



## HEALTHCARE SYSTEM

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850

March 23, 2012

Ms. Debra Conklin  
Wisconsin Physician Service  
Medicare Audit & Reimbursement  
3333 Farnam St. Suite 700  
Omaha, NE 68131

RE: St. Mary Medical Center  
Galesburg, Illinois  
Provider No.: 14-0064  
FYE 9/30/11

Dear Ms. Conklin:

The following are enclosed:

1. One original signature page for the HCFA-2552-10
2. One electronic disk containing the following files:
  - a. Working Trial Balance
  - b. A-6 and A-8 adjustments
  - c. PSR Crosswalk
  - d. Medicare Bad Debt Logs
  - e. Audited financial statements for year ended 9/30/11
  - f. W/S A & C grouping work papers and supporting documentation
  - g. W/S S-3 Pt II work papers
3. Our check in the amount of \$684,723 for settlement payment.

### Protested Items:

1. **Understated IPPS Standardized Amount** – Section 1861(v)(1)(A) of the Social Security Act requires the Secretary to take into account costs such that “the necessary costs of efficiently delivering covered services to individuals covered by [Medicare] will not be borne by individuals not so covered, and the costs with respect to individuals not so covered will not be borne by [Medicare].” We contend that the Secretary’s failure to distinguish between patient discharges and transfers during the implementation of the inpatient prospective payment system resulted in an understatement of the Federal DRG Prospective Payment amounts paid to this hospital in the current and prior fiscal years and results in the costs of the Medicare program being borne by those not enrolled in the program, in direct violation of one of the principal tenants of Medicare reimbursement as set forth in the Social Security Act.. In order to protect our appeal rights on this issue, we are filing the reimbursement impact as a Protested Item in our Medicare Cost Report. The reimbursement impact during our cost reporting period October 01, 2010 through September 30, 2011 is **\$231,724** and is set forth in the attached worksheet.  
**Please note:** For this Medicare Dependent Hospital, this effect may not be less if MDH reimbursement is higher than Federal DRG reimbursement at final settlement.
2. **DSH Impact of the Understated IPPS Standardized Amount** - Section 1886(d)(5)(F) of the Social Security Act provides for the additional payments to subsection (d) hospitals that serve a

OSF Saint Anthony Medical Center - Rockford, IL  
OSF Saint James-John W. Albrecht Medical Center - Pontiac, IL  
OSF St. Joseph Medical Center - Bloomington, IL  
OSF Saint Francis Medical Center - Peoria, IL  
OSF Medical Group

OSF St. Mary Medical Center - Galesburg, IL  
OSF Saint Clare Home - Peoria Heights, IL  
OSF Holy Family Medical Center - Monmouth, IL  
OSF St. Francis Hospital - Escanaba, MI  
OSF Home Care

disproportionate share of low income patients. The calculation of this additional payment uses the DRG payment amount times the DSH percentage. We contend that the understatement of the federal DRG Prospective Payment Amounts as described in item #1 above resulted in an underpayment of DSH payments to this hospital for cost reporting period October 1, 2010 through September 30, 2011. The reimbursement impact during our cost reporting period October 01, 2010 through September 30, 2011 is \$7,044 and is set forth in the attached worksheet.

3. **Budget Neutrality Adjustment Calculation** – We contend that CMS’ calculation and application of the budget neutrality adjustment for the effect of the wage index rural floor is, and has been erroneously duplicating for the current and past federal fiscal years. As a result, the adjustments are not budget-neutral in accordance with the requirement in section 4410(b) of the Balanced Budget Act of 1997 but instead have systematically understated the rates paid under the inpatient prospective payment system for cost reporting period October 1, 2010 through September 30, 2011. The estimated reimbursement impact amount of CMS’ error is \$201,489 and is set forth in the attached worksheet.
4. We have removed our Medicaid tax assessment cost through an adjustment on A-8; however we believe this to be a valid cost that should not be excluded.

**Please note: Regarding our Medicaid secondary days count as reported on S-3, Part I, col. 5 – Due to the fact that our final count for our Medicaid secondary days is not available to us at the time we file the cost report, we have included only verified days in our count of total Medicaid days. Our final numbers will not be available to us until all claims have been processed by Medicaid. We anticipate those numbers will be available to us before final audit of our 9/30/11 Medicare cost report and we will report them along with documentation during our final audit.**

If you have any questions or need further information, please contact me at (309) 655-2873.

Sincerely,



Michelle A. Carrothers  
Director of Debt Management & Revenue Cycle

Enclosures  
cc: Curt Lipe

**9/30/11 Protested Amount Calculation**

**9/30/2005**

IPPS Standardized Amount

**14-0064**

187,526

14,585,033

1.29%

**9/30/2011**

IPPS Standardized Amount

**14-0064**

18,022,581

**231,724**

DSH Impact of Above

**14-0064**

DSH %

3.04%

**7,044**

#70

231,724.00 +

7,044.00 +

201,489.00 +

440,257.00 \*

*E Part A. line 75*

## Description of Budget Neutrality Issue

*The hospital contends that CMS' calculation and application of the budget neutrality adjustment for the effect of the wage index rural floor is, and has been, erroneously duplicating for the current and past Federal fiscal years. As a result, the adjustments are not budget-neutral in accordance with the requirement in section 4410(b) of the Balanced Budget Act of 1997 but instead have systematically understated the rates paid under the inpatient prospective payment system for this cost reporting period. The estimated reimbursement impact of CMS' error is set forth in this worksheet.*

### Estimated Impact Protested Item

#### Budget Neutrality (BN) Appeal Hospital Data

Hospital Name:	St. Mary Medical Center		
Hospital Medicare Provider #:	14-0064		
Hospital Beginning FY Date:	10/1/2010		
Hospital Ending FY Date:	9/30/2011		

#### Hospital Payments by Type (from Worksheet E Part A)

DRG Payments	\$18,022,581	(1)
Outlier Payments	\$166,538	
IME Payments		
DSH Payments	\$128,106	
Total Est. Payments	\$18,317,225	

#### Estimated Budget Neutrality Error Impact

BN Error Factor Hospital FYE	0.01100
Estimated Hospital Error Impact for Hospital FY	\$201,489

**(1) INCLUDES ONLY Medicare DRG payments. DOES NOT include Medicare managed care/HMO payments.**

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 03/22/2012 TIME: 13:56  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

PART II - CERTIFICATION

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. MARY MEDICAL CENTER (14-0064) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 03/22/2012 13:56  
 H6tQE13X.LV07PhttgYgATDcu2gBV0  
 82QHR0IXkH3P3xIND6oc15P:K24L86  
 vow31kanGP0K9E83

(SIGNED)

*Joal C. R.*

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

*Senior Vice President, CFO*

TITLE

*3/23/12*

DATE

PI Encryption: 03/22/2012 13:56  
 8NQ3pROF13FFQHnd8UhZyT0wsN.X0  
 9.J:eOkFJR:pIfyJzx0.9.CtVplitv  
 T3F40X819i0xEU00

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		43,200	-672,764	-55,159	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING-BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		43,200	-672,764	-55,159	200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

\*\*\*\*\*  
 COMPU-MAX CMS-2552-10 EDIT REPORT  
 \*\*\*\*\*

- I. OPTIONS SELECTED:  
 OPTION 20, 5  
 OPTION 21, 6, 7, 9  
 OPTION 60, 4

COMPU-MAX - CMS-2552-10 - SETTLEMENT SUMMARY, VERSION 2011.10

	TITLE V 1	TITLE XVIII PART A 2	TITLE XVIII PART B 3	HIT 4	TITLE XIX 5
1	HOSPITAL				
2	SUB-IPF	43,200	-672,764	-55,159	1
3	SUB-IRF				2
4	SUB(OTHER)				3
5	S-BED SNF				4
6	S-BED NF				5
7	SNF				6
8	NF				7
9	HHA				8
10	RHC				9
11	FQHC				10
12	O/P REHAB				11
200	TOTAL	43,200	-672,764	-55,159	12
					200

\*\*\*\*\*  
 Explanation of error code types:

- 10000 - The '10000' level error codes (in the range from 10000-19999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your FI/MAC and will be used by the FI/MAC as a basis of rejection should your file be received by the FI/MAC with such errors.
- 20000 - Errors in the range of 20000-29999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).
- \*\*\*\* - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.
- (\*) - Error messages marked with an asterisk (\*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.
- (I) - Messages preceded by (I) are informational and are not errors.

\*\*\*\*\*  
 II. 10000 LEVEL ERRORS  
 \*\*\*\*\*

III. 20000 LEVEL ERRORS  
 \*\*\*\*\*

- 20300 - THE COST TO CHARGE RATIO ON WKST C, PART I, COL. 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%.  
 LINE 52, COL. 11 MAY BE INVALID.

IV. KPMG LEVEL ERRORS  
 \*\*\*\*\*

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

- \*\*\*\* - WKST B-1, LINE 194.10 DOES NOT HAVE ANY STATISTICS, BUT THERE IS COST IN THAT LINE ON WKST A, COL. 7.
- \*\*\*\* - WKST B-1, LINE 194.50 DOES NOT HAVE ANY STATISTICS, BUT THERE IS COST IN THAT LINE ON WKST A, COL. 7.

V. INFORMATIONAL MESSAGES  
 \*\*\*\*\*

- (I) - THE TOTAL CALCULATED FOR WKST A-8-2, COL. 18, HAS BEEN TRANSFERRED TO WKST A-8, LINE 10. THE TOTAL FOR WKST A-8 THAT YOU ENTERED HAS BEEN DECREASED BY 2,359,523
- (I) - THE TOTAL CALCULATED FOR WKST A-8-1, PART A, COL. 6, HAS BEEN TRANSFERRED TO WKST A-8, LINE 12. THE TOTAL FOR WKST A-8 THAT YOU ENTERED HAS BEEN DECREASED BY 1,782,017

(I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WKST E, PART A, LINE 75,  
COL. 1.

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		43,200	-672,764	-55,159		1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		43,200	-672,764	-55,159		200

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3333 N SEMINARY P.O.BOX: 1  
 2 CITY: GALESBURG STATE: IL ZIP CODE: 61401 COUNTY: KNOX 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	ST. MARY MEDICAL CENTER	14-0064	37900	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2010 TO: 09/30/2011									20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2) (PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.									1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.									N	N

	IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS	
							1
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.						26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.						27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS.						38
38.01	SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						38.01

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V	XVIII	XIX
45	1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
			3	4	5
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2		3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
			3	4	5

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N	RESPI- RATORY 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1	2	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	25,000,000	25,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	Y	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1	2	140
		Y	149006	

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: OSF HEALTHCARE SYSTEM	CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICE	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 800 NE GLEN OAK AVE	P.O. BOX:		142
143	CITY: PEORIA	STATE: IL	ZIP CODE: 61603	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

SEE 42 CFR §413.13)		PART A	PART B	
155	HOSPITAL	1	2	
156	SUBPROVIDER - IPF	N	N	155
157	SUBPROVIDER - IRF	N	N	156
158	SUBPROVIDER - (OTHER)	N	N	157
159	SNF	N	N	158
160	HHA	N	N	159
161	CMHC	N	N	160
				161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	Y/N N	DATE 2	V/I 3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3

FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.				N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.				N 14

BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				N 15

		PART A		PART B	
PS&R REPORT DATA		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 N	4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/20/2011	Y	12/20/2011 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

	Y/N	DATE	
	1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?		36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		40





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	38,044,278	338,867	38,383,145	1,256,968.00	30.54	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B				1,431,178	14,530.16	98.50	3
4	PHYSICIAN-PART A		540,084		540,084	3,225.78	167.43	4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B		2,031,747		2,031,747	12,135.08	167.43	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		10,357,893	444,710	10,802,603	136,855.00	78.93	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		524,748		524,748	9,452.00	55.52	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		3,397,674		3,397,674	53,664.00	63.31	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		8,868,538		8,868,538			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		2,179,483		2,179,483			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		270,966		270,966			21
22	PHYSICIAN PART A		48,608		48,608			22
23	PHYSICIAN PART B		182,860		182,860			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		-109,087	109,087				26
27	ADMINISTRATIVE & GENERAL		4,505,830	-1,987	4,503,843	142,050.00	31.71	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		764,455		764,455	18,727.00	40.82	28
29	MAINTENANCE & REPAIRS		518,759	-632	518,127	27,754.00	18.67	29
30	OPERATION OF PLANT		86,678	509	87,187	3,451.00	25.26	30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING		608,065	10,314	618,379	60,139.00	10.28	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		599,830	-476,736	123,094	9,874.00	12.47	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			357,132	357,132	29,899.00	11.94	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		690,606	19,329	709,935	19,392.00	36.61	38
39	CENTRAL SERVICES AND SUPPLY		94,311	-1,164	93,147	8,093.00	11.51	39
40	PHARMACY							40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		669,332	-186	669,146	42,948.00	15.58	41
42	SOCIAL SERVICE		86,283	-10,643	75,640	4,224.00	17.91	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	35,345,808	338,867	35,684,675	1,249,029.7	28.57	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	10,357,893	444,710	10,802,603	136,855.00	78.93	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	24,987,915	-105,843	24,882,072	1,112,174.7	22.37	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	3,922,422		3,922,422	63,116.00	62.15	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	8,917,146		8,917,146		35.84	5
6	TOTAL (SUM OF LINES 3 THRU 5)	37,827,483	-105,843	37,721,640	1,175,290.7	32.10	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	8,515,062	5,023	8,520,085	366,551.00	23.24	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,826,072	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	1,194,000	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,897,441	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	68,017	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	190,502	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,322,313	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	52,110	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	11,550,455	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
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PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
03/22/2012 13:55

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL	3,041,137	2
3	SUBPROVIDER - IPF	3,041,137	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET 8-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)			0.224952	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			6,519,637	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5
6	MEDICAID CHARGES			27,114,900	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			6,099,551	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)					
9	NET REVENUE FROM STAND-ALONE SCHIP				9
10	STAND-ALONE SCHIP CHARGES				10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)				12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)					
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)				16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				19

		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	11,862,043	1,249,987	13,112,030	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,668,390	281,187	2,949,577	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	206,256	21,735	227,991	22
23	COST OF CHARITY CARE	2,462,134	259,452	2,721,586	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			9,683,323	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			282,762	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			9,400,561	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			2,114,675	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			4,836,261	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			4,836,261	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		1,116,428	1,116,428	8,227	1
2	00200		1,555,043	1,555,043	11,975	2
3	00300					3
4	00400	-109,087	10,129,119	10,020,032	1,414,951	4
5	00500	4,505,830	12,004,387	16,510,217	-33,323	5
6	00600	518,759	784,673	1,303,432	-632	6
7	00700	86,678	1,187,106	1,273,784	509	7
8	00800		283,070	283,070		8
9	00900	608,065	241,165	849,230	12,926	9
10	01000	599,830	590,141	1,189,971	-943,569	10
11	01100				710,801	11
12	01200					12
13	01300					13
14	01400	690,606	32,979	723,585	19,329	14
15	01500	94,311	209,614	303,925	-1,164	15
16	01600					16
17	01700	669,332	120,087	789,419	-186	17
19	01900	86,283	24,705	110,988	-10,643	19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	4,292,719	535,747	4,828,466	1,821	30
31	03100	855,313	136,140	991,453	2,497	31
43	04300	226,714	15,928	242,642	88	43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,333,540	5,762,329	7,095,869	-3,346,527	50
51	05100	987,168	94,244	1,081,412	484	51
52	05200	469,647	63,977	533,624	1,813	52
53	05300	1,462,488	357,861	1,820,349	2,939	53
54	05400	1,152,830	783,630	1,936,460	1,306	54
56	05600	162,242	429,446	591,688	278	56
57	05700	332,107	1,000,430	1,332,537	683	57
58	05800	216,078	506,845	722,923	120	58
59	05900	29,016	263,173	292,189	-138,889	59
60	06000	956,985	1,054,320	2,011,305	1,359	60
62.30	06250					62.30
63	06300		586,791	586,791		63
65	06500	652,780	114,796	767,576	-120,356	65
65.10	06501	361,625	28,980	390,605	68	65.10
65.20	06502	230,822	9,740	240,562	-120,121	65.20
66	06600	724,371	46,512	770,883	-54,711	66
67	06700	249,226	-10,697	238,529	38,253	67
68	06800	112,001	1,543	113,544	17,775	68
69	06900		2,527	2,527		69
70	07000	125,381	15,434	140,815	49,563	70
71	07100				917,284	71
72	07200				2,640,070	72
73	07300	771,835	3,183,216	3,955,051	-101	73
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	4,230,890	575,954	4,806,844	14,540	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118		27,686,385	43,837,383	71,523,768	1,099,437	118
NONREIMBURSABLE COST CENTERS						
190	19000	46,644	72,037	118,681	436	190
192	19200	9,777,273	-1,510,858	8,266,415	-1,457,563	192
193	19300		9,331	9,331	4,072	193
194	07950				230,994	194
194.10	07951		2,224	2,224		194.10
194.20	07952	87,915	51,197	139,112	1,868	194.20
194.30	07953	38,358	565,498	603,856	-2,363	194.30
194.40	07954	407,703	135,828	543,531	2,796	194.40
194.50	07955		45,262	45,262		194.50
194.70	07956				120,323	194.70
200		38,044,278	43,207,902	81,252,180		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100 CAP REL COSTS-BLDG & FIXT	1,124,655		1,124,655	1
2	00200 CAP REL COSTS-MVBLE EQUIP	1,567,018		1,567,018	2
3	00300 OTHER CAPITAL RELATED COSTS				3
4	00400 EMPLOYEE BENEFITS	11,434,983	-442,353	10,992,630	4
5	00500 ADMINISTRATIVE & GENERAL	16,476,894	-4,206,799	12,270,095	5
6	00600 MAINTENANCE & REPAIRS	1,302,800	-6,828	1,295,972	6
7	00700 OPERATION OF PLANT	1,274,293	-22,451	1,251,842	7
8	00800 LAUNDRY & LINEN SERVICE	283,070		283,070	8
9	00900 HOUSEKEEPING	862,156		862,156	9
10	01000 DIETARY	246,402		246,402	10
11	01100 CAFETERIA	710,801		710,801	11
12	01200 MAINTENANCE OF PERSONNEL				12
13	01300 NURSING ADMINISTRATION	742,914	-4,167	738,747	13
14	01400 CENTRAL SERVICES & SUPPLY	302,761		302,761	14
15	01500 PHARMACY				15
16	01600 MEDICAL RECORDS & LIBRARY	789,233	-31,715	757,518	16
17	01700 SOCIAL SERVICE	100,345		100,345	17
19	01900 NONPHYSICIAN ANESTHETISTS				19
20	02000 NURSING SCHOOL				20
21	02100 I&R SRVCES-SALARY & FRINGES APRVD				21
22	02200 I&R SRVCES-OTHER PRGM COSTS APRVD				22
23	02300 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000 ADULTS & PEDIATRICS	4,830,287		4,830,287	30
31	03100 INTENSIVE CARE UNIT	993,950		993,950	31
43	04300 NURSERY	242,730	-189	242,541	43
ANCILLARY SERVICE COST CENTERS					
50	05000 OPERATING ROOM	3,749,342	-161	3,749,181	50
51	05100 RECOVERY ROOM	1,081,896		1,081,896	51
52	05200 DELIVERY ROOM & LABOR ROOM	535,437		535,437	52
53	05300 ANESTHESIOLOGY	1,823,288	-1,592,775	230,513	53
54	05400 RADIOLOGY-DIAGNOSTIC	1,937,766	-39,174	1,898,592	54
56	05600 RADIOISOTOPE	591,966	-2,356	589,610	56
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,333,220	-24,799	1,308,421	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	723,043	-10,254	712,789	58
59	05900 CARDIAC CATHETERIZATION	153,300	-12,581	140,719	59
60	06000 LABORATORY	2,012,664	-765	2,011,899	60
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300 BLOOD STORING, PROCESSING & TRANS.	586,791		586,791	63
65	06500 RESPIRATORY THERAPY	647,220		647,220	65
65.10	06501 CARDIAC STRESS LAB	390,673	-2,108	388,565	65.10
65.20	06502 CARDIAC REHAB	120,441		120,441	65.20
66	06600 PHYSICAL THERAPY	716,172	-6,112	710,060	66
67	06700 OCCUPATIONAL THERAPY	276,782	-300	276,482	67
68	06800 SPEECH PATHOLOGY	131,319		131,319	68
69	06900 ELECTROCARDIOLOGY	2,527		2,527	69
70	07000 ELECTROENCEPHALOGRAPHY	190,378		190,378	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	917,284		917,284	71
72	07200 IMPL. DEV. CHARGED TO PATIENT	2,640,070		2,640,070	72
73	07300 DRUGS CHARGED TO PATIENTS	3,954,950	-7,127	3,947,823	73
76.97	07697 CARDIAC REHABILITATION				76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100 EMERGENCY	4,821,384	-2,351,023	2,470,361	91
92	09200 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	72,623,205	-8,764,037	63,859,168	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	119,117		119,117	190
192	19200 PHYSICIANS' PRIVATE OFFICES	6,808,852		6,808,852	192
193	19300 NONPAID WORKERS	13,403		13,403	193
194	07950 OTHER NONREIMBURSABLE	230,994		230,994	194
194.10	07951 MEDICAL TRANSPORTATION	2,224		2,224	194.10
194.20	07952 FUND DEVELOPMENT	140,980		140,980	194.20
194.30	07953 PUBLIC RELATIONS/MARKETING	601,493		601,493	194.30
194.40	07954 INDUSTRIAL MEDICINE	546,327		546,327	194.40
194.50	07955 FOUNDATION	45,262		45,262	194.50
194.70	07956 FITNESS CENTER	120,323		120,323	194.70
200	TOTAL (SUM OF LINES 118-199)	81,252,180	-8,764,037	72,488,143	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 CONVENT DEPRECIATION RECLASS	A	NONPAID WORKERS	193		4,072 1
500 TOTAL RECLASSIFICATIONS					4,072 500
CODE LETTER - A					
1 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		833 1
2 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		3,312 2
3 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		3,705 3
4 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		5,601 4
5 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		5,876 5
6 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		4,435 6
7 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		9,054 7
8 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192		4,011 8
500 TOTAL RECLASSIFICATIONS					36,827 500
CODE LETTER - B					
1 DEPREC RECLASS	C	GIFT, FLOWER, COFFEE SHOP & C	190		920 1
2 DEPREC RECLASS	C	INDUSTRIAL MEDICINE	194.40		1,734 2
3 DEPREC RECLASS	C	FUND DEVELOPMENT	194.20		75 3
500 TOTAL RECLASSIFICATIONS					2,729 500
CODE LETTER - C					
1 PROPERTY INSURANCE RECLASS	D	CAP REL COSTS-BLDG & FIXT	1		26,670 1
2 PROPERTY INSURANCE RECLASS	D	CAP REL COSTS-MVBLE EQUIP	2		37,160 2
500 TOTAL RECLASSIFICATIONS					63,830 500
CODE LETTER - D					
1 PHYSICIAN BENEFIT RECLASS	E	EMPLOYEE BENEFITS	4		1,452,461 1
500 TOTAL RECLASSIFICATIONS					1,452,461 500
CODE LETTER - E					
1 DIETARY ALLOWANCE	F	CAFETERIA	11	443,509	439,208 1
500 TOTAL RECLASSIFICATIONS				443,509	439,208 500
CODE LETTER - F					
1 EKG SALARY RECLASS	G	ELECTROENCEPHALOGRAPHY	70	49,416	1
500 TOTAL RECLASSIFICATIONS				49,416	500
CODE LETTER - G					
1 CARDIO PULMONARY REHAB	H	FITNESS CENTER	194.70	115,719	4,604 1
500 TOTAL RECLASSIFICATIONS				115,719	4,604 500
CODE LETTER - H					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1	1	2	3	4	5
1 VACATION RECLASS	I	ADMINISTRATIVE & GENERAL	5	16,050	1
2		MAINTENANCE & REPAIRS	6	1,848	2
3		OPERATION OF PLANT	7	309	3
4		HOUSEKEEPING	9	2,166	4
5		DIETARY	10	2,136	5
6		NURSING ADMINISTRATION	13	2,460	6
7		CENTRAL SERVICES & SUPPLY	14	336	7
8		MEDICAL RECORDS & LIBRARY	16	2,384	8
9		SOCIAL SERVICE	17	307	9
10		ADULTS & PEDIATRICS	30	15,291	10
11		INTENSIVE CARE UNIT	31	3,047	11
12		NURSERY	43	808	12
13		OPERATING ROOM	50	4,750	13
14		RECOVERY ROOM	51	3,516	14
15		DELIVERY ROOM & LABOR ROOM	52	1,673	15
16		ANESTHESIOLOGY	53	5,209	16
17		RADIOLOGY-DIAGNOSTIC	54	4,106	17
18		RADIOISOTOPE	56	578	18
19		COMPUTED TOMOGRAPHY (CT) SCAN	57	1,183	19
20		MAGNETIC RESONANCE IMAGING (M	58	770	20
21		CARDIAC CATHETERIZATION	59	103	21
22		LABORATORY	60	3,409	22
23		RESPIRATORY THERAPY	65	2,325	23
24		CARDIAC STRESS LAB	65.10	1,288	24
25		CARDIAC REHAB	65.20	822	25
26		PHYSICAL THERAPY	66	2,580	26
27		OCCUPATIONAL THERAPY	67	888	27
28		SPEECH PATHOLOGY	68	399	28
29		ELECTROENCEPHALOGRAPHY	70	447	29
30		DRUGS CHARGED TO PATIENTS	73	2,749	30
31		EMERGENCY	91	15,070	31
32		GIFT, FLOWER, COFFEE SHOP & C	190	166	32
33		PHYSICIANS' PRIVATE OFFICES	192	34,050	33
34		FUND DEVELOPMENT	194.20	313	34
35		PUBLIC RELATIONS/MARKETING	194.30	137	35
36		INDUSTRIAL MEDICINE	194.40	1,452	36
500 TOTAL RECLASSIFICATIONS				135,125	500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 TEAM AWARD RECLASS PY & CY	J	ADMINISTRATIVE & GENERAL	5	109,669	1
2 TEAM AWARD RECLASS PY & CY	J	MAINTENANCE & REPAIRS	6	4,520	2
3 TEAM AWARD RECLASS PY & CY	J	OPERATION OF PLANT	7	1,600	3
4 TEAM AWARD RECLASS PY & CY	J	HOUSEKEEPING	9	10,760	4
5 TEAM AWARD RECLASS PY & CY	J	DIETARY	10	8,840	5
6 TEAM AWARD RECLASS PY & CY	J	NURSING ADMINISTRATION	13	25,969	6
7 TEAM AWARD RECLASS PY & CY	J				7
8 TEAM AWARD RECLASS PY & CY	J	MEDICAL RECORDS & LIBRARY	16	9,280	8
9 TEAM AWARD RECLASS PY & CY	J	SOCIAL SERVICE	17	2,400	9
10 TEAM AWARD RECLASS PY & CY	J	ADULTS & PEDIATRICS	30	34,280	10
11 TEAM AWARD RECLASS PY & CY	J	INTENSIVE CARE UNIT	31	7,600	11
12 TEAM AWARD RECLASS PY & CY	J	NURSERY	43	1,480	12
13 TEAM AWARD RECLASS PY & CY	J	OPERATING ROOM	50	12,720	13
14 TEAM AWARD RECLASS PY & CY	J	RECOVERY ROOM	51	7,618	14
15 TEAM AWARD RECLASS PY & CY	J	DELIVERY ROOM & LABOR ROOM	52	3,440	15
16 TEAM AWARD RECLASS PY & CY	J	ANESTHESIOLOGY	53	2,980	16
17 TEAM AWARD RECLASS PY & CY	J	RADIOLOGY-DIAGNOSTIC	54	12,600	17
18 TEAM AWARD RECLASS PY & CY	J	RADIOISOTOPE	56	1,200	18
19 TEAM AWARD RECLASS PY & CY	J	COMPUTED TOMOGRAPHY (CT) SCAN	57	2,600	19
20 TEAM AWARD RECLASS PY & CY	J	MAGNETIC RESONANCE IMAGING (M	58	1,600	20
21 TEAM AWARD RECLASS PY & CY	J				21
22 TEAM AWARD RECLASS PY & CY	J	LABORATORY	60	9,800	22
23 TEAM AWARD RECLASS PY & CY	J	RESPIRATORY THERAPY	65	5,000	23
24 TEAM AWARD RECLASS PY & CY	J	CARDIAC STRESS LAB	65.10	2,280	24
25 TEAM AWARD RECLASS PY & CY	J	CARDIAC REHAB	65.20	1,880	25
26 TEAM AWARD RECLASS PY & CY	J	PHYSICAL THERAPY	66	6,400	26
27 TEAM AWARD RECLASS PY & CY	J	OCCUPATIONAL THERAPY	67	1,600	27
28 TEAM AWARD RECLASS PY & CY	J	SPEECH PATHOLOGY	68	400	28
29 TEAM AWARD RECLASS PY & CY	J	ELECTROENCEPHALOGRAPHY	70	1,200	29
30 TEAM AWARD RECLASS PY & CY	J	DRUGS CHARGED TO PATIENTS	73	4,800	30
31 TEAM AWARD RECLASS PY & CY	J	EMERGENCY	91	15,120	31
32 TEAM AWARD RECLASS PY & CY	J	GIFT, FLOWER, COFFEE SHOP & C	190	1,200	32
33 TEAM AWARD RECLASS PY & CY	J	PHYSICIANS' PRIVATE OFFICES	192	5,760	33
34 TEAM AWARD RECLASS PY & CY	J	FUND DEVELOPMENT	194.20	1,480	34
35 TEAM AWARD RECLASS PY & CY	J				35
36 TEAM AWARD RECLASS PY & CY	J	INDUSTRIAL MEDICINE	194.40	2,960	36
37 TEAM AWARD RECLASS PY & CY	J				37
38 TEAM AWARD RECLASS PY & CY	J	EMPLOYEE BENEFITS	4	418,651	38
500 TOTAL RECLASSIFICATIONS				739,687	500
CODE LETTER - J					
1 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4	131,981	1
2 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4		120,509 2
500 TOTAL RECLASSIFICATIONS				131,981	120,509 500
CODE LETTER - K					
1 NON PATIENT DIETARY REV RECLASS	L	OTHER NONREIMBURSABLE	194	116,060	114,934 1
2 NON PATIENT DIETARY REV RECLASS	L				2
500 TOTAL RECLASSIFICATIONS				116,060	114,934 500
CODE LETTER - L					
1 PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5		32,494 1
500 TOTAL RECLASSIFICATIONS					32,494 500
CODE LETTER - M					
1 REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	92,251	5,327 1
2 REHAB ADMIN RECLASS	N	OCCUPATIONAL THERAPY	67	35,703	2,062 2
3 REHAB ADMIN RECLASS	N	SPEECH PATHOLOGY	68	16,995	981 3
500 TOTAL RECLASSIFICATIONS				144,949	8,370 500
CODE LETTER - N					
1 IMPLANTABLE MEDICAL DEVICE RECLASS	O	IMPL. DEV. CHARGED TO PATIENT	72		2,640,070 1
2 IMPLANTABLE MEDICAL DEVICE RECLASS	O				2
500 TOTAL RECLASSIFICATIONS					2,640,070 500
CODE LETTER - O					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 MED/SURG SUP RECLASS	P	MEDICAL SUPPLIES CHRGED TO PA	71		917,284	1
2 MED/SURG SUP RECLASS	P					2
3 MED/SURG SUP RECLASS	P					3
500 TOTAL RECLASSIFICATIONS					917,284	500
CODE LETTER - P						
1 GALESBURG CLINIC ADMIN VACATION REC	Q	PHYSICIANS' PRIVATE OFFICES	192	257,006		1
500 TOTAL RECLASSIFICATIONS				257,006		500
CODE LETTER - Q						
1 DISABILITY RECLASS	R	HOUSEKEEPING	9		2,612	1
2		DIETARY	10		1,770	2
3		ADULTS & PEDIATRICS	30		1,498	3
4		INTENSIVE CARE UNIT	31		3,460	4
5		OPERATING ROOM	50		738	5
6		RECOVERY ROOM	51		439	6
7		LABORATORY	60		1,920	7
8		EMERGENCY	91		17,651	8
9		PHYSICIANS' PRIVATE OFFICES	192		2,154	9
500 TOTAL RECLASSIFICATIONS					32,242	500
CODE LETTER - R						
GRAND TOTAL (INCREASES)				2,133,452	5,869,634	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CONVENT DEPRECIATION RECLASS	A	CAP REL COSTS-BLDG & FIXT	1		4,072	9 1
500 TOTAL RECLASSIFICATIONS					4,072	500
CODE LETTER - A						
1 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-BLDG & FIXT	1		833	9 1
2 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-BLDG & FIXT	1		3,312	9 2
3 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-BLDG & FIXT	1		3,705	9 3
4 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-BLDG & FIXT	1		5,601	9 4
5 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		5,876	9 5
6 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		4,435	9 6
7 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		9,054	9 7
8 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		4,011	9 8
500 TOTAL RECLASSIFICATIONS					36,827	500
CODE LETTER - B						
1 DEPREC RECLASS	C	CAP REL COSTS-BLDG & FIXT	1		920	9 1
2 DEPREC RECLASS	C	CAP REL COSTS-MVBLE EQUIP	2		1,734	9 2
3 DEPREC RECLASS	C	CAP REL COSTS-MVBLE EQUIP	2		75	9 3
500 TOTAL RECLASSIFICATIONS					2,729	500
CODE LETTER - C						
1 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		26,670	9 1
2 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		37,160	9 2
500 TOTAL RECLASSIFICATIONS					63,830	500
CODE LETTER - D						
1 PHYSICIAN BENEFIT RECLASS	E	PHYSICIANS' PRIVATE OFFICES	192		1,452,461	1
500 TOTAL RECLASSIFICATIONS					1,452,461	500
CODE LETTER - E						
1 DIETARY ALLOWANCE	F	DIETARY	10	443,509	439,208	1
500 TOTAL RECLASSIFICATIONS				443,509	439,208	500
CODE LETTER - F						
1 EKG SALARY RECLASS	G	RESPIRATORY THERAPY	65	49,416		1
500 TOTAL RECLASSIFICATIONS				49,416		500
CODE LETTER - G						
1 CARDIO PULMONARY REHAB	H	CARDIAC REHAB	65.20	115,719	4,604	1
500 TOTAL RECLASSIFICATIONS				115,719	4,604	500
CODE LETTER - H						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 VACATION RECLASS	I	EMPLOYEE BENEFITS	4		135,125	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
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21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
500 TOTAL RECLASSIFICATIONS					135,125	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 TEAM AWARD RECLASS PY & CY	J	ADMINISTRATIVE & GENERAL	5	95,212		1
2 TEAM AWARD RECLASS PY & CY	J	MAINTENANCE & REPAIRS	6	7,000		2
3 TEAM AWARD RECLASS PY & CY	J	OPERATION OF PLANT	7	1,400		3
4 TEAM AWARD RECLASS PY & CY	J					4
5 TEAM AWARD RECLASS PY & CY	J	DIETARY	10	12,750		5
6 TEAM AWARD RECLASS PY & CY	J	NURSING ADMINISTRATION	13	9,100		6
7 TEAM AWARD RECLASS PY & CY	J	CENTRAL SERVICES & SUPPLY	14	1,500		7
8 TEAM AWARD RECLASS PY & CY	J	MEDICAL RECORDS & LIBRARY	16	11,850		8
9 TEAM AWARD RECLASS PY & CY	J	SOCIAL SERVICE	17	13,350		9
10 TEAM AWARD RECLASS PY & CY	J	ADULTS & PEDIATRICS	30	47,750		10
11 TEAM AWARD RECLASS PY & CY	J	INTENSIVE CARE UNIT	31	8,150		11
12 TEAM AWARD RECLASS PY & CY	J	NURSERY	43	2,200		12
13 TEAM AWARD RECLASS PY & CY	J	OPERATING ROOM	50	14,900		13
14 TEAM AWARD RECLASS PY & CY	J	RECOVERY ROOM	51	10,650		14
15 TEAM AWARD RECLASS PY & CY	J	DELIVERY ROOM & LABOR ROOM	52	3,300		15
16 TEAM AWARD RECLASS PY & CY	J	ANESTHESIOLOGY	53	5,250		16
17 TEAM AWARD RECLASS PY & CY	J	RADIOLOGY-DIAGNOSTIC	54	15,400		17
18 TEAM AWARD RECLASS PY & CY	J	RADIOISOTOPE	56	1,500		18
19 TEAM AWARD RECLASS PY & CY	J	COMPUTED TOMOGRAPHY (CT) SCAN	57	3,100		19
20 TEAM AWARD RECLASS PY & CY	J	MAGNETIC RESONANCE IMAGING (M	58	2,250		20
21 TEAM AWARD RECLASS PY & CY	J	CARDIAC CATHETERIZATION	59	1,000		21
22 TEAM AWARD RECLASS PY & CY	J	LABORATORY	60	11,850		22
23 TEAM AWARD RECLASS PY & CY	J	RESPIRATORY THERAPY	65	8,000		23
24 TEAM AWARD RECLASS PY & CY	J	CARDIAC STRESS LAB	65.10	3,500		24
25 TEAM AWARD RECLASS PY & CY	J	CARDIAC REHAB	65.20	2,500		25
26 TEAM AWARD RECLASS PY & CY	J	PHYSICAL THERAPY	66	7,950		26
27 TEAM AWARD RECLASS PY & CY	J	OCCUPATIONAL THERAPY	67	2,000		27
28 TEAM AWARD RECLASS PY & CY	J	SPEECH PATHOLOGY	68	1,000		28
29 TEAM AWARD RECLASS PY & CY	J	ELECTROENCEPHALOGRAPHY	70	1,500		29
30 TEAM AWARD RECLASS PY & CY	J	DRUGS CHARGED TO PATIENTS	73	7,650		30
31 TEAM AWARD RECLASS PY & CY	J	EMERGENCY	91	15,650		31
32 TEAM AWARD RECLASS PY & CY	J	GIFT, FLOWER, COFFEE SHOP & C	190	1,850		32
33 TEAM AWARD RECLASS PY & CY	J	PHYSICIANS' PRIVATE OFFICES	192	81,739		33
34 TEAM AWARD RECLASS PY & CY	J					34
35 TEAM AWARD RECLASS PY & CY	J	PUBLIC RELATIONS/MARKETING	194.30	1,500		35
36 TEAM AWARD RECLASS PY & CY	J	PUBLIC RELATIONS/MARKETING	194.30	1,000		36
37 TEAM AWARD RECLASS PY & CY	J	INDUSTRIAL MEDICINE	194.40	3,350		37
38 TEAM AWARD RECLASS PY & CY	J	EMPLOYEE BENEFITS	4	321,036		38
500 TOTAL RECLASSIFICATIONS				739,687		500
CODE LETTER - J						
1 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4		131,981	1
2 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4	120,509		2
500 TOTAL RECLASSIFICATIONS				120,509	131,981	500
CODE LETTER - K						
1 NON PATIENT DIETARY REV RECLASS	L	DIETARY	10	29,683	29,395	1
2 NON PATIENT DIETARY REV RECLASS	L	CAFETERIA	11	86,377	85,539	2
500 TOTAL RECLASSIFICATIONS				116,060	114,934	500
CODE LETTER - L						
1 PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5	32,494		1
500 TOTAL RECLASSIFICATIONS				32,494		500
CODE LETTER - M						
1 REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	144,949	8,370	1
2 REHAB ADMIN RECLASS	N					2
3 REHAB ADMIN RECLASS	N					3
500 TOTAL RECLASSIFICATIONS				144,949	8,370	500
CODE LETTER - N						
1 IMPLANTABLE MEDICAL DEVICE RECLASS	O	OPERATING ROOM	50		2,546,020	1
2 IMPLANTABLE MEDICAL DEVICE RECLASS	O	CARDIAC CATHETERIZATION	59		94,050	2
500 TOTAL RECLASSIFICATIONS					2,640,070	500
CODE LETTER - O						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 MED/SURG SUP RECLASS	P	OPERATING ROOM	50		803,077	1
2 MED/SURG SUP RECLASS	P	CARDIAC CATHETERIZATION	59		43,942	2
3 MED/SURG SUP RECLASS	P	RESPIRATORY THERAPY	65		70,265	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					917,284	500
1 GALESBURG CLINIC ADMIN VACATION REC	Q	PHYSICIANS' PRIVATE OFFICES	192		257,006	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					257,006	500
1 DISABILITY RECLASS	R	HOUSEKEEPING	9	2,612		1
2		DIETARY	10	1,770		2
3		ADULTS & PEDIATRICS	30	1,498		3
4		INTENSIVE CARE UNIT	31	3,460		4
5		OPERATING ROOM	50	738		5
6		RECOVERY ROOM	51	439		6
7		LABORATORY	60	1,920		7
8		EMERGENCY	91	17,651		8
9		PHYSICIANS' PRIVATE OFFICES	192	2,154		9
500 TOTAL RECLASSIFICATIONS CODE LETTER - R				32,242		500
GRAND TOTAL (DECREASES)				1,794,585	6,208,501	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	314,848					314,848	1
2 LAND IMPROVEMENTS	925,068					925,068	2
3 BUILDINGS AND FIXTURES	33,613,378	180,635		180,635		33,794,013	3
4 BUILDING IMPROVEMENTS	38,298					38,298	4
5 FIXED EQUIPMENT	147,855					147,855	5
6 MOVABLE EQUIPMENT	33,898,959	2,596,784		2,596,784		36,495,743	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	68,938,406	2,777,419		2,777,419		71,715,825	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	68,938,406	2,777,419		2,777,419		71,715,825	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

DESCRIPTION	DEPRECIATION	SUMMARY OF CAPITAL						TOTAL (1) (SUM OF COLS. 9-14)
		LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS (SEE INSTR.)		
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	INSTR.)	15	
				12	13	14		
1 CAP REL COSTS-BLDG & FIXT	1,116,428						1,116,428 1	
2 CAP REL COSTS-MVBLE EQUIP	1,555,043						1,555,043 2	
3 TOTAL (SUM OF LINES 1-2)	2,671,471						2,671,471 3	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	35,072,227		35,072,227	0.489044				1
2 CAP REL COSTS-MVBLE EQUIP	36,643,598		36,643,598	0.510956				2
3 TOTAL (SUM OF LINES 1-2)	71,715,825		71,715,825	1.000000				3

DESCRIPTION	DEPRECIATION	SUMMARY OF CAPITAL						TOTAL (2) (SUM OF COLS. 9-14)
		LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS (SEE INSTR.)		
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	INSTR.)	15	
				12	13	14		
1 CAP REL COSTS-BLDG & FIXT	1,124,655						1,124,655 1	
2 CAP REL COSTS-MVBLE EQUIP	1,567,018						1,567,018 2	
3 TOTAL	2,691,673						2,691,673 3	

ADJUSTMENTS TO EXPENSES

LINE NO.	DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8
				COST CENTER	LINE NO.	Wkst A-7 REF
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5	REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A		ADMINISTRATIVE & GENERAL	5	7
8	TELEVISION AND RADIO SERVICE (CHAPTER 21)		-65,042			8
9	PARKING LOT (CHAPTER 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
11	SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	A-8-2	-2,359,523			10
12	RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				11
13	LAUNDRY AND LINEN SERVICE	A-8-1	-1,782,017			12
14	CAFETERIA - EMPLOYEES AND GUESTS					13
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					14
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					15
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-7,127	DRUGS CHARGED TO PATIENTS	73	16
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-22,997	MEDICAL RECORDS & LIBRARY	16	17
19	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					18
20	VENDING MACHINES					19
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					20
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					21
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				22
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3				23
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	WKST				24
26	DEPRECIATION--BUILDINGS & FIXTURES			UTILIZATION REVIEW-SNF	114	25
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-BLDG & FIXT	1	26
28	NON-PHYSICIAN ANESTHETIST			CAP REL COSTS-MVBLE EQUIP	2	27
29	PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19	28
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				29
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3				30
32	CAH HIT ADJ FOR DEPRECIATION AND	WKST				31
33						32
34						33
35						34
36						35
37						36
37.02	TRANSCRIPTION	B	-8,718	MEDICAL RECORDS & LIBRARY	16	37.02
37.04	NEWBORN	B	-189	NURSERY	43	37.04
37.06	RADIOLOGY	B	-385	RADIOLOGY-DIAGNOSTIC	54	37.06
37.07	OCCUPATIONAL THERAPY	B	-300	OCCUPATIONAL THERAPY	67	37.07
37.09	PLANT MAINTAINANCE	B	-6,828	MAINTENANCE & REPAIRS	6	37.09
37.10	DPA PROVIDER TAX	A	-2,054,346	ADMINISTRATIVE & GENERAL	5	37.10
37.13	COMMUNITY HEALTH EDUCATION	B	-13,353	ADMINISTRATIVE & GENERAL	5	37.13
37.14	PROPERTY TAX	A	-99,657	ADMINISTRATIVE & GENERAL	5	37.14
37.15	CRNA SALARIES	A	-1,592,775	ANESTHESIOLOGY	53	37.15
37.17	ER & CRNA EMPLOYEE BENEFITS	A	-453,826	EMPLOYEE BENEFITS	4	37.17
37.19	PHYSICIAN RECRUITMENT	A	-31,108	ADMINISTRATIVE & GENERAL	5	37.19
37.20	IHA, AHA, CHA DUES	A	-23,817	ADMINISTRATIVE & GENERAL	5	37.20
37.21	CLINICAL LABORATORY SVCS	B	-765	LABORATORY	60	37.21
37.22	PHYSICAL THERAPY	B	-6,112	PHYSICAL THERAPY	66	37.22
37.23	CHAPLAINCY SVCS	B	-1,362	ADMINISTRATIVE & GENERAL	5	37.23
37.30	TEAM ACCRUAL PRIOR YEAR	A	131,982	EMPLOYEE BENEFITS	4	37.30
37.31	FINANCE CHG ON PT ACCTS	B	-214,577	ADMINISTRATIVE & GENERAL	5	37.31
37.32	TEAM ACCRUAL CURRENT YEAR	A	-120,509	EMPLOYEE BENEFITS	4	37.32
38						38
39						39
40						40
41	DISASTER PREPAREDNESS	B	-28,578	ADMINISTRATIVE & GENERAL	5	41
42						42
43						43

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ADJUSTMENTS TO EXPENSES

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
				COST CENTER 3	LINE NO. 4	WKST A-7 REF	5
44	CARDIOLOGY SVCS	B	-2,108	CARDIAC STRESS LAB	65.10		44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-8,764,037				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 (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	17	SOCIAL SERVICE	SISTERS SERVICES	24,147	24,147		1
2	5	ADMINISTRATIVE & GENERAL	SISTERS SERVICES	25,354	25,354		2
3	5	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE CHARGES	5,095,274	6,770,233	-1,674,959	3
4	7	OPERATION OF PLANT	CORPORATE OFFICE CHARGES	157,586	180,037	-22,451	4
4.03	50	OPERATING ROOM	SFI PURCHASED MAINT	1,498	1,659	-161	4.03
4.04	54	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINT	361,763	400,552	-38,789	4.04
4.05	56	RADIOISOTOPE	SFI PURCHASED MAINT	21,969	24,325	-2,356	4.05
4.06	57	COMPUTED TOMOGRAPHY (CT) SCAN	SFI PURCHASED MAINT	231,296	256,095	-24,799	4.06
4.07	58	MAGNETIC RESONANCE IMAGING (MRI)	SFI PURCHASED MAINT	95,642	105,896	-10,254	4.07
4.08	59	CARDIAC CATHETERIZATION	SFI PURCHASED MAINT	76,921	85,169	-8,248	4.08
4.09	54	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED SERVICES	244,400	244,400		4.09
4.12	60	LABORATORY	SYSTEMS LAB	567,385	567,385		4.12
5	TOTALS (SUM OF LINES 1-4)			6,903,235	8,685,252	-1,782,017	5
	TRANSFER COL. 6, LINE 5 TO						
	WKST A-8, COL. 2, LINE 12.						

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	OSF HEALTHCARE SYSTEMS	100.00			6
7						7
8						8
9						9
10						10

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	2		3	4	5	6	7	8	9		
1	59	CARDIAC CATHETERIZATION		4,333	4,333		142,500			1	
2	65	RESPIRATORY THERAPY								2	
3	91	EMERGENCY	AGGREGATE	2,571,831	2,031,746	540,084	142,500	3,226	221,012	11,051	3
4	5	ADMINISTRATIVE & GENERAL									4
5	91	EMERGENCY		29,800		29,800	142,500	432	29,596	1,480	5
6	13	NURSING ADMINISTRATION	AGGREGATE	4,167	4,167		142,500				6
200		TOTAL		2,610,131	2,040,246	569,884		3,658	250,608	12,531	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO. 10	11	12	13	14	15	16	17	18	
1	59	CARDIAC CATHETERIZATION	AGGREGATE					4,333	1
2	65	RESPIRATORY THERAPY							2
3	91	EMERGENCY	AGGREGATE			221,012	319,072	2,350,819	3
4	5	ADMINISTRATIVE & GENERAL							4
5	91	EMERGENCY				29,596	204	204	5
6	13	NURSING ADMINISTRATION	AGGREGATE					4,167	6
200		TOTAL				250,608	319,276	2,359,523	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,124,655	1,124,655				1
2	CAP REL COSTS-MVBLE EQUIP	1,567,018		1,567,018			2
4	EMPLOYEE BENEFITS	10,992,630			10,992,630		4
5	ADMINISTRATIVE & GENERAL	12,270,095	234,470	558,818	1,417,778	14,481,161	5
6	MAINTENANCE & REPAIRS	1,295,972	144,997		163,103	1,604,072	6
7	OPERATION OF PLANT	1,251,842	58,618	19,780	27,446	1,357,686	7
8	LAUNDRY & LINEN SERVICE	283,070	5,007			288,077	8
9	HOUSEKEEPING	862,156	5,012	3,759	194,661	1,065,588	9
10	DIETARY	246,402	21,625	7,653	38,749	314,429	10
11	CAFETERIA	710,801	14,330		112,423	837,554	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	738,747	3,141	81,577	223,483	1,046,948	13
14	CENTRAL SERVICES & SUPPLY	302,761	14,796	39,046	29,322	385,925	14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	757,518	5,374	3,714	210,642	977,248	16
17	SOCIAL SERVICE	100,345	1,189		23,811	125,345	17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	4,830,287	159,533	6,911	1,351,420	6,348,151	30
31	INTENSIVE CARE UNIT	993,950	13,226	3,788	268,943	1,279,907	31
43	NURSERY	242,541	5,203	1,957	71,396	321,097	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,749,181	46,195	158,560	420,366	4,374,302	50
51	RECOVERY ROOM	1,081,896	35,051		310,768	1,427,715	51
52	DELIVERY ROOM & LABOR ROOM	535,437	21,645	20,843	148,412	726,337	52
53	ANESTHESIOLOGY	230,513	321	69,185	10,781	310,800	53
54	RADIOLOGY-DIAGNOSTIC	1,898,592	58,467	206,202	363,314	2,526,575	54
56	RADIOISOTOPE	589,610	2,765		51,160	643,535	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,308,421	10,351		104,760	1,423,532	57
58	MAGNETIC RESONANCE IMAGING (MRI)	712,789	5,298	5,500	68,058	791,645	58
59	CARDIAC CATHETERIZATION	140,719	6,849	53,901	8,852	210,321	59
60	LABORATORY	2,011,899	19,924	107,480	301,076	2,440,379	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	586,791				586,791	63
65	RESPIRATORY THERAPY	647,220	6,021	28,625	189,722	871,588	65
65.10	CARDIAC STRESS LAB	388,565	9,051	15,758	113,858	527,232	65.10
65.20	CARDIAC REHAB	120,441	968	494	36,297	158,200	65.20
66	PHYSICAL THERAPY	710,060	46,491	2,348	211,762	970,661	66
67	OCCUPATIONAL THERAPY	276,482	13,487	2,697	89,847	382,513	67
68	SPEECH PATHOLOGY	131,319	12,594	3,289	40,544	187,746	68
69	ELECTROCARDIOLOGY	2,527	562	56		3,145	69
70	ELECTROENCEPHALOGRAPHY	190,378	4,701	21,796	55,071	271,946	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	917,284				917,284	71
72	IMPL. DEV. CHARGED TO PATIENT	2,640,070				2,640,070	72
73	DRUGS CHARGED TO PATIENTS	3,947,823	8,424	37,102	242,936	4,236,285	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	2,470,361	46,481	66,521	691,296	3,274,659	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (SUM OF LINES 1-117)	63,859,168	1,042,167	1,527,360	7,592,057	60,336,449	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	119,117			14,531	133,648	190
192	PHYSICIANS' PRIVATE OFFICES	6,808,852	36,818	32,862	3,144,833	10,023,365	192
193	NONPAID WORKERS	13,403	21,801			35,204	193
194	OTHER NONREIMBURSABLE	230,994			36,535	267,529	194
194.10	MEDICAL TRANSPORTATION	2,224				2,224	194.10
194.20	FUND DEVELOPMENT	140,980	728	76	28,239	170,023	194.20
194.30	PUBLIC RELATIONS/MARKETING	601,493	457		11,331	613,281	194.30
194.40	INDUSTRIAL MEDICINE	546,327	13,507	1,752	128,676	690,262	194.40
194.50	FOUNDATION	45,262				45,262	194.50
194.70	FITNESS CENTER	120,323	9,177	4,968	36,428	170,896	194.70
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	72,488,143	1,124,655	1,567,018	10,992,630	72,488,143	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	14,481,161					5
6 MAINTENANCE & REPAIRS	400,449	2,004,521				6
7 OPERATION OF PLANT	338,940	157,680	1,854,306			7
8 LAUNDRY & LINEN SERVICE	71,917	13,470	13,524	386,988		8
9 HOUSEKEEPING	266,019	13,483	13,538		1,358,628	9
10 DIETARY	78,496	58,170	58,405		43,427	10
11 CAFETERIA	209,091	38,546	38,702		28,776	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	261,365	8,449	8,483		6,307	13
14 CENTRAL SERVICES & SUPPLY	96,344	39,801	39,962		29,713	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	243,965	14,455	14,513		10,791	16
17 SOCIAL SERVICE	31,292	3,199	3,212		2,388	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,584,784	429,134	430,873	165,704	320,370	30
31 INTENSIVE CARE UNIT	319,522	35,577	35,721	35,487	26,560	31
43 NURSERY	80,160	13,996	14,052		10,449	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,092,023	124,263	124,765	28,095	92,768	50
51 RECOVERY ROOM	356,422	94,287	94,668	32,160	70,389	51
52 DELIVERY ROOM & LABOR ROOM	181,326	58,224	58,459	31,617	43,467	52
53 ANESTHESIOLOGY	77,590	864	867		645	53
54 RADIOLOGY-DIAGNOSTIC	630,747	157,275	157,911	15,712	117,413	54
56 RADIOISOTOPE	160,655	7,437	7,467		5,552	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	355,378	27,843	27,956		20,786	57
58 MAGNETIC RESONANCE IMAGING (MRI)	197,630	14,252	14,310		10,640	58
59 CARDIAC CATHETERIZATION	52,506	18,423	18,497	7,740	13,753	59
60 LABORATORY	609,228	53,595	53,811		40,011	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	146,489					63
65 RESPIRATORY THERAPY	217,588	16,196	16,261		12,091	65
65.10 CARDIAC STRESS LAB	131,621	24,348	24,446	7,740	18,177	65.10
65.20 CARDIAC REHAB	39,494	2,605	2,615		1,945	65.20
66 PHYSICAL THERAPY	242,321	125,059	125,565	12,346	93,362	66
67 OCCUPATIONAL THERAPY	95,492	36,279	36,425		27,084	67
68 SPEECH PATHOLOGY	46,870	33,876	34,013		25,290	68
69 ELECTROCARDIOLOGY	785	1,512	1,518		1,128	69
70 ELECTROENCEPHALOGRAPHY	67,890	12,646	12,697	7,740	9,441	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	228,995					71
72 IMPL. DEV. CHARGED TO PATIENT	659,080					72
73 DRUGS CHARGED TO PATIENTS	1,057,567	22,661	22,752		16,917	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	817,502	125,032	125,537	34,907	93,342	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	11,447,543	1,782,637	1,631,525	379,248	1,192,982	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,365					190
192 PHYSICIANS' PRIVATE OFFICES	2,502,292	99,038	99,438		73,936	192
193 NONPAID WORKERS	8,789	58,643	58,880		43,779	193
194 OTHER NONREIMBURSABLE	66,787					194
194.10 MEDICAL TRANSPORTATION	555					194.10
194.20 FUND DEVELOPMENT	42,445	1,957	1,965		1,461	194.20
194.30 PUBLIC RELATIONS/MARKETING	153,103	1,228	1,233		917	194.30
194.40 INDUSTRIAL MEDICINE	172,320	36,333	36,480	7,740	27,124	194.40
194.50 FOUNDATION	11,299					194.50
194.70 FITNESS CENTER	42,663	24,685	24,785		18,429	194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	14,481,161	2,004,521	1,854,306	386,988	1,358,628	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
	10	11	13	14	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	552,927					10
11 CAFETERIA		1,152,669				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		27,327	1,358,879			13
14 CENTRAL SERVICES & SUPPLY		11,528		603,273		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		60,534		1,174	1,322,680	16
17 SOCIAL SERVICE		6,056		112		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	468,981	281,695	634,680	90,814	88,212	30
31 INTENSIVE CARE UNIT	67,771	53,600	120,766	20,709	19,271	31
43 NURSERY		11,849	26,698	1,398	2,075	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		85,638	192,948	305,870	133,244	50
51 RECOVERY ROOM		50,733	114,306	21,065	40,676	51
52 DELIVERY ROOM & LABOR ROOM		20,363	45,880	6,534	4,637	52
53 ANESTHESIOLOGY		23,523		24,486	39,520	53
54 RADIOLOGY-DIAGNOSTIC		76,655		12,870	74,992	54
56 RADIOISOTOPE		7,783		627	29,909	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		21,475		13,810	135,523	57
58 MAGNETIC RESONANCE IMAGING (MRI)		11,147		597	56,396	58
59 CARDIAC CATHETERIZATION		1,551		1,133	5,198	59
60 LABORATORY		71,740		17,629	218,924	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					9,210	63
65 RESPIRATORY THERAPY		42,512		5,173	33,150	65
65.10 CARDIAC STRESS LAB		17,087		2,304	27,908	65.10
65.20 CARDIAC REHAB		1,170		68	3,430	65.20
66 PHYSICAL THERAPY		34,700		1,835	27,489	66
67 OCCUPATIONAL THERAPY		12,786		91	7,319	67
68 SPEECH PATHOLOGY		7,870		60	2,930	68
69 ELECTROCARDIOLOGY				561	9,944	69
70 ELECTROENCEPHALOGRAPHY		7,607		170	8,683	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					63,529	71
72 IMPL. DEV. CHARGED TO PATIENT					47,564	72
73 DRUGS CHARGED TO PATIENTS		38,854		2,009	147,017	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		120,864	223,601	58,059	85,930	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	536,752	1,106,647	1,358,879	589,158	1,322,680	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,101		44		190
192 PHYSICIANS' PRIVATE OFFICES		585		12,240		192
193 NONPAID WORKERS	16,175			69		193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT		5,296		6		194.20
194.30 PUBLIC RELATIONS/MARKETING		2,545		18		194.30
194.40 INDUSTRIAL MEDICINE		22,792		1,053		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER		11,703		685		194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	552,927	1,152,669	1,358,879	603,273	1,322,680	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	171,604				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	146,635	10,990,033		10,990,033	30
31 INTENSIVE CARE UNIT	21,220	2,036,111		2,036,111	31
43 NURSERY	3,749	485,523		485,523	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		6,553,916		6,553,916	50
51 RECOVERY ROOM		2,302,421		2,302,421	51
52 DELIVERY ROOM & LABOR ROOM		1,176,844		1,176,844	52
53 ANESTHESIOLOGY		478,295		478,295	53
54 RADIOLOGY-DIAGNOSTIC		3,770,150		3,770,150	54
56 RADIOISOTOPE		862,965		862,965	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,026,303		2,026,303	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,096,617		1,096,617	58
59 CARDIAC CATHETERIZATION		329,122		329,122	59
60 LABORATORY		3,505,317		3,505,317	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		742,490		742,490	63
65 RESPIRATORY THERAPY		1,214,559		1,214,559	65
65.10 CARDIAC STRESS LAB		780,863		780,863	65.10
65.20 CARDIAC REHAB		209,527		209,527	65.20
66 PHYSICAL THERAPY		1,633,338		1,633,338	66
67 OCCUPATIONAL THERAPY		597,989		597,989	67
68 SPEECH PATHOLOGY		338,655		338,655	68
69 ELECTROCARDIOLOGY		18,593		18,593	69
70 ELECTROENCEPHALOGRAPHY		398,820		398,820	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,209,808		1,209,808	71
72 IMPL. DEV. CHARGED TO PATIENT		3,346,714		3,346,714	72
73 DRUGS CHARGED TO PATIENTS		5,544,062		5,544,062	73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY		4,959,433		4,959,433	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	171,604	56,608,468		56,608,468	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		170,158		170,158	190
192 PHYSICIANS' PRIVATE OFFICES		12,810,894		12,810,894	192
193 NONPAID WORKERS		221,539		221,539	193
194 OTHER NONREIMBURSABLE		334,316		334,316	194
194.10 MEDICAL TRANSPORTATION		2,779		2,779	194.10
194.20 FUND DEVELOPMENT		223,153		223,153	194.20
194.30 PUBLIC RELATIONS/MARKETING		772,325		772,325	194.30
194.40 INDUSTRIAL MEDICINE		994,104		994,104	194.40
194.50 FOUNDATION		56,561		56,561	194.50
194.70 FITNESS CENTER		293,846		293,846	194.70
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	171,604	72,488,143		72,488,143	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,251,596	234,470	558,818	2,044,884	2,044,884	5
6 MAINTENANCE & REPAIRS	16,318	144,997		161,315	56,547	6
7 OPERATION OF PLANT		58,618	19,780	78,398	47,861	7
8 LAUNDRY & LINEN SERVICE		5,007		5,007	10,155	8
9 HOUSEKEEPING		5,012	3,759	8,771	37,564	9
10 DIETARY		21,625	7,653	29,278	11,084	10
11 CAFETERIA		14,330		14,330	29,525	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,141	81,577	84,718	36,907	13
14 CENTRAL SERVICES & SUPPLY		14,796	39,046	53,842	13,605	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	10,740	5,374	3,714	19,828	34,450	16
17 SOCIAL SERVICE		1,189		1,189	4,419	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,747	159,533	6,911	183,191	223,785	30
31 INTENSIVE CARE UNIT	12,172	13,226	3,788	29,186	45,119	31
43 NURSERY		5,203	1,957	7,160	11,319	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	186,209	46,195	158,560	390,964	154,203	50
51 RECOVERY ROOM		35,051		35,051	50,330	51
52 DELIVERY ROOM & LABOR ROOM	386	21,645	20,843	42,874	25,605	52
53 ANESTHESIOLOGY	533	321	69,185	70,039	10,956	53
54 RADIOLOGY-DIAGNOSTIC	238,026	58,467	206,202	502,695	89,067	54
56 RADIOISOTOPE		2,765		2,765	22,686	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	46,785	10,351		57,136	50,182	57
58 MAGNETIC RESONANCE IMAGING (MRI)	349,817	5,298	5,500	360,615	27,907	58
59 CARDIAC CATHETERIZATION		6,849	53,901	60,750	7,414	59
60 LABORATORY		19,924	107,480	127,404	86,028	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					20,686	63
65 RESPIRATORY THERAPY	15,960	6,021	28,625	50,606	30,725	65
65.10 CARDIAC STRESS LAB		9,051	15,758	24,809	18,586	65.10
65.20 CARDIAC REHAB		968	494	1,462	5,577	65.20
66 PHYSICAL THERAPY	7,105	46,491	2,348	55,944	34,218	66
67 OCCUPATIONAL THERAPY		13,487	2,697	16,184	13,484	67
68 SPEECH PATHOLOGY		12,594	3,289	15,883	6,618	68
69 ELECTROCARDIOLOGY		562	56	618	111	69
70 ELECTROENCEPHALOGRAPHY	1,320	4,701	21,796	27,817	9,587	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					32,336	71
72 IMPL. DEV. CHARGED TO PATIENT					93,068	72
73 DRUGS CHARGED TO PATIENTS		8,424	37,102	45,526	149,338	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		46,481	66,521	113,002	115,438	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,153,714	1,042,167	1,527,360	4,723,241	1,616,490	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					4,711	190
192 PHYSICIANS' PRIVATE OFFICES	62,389	36,818	32,862	132,069	353,367	192
193 NONPAID WORKERS		21,801		21,801	1,241	193
194 OTHER NONREIMBURSABLE					9,431	194
194.10 MEDICAL TRANSPORTATION					78	194.10
194.20 FUND DEVELOPMENT		728	76	804	5,994	194.20
194.30 PUBLIC RELATIONS/MARKETING	1,534	457		1,991	21,619	194.30
194.40 INDUSTRIAL MEDICINE		13,507	1,752	15,259	24,333	194.40
194.50 FOUNDATION					1,596	194.50
194.70 FITNESS CENTER		9,177	4,968	14,145	6,024	194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,217,637	1,124,655	1,567,018	4,909,310	2,044,884	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	217,862					6
7 OPERATION OF PLANT	17,138	143,397				7
8 LAUNDRY & LINEN SERVICE	1,464	1,046	17,672			8
9 HOUSEKEEPING	1,465	1,047		48,847		9
10 DIETARY	6,322	4,517		1,561	52,762	10
11 CAFETERIA	4,189	2,993		1,035		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	918	656		227		13
14 CENTRAL SERVICES & SUPPLY	4,326	3,090		1,068		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,571	1,122		388		16
17 SOCIAL SERVICE	348	248		86		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	46,641	33,322	7,568	11,516	44,752	30
31 INTENSIVE CARE UNIT	3,867	2,762	1,621	955	6,467	31
43 NURSERY	1,521	1,087		376		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,506	9,648	1,283	3,335		50
51 RECOVERY ROOM	10,248	7,321	1,469	2,531		51
52 DELIVERY ROOM & LABOR ROOM	6,328	4,521	1,444	1,563		52
53 ANESTHESIOLOGY	94	67		23		53
54 RADIOLOGY-DIAGNOSTIC	17,094	12,212	717	4,221		54
56 RADIOISOTOPE	808	577		200		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,026	2,162		747		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,549	1,107		383		58
59 CARDIAC CATHETERIZATION	2,002	1,430	353	494		59
60 LABORATORY	5,825	4,161		1,439		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	1,760	1,258		435		65
65.10 CARDIAC STRESS LAB	2,646	1,890	353	654		65.10
65.20 CARDIAC REHAB	283	202		70		65.20
66 PHYSICAL THERAPY	13,592	9,710	564	3,357		66
67 OCCUPATIONAL THERAPY	3,943	2,817		974		67
68 SPEECH PATHOLOGY	3,682	2,630		909		68
69 ELECTROCARDIOLOGY	164	117		41		69
70 ELECTROENCEPHALOGRAPHY	1,374	982	353	339		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,463	1,759		608		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,589	9,708	1,594	3,356		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	193,746	126,169	17,319	42,891	51,219	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	10,764	7,690		2,658		192
193 NONPAID WORKERS	6,374	4,553		1,574	1,543	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	213	152		53		194.20
194.30 PUBLIC RELATIONS/MARKETING	133	95		33		194.30
194.40 INDUSTRIAL MEDICINE	3,949	2,821	353	975		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	2,683	1,917		663		194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	217,862	143,397	17,672	48,847	52,762	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	52,072					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,234	124,660				13
14 CENTRAL SERVICES & SUPPLY	521		76,452			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,735		149	60,243		16
17 SOCIAL SERVICE	274		14			17
19 NONPHYSICIAN ANESTHETISTS					6,578	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,723	58,223	11,509	4,017	5,621	30
31 INTENSIVE CARE UNIT	2,421	11,079	2,624	878	813	31
43 NURSERY	535	2,449	177	95	144	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,869	17,701	38,760	6,067		50
51 RECOVERY ROOM	2,292	10,486	2,670	1,852		51
52 DELIVERY ROOM & LABOR ROOM	920	4,209	828	211		52
53 ANESTHESIOLOGY	1,063		3,103	1,800		53
54 RADIOLOGY-DIAGNOSTIC	3,463		1,631	3,415		54
56 RADIOISOTOPE	352		79	1,362		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	970		1,750	6,171		57
58 MAGNETIC RESONANCE IMAGING (MRI)	504		76	2,568		58
59 CARDIAC CATHETERIZATION	70		144	237		59
60 LABORATORY	3,241		2,234	9,983		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				419		63
65 RESPIRATORY THERAPY	1,920		656	1,509		65
65.10 CARDIAC STRESS LAB	772		292	1,271		65.10
65.20 CARDIAC REHAB	53		9	156		65.20
66 PHYSICAL THERAPY	1,568		233	1,252		66
67 OCCUPATIONAL THERAPY	578		12	333		67
68 SPEECH PATHOLOGY	356		8	133		68
69 ELECTROCARDIOLOGY			71	453		69
70 ELECTROENCEPHALOGRAPHY	344		21	395		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,893		71
72 IMPL. DEV. CHARGED TO PATIENT				2,166		72
73 DRUGS CHARGED TO PATIENTS	1,755		255	6,694		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	5,460	20,513	7,358	3,913		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	49,993	124,660	74,663	60,243	6,578	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	140		6			190
192 PHYSICIANS' PRIVATE OFFICES	26		1,551			192
193 NONPAID WORKERS			9			193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	239		1			194.20
194.30 PUBLIC RELATIONS/MARKETING	115		2			194.30
194.40 INDUSTRIAL MEDICINE	1,030		133			194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	529		87			194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	52,072	124,660	76,452	60,243	6,578	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS				23
30 ADULTS & PEDIATRICS	642,868		642,868	30
31 INTENSIVE CARE UNIT	107,792		107,792	31
43 NURSERY	24,863		24,863	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	639,336		639,336	50
51 RECOVERY ROOM	124,250		124,250	51
52 DELIVERY ROOM & LABOR ROOM	88,503		88,503	52
53 ANESTHESIOLOGY	87,145		87,145	53
54 RADIOLOGY-DIAGNOSTIC	634,515		634,515	54
56 RADIOISOTOPE	28,829		28,829	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	122,144		122,144	57
58 MAGNETIC RESONANCE IMAGING (MRI)	394,709		394,709	58
59 CARDIAC CATHETERIZATION	72,894		72,894	59
60 LABORATORY	240,315		240,315	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	21,105		21,105	63
65 RESPIRATORY THERAPY	88,869		88,869	65
65.10 CARDIAC STRESS LAB	51,273		51,273	65.10
65.20 CARDIAC REHAB	7,812		7,812	65.20
66 PHYSICAL THERAPY	120,438		120,438	66
67 OCCUPATIONAL THERAPY	38,325		38,325	67
68 SPEECH PATHOLOGY	30,219		30,219	68
69 ELECTROCARDIOLOGY	1,575		1,575	69
70 ELECTROENCEPHALOGRAPHY	41,212		41,212	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	35,229		35,229	71
72 IMPL. DEV. CHARGED TO PATIENT	95,234		95,234	72
73 DRUGS CHARGED TO PATIENTS	208,398		208,398	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	293,931		293,931	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	4,241,783		4,241,783	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,857		4,857	190
192 PHYSICIANS' PRIVATE OFFICES	508,125		508,125	192
193 NONPAID WORKERS	37,095		37,095	193
194 OTHER NONREIMBURSABLE	9,431		9,431	194
194.10 MEDICAL TRANSPORTATION	78		78	194.10
194.20 FUND DEVELOPMENT	7,456		7,456	194.20
194.30 PUBLIC RELATIONS/MARKETING	23,988		23,988	194.30
194.40 INDUSTRIAL MEDICINE	48,853		48,853	194.40
194.50 FOUNDATION	1,596		1,596	194.50
194.70 FITNESS CENTER	26,048		26,048	194.70
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	4,909,310		4,909,310	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	RECON-	ADMINIS-	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	CILATION	TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	224,152					1
2 CAP REL COSTS-MVBLE EQUIP		1,550,729				2
4 EMPLOYEE BENEFITS			34,920,221			4
5 ADMINISTRATIVE & GENERAL	46,732	553,010	4,503,843	-14,481,161	58,006,982	5
6 MAINTENANCE & REPAIRS	28,899		518,127		1,604,072	6
7 OPERATION OF PLANT	11,683	19,574	87,187		1,357,686	7
8 LAUNDRY & LINEN SERVICE	998				288,077	8
9 HOUSEKEEPING	999	3,720	618,379		1,065,588	9
10 DIETARY	4,310	7,573	123,094		314,429	10
11 CAFETERIA	2,856		357,132		837,554	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	626	80,729	709,935		1,046,948	13
14 CENTRAL SERVICES & SUPPLY	2,949	38,640	93,147		385,925	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,071	3,675	669,146		977,248	16
17 SOCIAL SERVICE	237		75,640		125,345	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,796	6,839	4,293,042		6,348,151	30
31 INTENSIVE CARE UNIT	2,636	3,749	854,350		1,279,907	31
43 NURSERY	1,037	1,937	226,802		321,097	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,207	156,912	1,335,372		4,374,302	50
51 RECOVERY ROOM	6,986		987,213		1,427,715	51
52 DELIVERY ROOM & LABOR ROOM	4,314	20,626	471,460		726,337	52
53 ANESTHESIOLOGY	64	68,466	34,249		310,800	53
54 RADIOLOGY-DIAGNOSTIC	11,653	204,059	1,154,136		2,526,575	54
56 RADIOISOTOPE	551		162,520		643,535	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,063		332,790		1,423,532	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,056	5,443	216,198		791,645	58
59 CARDIAC CATHETERIZATION	1,365	53,341	28,119		210,321	59
60 LABORATORY	3,971	106,363	956,424		2,440,379	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					586,791	63
65 RESPIRATORY THERAPY	1,200	28,327	602,689		871,588	65
65.10 CARDIAC STRESS LAB	1,804	15,594	361,693		527,232	65.10
65.20 CARDIAC REHAB	193	489	115,305		158,200	65.20
66 PHYSICAL THERAPY	9,266	2,324	672,703		970,661	66
67 OCCUPATIONAL THERAPY	2,688	2,669	285,417		382,513	67
68 SPEECH PATHOLOGY	2,510	3,255	128,795		187,746	68
69 ELECTROCARDIOLOGY	112	55			3,145	69
70 ELECTROENCEPHALOGRAPHY	937	21,569	174,944		271,946	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					917,284	71
72 IMPL. DEV. CHARGED TO PATIENT					2,640,070	72
73 DRUGS CHARGED TO PATIENTS	1,679	36,716	771,734		4,236,285	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,264	65,830	2,196,033		3,274,659	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	207,712	1,511,484	24,117,618	-14,481,161	45,855,288	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			46,160		133,648	190
192 PHYSICIANS' PRIVATE OFFICES	7,338	32,520	9,990,196		10,023,365	192
193 NONPAID WORKERS	4,345				35,204	193
194 OTHER NONREIMBURSABLE			116,060		267,529	194
194.10 MEDICAL TRANSPORTATION					2,224	194.10
194.20 FUND DEVELOPMENT	145	75	89,708		170,023	194.20
194.30 PUBLIC RELATIONS/MARKETING	91		35,995		613,281	194.30
194.40 INDUSTRIAL MEDICINE	2,692	1,734	408,765		690,262	194.40
194.50 FOUNDATION					45,262	194.50
194.70 FITNESS CENTER	1,829	4,916	115,719		170,896	194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,124,655	1,567,018	10,992,630		14,481,161	202
203 UNIT COST MULT-WS B PT I	5.017377	1.010504	0.314793		0.249645	203
204 COST TO BE ALLOC PER B PT II					2,044,884	204
205 UNIT COST MULT-WS B PT II					0.035252	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	148,521					6
7 OPERATION OF PLANT	11,683	136,838				7
8 LAUNDRY & LINEN SERVICE	998	998	477,459			8
9 HOUSEKEEPING	999	999		134,841		9
10 DIETARY	4,310	4,310		4,310	73,837	10
11 CAFETERIA	2,856	2,856		2,856		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	626	626		626		13
14 CENTRAL SERVICES & SUPPLY	2,949	2,949		2,949		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,071	1,071		1,071		16
17 SOCIAL SERVICE	237	237		237		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,796	31,796	204,446	31,796	62,627	30
31 INTENSIVE CARE UNIT	2,636	2,636	43,783	2,636	9,050	31
43 NURSERY	1,037	1,037		1,037		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,207	9,207	34,663	9,207		50
51 RECOVERY ROOM	6,986	6,986	39,678	6,986		51
52 DELIVERY ROOM & LABOR ROOM	4,314	4,314	39,008	4,314		52
53 ANESTHESIOLOGY	64	64		64		53
54 RADIOLOGY-DIAGNOSTIC	11,653	11,653	19,385	11,653		54
56 RADIOISOTOPE	551	551		551		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,063	2,063		2,063		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,056	1,056		1,056		58
59 CARDIAC CATHETERIZATION	1,365	1,365	9,549	1,365		59
60 LABORATORY	3,971	3,971		3,971		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	1,200	1,200		1,200		65
65.10 CARDIAC STRESS LAB	1,804	1,804	9,549	1,804		65.10
65.20 CARDIAC REHAB	193	193		193		65.20
66 PHYSICAL THERAPY	9,266	9,266	15,232	9,266		66
67 OCCUPATIONAL THERAPY	2,688	2,688		2,688		67
68 SPEECH PATHOLOGY	2,510	2,510		2,510		68
69 ELECTROCARDIOLOGY	112	112		112		69
70 ELECTROENCEPHALOGRAPHY	937	937	9,549	937		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	1,679	1,679		1,679		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,264	9,264	43,068	9,264		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	132,081	120,398	467,910	118,401	71,677	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	7,338	7,338		7,338		192
193 NONPAID WORKERS	4,345	4,345		4,345	2,160	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	145	145		145		194.20
194.30 PUBLIC RELATIONS/MARKETING	91	91		91		194.30
194.40 INDUSTRIAL MEDICINE	2,692	2,692	9,549	2,692		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	1,829	1,829		1,829		194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY  MEALS SERVED
		6	7	8	9	10
200	CROSS FOOT ADJUSTMENTS					
201	NEGATIVE COST CENTER					200
202	COST TO BE ALLOC PER B PT I	2,004,521	1,854,306	386,988	1,358,628	552,927
203	UNIT COST MULT-WS B PT I	13.496549	13.551104	0.810516	10.075778	7.488481
204	COST TO BE ALLOC PER B PT II	217,862	143,397	17,672	48,847	52,762
205	UNIT COST MULT-WS B PT II	1.466877	1.047933	0.037013	0.362256	0.714574

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA		NURSING	CENTRAL	MEDICAL	SOCIAL
	MEALS SERVED		ADMINIS- TRATION DIRECT NRSNG HRS	SERVICES & SUPPLY COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT
	11		13	14	16	17
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	39,397					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	934		20,614			13
14 CENTRAL SERVICES & SUPPLY	394			2,236,749		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,069			4,351	257,392,440	16
17 SOCIAL SERVICE	207			417		15,106
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,628		9,628	336,711	17,165,288	12,908
31 INTENSIVE CARE UNIT	1,832		1,832	76,783	3,750,021	1,868
43 NURSERY	405		405	5,184	403,847	330
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,927		2,927	1,134,069	25,928,065	
51 RECOVERY ROOM	1,734		1,734	78,103	7,915,152	
52 DELIVERY ROOM & LABOR ROOM	696		696	24,226	902,272	
53 ANESTHESIOLOGY	804			90,788	7,690,188	
54 RADIOLOGY-DIAGNOSTIC	2,620			47,719	14,592,719	
56 RADIOISOTOPE	266			2,324	5,820,090	
57 COMPUTED TOMOGRAPHY (CT) SCAN	734			51,204	26,371,414	
58 MAGNETIC RESONANCE IMAGING (MRI)	381			2,214	10,974,046	
59 CARDIAC CATHETERIZATION	53			4,199	1,011,418	
60 LABORATORY	2,452			65,361	42,612,397	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						
63 BLOOD STORING, PROCESSING & TRANS.					1,792,232	
65 RESPIRATORY THERAPY	1,453			19,181	6,450,602	
65.10 CARDIAC STRESS LAB	584			8,542	5,430,656	
65.20 CARDIAC REHAB	40			253	667,349	
66 PHYSICAL THERAPY	1,186			6,805	5,349,012	
67 OCCUPATIONAL THERAPY	437			337	1,424,269	
68 SPEECH PATHOLOGY	269			224	570,099	
69 ELECTROCARDIOLOGY				2,081	1,934,964	
70 ELECTROENCEPHALOGRAPHY	260			629	1,689,533	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					12,362,120	
72 IMPL. DEV. CHARGED TO PATIENT					9,255,488	
73 DRUGS CHARGED TO PATIENTS	1,328			7,449	28,608,132	
76.97 CARDIAC REHABILITATION						
76.98 HYPERBARIC OXYGEN THERAPY						
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,131		3,392	215,263	16,721,067	
92 OBSERVATION BEDS						
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	37,824		20,614	2,184,417	257,392,440	15,106
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	106			164		
192 PHYSICIANS' PRIVATE OFFICES	20			45,381		
193 NONPAID WORKERS				254		
194 OTHER NONREIMBURSABLE						
194.10 MEDICAL TRANSPORTATION						
194.20 FUND DEVELOPMENT	181			22		
194.30 PUBLIC RELATIONS/MARKETING	87			68		
194.40 INDUSTRIAL MEDICINE	779			3,905		
194.50 FOUNDATION						
194.70 FITNESS CENTER	400			2,538		

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	MEDICAL	SOCIAL		
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SUPPLY COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SERVICE	TIME SPENT	
	11	13	14	16		17	
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	1,152,669	1,358,879	603,273	1,322,680	171,604		202
203 UNIT COST MULT-WS B PT I	29.257786	65.920200	0.269710	0.005139	11.359989		203
204 COST TO BE ALLOC PER B PT II	52,072	124,660	76,452	60,243	6,578		204
205 UNIT COST MULT-WS B PT II	1.321725	6.047346	0.034180	0.000234	0.435456		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63	BLOOD STORING, PROCESSING & TRANS.	63
65	RESPIRATORY THERAPY	65
65.10	CARDIAC STRESS LAB	65.10
65.20	CARDIAC REHAB	65.20
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192	PHYSICIANS' PRIVATE OFFICES	192
193	NONPAID WORKERS	193
194	OTHER NONREIMBURSABLE	194
194.10	MEDICAL TRANSPORTATION	194.10
194.20	FUND DEVELOPMENT	194.20
194.30	PUBLIC RELATIONS/MARKETING	194.30
194.40	INDUSTRIAL MEDICINE	194.40
194.50	FOUNDATION	194.50
194.70	FITNESS CENTER	194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,990,033		10,990,033		10,990,033	30
31 INTENSIVE CARE UNIT	2,036,111		2,036,111		2,036,111	31
43 NURSERY	485,523		485,523		485,523	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,553,916		6,553,916		6,553,916	50
51 RECOVERY ROOM	2,302,421		2,302,421		2,302,421	51
52 DELIVERY ROOM & LABOR ROOM	1,176,844		1,176,844		1,176,844	52
53 ANESTHESIOLOGY	478,295		478,295		478,295	53
54 RADIOLOGY-DIAGNOSTIC	3,770,150		3,770,150		3,770,150	54
56 RADIOISOTOPE	862,965		862,965		862,965	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,026,303		2,026,303		2,026,303	57
58 MAGNETIC RESONANCE IMAGING	1,096,617		1,096,617		1,096,617	58
59 CARDIAC CATHETERIZATION	329,122		329,122		329,122	59
60 LABORATORY	3,505,317		3,505,317		3,505,317	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	742,490		742,490		742,490	63
65 RESPIRATORY THERAPY	1,214,559		1,214,559		1,214,559	65
65.10 CARDIAC STRESS LAB	780,863		780,863		780,863	65.10
65.20 CARDIAC REHAB	209,527		209,527		209,527	65.20
66 PHYSICAL THERAPY	1,633,338		1,633,338		1,633,338	66
67 OCCUPATIONAL THERAPY	597,989		597,989		597,989	67
68 SPEECH PATHOLOGY	338,655		338,655		338,655	68
69 ELECTROCARDIOLOGY	18,593		18,593		18,593	69
70 ELECTROENCEPHALOGRAPHY	398,820		398,820		398,820	70
71 MEDICAL SUPPLIES CHRGD TO	1,209,808		1,209,808		1,209,808	71
72 IMPL. DEV. CHARGED TO PATIE	3,346,714		3,346,714		3,346,714	72
73 DRUGS CHARGED TO PATIENTS	5,544,062		5,544,062		5,544,062	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,959,433		4,959,433	319,276	5,278,709	91
92 OBSERVATION BEDS	1,292,544		1,292,544		1,292,544	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	57,901,012		57,901,012	319,276	58,220,288	200
201 LESS OBSERVATION BEDS	1,292,544		1,292,544		1,292,544	201
202 TOTAL (SEE INSTRUCTIONS)	56,608,468		56,608,468		56,927,744	202

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 (COLS. 6 + 7) 8				
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	15,350,004		15,350,004				30
31 INTENSIVE CARE UNIT	3,750,021		3,750,021				31
43 NURSERY	403,847		403,847				43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	6,662,235	19,265,830	25,928,065	0.252773	0.252773	0.252773	50
51 RECOVERY ROOM	1,405,084	6,510,068	7,915,152	0.290888	0.290888	0.290888	51
52 DELIVERY ROOM & LABOR ROOM	684,446	217,826	902,272	1.304312	1.304312	1.304312	52
53 ANESTHESIOLOGY	4,308,422	3,381,766	7,690,188	0.062195	0.062195	0.062195	53
54 RADIOLOGY-DIAGNOSTIC	2,615,762	11,976,957	14,592,719	0.258358	0.258358	0.258358	54
56 RADIOISOTOPE	489,458	5,330,632	5,820,090	0.148273	0.148273	0.148273	56
57 COMPUTED TOMOGRAPHY (CT) SC	4,363,530	22,007,884	26,371,414	0.076837	0.076837	0.076837	57
58 MAGNETIC RESONANCE IMAGING	557,694	10,416,352	10,974,046	0.099928	0.099928	0.099928	58
59 CARDIAC CATHETERIZATION	355,664	655,754	1,011,418	0.325407	0.325407	0.325407	59
60 LABORATORY	12,713,993	29,898,405	42,612,398	0.082260	0.082260	0.082260	60
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
63 BLOOD STORING, PROCESSING &	1,135,467	656,765	1,792,232	0.414282	0.414282	0.414282	63
65 RESPIRATORY THERAPY	5,663,787	786,815	6,450,602	0.188286	0.188286	0.188286	65
65.10 CARDIAC STRESS LAB	1,463,999	3,966,657	5,430,656	0.143788	0.143788	0.143788	65.10
65.20 CARDIAC REHAB	1,000	666,349	667,349	0.313969	0.313969	0.313969	65.20
66 PHYSICAL THERAPY	1,336,668	4,012,344	5,349,012	0.305353	0.305353	0.305353	66
67 OCCUPATIONAL THERAPY	494,374	929,895	1,424,269	0.419857	0.419857	0.419857	67
68 SPEECH PATHOLOGY	215,676	354,423	570,099	0.594028	0.594028	0.594028	68
69 ELECTROCARDIOLOGY	623,816	1,311,148	1,934,964	0.009609	0.009609	0.009609	69
70 ELECTROENCEPHALOGRAPHY	18,655	1,670,878	1,689,533	0.236053	0.236053	0.236053	70
71 MEDICAL SUPPLIES CHRGED TO	7,615,186	4,746,934	12,362,120	0.097864	0.097864	0.097864	71
72 IMPL. DEV. CHARGED TO PATIE	7,133,093	2,122,395	9,255,488	0.361592	0.361592	0.361592	72
73 DRUGS CHARGED TO PATIENTS	15,198,834	13,409,299	28,608,133	0.193793	0.193793	0.193793	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	3,769,220	12,951,847	16,721,067	0.296598	0.296598	0.315692	91
92 OBSERVATION BEDS		1,815,284	1,815,284	0.712034	0.712034	0.712034	92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)	98,329,935	159,062,507	257,392,442				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	98,329,935	159,062,507	257,392,442				202

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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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	642,868	642,868	14,582	44.09	7,691	339,096	30
31 INTENSIVE CARE UNIT	107,792	107,792	1,868	57.70	1,097	63,297	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	24,863	24,863	330	75.34			43
44 SKILLED NURSING FACILITY.							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	775,523	775,523	16,780		8,788	402,393	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	CHARGES			
(FROM WKST	(FROM WKST	(COL.1 +	COL.2)	PROGRAM	(COL.3 x	
B, PT. II,	C, PT. I,	COL.2)		CHARGES	COL.4)	
COL. 26)	COL. 8)					
1	2	3	4	5		
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	639,336	25,928,065	0.024658	3,681,337	90,774	50
51 RECOVERY ROOM	124,250	7,915,152	0.015698	756,014	11,868	51
52 DELIVERY ROOM & LABOR ROOM	88,503	902,272	0.098089	16,579	1,626	52
53 ANESTHESIOLOGY	87,145	7,690,188	0.011332	1,362,698	15,442	53
54 RADIOLOGY-DIAGNOSTIC	634,515	14,592,719	0.043482	1,688,887	73,436	54
56 RADIOISOTOPE	28,829	5,820,090	0.004953	303,711	1,504	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	122,144	26,371,414	0.004632	2,357,234	10,919	57
58 MAGNETIC RESONANCE IMAGING (M	394,709	10,974,046	0.035968	343,808	12,366	58
59 CARDIAC CATHETERIZATION	72,894	1,011,418	0.072071	133,960	9,655	59
60 LABORATORY	240,315	42,612,398	0.005640	7,894,060	44,522	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	21,105	1,792,232	0.011776	694,963	8,184	63
65 RESPIRATORY THERAPY	88,869	6,450,602	0.013777	3,585,131	49,392	65
65.10 CARDIAC STRESS LAB	51,273	5,430,656	0.009441	968,830	9,147	65.10
65.20 CARDIAC REHAB	7,812	667,349	0.011706	459	5	65.20
66 PHYSICAL THERAPY	120,438	5,349,012	0.022516	891,740	20,078	66
67 OCCUPATIONAL THERAPY	38,325	1,424,269	0.026909	340,174	9,154	67
68 SPEECH PATHOLOGY	30,219	570,099	0.053007	164,658	8,728	68
69 ELECTROCARDIOLOGY	1,575	1,934,964	0.000814	494,718	403	69
70 ELECTROENCEPHALOGRAPHY	41,212	1,689,533	0.024393	9,924	242	70
71 MEDICAL SUPPLIES CHRGD TO PA	35,229	12,362,120	0.002850	4,574,044	13,036	71
72 IMPL. DEV. CHARGED TO PATIENT	95,234	9,255,488	0.010289	3,840,930	39,519	72
73 DRUGS CHARGED TO PATIENTS	208,398	28,608,133	0.007285	9,010,232	65,640	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	293,931	16,721,067	0.017578	1,948,061	34,243	91
92 OBSERVATION BEDS	75,609	1,815,284	0.041651			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	3,541,869	237,888,570	237,888,570	45,062,152	529,883	200

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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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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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	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	14,582		7,691		30
31 INTENSIVE CARE UNIT	1,868		1,097		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	330				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	16,780		8,788		200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
65.10 CARDIAC STRESS LAB						65.10
65.20 CARDIAC REHAB						65.20
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	25,928,065			3,681,337		6,867,937		50	
51 RECOVERY ROOM	7,915,152			756,014		2,218,427		51	
52 DELIVERY ROOM & LABOR ROOM	902,272			16,579		3,566		52	
53 ANESTHESIOLOGY	7,690,188			1,362,698		1,603,486		53	
54 RADIOLOGY-DIAGNOSTIC	14,592,719			1,688,887		2,737,736		54	
56 RADIOISOTOPE	5,820,090			303,711		2,064,794		56	
57 COMPUTED TOMOGRAPHY (CT) SCA	26,371,414			2,357,234		6,683,687		57	
58 MAGNETIC RESONANCE IMAGING (	10,974,046			343,808		2,586,977		58	
59 CARDIAC CATHETERIZATION	1,011,418			133,960		246,985		59	
60 LABORATORY	42,612,398			7,894,060		843,136		60	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
63 BLOOD STORING, PROCESSING &	1,792,232			694,963		439,255		63	
65 RESPIRATORY THERAPY	6,450,602			3,585,131		261,466		65	
65.10 CARDIAC STRESS LAB	5,430,656			968,830		1,663,460		65.10	
65.20 CARDIAC REHAB	667,349			459		357,194		65.20	
66 PHYSICAL THERAPY	5,349,012			891,740		1,461		66	
67 OCCUPATIONAL THERAPY	1,424,269			340,174				67	
68 SPEECH PATHOLOGY	570,099			164,658				68	
69 ELECTROCARDIOLOGY	1,934,964			494,718		451,345		69	
70 ELECTROENCEPHALOGRAPHY	1,689,533			9,924		403,832		70	
71 MEDICAL SUPPLIES CHRGD TO P	12,362,120			4,574,044		1,631,897		71	
72 IMPL. DEV. CHARGED TO PATIEN	9,255,488			3,840,930		1,012,562		72	
73 DRUGS CHARGED TO PATIENTS	28,608,133			9,010,232		4,487,418		73	
76.97 CARDIAC REHABILITATION								76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	16,721,067			1,948,061		2,679,778		91	
92 OBSERVATION BEDS	1,815,284					694,861		92	
OTHER REIMBURSABLE COST CENTERS									
200 TOTAL (SUM OF LINES 50-199)	237,888,570			45,062,152		39,941,260		200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.252773	6,867,937			1,736,029				50
51 RECOVERY ROOM	0.290888	2,218,427			645,314				51
52 DELIVERY ROOM & LABOR ROOM	1.304312	3,566			4,651				52
53 ANESTHESIOLOGY	0.062195	1,603,486			99,729				53
54 RADIOLOGY-DIAGNOSTIC	0.258358	2,737,736			707,316				54
56 RADIOISOTOPE	0.148273	2,064,794			306,153				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076837	6,683,687			513,554				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099928	2,586,977			258,511				58
59 CARDIAC CATHETERIZATION	0.325407	246,985			80,371				59
60 LABORATORY	0.082260	843,136			69,356				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.414282	439,255			181,975				63
65 RESPIRATORY THERAPY	0.188286	261,466			49,230				65
65.10 CARDIAC STRESS LAB	0.143788	1,663,460			239,186				65.10
65.20 CARDIAC REHAB	0.313969	357,194			112,148				65.20
66 PHYSICAL THERAPY	0.305353	1,461			446				66
67 OCCUPATIONAL THERAPY	0.419857								67
68 SPEECH PATHOLOGY	0.594028								68
69 ELECTROCARDIOLOGY	0.009609	451,345			4,337				69
70 ELECTROENCEPHALOGRAPHY	0.236053	403,832			95,326				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.097864	1,631,897			159,704				71
72 IMPL. DEV. CHARGED TO PATIENT	0.361592	1,012,562			366,134				72
73 DRUGS CHARGED TO PATIENTS	0.193793	4,487,418			869,630				73
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.296598	2,679,778			794,817				91
92 OBSERVATION BEDS	0.712034	694,861			494,765				92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		39,941,260			7,788,682				200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		39,941,260			7,788,682				202

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 03/22/2012 13:55

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	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	642,868		642,868	14,582	44.09	1,152	50,792	30
31 INTENSIVE CARE UNIT	107,792		107,792	1,868	57.70	94	5,424	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	24,863		24,863	330	75.34	241	18,157	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	775,523		775,523	16,780		1,487	74,373	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0064) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	639,336	25,928,065	0.024658	50
51	RECOVERY ROOM	124,250	7,915,152	0.015698	51
52	DELIVERY ROOM & LABOR ROOM	88,503	902,272	0.098089	52
53	ANESTHESIOLOGY	87,145	7,690,188	0.011332	53
54	RADIOLOGY-DIAGNOSTIC	634,515	14,592,719	0.043482	54
56	RADIOISOTOPE	28,829	5,820,090	0.004953	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	122,144	26,371,414	0.004632	57
58	MAGNETIC RESONANCE IMAGING (M	394,709	10,974,046	0.035968	58
59	CARDIAC CATHETERIZATION	72,894	1,011,418	0.072071	59
60	LABORATORY	240,315	42,612,398	0.005640	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	21,105	1,792,232	0.011776	63
65	RESPIRATORY THERAPY	88,869	6,450,602	0.013777	65
65.10	CARDIAC STRESS LAB	51,273	5,430,656	0.009441	65.10
65.20	CARDIAC REHAB	7,812	667,349	0.011706	65.20
66	PHYSICAL THERAPY	120,438	5,349,012	0.022516	66
67	OCCUPATIONAL THERAPY	38,325	1,424,269	0.026909	67
68	SPEECH PATHOLOGY	30,219	570,099	0.053007	68
69	ELECTROCARDIOLOGY	1,575	1,934,964	0.000814	69
70	ELECTROENCEPHALOGRAPHY	41,212	1,689,533	0.024393	70
71	MEDICAL SUPPLIES CHRGD TO PA	35,229	12,362,120	0.002850	71
72	IMPL. DEV. CHARGED TO PATIENT	95,234	9,255,488	0.010289	72
73	DRUGS CHARGED TO PATIENTS	208,398	28,608,133	0.007285	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	293,931	16,721,067	0.017578	91
92	OBSERVATION BEDS	75,609	1,815,284	0.041651	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	3,541,869	237,888,570	237,888,570	200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
03/22/2012 13:55

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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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	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	14,582		1,152		30
31 INTENSIVE CARE UNIT	1,868		94		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	330		241		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	16,780		1,487		200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0064)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF			[XX]	OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY					65
65.10	CARDIAC STRESS LAB					65.10
65.20	CARDIAC REHAB					65.20
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8) 7	(COL. 5 ÷ COL. 7) 8	(COL. 6 ÷ COL. 7) 9	PGM 10	(COL. 8 x COL. 10) 11	12	(COL. 9 x COL. 12) 13
<b>ANCILLARY SERVICE COST CENTERS</b>							
50 OPERATING ROOM	25,928,065						50
51 RECOVERY ROOM	7,915,152						51
52 DELIVERY ROOM & LABOR ROOM	902,272						52
53 ANESTHESIOLOGY	7,690,188						53
54 RADIOLOGY-DIAGNOSTIC	14,592,719						54
56 RADIOISOTOPE	5,820,090						56
57 COMPUTED TOMOGRAPHY (CT) SCA	26,371,414						57
58 MAGNETIC RESONANCE IMAGING (	10,974,046						58
59 CARDIAC CATHETERIZATION	1,011,418						59
60 LABORATORY	42,612,398						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	1,792,232						63
65 RESPIRATORY THERAPY	6,450,602						65
65.10 CARDIAC STRESS LAB	5,430,656						65.10
65.20 CARDIAC REHAB	667,349						65.20
66 PHYSICAL THERAPY	5,349,012						66
67 OCCUPATIONAL THERAPY	1,424,269						67
68 SPEECH PATHOLOGY	570,099						68
69 ELECTROCARDIOLOGY	1,934,964						69
70 ELECTROENCEPHALOGRAPHY	1,689,533						70
71 MEDICAL SUPPLIES CHRGD TO P	12,362,120						71
72 IMPL. DEV. CHARGED TO PATIEN	9,255,488						72
73 DRUGS CHARGED TO PATIENTS	28,608,133						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91 EMERGENCY	16,721,067						91
92 OBSERVATION BEDS	1,815,284						92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
200 TOTAL (SUM OF LINES 50-199)	237,888,570						200



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	14,582	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,582	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,582	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,691	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	10,990,033	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	10,990,033	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,984,669	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,984,669	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.785863	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	959.04	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	10,990,033	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 753.67 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,796,476 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 5,796,476 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	2,036,111	1,868	1,090.00	1,097	1,195,730	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					8,466,649	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					15,458,855	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 402,393 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 529,883 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 932,276 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 14,526,579 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,715 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 753.67 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,292,544 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	642,868	10,990,033	0.058496	1,292,544	75,609	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	14,582	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,582	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,582	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,152	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	330	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	241	16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	10,990,033	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	10,990,033	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,984,669	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,984,669	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.785863	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	959.04	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	10,990,033	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 753.67 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 868,228 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 868,228 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)	485,523	330	1,471.28	241	354,578 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,036,111	1,868	1,090.00	94	102,460 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,325,266 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 74,373 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 74,373 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,715 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0064) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		8,426,356		30
31 INTENSIVE CARE UNIT		2,133,353		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.252773	3,681,337	930,543	50
51 RECOVERY ROOM	0.290888	756,014	219,915	51
52 DELIVERY ROOM & LABOR ROOM	1.304312	16,579	21,624	52
53 ANESTHESIOLOGY	0.062195	1,362,698	84,753	53
54 RADIOLOGY-DIAGNOSTIC	0.258358	1,688,887	436,337	54
56 RADIOISOTOPE	0.148273	303,711	45,032	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076837	2,357,234	181,123	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099928	343,808	34,356	58
59 CARDIAC CATHETERIZATION	0.325407	133,960	43,592	59
60 LABORATORY	0.082260	7,894,060	649,365	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.414282	694,963	287,911	63
65 RESPIRATORY THERAPY	0.188286	3,585,131	675,030	65
65.10 CARDIAC STRESS LAB	0.143788	968,830	139,306	65.10
65.20 CARDIAC REHAB	0.313969	459	144	65.20
66 PHYSICAL THERAPY	0.305353	891,740	272,295	66
67 OCCUPATIONAL THERAPY	0.419857	340,174	142,824	67
68 SPEECH PATHOLOGY	0.594028	164,658	97,811	68
69 ELECTROCARDIOLOGY	0.009609	494,718	4,754	69
70 ELECTROENCEPHALOGRAPHY	0.236053	9,924	2,343	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.097864	4,574,044	447,634	71
72 IMPL. DEV. CHARGED TO PATIENT	0.361592	3,840,930	1,388,850	72
73 DRUGS CHARGED TO PATIENTS	0.193793	9,010,232	1,746,120	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.315692	1,948,061	614,987	91
92 OBSERVATION BEDS	0.712034			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		45,062,152	8,466,649	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		45,062,152		202

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 03/22/2012 13:55

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0064)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[ ]	FPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3 (COL.1 x COL.2)
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.252773		50
51 RECOVERY ROOM	0.290888		51
52 DELIVERY ROOM & LABOR ROOM	1.304312		52
53 ANESTHESIOLOGY	0.062195		53
54 RADIOLOGY-DIAGNOSTIC	0.258358		54
56 RADIOISOTOPE	0.148273		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076837		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.099928		58
59 CARDIAC CATHETERIZATION	0.325407		59
60 LABORATORY	0.082260		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.414282		63
65 RESPIRATORY THERAPY	0.188286		65
65.10 CARDIAC STRESS LAB	0.143788		65.10
65.20 CARDIAC REHAB	0.313969		65.20
66 PHYSICAL THERAPY	0.305353		66
67 OCCUPATIONAL THERAPY	0.419857		67
68 SPEECH PATHOLOGY	0.594028		68
69 ELECTROCARDIOLOGY	0.009609		69
70 ELECTROENCEPHALOGRAPHY	0.236053		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.097864		71
72 IMPL. DEV. CHARGED TO PATIENT	0.361592		72
73 DRUGS CHARGED TO PATIENTS	0.193793		73
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.296598		91
92 OBSERVATION BEDS	0.712034		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0064)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS		
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	12,438,992	1
3	MANAGED CARE SIMULATED PAYMENTS	166,538	2
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	94.30	3
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		4
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f) (1)iv) (B) (1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f) (1)iv) (B) (2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c) (2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f) (1) (iv) (C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	12,605,530	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	20,390,047	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	18,443,918	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,014,228	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK  HOSPITAL (14-0064)  
APPLICABLE BOX:  SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	19,458,146	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	19,458,146	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,605,468	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	22,520	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	216,012	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	151,208	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	147,845	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	17,981,366	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	17,981,366	71
72	INTERIM PAYMENTS	17,938,166	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	43,200	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	440,257	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:             HOSPITAL (14-0064)             IPF  
     SUB (OTHER)     SNF     IRF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	7,788,682	2
3	PPS PAYMENTS	6,779,491	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 \$2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	6,779,491	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,673,903	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)	5,105,588	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	5,105,588	30
31	PRIMARY PAYER PAYMENTS	71	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	5,105,517	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	187,934	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	131,554	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	131,123	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	5,237,071	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	5,237,071	40
41	INTERIM PAYMENTS	5,909,835	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-672,764	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 03/22/2012 13:55

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0064) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17,938,166		5,909,835	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
		.01		NONE	3.01
		.02			3.02
		PROGRAM .03			3.03
		TO .04			3.04
		PROVIDER .05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.50		NONE	3.50
		.51			3.51
		PROVIDER .52			3.52
		TO .53			3.53
		PROGRAM .54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
		.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		17,938,166		5,909,835	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
		PROGRAM .01			5.01
		TO .02			5.02
		PROVIDER .03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		PROVIDER .50			5.50
		TO .51			5.51
		PROGRAM .52			5.52
		.53			5.53
		.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
		.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
		PROGRAM .01			6.01
		TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

DATE:

\_\_\_\_\_

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (14-0064)     CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA \$4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	3,703	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	8,788	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,811	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	14,735	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	257,392,442	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	13,112,030	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,903,031	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,958,190	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	-55,159	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0064)	[ ]	SNF	[ ]	PPS
APPLICABLE	[XX]	TITLE XIX	[ ]	IPF	[ ]	NF	[ ]	TEFRA
BOXES:			[ ]	IRF	[ ]	ICF/MR	[XX]	OTHER
			[ ]	SUB (OTHER)				

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,325,266 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,325,266 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,325,266 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,325,266 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	CASH ON HAND AND IN BANKS	909,734			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	62,931,289			4
5	OTHER RECEIVABLES	2,402,647			5
6	ALLOWANCE FOR UNCOLLECTIBLE				
	NOTES & ACCOUNTS RECEIVABLE	-44,252,971			6
7	INVENTORY	1,040,687			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	62,290			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	23,093,676			11
<b>FIXED ASSETS</b>					
12	LAND	314,848			12
13	LAND IMPROVEMENTS	925,068			13
14	ACCUMULATED DEPRECIATION	-877,105			14
15	BUILDINGS	33,794,013			15
16	ACCUMULATED DEPRECIATION	-19,762,648			16
17	LEASEHOLD IMPROVEMENTS	38,298			17
18	ACCUMULATED AMORTIZATION	-38,298			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	36,495,742			23
24	ACCUMULATED DEPRECIATION	-30,448,812			24
25	MINOR EQUIPMENT DEPRECIABLE	147,855			25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	20,588,961			30
<b>OTHER ASSETS</b>					
31	INVESTMENTS	59,962,771			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,911,027			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	64,873,798			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	108,556,435			36
<b>LIABILITIES AND FUND BALANCES</b>					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
<b>CURRENT LIABILITIES</b>					
37	ACCOUNTS PAYABLE	1,214,471			37
38	SALARIES, WAGES & FEES PAYABLE	5,533,565			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	6,318,798			43
44	OTHER CURRENT LIABILITIES	159,907			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	13,226,741			45
<b>LONG-TERM LIABILITIES</b>					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	143,600			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	143,600			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	13,370,341			51
<b>CAPITAL ACCOUNTS</b>					
52	GENERAL FUND BALANCE	95,186,094			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	95,186,094			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	108,556,435			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		82,755,190							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		12,489,098							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		95,244,288							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		95,244,288							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CHANGE IN RESTRICTED ASSETS		58,194							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		58,194							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		95,186,094							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				
2 HOSPITAL	14,357,854		14,357,854	1
3 SUBPROVIDER IPF				2
4 SUBPROVIDER IRF				3
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 (SUM OF LINES 1-9)	14,357,854		14,357,854	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	3,525,982		3,525,982	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	3,525,982		3,525,982	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	17,883,836		17,883,836	17
18 ANCILLARY SERVICES	79,385,702			18
19 OUTPATIENT SERVICES		179,495,312	258,881,014	19
20 RHC		11,961,867	11,961,867	20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	97,269,538	191,457,179	288,726,717	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		81,252,180	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	10,356,860		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		10,356,860	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		91,609,040	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	288,726,717	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	191,049,949	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	97,676,768	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	91,609,040	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	6,067,728	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	282,586	6
7	INCOME FROM INVESTMENTS	3,355,317	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	230,994	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	2,552,473	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	6,421,370	25
26	TOTAL (LINE 5 PLUS LINE 25)	12,489,098	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	12,489,098	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	1,004,816	1
3	CAPITAL DRG OUTLIER PAYMENTS	9,412	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	40.37	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30)		7
9	(SEE INSTRUCTIONS)		
10	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
11	SUM OF LINES 7 AND 8		9
12	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
13	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
14	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		12
15	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,014,228	

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL
					26
GENERAL SERVICE COST CENTERS					
1					1
2					2
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
19					19
20					20
21					21
22					22
23					23
INPATIENT ROUTINE SERV COST CENTERS					
30					30
31					31
43					43
ANCILLARY SERVICE COST CENTERS					
50					50
51					51
52					52
53					53
54					54
56					56
57					57
58					58
59					59
60					60
62.30					62.30
63					63
65					65
65.10					65.10
65.20					65.20
66					66
67					67
68					68
69					69
70					70
71					71
72					72
73					73
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
91					91
92					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118					118
NONREIMBURSABLE COST CENTERS					
190					190
192					192
193					193
194					194
194.10					194.10
194.20					194.20
194.30					194.30
194.40					194.40
194.50					194.50
194.70					194.70

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
03/22/2012 13:55

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

\*\*\*\*\* 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							
30 ADULTS & PEDIATRICS	52.74		7.90				60.64 30
31 INTENSIVE CARE UNIT	58.73		5.03				63.76 31
43 NURSERY			73.03				73.03 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	14.20	26.49					40.69 50
51 RECOVERY ROOM	9.55	28.03					37.58 51
52 DELIVERY ROOM & LABOR ROOM	1.84	0.40					2.24 52
53 ANESTHESIOLOGY	17.72	20.85					38.57 53
54 RADIOLOGY-DIAGNOSTIC	11.57	18.76					30.33 54
56 RADIOISOTOPE	5.22	35.48					40.70 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8.94	25.34					34.28 57
58 MAGNETIC RESONANCE IMAGING (MRI)	3.13	23.57					26.70 58
59 CARDIAC CATHETERIZATION	13.24	24.42					37.66 59
60 LABORATORY	18.53	1.98					20.51 60
63 BLOOD STORING, PROCESSING & TRA	38.78	24.51					63.29 63
65 RESPIRATORY THERAPY	55.58	4.05					59.63 65
65.10 CARDIAC STRESS LAB	17.84	30.63					48.47 65.10
65.20 CARDIAC REHAB	0.07	53.52					53.59 65.20
66 PHYSICAL THERAPY	16.67	0.03					16.70 66
67 OCCUPATIONAL THERAPY	23.88						23.88 67
68 SPEECH PATHOLOGY	28.88						28.88 68
69 ELECTROCARDIOLOGY	25.57	23.33					48.90 69
70 ELECTROENCEPHALOGRAPHY	0.59	23.90					24.49 70
71 MEDICAL SUPPLIES CHRGED TO PATI	37.00	13.20					50.20 71
72 IMPL. DEV. CHARGED TO PATIENT	41.50	10.94					52.44 72
73 DRUGS CHARGED TO PATIENTS	31.50	15.69					47.19 73
91 EMERGENCY	11.65	16.03					27.68 91
92 OBSERVATION BEDS		38.28					38.28 92
200 TOTAL CHARGES	18.94	16.79					35.73 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,124,655	1.55	-1,124,655	-3.46		1
2	CAP REL COSTS-MVBLE EQUIP	1,567,018	2.16	-1,567,018	-4.82		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	10,992,630	15.16	-10,992,630	-33.82		4
5	ADMINISTRATIVE & GENERAL	12,270,095	16.93	-12,270,095	-37.75		5
6	MAINTENANCE & REPAIRS	1,295,972	1.79	-1,295,972	-3.99		6
7	OPERATION OF PLANT	1,251,842	1.73	-1,251,842	-3.85		7
8	LAUNDRY & LINEN SERVICE	283,070	0.39	-283,070	-0.87		8
9	HOUSEKEEPING	862,156	1.19	-862,156	-2.65		9
10	DIETARY	246,402	0.34	-246,402	-0.76		10
11	CAFETERIA	710,801	0.98	-710,801	-2.19		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	738,747	1.02	-738,747	-2.27		13
14	CENTRAL SERVICES & SUPPLY	302,761	0.42	-302,761	-0.93		14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	757,518	1.05	-757,518	-2.33		16
17	SOCIAL SERVICE	100,345	0.14	-100,345	-0.31		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	4,830,287	6.66	6,159,746	18.95	10,990,033	15.16
31	INTENSIVE CARE UNIT	993,950	1.37	1,042,161	3.21	2,036,111	2.81
43	NURSERY	242,541	0.33	242,982	0.75	485,523	0.67
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,749,181	5.17	2,804,735	8.63	6,553,916	9.04
51	RECOVERY ROOM	1,081,896	1.49	1,220,525	3.75	2,302,421	3.18
52	DELIVERY ROOM & LABOR ROOM	535,437	0.74	641,407	1.97	1,176,844	1.62
53	ANESTHESIOLOGY	230,513	0.32	247,782	0.76	478,295	0.66
54	RADIOLOGY-DIAGNOSTIC	1,898,592	2.62	1,871,558	5.76	3,770,150	5.20
56	RADIOISOTOPE	589,610	0.81	273,355	0.84	862,965	1.19
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,308,421	1.81	717,882	2.21	2,026,303	2.80
58	MAGNETIC RESONANCE IMAGING (MRI)	712,789	0.98	383,828	1.18	1,096,617	1.51
59	CARDIAC CATHETERIZATION	140,719	0.19	188,403	0.58	329,122	0.45
60	LABORATORY	2,011,899	2.78	1,493,418	4.59	3,505,317	4.84
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	586,791	0.81	155,699	0.48	742,490	1.02
65	RESPIRATORY THERAPY	647,220	0.89	567,339	1.75	1,214,559	1.68
65.10	CARDIAC STRESS LAB	388,565	0.54	392,298	1.21	780,863	1.08
65.20	CARDIAC REHAB	120,441	0.17	89,086	0.27	209,527	0.29
66	PHYSICAL THERAPY	710,060	0.98	923,278	2.84	1,633,338	2.25
67	OCCUPATIONAL THERAPY	276,482	0.38	321,507	0.99	597,989	0.82
68	SPEECH PATHOLOGY	131,319	0.18	207,336	0.64	338,655	0.47
69	ELECTROCARDIOLOGY	2,527		16,066	0.05	18,593	0.03
70	ELECTROENCEPHALOGRAPHY	190,378	0.26	208,442	0.64	398,820	0.55
71	MEDICAL SUPPLIES CHRGD TO PATI	917,284	1.27	292,524	0.90	1,209,808	1.67
72	IMPL. DEV. CHARGED TO PATIENT	2,640,070	3.64	706,644	2.17	3,346,714	4.62
73	DRUGS CHARGED TO PATIENTS	3,947,823	5.45	1,596,239	4.91	5,544,062	7.65
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
91	EMERGENCY	2,470,361	3.41	2,489,072	7.66	4,959,433	6.84
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	119,117	0.16	51,041	0.16	170,158	0.23
192	PHYSICIANS' PRIVATE OFFICES	6,808,852	9.39	6,002,042	18.47	12,810,894	17.67
193	NONPAID WORKERS	13,403	0.02	208,136	0.64	221,539	0.31
194	OTHER NONREIMBURSABLE	230,994	0.32	103,322	0.32	334,316	0.46
194.10	MEDICAL TRANSPORTATION	2,224		555		2,779	194.10
194.20	FUND DEVELOPMENT	140,980	0.19	82,173	0.25	223,153	0.31
194.30	PUBLIC RELATIONS/MARKETING	601,493	0.83	170,832	0.53	772,325	1.07
194.40	INDUSTRIAL MEDICINE	546,327	0.75	447,777	1.38	994,104	1.37
194.50	FOUNDATION	45,262	0.06	11,299	0.03	56,561	0.08
194.70	FITNESS CENTER	120,323	0.17	173,523	0.53	293,846	0.41
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL	72,488,143	100.00			72,488,143	100.00

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						
50 OPERATING ROOM	639,336	25,928,065	0.024658	3,681,337	90,774	50
51 RECOVERY ROOM	124,250	7,915,152	0.015698	756,014	11,868	51
52 DELIVERY ROOM & LABOR ROOM	88,503	902,272	0.098089	16,579	1,626	52
53 ANESTHESIOLOGY	87,145	7,690,188	0.011332	1,362,698	15,442	53
54 RADIOLOGY-DIAGNOSTIC	634,515	14,592,719	0.043482	1,688,887	73,436	54
56 RADIOISOTOPE	28,829	5,820,090	0.004953	303,711	1,504	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	122,144	26,371,414	0.004632	2,357,234	10,919	57
58 MAGNETIC RESONANCE IMAGING (MRI)	394,709	10,974,046	0.035968	343,808	12,366	58
59 CARDIAC CATHETERIZATION	72,894	1,011,418	0.072071	133,960	9,655	59
60 LABORATORY	240,315	42,612,398	0.005640	7,894,060	44,522	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	21,105	1,792,232	0.011776	694,963	8,184	63
65 RESPIRATORY THERAPY	88,869	6,450,602	0.013777	3,585,131	49,392	65
65.10 CARDIAC STRESS LAB	51,273	5,430,656	0.009441	968,830	9,147	65.10
65.20 CARDIAC REHAB	7,812	667,349	0.011706	459	5	65.20
66 PHYSICAL THERAPY	120,438	5,349,012	0.022516	891,740	20,078	66
67 OCCUPATIONAL THERAPY	38,325	1,424,269	0.026909	340,174	9,154	67
68 SPEECH PATHOLOGY	30,219	570,099	0.053007	164,658	8,728	68
69 ELECTROCARDIOLOGY	1,575	1,934,964	0.000814	494,718	403	69
70 ELECTROENCEPHALOGRAPHY	41,212	1,689,533	0.024393	9,924	242	70
71 MEDICAL SUPPLIES CHRGD TO PATI	35,229	12,362,120	0.002850	4,574,044	13,036	71
72 IMPL. DEV. CHARGED TO PATIENT	95,234	9,255,488	0.010289	3,840,930	39,519	72
73 DRUGS CHARGED TO PATIENTS	208,398	28,608,133	0.007285	9,010,232	65,640	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	293,931	16,721,067	0.017578	1,948,061	34,243	91
92 OBSERVATION BEDS	75,609	1,815,284	0.041651			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	3,541,869	237,888,570		45,062,152	529,883	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	ADULTS & PEDIATRICS	642,868		642,868	14,582	44.09	7,691	339,096	30
31	INTENSIVE CARE UNIT	107,792		107,792	1,868	57.70	1,097	63,297	31
200	TOTAL	750,660		750,660	16,450		8,788	402,393	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								402,393	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								529,883	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								932,276	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								2,049	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								8,788	
PER DISCHARGE CAPITAL COSTS								454.99	
PER DIEM CAPITAL COSTS								106.09	

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)	14,526,579
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	55,621,861
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.261

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	932,276
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	7,788,236
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	39,939,799
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.195