15
16	PHARMACY	3266226	1.22	-3266226	-2.60		16
17	MEDICAL RECORDS & LIBRARY	2516968	.94	-2516968	-2.00		17
18	SOCIAL SERVICE	2631616	.99	-2631616	-2.09		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	32579132	12.20	43080037	34.23	75659169	28.34
26	INTENSIVE CARE UNIT	5851152	2.19	5982817	4.75	11833969	4.43
33	NURSERY	4094735	1.53	3504391	2.78	7599126	2.85
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	13137196	4.92	10404601	8.27	23541797	8.82
37.01	ENDOSCOPY	2072444	.78	2695098	2.14	4767542	1.79
37.02	IMPLANTS						37.02
38	RECOVERY ROOM	1398963	.52	1625050	1.29	3024013	1.13
39	DELIVERY ROOM & LABOR ROOM	3832578	1.44	4893954	3.89	8726532	3.27
40	ANESTHESIOLOGY	807836	.30	451594	.36	1259430	.47
41	RADIOLOGY-DIAGNOSTIC	3486350	1.31	4052696	3.22	7539046	2.82
41.01	ULTRASOUND	1395246	.52	974524	.77	2369770	.89
41.02	RADIOLOGY-SPECIAL PROCEDURES	1589118	.60	888844	.71	2477962	.93
41.03	NUCLEAR MEDICINE	1479780	.55	956605	.76	2436385	.91
41.04	MAMMOGRAPHY	1758248	.66	1515346	1.20	3273594	1.23
41.05	MRI	1344726	.50	1076488	.86	2421214	.91
41.06	CAT SCAN	2048259	.77	1681227	1.34	3729486	1.40
41.07	RADIATION ONCOLOGY	1197211	.45	2325558	1.85	3522769	1.32
44	LABORATORY	8110869	3.04	5572534	4.43	13683403	5.12
44.01	PATHOLOGY						44.01
46	WHOLE BLOOD & PACKED RED BLOOD	2170829	.81	855522	.68	3026351	1.13
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
48 INTRAVENOUS THERAPY	500324	.19	380862	.30	881186	.33	48
49 RESPIRATORY THERAPY	3154499	1.18	2300369	1.83	5454868	2.04	49
50 PHYSICAL THERAPY	1233040	.46	761160	.60	1994200	.75	50
50.01 REHAB OUTPATIENT	1270123	.48	654941	.52	1925064	.72	50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	138260	.05	66518	.05	204778	.08	52
53 ELECTROCARDIOLOGY	1189253	.45	1230292	.98	2419545	.91	53
53.01 CARDIAC REHABILITATION							53.01
53.02 CARDIAC CATH LAB	5629338	2.11	2857850	2.27	8487188	3.18	53.02
54 ELECTROENCEPHALOGRAPHY	152705	.06	237907	.19	390612	.15	54
55.30 IMPL. DEV. CHARGED TO PATIENT	10193871	3.82	2886299	2.29	13080170	4.90	55.30
56 DRUGS CHARGED TO PATIENTS	11114529	4.16	8831870	7.02	19946399	7.47	56
57 RENAL DIALYSIS	764787	.29	225295	.18	990082	.37	57
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC							60
60.01 ENTEROSTOMAL THERAPY							60.01
60.02 PROCEDURE CLINIC	2625456	.98	2417663	1.92	5043119	1.89	60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 EPILEPSY MONITORING UNIT	10293		3569		13862	.01	60.04
60.05 OFF SITE IMAGING CENTER	795		218		1013		60.05
61 EMERGENCY	8338271	3.12	8405984	6.68	16744255	6.27	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	426000	.16	406445	.32	832445	.31	96
97 RESEARCH			451		451		97
97.01 COMMUNITY PROGRAMS	15403	.01	5417		20820	.01	97.01
98 PHYSICIANS' PRIVATE OFFICES	2398738	.90	657465	.52	3056203	1.14	98
99 NONPAID WORKERS	3635041	1.36	996321	.79	4631362	1.73	99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	267009180	100.00	0	.00	267009180	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	2144188	121191486	.017693	18609290	329254	37
37.01 ENDOSCOPY	623414	37836826	.016476	4340471	71514	37.01
37.02 IMPLANTS						37.02
38 RECOVERY ROOM	386216	19718446	.019587	2873774	56289	38
39 DELIVERY ROOM & LABOR ROOM	1422778	16008302	.088878	8508	756	39
40 ANESTHESIOLOGY	67940	24848747	.002734	3544491	9691	40
41 RADIOLOGY-DIAGNOSTIC	1218763	33879413	.035974	6423548	231081	41
41.01 ULTRASOUND	116325	26928991	.004320	3866671	16704	41.01
41.02 RADIOLOGY-SPECIAL PROCEDURES	117522	8249926	.014245	2717188	38706	41.02
41.03 NUCLEAR MEDICINE	182483	18184924	.010035	4753873	47705	41.03
41.04 MAMMOGRAPHY	287362	7092502	.040516	3150	128	41.04
41.05 MRI	163964	46006377	.003564	6792870	24210	41.05
41.06 CAT SCAN	218630	104697647	.002088	17634059	36820	41.06
41.07 RADIATION ONCOLOGY	670868	13565844	.049453	359822	17794	41.07
44 LABORATORY	979732	175942042	.005568	41123457	228975	44
44.01 PATHOLOGY						44.01
46 WHOLE BLOOD & PACKED RED BLOOD	81730	8561407	.009546	3007302	28708	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	128259	3907963	.032820	2150379	70575	48
49 RESPIRATORY THERAPY	427249	50296274	.008495	24661497	209499	49
50 PHYSICAL THERAPY	80775	8612940	.009378	5445732	51070	50
50.01 REHAB OUTPATIENT	24143	6762562	.003570			50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	2267	588937	.003849	423647	1631	52
53 ELECTROCARDIOLOGY	217784	36372190	.005988	10750050	64371	53
53.01 CARDIAC REHABILITATION						53.01
53.02 CARDIAC CATH LAB	329439	34937208	.009429	16593612	156461	53.02
54 ELECTROENCEPHALOGRAPHY	91357	2199620	.041533	394293	16376	54
55.30 IMPL. DEV. CHARGED TO PATIENT	107190	18746733	.005718	5694260	32560	55.30
56 DRUGS CHARGED TO PATIENTS	427401	112159082	.003811	36694220	139842	56
57 RENAL DIALYSIS	9076	3731610	.002432	2697820	6561	57
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ENTEROSTOMAL THERAPY						60.01
60.02 PROCEDURE CLINIC	418507	9043132	.046279	88947	4116	60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 EPILEPSY MONITORING UNIT	136	1	136.000000			60.04
60.05 OFF SITE IMAGING CENTER	7	1	7.000000			60.05
61 EMERGENCY	1765718	54051279	.032667	7349216	240077	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	900922	8278872	.108822			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	13612145	1012401284		229002147	2131474	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	9119731		9119731	71284	127.94	28412	3635031 25
26	INTENSIVE CARE UNIT	1154809		1154809	5871	196.70	3233	635931 26
101	TOTAL	10274540		10274540			31645	4270962 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4270962	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2131474	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6402436	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							6410	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							31645	
PER DISCHARGE CAPITAL COSTS							998.82	
PER DIEM CAPITAL COSTS							202.32	

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)	66546242
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	277737175
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.240

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)	6402436
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

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)	17308232
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)	96068831
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.180