

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: 01-31-2012 TIME: 08:55  
 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 RESURRECTION MEDICAL CENTER (14-0117) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, 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 PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(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		-330,418	112,283			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		25,918	2			3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY		114,192				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		-190,308	112,285			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.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 7435 WEST TALCOTT  
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:  
 ZIP CODE: 60631

COUNTY: COOK

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	RESURRECTION MEDICAL CENTER	14-0117	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	RESURRECTION REHAB UNIT	14-T117	16974	5	07/01/1991	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	RESURRECTION NURSING PAVILION	14-5324	16974		02/01/1980	N	P	N	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	RESURRECTION MEDICAL CENTER R	14-2335	16974		07/01/2004				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2010 TO: 06/30/2011									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 23

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS 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.	6,835					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 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.	211	99				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.				1		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.				1		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.			BEGINNING:		ENDING:	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. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V 1	XVIII 2	XIX 3		
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
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	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

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.	Y		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.	N		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

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N		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
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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)			64

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

	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
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)			66

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	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	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.			Y 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.			N 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 1 XIX 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- RESPI- SICAL ATIONAL SPEECH RATORY	N N N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

	1	2
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.	N	115
116 IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117 IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	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.		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.		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	N 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

	1	2
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

	1	2
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.	Y	14H082 140

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: RESURRECTION HEALTH SYSTEM	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 131	141
142 STREET: 100 NORTH RIVER ROAD	P.O. BOX:		142
143 CITY: DES PLAINES	STATE: IL	ZIP CODE: 60016	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.

	PART A	PART B
SEE 42 CFR §413.13)	1	2
155 HOSPITAL	N	N 155
156 SUBPROVIDER - IPF	N	N 156
157 SUBPROVIDER - IRF	N	N 157
158 SUBPROVIDER - (OTHER)	N	N 158
159 SNF	N	N 159
160 HHA	N	N 160
161 CMHC		N 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.	N	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.		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		1	2		
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)	N		1	
2		Y/N	DATE	V/I	
1		1	2	3	
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.	N		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)			3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
1		1	2	3	
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.	Y	A	11/18/2011	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
1		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.			7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?			8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.			9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		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.	Y		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			12	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			13	
				14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			15	
PS&R REPORT DATA		PART A		PART B	
Y/N	DATE	Y/N	DATE	Y/N	DATE
1	2	3	4	1	2
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)	N		N	
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	11/18/2011	Y	11/18/2011
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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	200	98,139,980	10,515,441	108,655,421	3,701,097.00	29.36	1
2							2
3							3
4			987,993	987,993	9,645.00	102.44	4
4.01			1,074,285	1,074,285	12,353.00	86.97	4.01
5			3,157,058	3,157,058	27,620.00	114.30	5
6							6
7							7
7.01	21		2,755,810	2,755,810	118,304.00	23.29	7.01
8							8
9							9
10	44	6,456,324	222,900	6,679,224	284,470.00	23.48	10
11							11
12		654,092		654,092	10,696.86	61.15	12
13							13
14		15,665,130		15,665,130	507,249.00	30.88	14
15							15
16							16
17		23,475,813		23,475,813			17
18							18
19		2,979,699		2,979,699			19
20							20
21							21
22		272,770		272,770			22
23		337,267		337,267			23
24							24
25		626,670		626,670			25
26		1,770,439		1,770,439	44,767.00	39.55	26
27		4,832,964	601,413	5,434,377	196,287.00	27.69	27
28							28
29		635,181		635,181	31,999.00	19.85	29
30		2,215,173	-771,772	1,443,401	49,918.00	28.92	30
31		172,469		172,469	15,720.00	10.97	31
32		2,173,617		2,173,617	177,284.00	12.26	32
33							33
34		2,722,723	-1,175,177	1,547,546	108,672.00	14.24	34
35							35
36			1,164,785	1,164,785	75,704.00	15.39	36
37							37
38		2,153,716		2,153,716	70,550.00	30.53	38
39		327,505		327,505	21,320.00	15.36	39
40		2,724,848		2,724,848	73,384.00	37.13	40
41		4,338,033		4,338,033	165,480.00	26.21	41
42		169,871		169,871	8,280.00	20.52	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	98,139,980	3,528,288	101,668,268	3,542,820.00	28.70	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	10,545,181	325,535	10,870,716	422,822.00	25.71	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	87,594,799	3,202,753	90,797,552	3,119,998.00	29.10	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	16,319,222		16,319,222	517,945.86	31.51	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	23,748,583		23,748,583		26.16%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	127,662,604	3,202,753	130,865,357	3,637,943.8	35.97	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	24,236,539	-180,751	24,055,788	1,039,365.0	23.14	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	6,508,734 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)	10,629,932 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	337,471 10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	159,336 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	488,263 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	1,413,530 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	7,641,788 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	284,671 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	212,449 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	27,676,174 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

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	654,092	1
2	HOSPITAL	654,092	2
3	SUBPROVIDER - IPF		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 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2335

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	--- OUTPATIENT ---		--- TRAINING ---		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	60						1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.50						3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	12						6
7 TREATMENT CAPACITY PER DAY PER STATION	3						7
8 UTILIZATION (SEE INSTRUCTIONS)							8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21



PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS. 2 + 3)
			2	3	4
69	PE2				69
70	PE1				70
71	PD2		15		15 71
72	PD1		23		23 72
73	PC2		153		153 73
74	PC1		93		93 74
75	PB2				75
76	PB1		7		7 76
77	PA2		35		35 77
78	PA1		19		19 78
199	AAA		8		8 199
200	TOTAL		19,694		19,694 200

		CBSA AT	CBSA	
		BEGINNING	ON/AFTER	
		OF COST	OF THE COST	
		REPORTING	REPORTING	
		PERIOD	PERIOD (IF	
		1	APPLICABLE)	
			2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	01600	01600	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)			207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-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)				0.258163	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				18,982,974	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				95,163,236	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				24,567,626	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				5,584,652	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)				5,584,652	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	44,499,026		44,499,026	20	
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	11,488,002		11,488,002	21	
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	11,139,556		11,139,556	22	
23	COST OF CHARITY CARE	348,446		348,446	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)			13,296,161	26	
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,008,519	27	
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,287,642	28	
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,172,215	29	
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			3,520,661	30	
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			9,105,313	31	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		9,958,195	9,958,195	-1,839,129	1
2	00200				5,815,613	2
3	00300					3
4	00400	1,770,439	686,378	2,456,817	62,624	4
5.10	00541		299,002	299,002		5.10
5.20	00551					5.20
5.30	00561					5.30
5.50	00582		1,710	1,710		5.50
5.60	00592	3,723,213	45,277,650	49,000,863	-3,751,527	5.60
5.90	00593	1,109,751	5,204,363	6,314,114	-2,483,776	5.90
6	00600	635,181	582,608	1,217,789		6
7	00700	2,036,721	9,355,080	11,391,801	-8,554,590	7
7.01	00701				7,298,774	7.01
7.02	00702	178,452	655,222	833,674		7.02
8	00800		1,720,923	1,720,923		8
8.01	00801	172,469	191,015	363,484		8.01
9	00900	1,796,660	1,668,481	3,465,141		9
9.01	00901	376,957	238,505	615,462		9.01
10	01000	2,080,369	2,284,759	4,365,128	-2,465,812	10
10.01	01001	642,354	1,149,829	1,792,183		10.01
11	01100				2,444,007	11
12	01200					12
13	01300	2,153,716	505,153	2,658,869		13
14	01400	327,505	236,309	563,814	1,532,687	14
15	01500	2,724,848	10,525,498	13,250,346	-9,806,075	15
16	01600	4,338,033	2,413,940	6,751,973	-256	16
17	01700					17
17.01	01701	169,871	60,122	229,993		17.01
19	01900					19
20	02000					20
21	02100				2,755,810	21
22	02200	300,912	6,543,182	6,844,094	-1,563,306	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	16,728,770	5,409,346	22,138,116	-822,544	30
31	03100	5,984,334	2,164,716	8,149,050	-352,989	31
41	04100	4,088,857	1,459,358	5,548,215	-98,012	41
43	04300	963,602	618,252	1,581,854	-40,130	43
44	04400	6,456,324	2,602,630	9,058,954	79,482	44
ANCILLARY SERVICE COST CENTERS						
50	05000	4,400,360	18,032,449	22,432,809	-14,322,413	50
51	05100	822,895	229,191	1,052,086	-47,190	51
52	05200	2,680,453	1,200,209	3,880,662	-175,665	52
53	05300	91,127	1,568,049	1,659,176	-500,931	53
54	05400	5,333,622	3,987,325	9,320,947	-2,306,455	54
55	05500	1,443,455	1,020,368	2,463,823	135,275	55
56	05600	1,132,374	949,004	2,081,378	264,026	56
59	05900	1,546,588	3,136,674	4,683,262	-2,704,675	59
60	06000	3,842,041	7,630,957	11,472,998	-194,092	60
62	06200	391,849	2,440,297	2,832,146	-24,922	62
62.30	06250					62.30
65	06500	1,506,792	771,278	2,278,070	-213,606	65
66	06600	3,080,406	844,645	3,925,051	-94,350	66
66.01	06601	1,209,668	369,683	1,579,351	-6,156	66.01
66.02	06602	772,027	251,552	1,023,579	-1,533	66.02
67	06700	1,523,830	395,191	1,919,021	17,119	67
68	06800	916,908	366,765	1,283,673	-106,633	68
69	06900	1,062,026	1,318,141	2,380,167	-31,361	69
70	07000	318,808	981,326	1,300,134	-228,354	70
70.01	07001	84,042	3,487,380	3,571,422	-3,449,500	70.01
71	07100				9,283,024	71
72	07200				15,958,001	72
73	07300				13,941,110	73
73.01	03950	114,212	79,473	193,685	-24,240	73.01
74	07400	1,093,686	1,377,912	2,471,598	-848,966	74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,877,751	1,091,770	2,969,521	-540,728	90
91	09100	3,405,870	6,226,359	9,632,229	-768,790	91
91.01	05340	729,852	3,536,834	4,266,686	-1,240,651	91.01
91.02	04950					91.02
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2011.10  
01/31/2012 08:55

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	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	98,139,980	173,105,058	271,245,038	-21,805	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192	19200 PHYSICIANS' PRIVATE OFFICES					192
193	19300 NONPAID WORKERS		2,926	2,926	21,805	193
194	07950 OTHER					194
194.05	07955 NON EMPLOYEE CHILD CARE					194.05
200	TOTAL (SUM OF LINES 118-199)	98,139,980	173,107,984	271,247,964		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	8,119,066	-798,045	7,321,021	1
2	00200	CAP REL COSTS-MVBLE EQUIP	5,815,613	1,534,975	7,350,588	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	2,519,441	-285,339	2,234,102	4
5.10	00541	NON PATIENT PHONES	299,002	-3,936	295,066	5.10
5.20	00551	DATA PROCESSING		6,206,552	6,206,552	5.20
5.30	00561	PURCHASING AND STORES		829,902	829,902	5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	1,710	7,011,256	7,012,966	5.50
5.60	00592	ADMINISTRATION & GENERAL	45,249,336	-15,214,253	30,035,083	5.60
5.90	00593	RNP ADMINISTRATION	3,830,338	-1,129,238	2,701,100	5.90
6	00600	MAINTENANCE & REPAIRS	1,217,789		1,217,789	6
7	00700	OPERATION OF PLANT	2,837,211		2,837,211	7
7.01	00701	ELECTRICITY	7,298,774	-29,678	7,269,096	7.01
7.02	00702	RNP OPERATION OF PLANT	833,674		833,674	7.02
8	00800	LAUNDRY & LINEN SERVICE	1,720,923		1,720,923	8
8.01	00801	RNP LAUNDRY	363,484	-17,744	345,740	8.01
9	00900	HOUSEKEEPING	3,465,141		3,465,141	9
9.01	00901	RNP HOUSEKEEPING	615,462		615,462	9.01
10	01000	DIETARY	1,899,316		1,899,316	10
10.01	01001	RNP DIETARY	1,792,183	-7,941	1,784,242	10.01
11	01100	CAFETERIA	2,444,007	-1,148,971	1,295,036	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,658,869	-523,379	2,135,490	13
14	01400	CENTRAL SERVICES & SUPPLY	2,096,501	1,843,683	3,940,184	14
15	01500	PHARMACY	3,444,271	-287	3,443,984	15
16	01600	MEDICAL RECORDS & LIBRARY	6,751,717	-130,071	6,621,646	16
17	01700	SOCIAL SERVICE				17
17.01	01701	RNP SOCIAL SERVICE	229,993		229,993	17.01
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	2,755,810		2,755,810	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	5,280,788		5,280,788	22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	21,315,572	-69,508	21,246,064	30
31	03100	INTENSIVE CARE UNIT	7,796,061	617,222	8,413,283	31
41	04100	SUBPROVIDER - IRF	5,450,203	-24,955	5,425,248	41
43	04300	NURSERY	1,541,724	-296,352	1,245,372	43
44	04400	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	9,138,436		9,138,436	44
50	05000	OPERATING ROOM	8,110,396		8,110,396	50
51	05100	RECOVERY ROOM	1,004,896		1,004,896	51
52	05200	DELIVERY ROOM & LABOR ROOM	3,704,997	-302,723	3,402,274	52
53	05300	ANESTHESIOLOGY	1,158,245	-1,004,809	153,436	53
54	05400	RADIOLOGY-DIAGNOSTIC	7,014,492	-13,336	7,001,156	54
55	05500	RADIOLOGY-THERAPEUTIC	2,599,098		2,599,098	55
56	05600	RADIOISOTOPE	2,345,404		2,345,404	56
59	05900	CARDIAC CATHETERIZATION	1,978,587		1,978,587	59
60	06000	LABORATORY	11,278,906	-1,096,095	10,182,811	60
62	06200	WHOLE BLOOD & PCKD RED BLOOD CELLS	2,807,224		2,807,224	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	2,064,464		2,064,464	65
66	06600	PHYSICAL THERAPY	3,830,701	-1,609	3,829,092	66
66.01	06601	RNRC PHYSICAL THERAPY	1,573,195		1,573,195	66.01
66.02	06602	DAY RHABILITATION FACILITY	1,022,046		1,022,046	66.02
67	06700	OCCUPATIONAL THERAPY	1,936,140		1,936,140	67
68	06800	SPEECH PATHOLOGY	1,177,040		1,177,040	68
69	06900	ELECTROCARDIOLOGY	2,348,806	-90,923	2,257,883	69
70	07000	ELECTROENCEPHALOGRAPHY	1,071,780	-542,578	529,202	70
70.01	07001	ELECTROPHYSIOLOGY	121,922	-114,843	7,079	70.01
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	9,283,024		9,283,024	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	15,958,001		15,958,001	72
73	07300	DRUGS CHARGED TO PATIENTS	13,941,110		13,941,110	73
73.01	03950	WELLNESS PROGRAM	169,445	-21,089	148,356	73.01
74	07400	RENAL DIALYSIS	1,622,632		1,622,632	74
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						
90	09000	CLINIC	2,428,793		2,428,793	90
91	09100	EMERGENCY	8,863,439	-3,318,300	5,545,139	91
91.01	05340	FAMILY PRACTICE CENTER	3,026,035		3,026,035	91.01
91.02	04950	SOCIAL SERVICE-PSYCH				91.02
92	09200	OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS				92

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VERSION: 2011.10  
01/31/2012 08:55

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5		7	
118	SUBTOTALS (SUM OF LINES 1-117)	271,223,233	-8,142,412	263,080,821	118
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192	19200 PHYSICIANS' PRIVATE OFFICES				192
193	19300 NONPAID WORKERS	24,731		24,731	193
194	07950 OTHER				194
194.05	07955 NON EMPLOYEE CHILD CARE				194.05
200	TOTAL (SUM OF LINES 118-199)	271,247,964	-8,142,412	263,105,552	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1	2	3	4	5		
1 MEDICAL SUPPLIES AND DRUGS	A	IMPL. DEV. CHARGED TO PATIENT	72		15,958,001	1
2		DRUGS CHARGED TO PATIENTS	73		13,941,110	2
3		CENTRAL SERVICES & SUPPLY	14		565,649	3
4		MEDICAL SUPPLIES CHRGED TO PA	71		9,283,023	4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32		MEDICAL SUPPLIES CHRGED TO PA	71			1 32
33						33
500 TOTAL RECLASSIFICATIONS					39,747,784	500
CODE LETTER - A						
1 ELECTRICITY AND GAS F	D	ELECTRICITY	7.01		3,033,128	1
500 TOTAL RECLASSIFICATIONS					3,033,128	500
CODE LETTER - D						
1 WORKER'S COMPENSATION F	E	EMPLOYEE BENEFITS	4		56,721	1
2		EMPLOYEE BENEFITS	4		5,903	2
500 TOTAL RECLASSIFICATIONS					62,624	500
CODE LETTER - E						
1 SHARED DIETARY EXPENSE F	F	CAFETERIA	11	1,164,785	1,279,222	1
2 SHARED DIETARY EXPENSE F	F	NONPAID WORKERS	193	10,392	11,413	2
500 TOTAL RECLASSIFICATIONS				1,175,177	1,290,635	500
CODE LETTER - F						
1 FAMILY PRACTICE - TEACHING MD	G	I&R SRVCES-OTHER PRGM COSTS A	22	537,394	58,676	1
2 TEACHING - RESIDENTS	G	I&R SRVCES-OTHER PRGM COSTS A	22	474,132	75,000	2
3						3
4 FAMILY PRACTICE IR SUPPORT	G	I&R SRVCES-OTHER PRGM COSTS A	22	40,202		4
500 TOTAL RECLASSIFICATIONS				1,051,728	133,676	500
CODE LETTER - G						
1 RNP NURSING ADMINISTRATION F	H	SKILLED NURSING FACILITY	44	222,900	125,814	1
500 TOTAL RECLASSIFICATIONS				222,900	125,814	500
CODE LETTER - H						
1 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-THERAPEUTIC	55	256,067	137,181	1
2		RADIOISOTOPE	56	200,881	107,617	2
500 TOTAL RECLASSIFICATIONS				456,948	244,798	500
CODE LETTER - I						
1 BIOMEDICAL ENGINEERING F	J	ELECTRICITY	7.01	201,509	4,064,137	1
500 TOTAL RECLASSIFICATIONS				201,509	4,064,137	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 THERAPY SUPERVISORS F	K	OCCUPATIONAL THERAPY	67	25,265	1
2 SPEECH PATHOLOGY			68	15,203	2
500 TOTAL RECLASSIFICATIONS				40,468	500
CODE LETTER - K					
1 SHARED SUPERVISION F	L	ELECTROCARDIOLOGY	69	1	1
2 ELECTROENCEPHALOGRAPHY			70	1	2
500 TOTAL RECLASSIFICATIONS				2	500
CODE LETTER - L					
1 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-MVBLE EQUIP	2		5,815,613 1
500 TOTAL RECLASSIFICATIONS					5,815,613 500
CODE LETTER - M					
1 SECURITY F	N	ADMINISTRATION & GENERAL	5.60	771,772	484,044 1
500 TOTAL RECLASSIFICATIONS				771,772	484,044 500
CODE LETTER - N					
1 RESIDENT SALARIES F	O	I&R SRVCES-SALARY & FRINGES A	21	7,100	1
2 RESIDENT SALARIES F	O	I&R SRVCES-SALARY & FRINGES A	21	2,748,710	2
500 TOTAL RECLASSIFICATIONS				2,755,810	500
CODE LETTER - O					
1 PROPERTY INSURANCE	P	CAP REL COSTS-BLDG & FIXT	1		172,923 1
500 TOTAL RECLASSIFICATIONS					172,923 500
CODE LETTER - P					
1 REBATE RECLASS	Q	CENTRAL SERVICES & SUPPLY	14		967,038 1
500 TOTAL RECLASSIFICATIONS					967,038 500
CODE LETTER - Q					
1 CAPITAL INTEREST RECLASS	S	CAP REL COSTS-BLDG & FIXT	1		3,803,561 1
500 TOTAL RECLASSIFICATIONS					3,803,561 500
CODE LETTER - S					
1 SPECIALIST FEES TO SALARIES T	T	ADMINISTRATION & GENERAL	5.60	59,641	1
2 I&R SRVCES-OTHER PRGM COSTS A			22	4,362,277	2
3 SUBPROVIDER - IRF			41	92,243	3
4 LABORATORY			60	1,462,331	4
5 EMERGENCY			91	3,408,593	5
6 FAMILY PRACTICE CENTER			91.01	1,130,356	6
500 TOTAL RECLASSIFICATIONS				10,515,441	500
CODE LETTER - T					
GRAND TOTAL (INCREASES)				17,191,755	59,945,775

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 MEDICAL SUPPLIES AND DRUGS	A	RNP ADMINISTRATION	5.90		2,129,159	1
2		PHARMACY	15		9,806,075	2
3		ADULTS & PEDIATRICS	30		822,544	3
4		INTENSIVE CARE UNIT	31		352,989	4
5		SUBPROVIDER - IRF	41		98,012	5
6		NURSERY	43		40,130	6
7		SKILLED NURSING FACILITY	44		269,232	7
8		OPERATING ROOM	50		14,322,413	8
9		RECOVERY ROOM	51		47,190	9
10		DELIVERY ROOM & LABOR ROOM	52		175,665	10
11		ANESTHESIOLOGY	53		500,931	11
12		RADIOLOGY-DIAGNOSTIC	54		1,604,709	12
13		RADIOLOGY-THERAPEUTIC	55		257,973	13
14		RADIOISOTOPE	56		44,472	14
15		CARDIAC CATHETERIZATION	59		2,704,675	15
16		LABORATORY	60		194,092	16
17		WHOLE BLOOD & PCKD RED BLOOD	62		24,922	17
18		RESPIRATORY THERAPY	65		213,604	18
19		PHYSICAL THERAPY	66		53,882	19
20		RNRC PHYSICAL THERAPY	66.01		6,156	20
21		DAY RHABILITATION FACILITY	66.02		1,533	21
22		OCCUPATIONAL THERAPY	67		8,146	22
23		SPEECH PATHOLOGY	68		121,836	23
24		ELECTROCARDIOLOGY	69		31,362	24
25		ELECTROENCEPHALOGRAPHY	70		228,355	25
26		ELECTROPHYSIOLOGY	70.01		3,449,500	26
27		WELLNESS PROGRAM	73.01		24,240	27
28		RENAL DIALYSIS	74		848,966	28
29		CLINIC	90		540,728	29
30		EMERGENCY	91		768,790	30
31		FAMILY PRACTICE CENTER	91.01		55,247	31
32						32
33		MEDICAL RECORDS & LIBRARY	16		256	33
500 TOTAL RECLASSIFICATIONS					39,747,784	500
CODE LETTER - A						
1 ELECTRICITY AND GAS F	D	OPERATION OF PLANT	7		3,033,128	1
500 TOTAL RECLASSIFICATIONS					3,033,128	500
CODE LETTER - D						
1 WORKER'S COMPENSATION F	E	ADMINISTRATION & GENERAL	5.60		56,721	1
2		RNP ADMINISTRATION	5.90		5,903	2
500 TOTAL RECLASSIFICATIONS					62,624	500
CODE LETTER - E						
1 SHARED DIETARY EXPENSE F	F	DIETARY	10	1,164,785	1,279,222	1
2 SHARED DIETARY EXPENSE F	F	DIETARY	10	10,392	11,413	2
500 TOTAL RECLASSIFICATIONS				1,175,177	1,290,635	500
CODE LETTER - F						
1 FAMILY PRACTICE - TEACHING MD	G	FAMILY PRACTICE CENTER	91.01	537,394	58,676	1
2 TEACHING - RESIDENTS	G	FAMILY PRACTICE CENTER	91.01	474,132	75,000	2
3						3
4 FAMILY PRACTICE IR SUPPORT	G	FAMILY PRACTICE CENTER	91.01	40,202		4
500 TOTAL RECLASSIFICATIONS				1,051,728	133,676	500
CODE LETTER - G						
1 RNP NURSING ADMINISTRATION F	H	RNP ADMINISTRATION	5.90	222,900	125,814	1
500 TOTAL RECLASSIFICATIONS				222,900	125,814	500
CODE LETTER - H						
1 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-DIAGNOSTIC	54	256,067	137,181	1
2		RADIOLOGY-DIAGNOSTIC	54	200,881	107,617	2
500 TOTAL RECLASSIFICATIONS				456,948	244,798	500
CODE LETTER - I						
1 BIOMEDICAL ENGINEERING F	J	OPERATION OF PLANT	7	201,509	4,064,137	1
500 TOTAL RECLASSIFICATIONS				201,509	4,064,137	500
CODE LETTER - J						

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 THERAPY SUPERVISORS F	K	PHYSICAL THERAPY	66	25,265		1
2 PHYSICAL THERAPY			66	15,203		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				40,468		500
1 SHARED SUPERVISION F	L	RESPIRATORY THERAPY	65	2		1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				2		500
1 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-BLDG & FIXT	1		5,815,613	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					5,815,613	500
1 SECURITY F	N	OPERATION OF PLANT	7	771,772	484,044	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				771,772	484,044	500
1 RESIDENT SALARIES F	O	ADMINISTRATION & GENERAL	5.60	7,100		1
2 RESIDENT SALARIES F	O	I&R SRVCES-OTHER PRGM COSTS A	22	2,748,710		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				2,755,810		500
1 PROPERTY INSURANCE	P	ADMINISTRATION & GENERAL	5.60		172,923	12 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					172,923	500
1 REBATE RECLASS	Q	ADMINISTRATION & GENERAL	5.60		967,038	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					967,038	500
1 CAPITAL INTEREST RECLASS	S	ADMINISTRATION & GENERAL	5.60		3,803,561	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					3,803,561	500
1 SPECIALIST FEES TO SALARIES T	T	ADMINISTRATION & GENERAL	5.60		59,641	1
2 I&R SRVCES-OTHER PRGM COSTS A			22		4,362,277	2
3 SUBPROVIDER - IRF			41		92,243	3
4 LABORATORY			60		1,462,331	4
5 EMERGENCY			91		3,408,593	5
6 FAMILY PRACTICE CENTER			91.01		1,130,356	6
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					10,515,441	500
GRAND TOTAL (DECREASES)				6,676,314	70,461,216	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	131,284,190				23,994,742	107,289,448		5
6 MOVABLE EQUIPMENT								6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	131,284,190				23,994,742	107,289,448		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	131,284,190				23,994,742	107,289,448		10

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

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	9,958,195						9,958,195 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	9,958,195						9,958,195 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,605,180		2,542,918	172,923			7,321,021 1
2 CAP REL COSTS-MVBLE EQUIP	5,815,613		1,534,975				7,350,588 2
3 TOTAL	10,420,793		4,077,893	172,923			14,671,609 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-1,600,749	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-175,423	ADMINISTRATION & GENERAL	5.60	4 5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-3,936	NON PATIENT PHONES	5.10	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					
9 PARKING LOT (CHAPTER 21)					
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6,890,273			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,478,122			12
13 LAUNDRY AND LINEN SERVICE	B	-17,744	RNP LAUNDRY	8.01	13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,148,971	CAFETERIA	11	14 15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TV ELECTRICITY COST	A	-29,678	ELECTRICITY	7.01	33
33.01 EMPLOYEE CHILD CARE REVENUE	B	-856,127	EMPLOYEE BENEFITS	4	33.01
33.07 NURSING REIMBURSEMENT	A	-523,379	NURSING ADMINISTRATION	13	33.07
33.12 PHASE 3 CARDIAC REVENUE	B	-90,923	ELECTROCARDIOLOGY	69	33.12
33.16 EMPLOYEE FITNESS REVENUE	B	-58,442	EMPLOYEE BENEFITS	4	33.16
33.19 PAVILION REVENUE	B	-7,659	RNP ADMINISTRATION	5.90	33.19
33.20 PAVILION REVENUE	A	-7,941	RNP DIETARY	10.01	33.20
33.25 RNRC ADMINISTRATION MISC REV	B	-4,993	RNP ADMINISTRATION	5.90	33.25
33.39 OUTPATIENT EXP BLDG	A	462,598	CAP REL COSTS-BLDG & FIXT	1	9 33.39
33.45 PENSION FUNDING	B	1	ADMINISTRATION & GENERAL	5.60	33.45
33.50 MISC REVENUE	B	-903,217	ADMINISTRATION & GENERAL	5.60	33.50
33.51 MED STAFF &PT B PHY BENEFITS-EST	A	-400,000	EMPLOYEE BENEFITS	4	33.51
34 AHA DUES	A	-4,000	ADMINISTRATION & GENERAL	5.60	34
35 CPA ADJUSTMENT MEDICAID TAX	A	6,819,916	ADMINISTRATION & GENERAL	5.60	35
36 MED STAFF (9650-240)	A	-953,331	ADMINISTRATION & GENERAL	5.60	36
36.01 MED STAFF	A	-25,200	RNP ADMINISTRATION	5.90	36.01
37					37
37.50 MISC REVENUE	A	-4,993	RNP ADMINISTRATION	5.90	37.50
38 MISC REVENUE	A	-287	PHARMACY	15	38
39 MISC REVENUE	A	-80	EMERGENCY	91	39
40 MISC REVENUE	A	-13,484	MEDICAL RECORDS & LIBRARY	16	40
41 MISC REVENUE	A	-116,567	MEDICAL RECORDS & LIBRARY	16	41
42 MISC REVENUE	A	-20	MEDICAL RECORDS & LIBRARY	16	42
43 MISC REVENUE	A	-2,530	DELIVERY ROOM & LABOR ROOM	52	43
44 MISC REVENUE	A	-13,336	RADIOLOGY-DIAGNOSTIC	54	44
45 MISC REVENUE	A	-1,609	PHYSICAL THERAPY	66	45
46 MISC REVENUE	A	-21,089	WELLNESS PROGRAM	73.01	46
47 MISC REVENUE	A	-70,308	ADMINISTRATION & GENERAL	5.60	47
48 MISC REVENUE	A	-516	ADMINISTRATION & GENERAL	5.60	48

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7		
				COST CENTER 3	LINE NO. 4	REF 5		
49								49
50	TOTAL (SUM OF LINES 1 THRU 49)		-8,142,412					50
	TRANSFER TO WKST A, COL. 6, LINE 200)							

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	4	EMPLOYEE BENEFITS	HOME OFFICE MANAGEMENT FE	1,029,230		1,029,230	1
2	5.50	CASHIERS AR AND COLLECTIONS	HOME OFFICE	5,956,379		5,956,379	2
3	5.30	PURCHASING AND STORES	HOME OFFICE PURCHASING	829,902		829,902	3
4	5.20	DATA PROCESSING	HOME OFFICE COSTS	6,206,552		6,206,552	4
4.01	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COSTS	8,147,623	28,074,998	-19,927,375	4.01
4.02	5.90	RNP ADMINISTRATION	HOME OFFICE	944,025	2,030,418	-1,086,393	4.02
4.03	14	CENTRAL SERVICES & SUPPLY	HOME OFFICE	1,843,683		1,843,683	9 4.03
4.04	31	INTENSIVE CARE UNIT	HOME OFFICE	739,942		739,942	9 4.04
4.05	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE I	1,534,975		1,534,975	11 4.05
4.06	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	340,106		340,106	11 4.06
4.07	5.50	CASHIERS AR AND COLLECTIONS	HOME OFFICE COST	1,054,877		1,054,877	4.07
5		TOTALS (SUM OF LINES 1-4)		28,627,294	30,105,416	-1,478,122	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
B		RMC			HEALTH CARE

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS	PEDIATRICS	69,508	69,508					1
2	43	NURSERY	NEONATAL	296,352	296,352					2
3	41	SUBPROVIDER - IRF	DIRECTOR	92,243		92,243	127,700	1,096	67,288	3,364
4	31	INTENSIVE CARE UNIT	DIRECTOR	122,720	122,720					4
5	53	ANESTHESIOLOGY	AGGREGATE	1,004,809	1,004,809					5
6	91	EMERGENCY	DIRECTOR AND ST	3,032,075	2,813,675	218,400	162,000	1,456	113,400	5,670
7	91	EMERGENCY	INTENSIVIST	399,545	399,545					7
8	91.01	FAMILY PRACTICE CENTER	AGGREGATE	230,312		230,312	162,000	3,600	280,385	14,019
9	60	LABORATORY	AGGREGATE	1,480,695	971,362	509,333	192,300	4,160	384,600	19,230
10	52	DELIVERY ROOM & LABOR RO	AGGREGATE	300,193	300,193					10
11	70	ELECTROENCEPHALOGRAPHY	AGGREGATE	542,578	542,578					11
12	70.01	ELECTROPHYSIOLOGY	AGGREGATE	114,843	114,843					12
200		TOTAL		7,685,873	6,635,585	1,050,288		10,312	845,673	42,283

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VERSION: 2011.10  
 01/31/2012 08:55

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS	PEDIATRICS						69,508	1
2	43	NURSERY	NEONATAL						296,352	2
3	41	SUBPROVIDER - IRF	DIRECTOR				67,288	24,955	24,955	3
4	31	INTENSIVE CARE UNIT	DIRECTOR						122,720	4
5	53	ANESTHESIOLOGY	AGGREGATE						1,004,809	5
6	91	EMERGENCY	DIRECTOR AND ST				113,400	105,000	2,918,675	6
7	91	EMERGENCY	INTENSIVIST						399,545	7
8	91.01	FAMILY PRACTICE CENTER	AGGREGATE				280,385			8
9	60	LABORATORY	AGGREGATE				384,600	124,733	1,096,095	9
10	52	DELIVERY ROOM & LABOR RO	AGGREGATE						300,193	10
11	70	ELECTROENCEPHALOGRAPHY	AGGREGATE						542,578	11
12	70.01	ELECTROPHYSIOLOGY	AGGREGATE						114,843	12
200		TOTAL					845,673	254,688	6,890,273	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	7,321,021	7,321,021				1
2 CAP REL COSTS-MVBLE EQUIP	7,350,588		7,350,588			2
4 EMPLOYEE BENEFITS	2,234,102	105,625	1,800	2,341,527		4
5.10 NON PATIENT PHONES	295,066	27,779	999		323,844	5.10
5.20 DATA PROCESSING	6,206,552		563,763			5.20
5.30 PURCHASING AND STORES	829,902				8,543	5.30
5.50 CASHIERS AR AND COLLECTIONS	7,012,966		4,009		14,755	5.50
5.60 ADMINISTRATION & GENERAL	30,035,083	1,314,880	243,374	99,623	59,795	5.60
5.90 RNP ADMINISTRATION	2,701,100		15,739	19,428	777	5.90
6 MAINTENANCE & REPAIRS	1,217,789	1,029,638	87,522	13,915	7,766	6
7 OPERATION OF PLANT	2,837,211	36,247	153,854	23,297	5,436	7
7.01 ELECTRICITY	7,269,096			4,414	6,213	7.01
7.02 RNP OPERATION OF PLANT	833,674		130,070	3,909		7.02
8 LAUNDRY & LINEN SERVICE	1,720,923	106,199			777	8
8.01 RNP LAUNDRY	345,740		8,196	3,778		8.01
9 HOUSEKEEPING	3,465,141	48,134	15,714	39,359	777	9
9.01 RNP HOSUEKEEPING	615,462			8,258		9.01
10 DIETARY	1,899,316	148,113	53,224	19,830	5,436	10
10.01 RNP DIETARY	1,784,242		10,427	14,072		10.01
11 CAFETERIA	1,295,036	79,204		25,517	4,660	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,135,490	38,507	34,107	47,181	14,755	13
14 CENTRAL SERVICES & SUPPLY	3,940,184	126,494	31,562	7,175	777	14
15 PHARMACY	3,443,984	53,041	106,138	59,693	6,989	15
16 MEDICAL RECORDS & LIBRARY	6,621,646	101,795	7,809	95,033	21,745	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	229,993			3,721		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,755,810			60,372		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	5,280,788	34,584	9,232	64,981	8,543	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,246,064	1,321,823	655,218	366,477	30,288	30
31 INTENSIVE CARE UNIT	8,413,283	206,260	73,360	131,099	1,553	31
41 SUBPROVIDER - IRF	5,425,248	275,755	21,794	91,595	2,330	41
43 NURSERY	1,245,372	10,048	12,974	21,110	1,553	43
44 SKILLED NURSING FACILITY	9,138,436			146,322		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,110,396	276,435	962,639	96,399	3,883	50
51 RECOVERY ROOM	1,004,896	21,631	1,629	18,027	777	51
52 DELIVERY ROOM & LABOR ROOM	3,402,274	262,920	96,356	58,721	777	52
53 ANESTHESIOLOGY	153,436	21,244	167,177	1,996	1,553	53
54 RADIOLOGY-DIAGNOSTIC	7,001,156	315,000	1,139,364	106,833	16,309	54
55 RADIOLOGY-THERAPEUTIC	2,599,098	148,945	957,238	37,231	9,319	55
56 RADIOISOTOPE	2,345,404	6,242	101,934	29,208	3,106	56
59 CARDIAC CATHETERIZATION	1,978,587		429,659	33,881	777	59
60 LABORATORY	10,182,811	162,015	144,250	116,203	18,639	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	2,807,224	6,195	122	8,584	777	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,064,464	38,015	60,875	33,009	3,883	65
66 PHYSICAL THERAPY	3,829,092	88,128	15,415	66,596	8,543	66
66.01 RNRC PHYSICAL THERAPY	1,573,195			26,500		66.01
66.02 DAY RHABILITATION FACILITY	1,022,046		14,233	16,913		66.02
67 OCCUPATIONAL THERAPY	1,936,140	74,730	1,979	33,936	5,436	67
68 SPEECH PATHOLOGY	1,177,040	19,921	3,538	20,420	777	68
69 ELECTROCARDIOLOGY	2,257,883	74,836	81,239	23,266	6,989	69
70 ELECTROENCEPHALOGRAPHY	529,202	16,841	236,471	6,984	777	70
70.01 ELECTROPHYSIOLOGY	7,079		67,954	1,841		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,283,024		104,448			71
72 IMPL. DEV. CHARGED TO PATIENT	15,958,001					72
73 DRUGS CHARGED TO PATIENTS	13,941,110					73
73.01 WELLNESS PROGRAM	148,356	20,589	598	2,502	777	73.01
74 RENAL DIALYSIS	1,622,632	44,000	27,184	23,959	1,553	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,428,793	252,145	334,251	41,136	9,319	90
91 EMERGENCY	5,545,139	341,140	156,193	149,284	9,319	91
91.01 FAMILY PRACTICE CENTER	3,026,035		4,039	17,711	16,309	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.10	
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	263,080,821	7,255,098	7,349,670	2,341,299	323,067	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					777	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	24,731	65,923	918	228		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	263,105,552	7,321,021	7,350,588	2,341,527	323,844	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.20	PURCHASING AND STORES 5.30	CASHIERS AR AND COLLECTION 5.50	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL 5.60	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING	6,770,315					5.20
5.30 PURCHASING AND STORES	240,686	1,079,131				5.30
5.50 CASHIERS AR AND COLLECTIONS	253,135	1,058	7,285,923			5.50
5.60 ADMINISTRATION & GENERAL	890,121	6,625		32,649,501	32,649,501	5.60
5.90 RNP ADMINISTRATION	150,428			2,887,472	409,077	5.90
6 MAINTENANCE & REPAIRS		3,579		2,360,209	334,378	6
7 OPERATION OF PLANT	37,348	23,592		3,116,985	441,593	7
7.01 ELECTRICITY				7,279,723	1,031,340	7.01
7.02 RNP OPERATION OF PLANT		1,369		969,022	137,284	7.02
8 LAUNDRY & LINEN SERVICE		34,243		1,862,142	263,815	8
8.01 RNP LAUNDRY		1,878		359,592	50,944	8.01
9 HOUSEKEEPING		2,947		3,572,072	506,066	9
9.01 RNP HOUSEKEEPING		914		624,634	88,494	9.01
10 DIETARY	20,749	26,047		2,172,715	307,815	10
10.01 RNP DIETARY		16,131		1,824,872	258,535	10.01
11 CAFETERIA	17,637			1,422,054	201,467	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	151,466	591		2,422,097	343,146	13
14 CENTRAL SERVICES & SUPPLY	32,160	4,988		4,143,340	586,999	14
15 PHARMACY	391,114	1,119		4,062,078	575,487	15
16 MEDICAL RECORDS & LIBRARY	746,955	1,822		7,596,805	1,076,262	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE		45		233,759	33,117	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				2,816,182	398,977	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	12,449	4,756		5,415,333	767,206	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	345,466	3,398	840,227	24,808,961	3,514,864	30
31 INTENSIVE CARE UNIT	89,220	1,028	196,726	9,112,529	1,290,999	31
41 SUBPROVIDER - IRF	38,386	946	167,279	6,023,333	853,344	41
43 NURSERY	38,386	121	43,416	1,372,980	194,514	43
44 SKILLED NURSING FACILITY			169,152	9,453,910	1,339,364	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	75,733	50,419	416,355	9,992,259	1,415,633	50
51 RECOVERY ROOM	24,899	255	110,538	1,182,652	167,550	51
52 DELIVERY ROOM & LABOR ROOM	49,797	1,810	77,299	3,949,954	559,602	52
53 ANESTHESIOLOGY		504	99,730	445,640	63,135	53
54 RADIOLOGY-DIAGNOSTIC	885,971	4,302	776,745	10,245,680	1,451,536	54
55 RADIOLOGY-THERAPEUTIC	49,797	1,542	84,996	3,888,166	550,848	55
56 RADIOISOTOPE	114,118	10,573	174,364	2,784,949	394,552	56
59 CARDIAC CATHETERIZATION		1,263	311,455	2,755,622	390,397	59
60 LABORATORY	1,214,835	31,436	858,631	12,728,820	1,803,330	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	177,401	47,474	53,662	3,101,439	439,390	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	38,386	2,626	132,365	2,373,623	336,278	65
66 PHYSICAL THERAPY	59,134	556	123,029	4,190,493	593,680	66
66.01 RNRC PHYSICAL THERAPY		50	32,627	1,632,372	231,263	66.01
66.02 DAY RHABILITATION FACILITY		215	20,832	1,074,239	152,191	66.02
67 OCCUPATIONAL THERAPY	100,631	107	62,646	2,215,605	313,891	67
68 SPEECH PATHOLOGY		109	35,706	1,257,511	178,155	68
69 ELECTROCARDIOLOGY	24,899	574	171,717	2,641,403	374,215	69
70 ELECTROENCEPHALOGRAPHY	24,899	1,094	28,117	844,385	119,627	70
70.01 ELECTROPHYSIOLOGY		234	70,740	147,848	20,946	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		184,714	292,417	9,864,603	1,397,548	71
72 IMPL. DEV. CHARGED TO PATIENT		317,538	292,465	16,568,004	2,347,239	72
73 DRUGS CHARGED TO PATIENTS		277,400	965,903	15,184,413	2,151,221	73
73.01 WELLNESS PROGRAM		91	745	173,658	24,603	73.01
74 RENAL DIALYSIS	103,744	192	78,657	1,901,921	269,451	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	164,952	2,183	116,928	3,349,707	474,563	90
91 EMERGENCY	101,669	2,443	463,508	6,768,695	958,941	91
91.01 FAMILY PRACTICE CENTER	103,744	2,185	16,946	3,186,969	451,507	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.20	PURCHASING AND STORES 5.30	CASHIERS AR AND COLLECTION 5.50	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL 5.60	
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	6,770,315	1,079,086	7,285,923	263,012,930	32,636,379	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				777	110	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS		45		91,845	13,012	193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,770,315	1,079,131	7,285,923	263,105,552	32,649,501	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	RNP	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	ELECTRI- CITY	RNP OPERATION OF PLANT	
	ADMIN 5.90	6	7	7.01	7.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION	3,296,549					5.90
6 MAINTENANCE & REPAIRS		2,694,587				6
7 OPERATION OF PLANT		2,079,470	5,638,048			7
7.01 ELECTRICITY				8,311,063		7.01
7.02 RNP OPERATION OF PLANT	188,886	124,538			1,419,730	7.02
8 LAUNDRY & LINEN SERVICE			124,562	183,618	31,366	8
8.01 RNP LAUNDRY	82,355	18,921				8.01
9 HOUSEKEEPING		21,156	56,457	83,223	14,217	9
9.01 RNP HOSUEKEEPING	139,445	7,007				9.01
10 DIETARY		107,066	173,725	256,089	43,746	10
10.01 RNP DIETARY	406,055	22,043				10.01
11 CAFETERIA			92,900	136,944	23,393	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			45,165	66,579	11,373	13
14 CENTRAL SERVICES & SUPPLY	17,385		148,368	218,709	37,361	14
15 PHARMACY			62,212	91,708	15,666	15
16 MEDICAL RECORDS & LIBRARY		518	119,397	176,004	30,066	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	52,110					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			40,564	59,795	10,214	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			1,550,391	2,285,437	390,406	30
31 INTENSIVE CARE UNIT			241,927	356,625	60,920	31
41 SUBPROVIDER - IRF		163	323,439	476,782	81,446	41
43 NURSERY			11,786	17,374	2,968	43
44 SKILLED NURSING FACILITY	2,052,479	327				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		83,362	324,235	477,956	81,646	50
51 RECOVERY ROOM			25,371	37,400	6,389	51
52 DELIVERY ROOM & LABOR ROOM		6,015	308,384	454,589	77,655	52
53 ANESTHESIOLOGY			24,918	36,732	6,275	53
54 RADIOLOGY-DIAGNOSTIC		1,298	369,470	544,636	93,037	54
55 RADIOLOGY-THERAPEUTIC		369	174,700	257,526	43,992	55
56 RADIOISOTOPE			7,322	10,793	1,844	56
59 CARDIAC CATHETERIZATION		1,333				59
60 LABORATORY		3,714	190,030	280,124	47,852	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS			7,267	10,712	1,830	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		1,589	44,589	65,728	11,228	65
66 PHYSICAL THERAPY			103,367	152,373	26,029	66
66.01 RNRC PHYSICAL THERAPY	357,834					66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY		266	87,652	129,209	22,072	67
68 SPEECH PATHOLOGY		1,291	23,366	34,443	5,884	68
69 ELECTROCARDIOLOGY		2,380	87,776	129,391	22,103	69
70 ELECTROENCEPHALOGRAPHY		569	19,753	29,118	4,974	70
70.01 ELECTROPHYSIOLOGY		812				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM			24,149	35,598	6,081	73.01
74 RENAL DIALYSIS		3,060	51,608	76,075	12,996	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		195,169	295,746	435,960	74,472	90
91 EMERGENCY		2,000	400,129	589,832	100,758	91
91.01 FAMILY PRACTICE CENTER		9,826				91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	
	ADMIN	ANCE AND	OF	CITY	OPERATION	
	5.90	REPAIRS	PLANT		OF PLANT	
		6	7	7.01	7.02	
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,296,549	2,694,262	5,560,725	8,197,082	1,400,259	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS		325	77,323	113,981	19,471	193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,296,549	2,694,587	5,638,048	8,311,063	1,419,730	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	RNP LAUNDRY 8.01	HOUSE- KEEPING 9	RNP HOUSE- KEEPING 9.01	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE	2,465,503					8
8.01 RNP LAUNDRY		511,812				8.01
9 HOUSEKEEPING	53,163					9
9.01 RNP HOSUEKEEPING			4,306,354	859,580		9.01
10 DIETARY			113,192	353,179	3,527,527	10
10.01 RNP DIETARY						10.01
11 CAFETERIA			28,298			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			15,665			13
14 CENTRAL SERVICES & SUPPLY	3,657		14,149			14
15 PHARMACY	195		33,351			15
16 MEDICAL RECORDS & LIBRARY			21,224			16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE				33,232		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	23,692					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			5,053			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	936,789		1,452,633		2,422,344	30
31 INTENSIVE CARE UNIT	179,575		230,427		382,145	31
41 SUBPROVIDER - IRF	240,331		254,682		723,038	41
43 NURSERY			34,867			43
44 SKILLED NURSING FACILITY		511,812				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	206,489		531,599			50
51 RECOVERY ROOM	65,647		10,106			51
52 DELIVERY ROOM & LABOR ROOM	79,773		140,816			52
53 ANESTHESIOLOGY			10,106			53
54 RADIOLOGY-DIAGNOSTIC	180,894		99,043			54
55 RADIOLOGY-THERAPEUTIC	24,615		63,671			55
56 RADIOISOTOPE			20,213			56
59 CARDIAC CATHETERIZATION	19,427					59
60 LABORATORY			115,550			60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS			7,075			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			19,202			65
66 PHYSICAL THERAPY	26,416		30,319			66
66.01 RNRC PHYSICAL THERAPY				400,479		66.01
66.02 DAY RHABILITATION FACILITY	3,455					66.02
67 OCCUPATIONAL THERAPY			40,426			67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	29,662		25,266			69
70 ELECTROENCEPHALOGRAPHY	1,757		6,064			70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				72,690		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			5,053			73
73.01 WELLNESS PROGRAM	881					73.01
74 RENAL DIALYSIS	27,447					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	98,757		204,487			90
91 EMERGENCY	260,050		256,030			91
91.01 FAMILY PRACTICE CENTER	2,831		48,511			91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		LAUNDRY AND LINEN SERVICE 8	RNP LAUNDRY 8.01	HOUSE- KEEPING 9	RNP HOUSE- KEEPING 9.01	DIETARY 10	
118	SPECIAL PURPOSE COST CENTERS						
	SUBTOTALS (SUM OF LINES 1-117)	2,465,503	511,812	3,837,078	859,580	3,527,527	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,537			190
192	PHYSICIANS' PRIVATE OFFICES			382,798			192
193	NONPAID WORKERS			80,852			193
194	OTHER			2,089			194
194.05	NON EMPLOYEE CHILD CARE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,465,503	511,812	4,306,354	859,580	3,527,527	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.01	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOSUEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY	2,511,505					10.01
11 CAFETERIA		1,905,056				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		44,799	2,948,824			13
14 CENTRAL SERVICES & SUPPLY		13,538		5,183,506		14
15 PHARMACY		46,599			4,887,296	15
16 MEDICAL RECORDS & LIBRARY		105,081				16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE		5,258				17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		72,961				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		360,634	1,012,794			30
31 INTENSIVE CARE UNIT		105,042	295,000			31
41 SUBPROVIDER - IRF		87,425	245,525			41
43 NURSERY		13,701	38,477			43
44 SKILLED NURSING FACILITY	2,511,505	180,640	507,307			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		85,566	240,303			50
51 RECOVERY ROOM		12,577	35,321			51
52 DELIVERY ROOM & LABOR ROOM		49,218	138,223			52
53 ANESTHESIOLOGY		2,993	8,407			53
54 RADIOLOGY-DIAGNOSTIC		118,983				54
55 RADIOLOGY-THERAPEUTIC		29,061				55
56 RADIOISOTOPE		22,388				56
59 CARDIAC CATHETERIZATION		27,360	76,839			59
60 LABORATORY		117,960				60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		8,681				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		35,735				65
66 PHYSICAL THERAPY		59,911				66
66.01 RNRC PHYSICAL THERAPY		23,253				66.01
66.02 DAY RHABILITATION FACILITY		16,946				66.02
67 OCCUPATIONAL THERAPY		30,414				67
68 SPEECH PATHOLOGY		17,287				68
69 ELECTROCARDIOLOGY		23,641				69
70 ELECTROENCEPHALOGRAPHY		6,953				70
70.01 ELECTROPHYSIOLOGY		1,372				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,016,909		71
72 IMPL. DEV. CHARGED TO PATIENT				3,166,597		72
73 DRUGS CHARGED TO PATIENTS					4,887,296	73
73.01 WELLNESS PROGRAM		2,122				73.01
74 RENAL DIALYSIS		19,810				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		34,091	126,173			90
91 EMERGENCY		78,426	224,455			91
91.01 FAMILY PRACTICE CENTER		44,630				91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.01	11	13	14	15	
118	SPECIAL PURPOSE COST CENTERS						
	SUBTOTALS (SUM OF LINES 1-117)	2,511,505	1,905,056	2,948,824	5,183,506	4,887,296	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS						193
194	OTHER						194
194.05	NON EMPLOYEE CHILD CARE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,511,505	1,905,056	2,948,824	5,183,506	4,887,296	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	RNP SOCIAL SERVICE 17.01	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOSUEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY						10.01
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,125,357					16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE		357,476				17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			3,349,424			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				6,260,553		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	623,306		1,865,773	3,487,393	44,711,725	30
31 INTENSIVE CARE UNIT	40,230		238,234	445,293	12,978,946	31
41 SUBPROVIDER - IRF	50,709				9,360,217	41
43 NURSERY	288,140		23,587	44,088	2,042,482	43
44 SKILLED NURSING FACILITY		357,476			16,914,820	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	59,727		207,570	387,978	14,094,323	50
51 RECOVERY ROOM	27,546				1,570,559	51
52 DELIVERY ROOM & LABOR ROOM	10,136		47,175	88,177	5,909,717	52
53 ANESTHESIOLOGY	48,756				646,962	53
54 RADIOLOGY-DIAGNOSTIC	2,271,743		23,587	44,088	15,443,995	54
55 RADIOLOGY-THERAPEUTIC	357,883				5,390,831	55
56 RADIOISOTOPE	1,070,235				4,312,296	56
59 CARDIAC CATHETERIZATION					3,270,978	59
60 LABORATORY	524,214		47,175	88,177	15,946,946	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	68,670				3,645,064	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	278,853		117,937	220,442	3,505,204	65
66 PHYSICAL THERAPY	139,516				5,322,104	66
66.01 RNRC PHYSICAL THERAPY	96,126				2,741,327	66.01
66.02 DAY RHABILITATION FACILITY					1,246,831	66.02
67 OCCUPATIONAL THERAPY					2,839,535	67
68 SPEECH PATHOLOGY					1,517,937	68
69 ELECTROCARDIOLOGY	1,295,682		117,937	220,442	4,969,898	69
70 ELECTROENCEPHALOGRAPHY	386,174		23,587	44,088	1,487,049	70
70.01 ELECTROPHYSIOLOGY					170,978	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	543,368				13,895,118	71
72 IMPL. DEV. CHARGED TO PATIENT					22,081,840	72
73 DRUGS CHARGED TO PATIENTS	143,064				22,371,047	73
73.01 WELLNESS PROGRAM			47,175	88,177	402,444	73.01
74 RENAL DIALYSIS					2,362,368	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	516,553		47,175	88,177	5,941,030	90
91 EMERGENCY	284,726		353,812	661,326	10,939,180	91
91.01 FAMILY PRACTICE CENTER			188,700	352,707	4,285,681	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	RNP SOCIAL SERVICE 17.01	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	9,125,357	357,476	3,349,424	6,260,553	262,319,432	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					4,424	190
192 PHYSICIANS' PRIVATE OFFICES					382,798	192
193 NONPAID WORKERS					396,809	193
194 OTHER					2,089	194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,125,357	357,476	3,349,424	6,260,553	263,105,552	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	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
5.10 NON PATIENT PHONES			5.10
5.20 DATA PROCESSING			5.20
5.30 PURCHASING AND STORES			5.30
5.50 CASHIERS AR AND COLLECTIONS			5.50
5.60 ADMINISTRATION & GENERAL			5.60
5.90 RNP ADMINISTRATION			5.90
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 ELECTRICITY			7.01
7.02 RNP OPERATION OF PLANT			7.02
8 LAUNDRY & LINEN SERVICE			8
8.01 RNP LAUNDRY			8.01
9 HOUSEKEEPING			9
9.01 RNP HOSUEKEEPING			9.01
10 DIETARY			10
10.01 RNP DIETARY			10.01
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
17.01 RNP SOCIAL SERVICE			17.01
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	-5,353,166	39,358,559	30
31 INTENSIVE CARE UNIT	-683,527	12,295,419	31
41 SUBPROVIDER - IRF		9,360,217	41
43 NURSERY	-67,675	1,974,807	43
44 SKILLED NURSING FACILITY		16,914,820	44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	-595,548	13,498,775	50
51 RECOVERY ROOM		1,570,559	51
52 DELIVERY ROOM & LABOR ROOM	-135,352	5,774,365	52
53 ANESTHESIOLOGY		646,962	53
54 RADIOLOGY-DIAGNOSTIC	-67,675	15,376,320	54
55 RADIOLOGY-THERAPEUTIC		5,390,831	55
56 RADIOISOTOPE		4,312,296	56
59 CARDIAC CATHETERIZATION		3,270,978	59
60 LABORATORY	-135,352	15,811,594	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		3,645,064	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	-338,379	3,166,825	65
66 PHYSICAL THERAPY		5,322,104	66
66.01 RNRC PHYSICAL THERAPY		2,741,327	66.01
66.02 DAY RHABILITATION FACILITY		1,246,831	66.02
67 OCCUPATIONAL THERAPY		2,839,535	67
68 SPEECH PATHOLOGY		1,517,937	68
69 ELECTROCARDIOLOGY	-338,379	4,631,519	69
70 ELECTROENCEPHALOGRAPHY	-67,675	1,419,374	70
70.01 ELECTROPHYSIOLOGY		170,978	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		13,895,118	71
72 IMPL. DEV. CHARGED TO PATIENT		22,081,840	72
73 DRUGS CHARGED TO PATIENTS		22,371,047	73
73.01 WELLNESS PROGRAM	-135,352	267,092	73.01
74 RENAL DIALYSIS		2,362,368	74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	-135,352	5,805,678	90
91 EMERGENCY	-1,015,138	9,924,042	91
91.01 FAMILY PRACTICE CENTER	-541,407	3,744,274	91.01
91.02 SOCIAL SERVICE-PSYCH			91.02
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	-9,609,977	252,709,455	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,424	190
192 PHYSICIANS' PRIVATE OFFICES		382,798	192
193 NONPAID WORKERS		396,809	193
194 OTHER		2,089	194
194.05 NON EMPLOYEE CHILD CARE			194.05
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-9,609,977	253,495,575	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	72,425	105,625	1,800	179,850	179,850	4
5.10 NON PATIENT PHONES	60,520	27,779	999	89,298		5.10
5.20 DATA PROCESSING			563,763	563,763		5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS	1,710		4,009	5,719		5.50
5.60 ADMINISTRATION & GENERAL	5,311,082	1,314,880	243,374	6,869,336	7,653	5.60
5.90 RNP ADMINISTRATION	18,028		15,739	33,767	1,493	5.90
6 MAINTENANCE & REPAIRS	597	1,029,638	87,522	1,117,757	1,069	6
7 OPERATION OF PLANT	8,706	36,247	153,854	198,807	1,790	7
7.01 ELECTRICITY					339	7.01
7.02 RNP OPERATION OF PLANT			130,070	130,070	300	7.02
8 LAUNDRY & LINEN SERVICE		106,199		106,199		8
8.01 RNP LAUNDRY			8,196	8,196	290	8.01
9 HOUSEKEEPING	2,613	48,134	15,714	66,461	3,024	9
9.01 RNP HOSUEKEEPING					634	9.01
10 DIETARY	23,521	148,113	53,224	224,858	1,523	10
10.01 RNP DIETARY	18,144		10,427	28,571	1,081	10.01
11 CAFETERIA		79,204		79,204	1,960	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,671	38,507	34,107	79,285	3,625	13
14 CENTRAL SERVICES & SUPPLY		126,494	31,562	158,056	551	14
15 PHARMACY	3,182	53,041	106,138	162,361	4,586	15
16 MEDICAL RECORDS & LIBRARY	29,371	101,795	7,809	138,975	7,301	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE					286	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					4,638	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	7,700	34,584	9,232	51,516	4,992	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,694	1,321,823	655,218	1,989,735	28,120	30
31 INTENSIVE CARE UNIT	5,024	206,260	73,360	284,644	10,072	31
41 SUBPROVIDER - IRF	91,081	275,755	21,794	388,630	7,037	41
43 NURSERY	601	10,048	12,974	23,623	1,622	43
44 SKILLED NURSING FACILITY					11,241	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	383,778	276,435	962,639	1,622,852	7,406	50
51 RECOVERY ROOM		21,631	1,629	23,260	1,385	51
52 DELIVERY ROOM & LABOR ROOM	47,876	262,920	96,356	407,152	4,511	52
53 ANESTHESIOLOGY		21,244	167,177	188,421	153	53
54 RADIOLOGY-DIAGNOSTIC	197,560	315,000	1,139,364	1,651,924	8,207	54
55 RADIOLOGY-THERAPEUTIC	69,133	148,945	957,238	1,175,316	2,860	55
56 RADIOISOTOPE	1,950	6,242	101,934	110,126	2,244	56
59 CARDIAC CATHETERIZATION	3,316		429,659	432,975	2,603	59
60 LABORATORY	8,690	162,015	144,250	314,955	8,927	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		6,195	122	6,317	659	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,075	38,015	60,875	107,965	2,536	65
66 PHYSICAL THERAPY	4,185	88,128	15,415	107,728	5,116	66
66.01 RNRC PHYSICAL THERAPY					2,036	66.01
66.02 DAY RHABILITATION FACILITY			14,233	14,233	1,299	66.02
67 OCCUPATIONAL THERAPY		74,730	1,979	76,709	2,607	67
68 SPEECH PATHOLOGY		19,921	3,538	23,459	1,569	68
69 ELECTROCARDIOLOGY	83,632	74,836	81,239	239,707	1,787	69
70 ELECTROENCEPHALOGRAPHY		16,841	236,471	253,312	537	70
70.01 ELECTROPHYSIOLOGY			67,954	67,954	141	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	392,310		104,448	496,758		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM	2,401	20,589	598	23,588	192	73.01
74 RENAL DIALYSIS	2,679	44,000	27,184	73,863	1,841	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,440	252,145	334,251	590,836	3,160	90
91 EMERGENCY	7,669	341,140	156,193	505,002	11,469	91
91.01 FAMILY PRACTICE CENTER	112,886		4,039	116,925	1,361	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
118	SPECIAL PURPOSE COST CENTERS						
	SUBTOTALS (SUM OF LINES 1-117)	7,005,250	7,255,098	7,349,670	21,610,018	179,833	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS	680	65,923	918	67,521	17	193
194	OTHER						194
194.05	NON EMPLOYEE CHILD CARE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	7,005,930	7,321,021	7,350,588	21,677,539	179,850	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.10	DATA PROCESSING 5.20	PURCHASING AND STORES 5.30	CASHIERS AR AND COLLECTION 5.50	ADMIN AND GENERAL 5.60	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES	89,298					5.10
5.20 DATA PROCESSING		563,763				5.20
5.30 PURCHASING AND STORES	2,356	20,042	22,398			5.30
5.50 CASHIERS AR AND COLLECTIONS	4,069	21,078	22	30,888		5.50
5.60 ADMINISTRATION & GENERAL	16,490	74,120	138		6,967,737	5.60
5.90 RNP ADMINISTRATION	214	12,526			87,303	5.90
6 MAINTENANCE & REPAIRS	2,141		74		71,361	6
7 OPERATION OF PLANT	1,499	3,110	490		94,242	7
7.01 ELECTRICITY	1,713				220,102	7.01
7.02 RNP OPERATION OF PLANT			28		29,298	7.02
8 LAUNDRY & LINEN SERVICE	214		711		56,302	8
8.01 RNP LAUNDRY			39		10,872	8.01
9 HOUSEKEEPING	214		61		108,002	9
9.01 RNP HOUSEKEEPING			19		18,886	9.01
10 DIETARY	1,499	1,728	541		65,692	10
10.01 RNP DIETARY			335		55,175	10.01
11 CAFETERIA	1,285	1,469			42,996	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,069	12,612	12		73,232	13
14 CENTRAL SERVICES & SUPPLY	214	2,678	104		125,274	14
15 PHARMACY	1,927	32,568	23		122,817	15
16 MEDICAL RECORDS & LIBRARY	5,996	62,199	38		229,689	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE			1		7,068	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					85,147	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,356	1,037	99		163,733	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,352	28,767	71	3,548	749,997	30
31 INTENSIVE CARE UNIT	428	7,429	21	831	275,517	31
41 SUBPROVIDER - IRF	642	3,196	20	706	182,115	41
43 NURSERY	428	3,196	3	183	41,512	43
44 SKILLED NURSING FACILITY				714	285,839	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,071	6,306	1,046	1,758	302,116	50
51 RECOVERY ROOM	214	2,073	5	467	35,757	51
52 DELIVERY ROOM & LABOR ROOM	214	4,147	38	326	119,427	52
53 ANESTHESIOLOGY	428		10	421	13,474	53
54 RADIOLOGY-DIAGNOSTIC	4,497	73,774	89	3,280	309,778	54
55 RADIOLOGY-THERAPEUTIC	2,570	4,147	32	359	117,559	55
56 RADIOISOTOPE	857	9,503	219	736	84,203	56
59 CARDIAC CATHETERIZATION	214		26	1,315	83,316	59
60 LABORATORY	5,139	101,160	652	3,625	384,856	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	214	14,772	985	227	93,772	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,071	3,196	55	559	71,766	65
66 PHYSICAL THERAPY	2,356	4,924	12	519	126,700	66
66.01 RNRC PHYSICAL THERAPY			1	138	49,355	66.01
66.02 DAY RHABILITATION FACILITY			4	88	32,480	66.02
67 OCCUPATIONAL THERAPY	1,499	8,380	2	265	66,989	67
68 SPEECH PATHOLOGY	214		2	151	38,021	68
69 ELECTROCARDIOLOGY	1,927	2,073	12	725	79,863	69
70 ELECTROENCEPHALOGRAPHY	214	2,073	23	119	25,530	70
70.01 ELECTROPHYSIOLOGY			5	299	4,470	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			3,834	1,235	298,256	71
72 IMPL. DEV. CHARGED TO PATIENT			6,590	1,235	500,934	72
73 DRUGS CHARGED TO PATIENTS			5,758	4,201	459,101	73
73.01 WELLNESS PROGRAM	214		2	3	5,251	73.01
74 RENAL DIALYSIS	428	8,639	4	332	57,505	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,570	13,736	45	494	101,278	90
91 EMERGENCY	2,570	8,466	51	1,957	204,651	91
91.01 FAMILY PRACTICE CENTER	4,497	8,639	45	72	96,358	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.10	DATA PROCESSING 5.20	PURCHASING AND STORES 5.30	CASHIERS AR AND COLLECTION 5.50	ADMIN AND GENERAL 5.60	
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	89,084	563,763	22,397	30,888	6,964,937	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	214				23	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS			1		2,777	193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	89,298	563,763	22,398	30,888	6,967,737	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	
	ADMIN	ANCE AND	OF	CITY	OPERATION	
	5.90	REPAIRS	PLANT		OF PLANT	
		6	7	7.01	7.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION	135,303					5.90
6 MAINTENANCE & REPAIRS		1,192,402				6
7 OPERATION OF PLANT		920,203	1,220,141			7
7.01 ELECTRICITY				222,154		7.01
7.02 RNP OPERATION OF PLANT	7,752	55,110			222,558	7.02
8 LAUNDRY & LINEN SERVICE			26,957	4,908	4,917	8
8.01 RNP LAUNDRY	3,380	8,373				8.01
9 HOUSEKEEPING		9,362	12,218	2,225	2,229	9
9.01 RNP HOSUEKEEPING	5,723	3,101				9.01
10 DIETARY		47,379	37,596	6,845	6,858	10
10.01 RNP DIETARY	16,666	9,754				10.01
11 CAFETERIA			20,105	3,660	3,667	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			9,774	1,780	1,783	13
14 CENTRAL SERVICES & SUPPLY	714		32,108	5,846	5,857	14
15 PHARMACY			13,464	2,451	2,456	15
16 MEDICAL RECORDS & LIBRARY		229	25,839	4,705	4,713	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	2,139					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			8,778	1,598	1,601	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			335,521	61,089	61,200	30
31 INTENSIVE CARE UNIT			52,356	9,533	9,550	31
41 SUBPROVIDER - IRF		72	69,996	12,744	12,768	41
43 NURSERY			2,551	464	465	43
44 SKILLED NURSING FACILITY	84,243	145				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		36,889	70,168	12,776	12,799	50
51 RECOVERY ROOM			5,491	1,000	1,002	51
52 DELIVERY ROOM & LABOR ROOM		2,662	66,738	12,151	12,173	52
53 ANESTHESIOLOGY			5,393	982	984	53
54 RADIOLOGY-DIAGNOSTIC		575	79,958	14,558	14,585	54
55 RADIOLOGY-THERAPEUTIC		163	37,807	6,884	6,896	55
56 RADIOISOTOPE			1,584	288	289	56
59 CARDIAC CATHETERIZATION		590				59
60 LABORATORY		1,643	41,125	7,488	7,501	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS			1,573	286	287	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		703	9,649	1,757	1,760	65
66 PHYSICAL THERAPY			22,370	4,073	4,080	66
66.01 RNRC PHYSICAL THERAPY	14,686					66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY		118	18,969	3,454	3,460	67
68 SPEECH PATHOLOGY		571	5,057	921	922	68
69 ELECTROCARDIOLOGY		1,053	18,996	3,459	3,465	69
70 ELECTROENCEPHALOGRAPHY		252	4,275	778	780	70
70.01 ELECTROPHYSIOLOGY		359				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM			5,226	952	953	73.01
74 RENAL DIALYSIS		1,354	11,169	2,033	2,037	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		86,365	64,003	11,653	11,674	90
91 EMERGENCY		885	86,593	15,766	15,795	91
91.01 FAMILY PRACTICE CENTER		4,348				91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	
	ADMIN 5.90	ANCE AND REPAIRS 6	OF PLANT 7	CITY 7.01	OPERATION OF PLANT 7.02	
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	135,303	1,192,258	1,203,407	219,107	219,506	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS		144	16,734	3,047	3,052	193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	135,303	1,192,402	1,220,141	222,154	222,558	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	RNP LAUNDRY 8.01	HOUSE-KEEPING 9	RNP HOUSE-KEEPING 9.01	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE	200,208					8
8.01 RNP LAUNDRY		31,150				8.01
9 HOUSEKEEPING	4,317					9
9.01 RNP HOSUEKEEPING			208,113	28,363		9.01
10 DIETARY			5,470	11,654	411,643	10
10.01 RNP DIETARY						10.01
11 CAFETERIA			1,368			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			757			13
14 CENTRAL SERVICES & SUPPLY	297		684			14
15 PHARMACY	16		1,612			15
16 MEDICAL RECORDS & LIBRARY			1,026			16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE				1,097		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,924					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			244			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	76,068		70,203		282,674	30
31 INTENSIVE CARE UNIT	14,582		11,136		44,594	31
41 SUBPROVIDER - IRF	19,516		12,308		84,375	41
43 NURSERY			1,685			43
44 SKILLED NURSING FACILITY		31,150				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,768		25,691			50
51 RECOVERY ROOM	5,331		488			51
52 DELIVERY ROOM & LABOR ROOM	6,478		6,805			52
53 ANESTHESIOLOGY			488			53
54 RADIOLOGY-DIAGNOSTIC	14,689		4,786			54
55 RADIOLOGY-THERAPEUTIC	1,999		3,077			55
56 RADIOISOTOPE			977			56
59 CARDIAC CATHETERIZATION	1,578					59
60 LABORATORY			5,584			60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS			342			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			928			65
66 PHYSICAL THERAPY	2,145		1,465			66
66.01 RNRC PHYSICAL THERAPY				13,214		66.01
66.02 DAY RHABILITATION FACILITY	281					66.02
67 OCCUPATIONAL THERAPY			1,954			67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	2,409		1,221			69
70 ELECTROENCEPHALOGRAPHY	143		293			70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,398		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			244			73
73.01 WELLNESS PROGRAM	72					73.01
74 RENAL DIALYSIS	2,229					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,019		9,882			90
91 EMERGENCY	21,117		12,373			91
91.01 FAMILY PRACTICE CENTER	230		2,344			91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		LAUNDRY AND LINEN SERVICE 8	RNP LAUNDRY 8.01	HOUSE- KEEPING 9	RNP HOUSE- KEEPING 9.01	DIETARY 10	
118	SPECIAL PURPOSE COST CENTERS						
	SUBTOTALS (SUM OF LINES 1-117)	200,208	31,150	185,435	28,363	411,643	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			171			190
192	PHYSICIANS' PRIVATE OFFICES			18,499			192
193	NONPAID WORKERS			3,907			193
194	OTHER			101			194
194.05	NON EMPLOYEE CHILD CARE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	200,208	31,150	208,113	28,363	411,643	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.01	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOSUEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY	111,582					10.01
11 CAFETERIA		155,714				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,662	190,591			13
14 CENTRAL SERVICES & SUPPLY		1,107		333,490		14
15 PHARMACY		3,809			348,090	15
16 MEDICAL RECORDS & LIBRARY		8,589				16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE		430				17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		5,964				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		29,477	65,460			30
31 INTENSIVE CARE UNIT		8,586	19,067			31
41 SUBPROVIDER - IRF		7,146	15,869			41
43 NURSERY		1,120	2,487			43
44 SKILLED NURSING FACILITY	111,582	14,765	32,789			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		6,994	15,531			50
51 RECOVERY ROOM		1,028	2,283			51
52 DELIVERY ROOM & LABOR ROOM		4,023	8,934			52
53 ANESTHESIOLOGY		245	543			53
54 RADIOLOGY-DIAGNOSTIC		9,725				54
55 RADIOLOGY-THERAPEUTIC		2,375				55
56 RADIOISOTOPE		1,830				56
59 CARDIAC CATHETERIZATION		2,236	4,966			59
60 LABORATORY		9,642				60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		710				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,921				65
66 PHYSICAL THERAPY		4,897				66
66.01 RNRC PHYSICAL THERAPY		1,901				66.01
66.02 DAY RHABILITATION FACILITY		1,385				66.02
67 OCCUPATIONAL THERAPY		2,486				67
68 SPEECH PATHOLOGY		1,413				68
69 ELECTROCARDIOLOGY		1,932				69
70 ELECTROENCEPHALOGRAPHY		568				70
70.01 ELECTROPHYSIOLOGY		112				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				129,762		71
72 IMPL. DEV. CHARGED TO PATIENT				203,728		72
73 DRUGS CHARGED TO PATIENTS					348,090	73
73.01 WELLNESS PROGRAM		173				73.01
74 RENAL DIALYSIS		1,619				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		2,786	8,155			90
91 EMERGENCY		6,410	14,507			91
91.01 FAMILY PRACTICE CENTER		3,648				91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.01	11	13	14	15	
118	SPECIAL PURPOSE COST CENTERS						
	SUBTOTALS (SUM OF LINES 1-117)	111,582	155,714	190,591	333,490	348,090	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS						193
194	OTHER						194
194.05	NON EMPLOYEE CHILD CARE						194.05
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	111,582	155,714	190,591	333,490	348,090	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL
	16	17.01	21	22	24
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.10 NON PATIENT PHONES					5.10
5.20 DATA PROCESSING					5.20
5.30 PURCHASING AND STORES					5.30
5.50 CASHIERS AR AND COLLECTIONS					5.50
5.60 ADMINISTRATION & GENERAL					5.60
5.90 RNP ADMINISTRATION					5.90
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 ELECTRICITY					7.01
7.02 RNP OPERATION OF PLANT					7.02
8 LAUNDRY & LINEN SERVICE					8
8.01 RNP LAUNDRY					8.01
9 HOUSEKEEPING					9
9.01 RNP HOSUEKEEPING					9.01
10 DIETARY					10
10.01 RNP DIETARY					10.01
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	489,299				16
17 SOCIAL SERVICE					17
17.01 RNP SOCIAL SERVICE		11,021			17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD			103,686		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				229,941	22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	33,422				3,823,704
31 INTENSIVE CARE UNIT	2,157				750,503
41 SUBPROVIDER - IRF	2,719				819,859
43 NURSEY	15,450				94,789
44 SKILLED NURSING FACILITY		11,021			583,489
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	3,203				2,143,374
51 RECOVERY ROOM	1,477				81,261
52 DELIVERY ROOM & LABOR ROOM	543				656,322
53 ANESTHESIOLOGY	2,614				214,156
54 RADIOLOGY-DIAGNOSTIC	121,810				2,312,235
55 RADIOLOGY-THERAPEUTIC	19,190				1,381,234
56 RADIOISOTOPE	57,386				270,242
59 CARDIAC CATHETERIZATION					529,819
60 LABORATORY	28,108				920,405
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	3,682				123,826
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
65 RESPIRATORY THERAPY	14,952				219,818
66 PHYSICAL THERAPY	7,481				293,866
66.01 RNRC PHYSICAL THERAPY	5,154				86,485
66.02 DAY RHABILITATION FACILITY					49,770
67 OCCUPATIONAL THERAPY					186,892
68 SPEECH PATHOLOGY					72,300
69 ELECTROCARDIOLOGY	69,474				428,103
70 ELECTROENCEPHALOGRAPHY	20,707				309,604
70.01 ELECTROPHYSIOLOGY					73,340
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	29,135				961,378
72 IMPL. DEV. CHARGED TO PATIENT					712,487
73 DRUGS CHARGED TO PATIENTS	7,671				825,065
73.01 WELLNESS PROGRAM					36,626
74 RENAL DIALYSIS					163,053
76.97 CARDIAC REHABILITATION					
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	27,697				942,353
91 EMERGENCY	15,267				922,879
91.01 FAMILY PRACTICE CENTER					238,467
91.02 SOCIAL SERVICE-PSYCH					
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	RNP SOCIAL SERVICE 17.01	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	489,299	11,021			21,227,704	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					408	190
192 PHYSICIANS' PRIVATE OFFICES					18,499	192
193 NONPAID WORKERS					97,200	193
194 OTHER					101	194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS			103,686	229,941	333,627	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	489,299	11,021	103,686	229,941	21,677,539	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-		TOTAL
	DOWN ADJS	25	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.10 NON PATIENT PHONES			5.10
5.20 DATA PROCESSING			5.20
5.30 PURCHASING AND STORES			5.30
5.50 CASHIERS AR AND COLLECTIONS			5.50
5.60 ADMINISTRATION & GENERAL			5.60
5.90 RNP ADMINISTRATION			5.90
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 ELECTRICITY			7.01
7.02 RNP OPERATION OF PLANT			7.02
8 LAUNDRY & LINEN SERVICE			8
8.01 RNP LAUNDRY			8.01
9 HOUSEKEEPING			9
9.01 RNP HOSUEKEEPING			9.01
10 DIETARY			10
10.01 RNP DIETARY			10.01
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
17.01 RNP SOCIAL SERVICE			17.01
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	3,823,704		30
31 INTENSIVE CARE UNIT	750,503		31
41 SUBPROVIDER - IRF	819,859		41
43 NURSEY	94,789		43
44 SKILLED NURSING FACILITY	583,489		44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	2,143,374		50
51 RECOVERY ROOM	81,261		51
52 DELIVERY ROOM & LABOR ROOM	656,322		52
53 ANESTHESIOLOGY	214,156		53
54 RADIOLOGY-DIAGNOSTIC	2,312,235		54
55 RADIOLOGY-THERAPEUTIC	1,381,234		55
56 RADIOISOTOPE	270,242		56
59 CARDIAC CATHETERIZATION	529,819		59
60 LABORATORY	920,405		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	123,826		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	219,818		65
66 PHYSICAL THERAPY	293,866		66
66.01 RNRC PHYSICAL THERAPY	86,485		66.01
66.02 DAY RHABILITATION FACILITY	49,770		66.02
67 OCCUPATIONAL THERAPY	186,892		67
68 SPEECH PATHOLOGY	72,300		68
69 ELECTROCARDIOLOGY	428,103		69
70 ELECTROENCEPHALOGRAPHY	309,604		70
70.01 ELECTROPHYSIOLOGY	73,340		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	961,378		71
72 IMPL. DEV. CHARGED TO PATIENT	712,487		72
73 DRUGS CHARGED TO PATIENTS	825,065		73
73.01 WELLNESS PROGRAM	36,626		73.01
74 RENAL DIALYSIS	163,053		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	942,353		90
91 EMERGENCY	922,879		91
91.01 FAMILY PRACTICE CENTER	238,467		91.01
91.02 SOCIAL SERVICE-PSYCH			91.02
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	
118	SPECIAL PURPOSE COST CENTERS			
	SUBTOTALS (SUM OF LINES 1-117)		21,227,704	118
	NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		408	190
192	PHYSICIANS' PRIVATE OFFICES		18,499	192
193	NONPAID WORKERS		97,200	193
194	OTHER		101	194
194.05	NON EMPLOYEE CHILD CARE			194.05
200	CROSS FOOT ADJUSTMENTS		333,627	200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)		21,677,539	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE	NON	DATA
	BLDG&FIXT	MOV EQUIP	BENEFITS	PATIENT	
	(SQUARE	(DOLLAR	GROSS	PHONES	PROCESSING
	FEET)	VALUE)	SALARIES	NUMBER OF	MACHINE
	1	2	4	PHONES	TIME
				5.10	5.20
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	625,122				1
2 CAP REL COSTS-MVBLE EQUIP		5,775,748			2
4 EMPLOYEE BENEFITS	9,019	1,414	106,884,982		4
5.10 NON PATIENT PHONES	2,372	785		417	5.10
5.20 DATA PROCESSING		442,979			5.20
5.30 PURCHASING AND STORES				11	256,289
5.50 CASHIERS AR AND COLLECTIONS		3,150		19	269,545
5.60 ADMINISTRATION & GENERAL	112,274	191,232	4,547,526	77	947,826
5.90 RNP ADMINISTRATION		12,367	886,851	1	160,180
6 MAINTENANCE & REPAIRS	87,918	68,771	635,181	10	6
7 OPERATION OF PLANT	3,095	120,891	1,063,440	7	39,769
7.01 ELECTRICITY			201,509	8	7.01
7.02 RNP OPERATION OF PLANT		102,203	178,452		7.02
8 LAUNDRY & LINEN SERVICE	9,068			1	8
8.01 RNP LAUNDRY		6,440	172,469		8.01
9 HOUSEKEEPING	4,110	12,347	1,796,660	1	9
9.01 RNP HOUSEKEEPING			376,957		9.01
10 DIETARY	12,647	41,821	905,192	7	22,094
10.01 RNP DIETARY		8,193	642,354		10.01
11 CAFETERIA	6,763		1,164,785	6	18,780
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	3,288	26,800	2,153,716	19	161,285
14 CENTRAL SERVICES & SUPPLY	10,801	24,800	327,505	1	34,245
15 PHARMACY	4,529	83,398	2,724,848	9	416,469
16 MEDICAL RECORDS & LIBRARY	8,692	6,136	4,338,033	28	795,378
17 SOCIAL SERVICE					17
17.01 RNP SOCIAL SERVICE			169,871		17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCS-SALARY & FRINGES APPRVD			2,755,810		21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD	2,953	7,254	2,966,207	11	13,256
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	112,867	514,840	16,728,770	39	367,862
31 INTENSIVE CARE UNIT	17,612	57,643	5,984,334	2	95,004
41 SUBPROVIDER - IRF	23,546	17,125	4,181,100	3	40,874
43 NURSERY	858	10,194	963,602	2	40,874
44 SKILLED NURSING FACILITY			6,679,224		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	23,604	756,397	4,400,360	5	80,643
51 RECOVERY ROOM	1,847	1,280	822,895	1	26,513
52 DELIVERY ROOM & LABOR ROOM	22,450	75,712	2,680,453	1	53,025
53 ANESTHESIOLOGY	1,814	131,360	91,127	2	53
54 RADIOLOGY-DIAGNOSTIC	26,897	895,257	4,876,674	21	943,407
55 RADIOLOGY-THERAPEUTIC	12,718	752,153	1,699,522	12	53,025
56 RADIOISOTOPE	533	80,095	1,333,255	4	121,516
59 CARDIAC CATHETERIZATION		337,606	1,546,588	1	59
60 LABORATORY	13,834	113,345	5,304,372	24	1,293,593
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	529	96	391,849	1	188,902
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	3,246	47,833	1,506,790	5	40,874
66 PHYSICAL THERAPY	7,525	12,112	3,039,938	11	62,967
66.01 RNRC PHYSICAL THERAPY			1,209,668		66.01
66.02 DAY RHABILITATION FACILITY		11,184	772,027		66.02
67 OCCUPATIONAL THERAPY	6,381	1,555	1,549,095	7	107,155
68 SPEECH PATHOLOGY	1,701	2,780	932,111	1	68
69 ELECTROCARDIOLOGY	6,390	63,834	1,062,027	9	26,513
70 ELECTROENCEPHALOGRAPHY	1,438	185,808	318,809	1	26,513
70.01 ELECTROPHYSIOLOGY		53,395	84,042		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		82,070			71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 WELLNESS PROGRAM	1,758	470	114,212	1	73.01
74 RENAL DIALYSIS	3,757	21,360	1,093,686	2	110,469
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	21,530	262,639	1,877,751	12	175,646
91 EMERGENCY	29,129	122,729	6,814,463	12	108,260
91.01 FAMILY PRACTICE CENTER		3,174	808,480	21	110,469
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS					92

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON PATIENT PHONES NUMBER OF PHONES 5.10	DATA PROCESSING MACHINE TIME 5.20	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	619,493	5,775,027	106,874,590	416	7,209,220	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1		190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	5,629	721	10,392			193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	7,321,021	7,350,588	2,341,527	323,844	6,770,315	202
203 UNIT COST MULT-WS B PT I	11.711348	1.272664	0.021907	776.604317	0.939119	203
204 COST TO BE ALLOC PER B PT II			179,850	89,298	563,763	204
205 UNIT COST MULT-WS B PT II			0.001683	214.143885	0.078200	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING AND STORES SUPPLY COST	CASHIERS AR AND COLLECTION GROSS REVENUE	RECON-CILIATION	ADMIN AND GENERAL ACCUM COST	RNP ADMIN RNP DIRECT EXP	
	5.30	5.50	5A.60	5.60	5.90	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES	54,232,880					5.30
5.50 CASHIERS AR AND COLLECTIONS	53,175	992,371,958				5.50
5.60 ADMINISTRATION & GENERAL	332,951		-32,649,501	230,456,051		5.60
5.90 RNP ADMINISTRATION				2,887,472	14,549,833	5.90
6 MAINTENANCE & REPAIRS	179,849			2,360,209		6
7 OPERATION OF PLANT	1,185,652			3,116,985		7
7.01 ELECTRICITY				7,279,723		7.01
7.02 RNP OPERATION OF PLANT	68,794			969,022	833,674	7.02
8 LAUNDRY & LINEN SERVICE	1,720,923			1,862,142		8
8.01 RNP LAUNDRY	94,390			359,592	363,484	8.01
9 HOUSEKEEPING	148,108			3,572,072		9
9.01 RNP HOUSEKEEPING	45,941			624,634	615,462	9.01
10 DIETARY	1,309,036			2,172,715		10
10.01 RNP DIETARY	810,668			1,824,872	1,792,183	10.01
11 CAFETERIA				1,422,054		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	29,714			2,422,097		13
14 CENTRAL SERVICES & SUPPLY	250,697			4,143,340	76,732	14
15 PHARMACY	56,235			4,062,078		15
16 MEDICAL RECORDS & LIBRARY	91,570			7,596,805		16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	2,262			233,759	229,993	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				2,816,182		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	239,007			5,415,333		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	170,795	114,441,115		24,808,961		30
31 INTENSIVE CARE UNIT	51,679	26,794,574		9,112,529		31
41 SUBPROVIDER - IRF	47,563	22,783,791		6,023,333		41
43 NURSERY	6,075	5,913,380		1,372,980		43
44 SKILLED NURSING FACILITY		23,038,955		9,453,910	9,058,954	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,533,848	56,708,726		9,992,259		50
51 RECOVERY ROOM	12,795	15,055,629		1,182,652		51
52 DELIVERY ROOM & LABOR ROOM	90,947	10,528,331		3,949,954		52
53 ANESTHESIOLOGY	25,333	13,583,533		445,640		53
54 RADIOLOGY-DIAGNOSTIC	216,223	105,794,777		10,245,680		54
55 RADIOLOGY-THERAPEUTIC	77,484	11,576,743		3,888,166		55
56 RADIOISOTOPE	531,367	23,748,809		2,784,949		56
59 CARDIAC CATHETERIZATION	63,458	42,421,041		2,755,622		59
60 LABORATORY	1,579,878	116,947,820		12,728,820		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	2,385,882	7,308,870		3,101,439		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	131,978	18,028,459		2,373,623		65
66 PHYSICAL THERAPY	27,929	16,756,842		4,190,493		66
66.01 RNRC PHYSICAL THERAPY	2,506	4,443,859		1,632,372	1,579,351	66.01
66.02 DAY RHABILITATION FACILITY	10,828	2,837,403		1,074,239		66.02
67 OCCUPATIONAL THERAPY	5,394	8,532,509		2,215,605		67
68 SPEECH PATHOLOGY	5,484	4,863,294		1,257,511		68
69 ELECTROCARDIOLOGY	28,829	23,388,353		2,641,403		69
70 ELECTROENCEPHALOGRAPHY	54,962	3,829,547		844,385		70
70.01 ELECTROPHYSIOLOGY	11,757	9,634,984		147,848		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,283,023	39,827,944		9,864,603		71
72 IMPL. DEV. CHARGED TO PATIENT	15,958,001	39,834,571		16,568,004		72
73 DRUGS CHARGED TO PATIENTS	13,941,110	131,568,380		15,184,413		73
73.01 WELLNESS PROGRAM	4,588	101,403		173,658		73.01
74 RENAL DIALYSIS	9,659	10,713,346		1,901,921		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	109,699	15,925,917		3,349,707		90
91 EMERGENCY	122,800	63,130,994		6,768,695		91
91.01 FAMILY PRACTICE CENTER	109,790	2,308,059		3,186,969		91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING AND STORES SUPPLY COST	CASHIERS AR AND COLLECTION GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	RNP ADMIN RNP DIRECT EXP	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	54,230,636	992,371,958	-32,649,501	230,363,429	14,549,833	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				777		190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	2,244			91,845		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,079,131	7,285,923		32,649,501	3,296,549	202
203 UNIT COST MULT-WS B PT I	0.019898	0.007342		0.141673	0.226570	203
204 COST TO BE ALLOC PER B PT II	22,398	30,888		6,967,737	135,303	204
205 UNIT COST MULT-WS B PT II	0.000413	0.000031		0.030235	0.009299	205



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MTCR REQS	OPERATION OF PLANT (SQUARE FEET)	ELECTRI- CITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
	6	7	7.01	7.02	8	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,466,966	404,815	404,815	404,815	3,746,186	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	177	5,629	5,629	5,629		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,694,587	5,638,048	8,311,063	1,419,730	2,465,503	202
203 UNIT COST MULT-WS B PT I	1.836622	13.736461	20.248957	3.459010	0.658137	203
204 COST TO BE ALLOC PER B PT II	1,192,402	1,220,141	222,154	222,558	200,208	204
205 UNIT COST MULT-WS B PT II	0.812737	2.972734	0.541253	0.542237	0.053443	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE-KEEPING	RNP HOUSE-KEEPING	DIETARY	RNP DIETARY
	RNP POUNDS OF LAUNDRY 8.01	(HOURS OF SERVICE) 9	RNP HSKPG HRS OF SVC 9.01	(MEALS SERVED) 10	RNP MEALS SERVED 10.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.10 NON PATIENT PHONES					5.10
5.20 DATA PROCESSING					5.20
5.30 PURCHASING AND STORES					5.30
5.50 CASHIERS AR AND COLLECTIONS					5.50
5.60 ADMINISTRATION & GENERAL					5.60
5.90 RNP ADMINISTRATION					5.90
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 ELECTRICITY					7.01
7.02 RNP OPERATION OF PLANT					7.02
8 LAUNDRY & LINEN SERVICE					8
8.01 RNP LAUNDRY	99,655				8.01
9 HOUSEKEEPING		127,830			9
9.01 RNP HOUSEKEEPING			10,631		9.01
10 DIETARY		3,360	4,368	184,017	10
10.01 RNP DIETARY					292,794 10.01
11 CAFETERIA		840			11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		465			13
14 CENTRAL SERVICES & SUPPLY		420			14
15 PHARMACY		990			15
16 MEDICAL RECORDS & LIBRARY		630			16
17 SOCIAL SERVICE					17
17.01 RNP SOCIAL SERVICE			411		17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		150			22
23 PARAMED ED PRGM-(SPECIFY)					23
30 ADULTS & PEDIATRICS		43,120		126,364	30
31 INTENSIVE CARE UNIT		6,840		19,935	31
41 SUBPROVIDER - IRF		7,560		37,718	41
43 NURSERY		1,035			43
44 SKILLED NURSING FACILITY	99,655				292,794 44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		15,780			50
51 RECOVERY ROOM		300			51
52 DELIVERY ROOM & LABOR ROOM		4,180			52
53 ANESTHESIOLOGY		300			53
54 RADIOLOGY-DIAGNOSTIC		2,940			54
55 RADIOLOGY-THERAPEUTIC		1,890			55
56 RADIOISOTOPE		600			56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY		3,430			60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		210			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		570			65
66 PHYSICAL THERAPY		900			66
66.01 RNRC PHYSICAL THERAPY			4,953		66.01
66.02 DAY RHABILITATION FACILITY					66.02
67 OCCUPATIONAL THERAPY		1,200			67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY		750			69
70 ELECTROENCEPHALOGRAPHY		180			70
70.01 ELECTROPHYSIOLOGY					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			899		71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS		150			73
73.01 WELLNESS PROGRAM					73.01
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		6,070			90
91 EMERGENCY		7,600			91
91.01 FAMILY PRACTICE CENTER		1,440			91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS					92

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2011.10  
 01/31/2012 08:55

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	
	RNP POUNDS OF LAUNDRY 8.01	(HOURS OF SERVICE) 9	RNP HSKPG HRS OF SVC 9.01	(MEALS SERVED) 10	RNP MEALS SERVED 10.01	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	99,655	113,900	10,631	184,017	292,794	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		105				190
192 PHYSICIANS' PRIVATE OFFICES		11,363				192
193 NONPAID WORKERS		2,400				193
194 OTHER		62				194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	511,812	4,306,354	859,580	3,527,527	2,511,505	202
203 UNIT COST MULT-WS B PT I	5.135839	33.688133	80.855987	19.169571	8.577720	203
204 COST TO BE ALLOC PER B PT II	31,150	208,113	28,363	411,643	111,582	204
205 UNIT COST MULT-WS B PT II	0.312578	1.628045	2.667952	2.236984	0.381094	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED) 11	NURSING ADMINISTRATION (MEALS SERVED) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOUSEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY						10.01
11 CAFETERIA	3,000,070					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	70,549	1,653,540				13
14 CENTRAL SERVICES & SUPPLY	21,320		26,290,227			14
15 PHARMACY	73,384			14,085,713		15
16 MEDICAL RECORDS & LIBRARY	165,481				612,211	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	8,280					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	114,899					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	567,920	567,920			41,817	30
31 INTENSIVE CARE UNIT	165,420	165,420			2,699	31
41 SUBPROVIDER - IRF	137,677	137,677			3,402	41
43 NURSERY	21,576	21,576			19,331	43
44 SKILLED NURSING FACILITY	284,470	284,470				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	134,749	134,749			4,007	50
51 RECOVERY ROOM	19,806	19,806			1,848	51
52 DELIVERY ROOM & LABOR ROOM	77,508	77,508			680	52
53 ANESTHESIOLOGY	4,714	4,714			3,271	53
54 RADIOLOGY-DIAGNOSTIC	187,374				152,409	54
55 RADIOLOGY-THERAPEUTIC	45,765				24,010	55
56 RADIOISOTOPE	35,257				71,801	56
59 CARDIAC CATHETERIZATION	43,087	43,087				59
60 LABORATORY	185,763				35,169	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	13,670				4,607	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	56,275				18,708	65
66 PHYSICAL THERAPY	94,347				9,360	66
66.01 RNRC PHYSICAL THERAPY	36,619				6,449	66.01
66.02 DAY RHABILITATION FACILITY	26,687					66.02
67 OCCUPATIONAL THERAPY	47,896					67
68 SPEECH PATHOLOGY	27,224					68
69 ELECTROCARDIOLOGY	37,230				86,926	69
70 ELECTROENCEPHALOGRAPHY	10,950				25,908	70
70.01 ELECTROPHYSIOLOGY	2,161					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			10,229,548		36,454	71
72 IMPL. DEV. CHARGED TO PATIENT			16,060,679			72
73 DRUGS CHARGED TO PATIENTS				14,085,713	9,598	73
73.01 WELLNESS PROGRAM	3,342					73.01
74 RENAL DIALYSIS	31,197					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	53,686	70,751			34,655	90
91 EMERGENCY	123,504	125,862			19,102	91
91.01 FAMILY PRACTICE CENTER	70,283					91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	(MEALS SERVED) 11	ADMINI- STRATION (MEALS SERVED) 13	SERVICES & SUPPLY (COSTED REQUIS) 14	(COSTED REQUIS) 15	RECORDS & LIBRARY (TIME SPENT) 16	
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,000,070	1,653,540	26,290,227	14,085,713	612,211	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,905,056	2,948,824	5,183,506	4,887,296	9,125,357	202
203 UNIT COST MULT-WS B PT I	0.635004	1.783340	0.197165	0.346968	14.905575	203
204 COST TO BE ALLOC PER B PT II	155,714	190,591	333,490	348,090	489,299	204
205 UNIT COST MULT-WS B PT II	0.051903	0.115262	0.012685	0.024712	0.799233	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP SOCIAL SERVICE RNP TIME SPENT	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	17.01	21	22	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.10 NON PATIENT PHONES				5.10
5.20 DATA PROCESSING				5.20
5.30 PURCHASING AND STORES				5.30
5.50 CASHIERS AR AND COLLECTIONS				5.50
5.60 ADMINISTRATION & GENERAL				5.60
5.90 RNP ADMINISTRATION				5.90
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
7.01 ELECTRICITY				7.01
7.02 RNP OPERATION OF PLANT				7.02
8 LAUNDRY & LINEN SERVICE				8
8.01 RNP LAUNDRY				8.01
9 HOUSEKEEPING				9
9.01 RNP HOUSEKEEPING				9.01
10 DIETARY				10
10.01 RNP DIETARY				10.01
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
17.01 RNP SOCIAL SERVICE	10,000			17.01
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		1,420		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			1,420	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		791	791	30
31 INTENSIVE CARE UNIT		101	101	31
41 SUBPROVIDER - IRF				41
43 NURSERY		10	10	43
44 SKILLED NURSING FACILITY	10,000			44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		88	88	50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM		20	20	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC		10	10	54
55 RADIOLOGY-THERAPEUTIC				55
56 RADIOISOTOPE				56
59 CARDIAC CATHETERIZATION				59
60 LABORATORY		20	20	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		50	50	65
66 PHYSICAL THERAPY				66
66.01 RNRC PHYSICAL THERAPY				66.01
66.02 DAY RHABILITATION FACILITY				66.02
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY		50	50	69
70 ELECTROENCEPHALOGRAPHY		10	10	70
70.01 ELECTROPHYSIOLOGY				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
73.01 WELLNESS PROGRAM		20	20	73.01
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC		20	20	90
91 EMERGENCY		150	150	91
91.01 FAMILY PRACTICE CENTER		80	80	91.01
91.02 SOCIAL SERVICE-PSYCH				91.02
92 OBSERVATION BEDS				92

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP SOCIAL SERVICE RNP TIME SPENT	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	17.01	21	22	
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	1,420	1,420	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192 PHYSICIANS' PRIVATE OFFICES				192
193 NONPAID WORKERS				193
194 OTHER				194
194.05 NON EMPLOYEE CHILD CARE				194.05
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	357,476	3,349,424	6,260,553	202
203 UNIT COST MULT-WS B PT I	35.747600	2,358.749296	4,408.840141	203
204 COST TO BE ALLOC PER B PT II	11,021	103,686	229,941	204
205 UNIT COST MULT-WS B PT II	1.102100	73.018310	161.930282	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	39,358,559		39,358,559		39,358,559	30
31 INTENSIVE CARE UNIT	12,295,419		12,295,419		12,295,419	31
41 SUBPROVIDER - IRF	9,360,217		9,360,217	24,955	9,385,172	41
43 NURSERY	1,974,807		1,974,807		1,974,807	43
44 SKILLED NURSING FACILITY	16,914,820		16,914,820		16,914,820	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,498,775		13,498,775		13,498,775	50
51 RECOVERY ROOM	1,570,559		1,570,559		1,570,559	51
52 DELIVERY ROOM & LABOR ROOM	5,774,365		5,774,365		5,774,365	52
53 ANESTHESIOLOGY	646,962		646,962		646,962	53
54 RADIOLOGY-DIAGNOSTIC	15,376,320		15,376,320		15,376,320	54
55 RADIOLOGY-THERAPEUTIC	5,390,831		5,390,831		5,390,831	55
56 RADIOISOTOPE	4,312,296		4,312,296		4,312,296	56
59 CARDIAC CATHETERIZATION	3,270,978		3,270,978		3,270,978	59
60 LABORATORY	15,811,594		15,811,594	124,733	15,936,327	60
62 WHOLE BLOOD & PCKD RED BLOO	3,645,064		3,645,064		3,645,064	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,166,825		3,166,825		3,166,825	65
66 PHYSICAL THERAPY	5,322,104		5,322,104		5,322,104	66
66.01 RNRC PHYSICAL THERAPY	2,741,327		2,741,327		2,741,327	66.01
66.02 DAY RHABILITATION FACILITY	1,246,831		1,246,831		1,246,831	66.02
67 OCCUPATIONAL THERAPY	2,839,535		2,839,535		2,839,535	67
68 SPEECH PATHOLOGY	1,517,937		1,517,937		1,517,937	68
69 ELECTROCARDIOLOGY	4,631,519		4,631,519		4,631,519	69
70 ELECTROENCEPHALOGRAPHY	1,419,374		1,419,374		1,419,374	70
70.01 ELECTROPHYSIOLOGY	170,978		170,978		170,978	70.01
71 MEDICAL SUPPLIES CHRGED TO	13,895,118		13,895,118		13,895,118	71
72 IMPL. DEV. CHARGED TO PATIE	22,081,840		22,081,840		22,081,840	72
73 DRUGS CHARGED TO PATIENTS	22,371,047		22,371,047		22,371,047	73
73.01 WELLNESS PROGRAM	267,092		267,092		267,092	73.01
74 RENAL DIALYSIS	2,362,368		2,362,368		2,362,368	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,805,678		5,805,678		5,805,678	90
91 EMERGENCY	9,924,042		9,924,042	105,000	10,029,042	91
91.01 FAMILY PRACTICE CENTER	3,744,274		3,744,274		3,744,274	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS	3,483,652		3,483,652		3,483,652	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	256,193,107		256,193,107	254,688	256,447,795	200
201 LESS OBSERVATION BEDS	3,483,652		3,483,652		3,483,652	201
202 TOTAL (SEE INSTRUCTIONS)	252,709,455		252,709,455	254,688	252,964,143	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	103,405,453		103,405,453			30
31 INTENSIVE CARE UNIT	26,794,574		26,794,574			31
41 SUBPROVIDER - IRF	22,783,791		22,783,791			41
43 NURSERY	5,913,380		5,913,380			43
44 SKILLED NURSING FACILITY	23,038,955		23,038,955			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,685,600	20,023,126	56,708,726	0.238037	0.238037	0.238037 50
51 RECOVERY ROOM	8,609,598	6,446,031	15,055,629	0.104317	0.104317	0.104317 51
52 DELIVERY ROOM & LABOR ROOM	9,164,339	1,361,992	10,526,331	0.548564	0.548564	0.548564 52
53 ANESTHESIOLOGY	8,226,027	5,357,506	13,583,533	0.047628	0.047628	0.047628 53
54 RADIOLOGY-DIAGNOSTIC	37,070,009	68,724,768	105,794,777	0.145341	0.145341	0.145341 54
55 RADIOLOGY-THERAPEUTIC	675,615	10,901,129	11,576,744	0.465660	0.465660	0.465660 55
56 RADIOISOTOPE	7,537,152	16,211,657	23,748,809	0.181579	0.181579	0.181579 56
59 CARDIAC CATHETERIZATION	21,469,063	20,951,978	42,421,041	0.077107	0.077107	0.077107 59
60 LABORATORY	72,120,527	44,827,293	116,947,820	0.135202	0.135202	0.136269 60
62 WHOLE BLOOD & PCKD RED BLOO	5,842,862	1,466,008	7,308,870	0.498718	0.498718	0.498718 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	16,767,394	1,261,065	18,028,459	0.175657	0.175657	0.175657 65
66 PHYSICAL THERAPY	10,045,212	6,711,630	16,756,842	0.317608	0.317608	0.317608 66
66.01 RNRC PHYSICAL THERAPY	4,443,859		4,443,859	0.616880	0.616880	0.616880 66.01
66.02 DAY RHABILITATION FACILITY		2,837,403	2,837,403	0.439427	0.439427	0.439427 66.02
67 OCCUPATIONAL THERAPY	7,049,526	1,482,983	8,532,509	0.332790	0.332790	0.332790 67
68 SPEECH PATHOLOGY	2,866,288	1,997,006	4,863,294	0.312121	0.312121	0.312121 68
69 ELECTROCARDIOLOGY	13,324,333	10,064,020	23,388,353	0.198027	0.198027	0.198027 69
70 ELECTROENCEPHALOGRAPHY	1,692,702	2,136,845	3,829,547	0.370638	0.370638	0.370638 70
70.01 ELECTROPHYSIOLOGY	4,179,855	5,455,129	9,634,984	0.017746	0.017746	0.017746 70.01
71 MEDICAL SUPPLIES CHRGD TO	31,135,137	8,692,807	39,827,944	0.348879	0.348879	0.348879 71
72 IMPL. DEV. CHARGED TO PATIE	29,368,680	10,465,891	39,834,571	0.554339	0.554339	0.554339 72
73 DRUGS CHARGED TO PATIENTS	98,356,066	33,212,313	131,568,379	0.170034	0.170034	0.170034 73
73.01 WELLNESS PROGRAM	282	101,121	101,403	2.633965	2.633965	2.633965 73.01
74 RENAL DIALYSIS	2,762,324	7,951,022	10,713,346	0.220507	0.220507	0.220507 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,019,828	11,906,089	15,925,917	0.364543	0.364543	0.364543 90
91 EMERGENCY	25,539,938	37,591,056	63,130,994	0.157198	0.157198	0.158861 91
91.01 FAMILY PRACTICE CENTER	241,895	2,066,164	2,308,059	1.622261	1.622261	1.622261 91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS	1,302,004	9,733,659	11,035,663	0.315672	0.315672	0.315672 92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	642,432,268	349,937,691	992,369,959			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	642,432,268	349,937,691	992,369,959			202

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) 1	SWING-BED ADJUSTMENT 2	(COL. 1 MINUS COL. 2) 3	(COL. 3 ÷ COL. 4) 5	(COL. 5 x COL. 6) 7		
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,823,704		3,823,704	52,875	72.32	32,328	2,337,961 30
31 INTENSIVE CARE UNIT	750,503		750,503	8,463	88.68	5,314	471,246 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	819,859		819,859	13,980	58.65	11,284	661,807 41
42 SUBPROVIDER I							42
43 NURSERY	94,789		94,789	3,218	29.46		43
44 SKILLED NURSING FACILITY	583,489		583,489	89,921	6.49	19,694	127,814 44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,072,344		6,072,344	168,457		68,620	3,598,828 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0117) [ ] SUB (OTHER)  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF  
 BOXES [ ] TITLE XIX [ ] IRF

[XX] PPS  
 [ ] TEFRA

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	2,143,374	56,708,726	0.037796	19,378,651	732,435	50
51 RECOVERY ROOM	81,261	15,055,629	0.005397	4,875,738	26,314	51
52 DELIVERY ROOM & LABOR ROOM	656,322	10,526,331	0.062350			52
53 ANESTHESIOLOGY	214,156	13,583,533	0.015766	4,409,902	69,527	53
54 RADIOLOGY-DIAGNOSTIC	2,312,235	105,794,777	0.021856	27,954,141	610,966	54
55 RADIOLOGY-THERAPEUTIC	1,381,234	11,576,744	0.119311	348,627	41,595	55
56 RADIOISOTOPE	270,242	23,748,809	0.011379	2,167,875	24,668	56
59 CARDIAC CATHETERIZATION	529,819	42,421,041	0.012490	10,471,172	130,785	59
60 LABORATORY	920,405	116,947,820	0.007870	44,089,368	346,983	60
62 WHOLE BLOOD & PCKD RED BLOOD	123,826	7,308,870	0.016942	4,522,639	76,623	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	219,818	18,028,459	0.012193			65
66 PHYSICAL THERAPY	293,866	16,756,842	0.017537	2,888,505	50,656	66
66.01 RNRC PHYSICAL THERAPY	86,485	4,443,859	0.019462			66.01
66.02 DAY RHABILITATION FACILITY	49,770	2,837,403	0.017541			66.02
67 OCCUPATIONAL THERAPY	186,892	8,532,509	0.021904	940,142	20,593	67
68 SPEECH PATHOLOGY	72,300	4,863,294	0.014866	975,697	14,505	68
69 ELECTROCARDIOLOGY	428,103	23,388,353	0.018304	13,207,095	241,743	69
70 ELECTROENCEPHALOGRAPHY	309,604	3,829,547	0.080846	641,187	51,837	70
70.01 ELECTROPHYSIOLOGY	73,340	9,634,984	0.007612	2,471,977	18,817	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	961,378	39,827,944	0.024138	18,066,836	436,097	71
72 IMPL. DEV. CHARGED TO PATIENT	712,487	39,834,571	0.017886	18,232,547	326,107	72
73 DRUGS CHARGED TO PATIENTS	825,065	131,568,379	0.006271	56,244,328	352,708	73
73.01 WELLNESS PROGRAM	36,626	101,403	0.361192			73.01
74 RENAL DIALYSIS	163,053	10,713,346	0.015220			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	942,353	15,925,917	0.059171	2,683,190	158,767	90
91 EMERGENCY	922,879	63,130,994	0.014618	16,356,427	239,098	91
91.01 FAMILY PRACTICE CENTER	238,467	2,308,059	0.103319			91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS	338,440	11,035,663	0.030668	832,714	25,538	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	15,493,800	810,433,806	810,433,806	251,758,758	3,996,362	200

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

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
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: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

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	52,875		32,328		30
31 INTENSIVE CARE UNIT	8,463		5,314		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	13,980		11,284		41
42 SUBPROVIDER I					42
43 NURSERY	3,218				43
44 SKILLED NURSING FACILITY	89,921		19,694		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	168,457		68,620		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0117) [ ] 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			HEALTH	MEDICAL	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
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
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
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 (14-0117) [ ] SUB (OTHER) [ ] ICF/MR [ ] 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	56,708,726			19,378,651		7,555,477	50
51 RECOVERY ROOM	15,055,629			4,875,738		2,170,044	51
52 DELIVERY ROOM & LABOR ROOM	10,526,331						52
53 ANESTHESIOLOGY	13,583,533			4,409,902		1,957,235	53
54 RADIOLOGY-DIAGNOSTIC	105,794,777			27,954,141		30,382,454	54
55 RADIOLOGY-THERAPEUTIC	11,576,744			348,627		988,923	55
56 RADIOISOTOPE	23,748,809			2,167,875		2,611,983	56
59 CARDIAC CATHETERIZATION	42,421,041			10,471,172		11,454,130	59
60 LABORATORY	116,947,820			44,089,368		2,959,485	60
62 WHOLE BLOOD & PCKD RED BLOOD	7,308,870			4,522,639		664,884	62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	18,028,459					356,072	65
66 PHYSICAL THERAPY	16,756,842			2,888,505		144,964	66
66.01 RNRC PHYSICAL THERAPY	4,443,859						66.01
66.02 DAY RHABILITATION FACILITY	2,837,403					4,262	66.02
67 OCCUPATIONAL THERAPY	8,532,509			940,142		1,693	67
68 SPEECH PATHOLOGY	4,863,294			975,697		66,261	68
69 ELECTROCARDIOLOGY	23,388,353			13,207,095		3,502,432	69
70 ELECTROENCEPHALOGRAPHY	3,829,547			641,187		766,476	70
70.01 ELECTROPHYSIOLOGY	9,634,984			2,471,977		2,873,349	70.01
71 MEDICAL SUPPLIES CHRGD TO P	39,827,944			18,066,836		4,073,525	71
72 IMPL. DEV. CHARGED TO PATIEN	39,834,571			18,232,547		6,485,029	72
73 DRUGS CHARGED TO PATIENTS	131,568,379			56,244,328		21,335,195	73
73.01 WELLNESS PROGRAM	101,403					5,904	73.01
74 RENAL DIALYSIS	10,713,346					3,170	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	15,925,917			2,683,190		4,454,499	90
91 EMERGENCY	63,130,994			16,356,427		8,676,471	91
91.01 FAMILY PRACTICE CENTER	2,308,059						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	11,035,663			832,714		4,858,085	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	810,433,806			251,758,758		118,352,002	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0117) [ ] 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	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.238037	7,555,477			1,798,483			50
51 RECOVERY ROOM	0.104317	2,170,044			226,372			51
52 DELIVERY ROOM & LABOR ROOM	0.548564							52
53 ANESTHESIOLOGY	0.047628	1,957,235			93,219			53
54 RADIOLOGY-DIAGNOSTIC	0.145341	30,382,454			4,415,816			54
55 RADIOLOGY-THERAPEUTIC	0.465660	988,923			460,502			55
56 RADIOISOTOPE	0.181579	2,611,983			474,281			56
59 CARDIAC CATHETERIZATION	0.077107	11,454,130			883,194			59
60 LABORATORY	0.135202	2,959,485			400,128			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718	664,884			331,590			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.175657	356,072			62,547			65
66 PHYSICAL THERAPY	0.317608	144,964			46,042			66
66.01 RNRC PHYSICAL THERAPY	0.616880							66.01
66.02 DAY RHABILITATION FACILITY	0.439427	4,262			1,873			66.02
67 OCCUPATIONAL THERAPY	0.332790	1,693			563			67
68 SPEECH PATHOLOGY	0.312121	66,261			20,681			68
69 ELECTROCARDIOLOGY	0.198027	3,502,432			693,576			69
70 ELECTROENCEPHALOGRAPHY	0.370638	766,476			284,085			70
70.01 ELECTROPHYSIOLOGY	0.017746	2,873,349			50,990			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879	4,073,525			1,421,167			71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339	6,485,029			3,594,904			72
73 DRUGS CHARGED TO PATIENTS	0.170034	21,335,195		148,527	3,627,709		25,255	73
73.01 WELLNESS PROGRAM	2.633965	5,904			15,551			73.01
74 RENAL DIALYSIS	0.220507	3,170			699			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.364543	4,454,499			1,623,856			90
91 EMERGENCY	0.157198	8,676,471			1,363,924			91
91.01 FAMILY PRACTICE CENTER	1.622261							91.01
91.02 SOCIAL SERVICE-PSYCH								91.02
92 OBSERVATION BEDS	0.315672	4,858,085			1,533,561			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		118,352,002		148,527	23,425,313		25,255	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		118,352,002		148,527	23,425,313		25,255	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T117)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
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	2,143,374	56,708,726	0.037796	29,962	1,132	50
51	RECOVERY ROOM	81,261	15,055,629	0.005397	4,150	22	51
52	DELIVERY ROOM & LABOR ROOM	656,322	10,526,331	0.062350			52
53	ANESTHESIOLOGY	214,156	13,583,533	0.015766	244,216	3,850	53
54	RADIOLOGY-DIAGNOSTIC	2,312,235	105,794,777	0.021856	629,103	13,750	54
55	RADIOLOGY-THERAPEUTIC	1,381,234	11,576,744	0.119311			55
56	RADIOISOTOPE	270,242	23,748,809	0.011379	18,850	214	56
59	CARDIAC CATHETERIZATION	529,819	42,421,041	0.012490			59
60	LABORATORY	920,405	116,947,820	0.007870	3,086,408	24,290	60
62	WHOLE BLOOD & PCKD RED BLOOD	123,826	7,308,870	0.016942	52,454	889	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	219,818	18,028,459	0.012193	1,020,372	12,441	65
66	PHYSICAL THERAPY	293,866	16,756,842	0.017537	4,776,665	83,768	66
66.01	RNRC PHYSICAL THERAPY	86,485	4,443,859	0.019462			66.01
66.02	DAY RHABILITATION FACILITY	49,770	2,837,403	0.017541			66.02
67	OCCUPATIONAL THERAPY	186,892	8,532,509	0.021904	4,640,596	101,648	67
68	SPEECH PATHOLOGY	72,300	4,863,294	0.014866	1,287,370	19,138	68
69	ELECTROCARDIOLOGY	428,103	23,388,353	0.018304	117,238	2,146	69
70	ELECTROENCEPHALOGRAPHY	309,604	3,829,547	0.080846	30,365	2,455	70
70.01	ELECTROPHYSIOLOGY	73,340	9,634,984	0.007612	3,400	26	70.01
71	MEDICAL SUPPLIES CHRGD TO PA	961,378	39,827,944	0.024138	893,658	21,571	71
72	IMPL. DEV. CHARGED TO PATIENT	712,487	39,834,571	0.017886	29,654	530	72
73	DRUGS CHARGED TO PATIENTS	825,065	131,568,379	0.006271	5,237,541	32,845	73
73.01	WELLNESS PROGRAM	36,626	101,403	0.361192			73.01
74	RENAL DIALYSIS	163,053	10,713,346	0.015220	169,595	2,581	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	942,353	15,925,917	0.059171	25,444	1,506	90
91	EMERGENCY	922,879	63,130,994	0.014618	22,180	324	91
91.01	FAMILY PRACTICE CENTER	238,467	2,308,059	0.103319			91.01
91.02	SOCIAL SERVICE-PSYCH						91.02
92	OBSERVATION BEDS	338,440	11,035,663	0.030668			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	15,493,800	810,433,806	810,433,806	22,319,221	325,126	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T117) [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
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
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
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 [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T117) [ ] 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	56,708,726			29,962			50
51 RECOVERY ROOM	15,055,629			4,150			51
52 DELIVERY ROOM & LABOR ROOM	10,526,331						52
53 ANESTHESIOLOGY	13,583,533			244,216			53
54 RADIOLOGY-DIAGNOSTIC	105,794,777			629,103		1,847	54
55 RADIOLOGY-THERAPEUTIC	11,576,744						55
56 RADIOISOTOPE	23,748,809			18,850			56
59 CARDIAC CATHETERIZATION	42,421,041						59
60 LABORATORY	116,947,820			3,086,408			60
62 WHOLE BLOOD & PCKD RED BLOOD	7,308,870			52,454			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	18,028,459			1,020,372			65
66 PHYSICAL THERAPY	16,756,842			4,776,665			66
66.01 RNRC PHYSICAL THERAPY	4,443,859						66.01
66.02 DAY RHABILITATION FACILITY	2,837,403						66.02
67 OCCUPATIONAL THERAPY	8,532,509			4,640,596			67
68 SPEECH PATHOLOGY	4,863,294			1,287,370			68
69 ELECTROCARDIOLOGY	23,388,353			117,238		2,546	69
70 ELECTROENCEPHALOGRAPHY	3,829,547			30,365			70
70.01 ELECTROPHYSIOLOGY	9,634,984			3,400			70.01
71 MEDICAL SUPPLIES CHRGED TO P	39,827,944			893,658			71
72 IMPL. DEV. CHARGED TO PATIEN	39,834,571			29,654			72
73 DRUGS CHARGED TO PATIENTS	131,568,379			5,237,541		10,618	73
73.01 WELLNESS PROGRAM	101,403						73.01
74 RENAL DIALYSIS	10,713,346			169,595			74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	15,925,917			25,444			90
91 EMERGENCY	63,130,994			22,180			91
91.01 FAMILY PRACTICE CENTER	2,308,059						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	11,035,663						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	810,433,806			22,319,221		15,011	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T117) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.238037						50	
51 RECOVERY ROOM	0.104317						51	
52 DELIVERY ROOM & LABOR ROOM	0.548564						52	
53 ANESTHESIOLOGY	0.047628						53	
54 RADIOLOGY-DIAGNOSTIC	0.145341	1,847			268		54	
55 RADIOLOGY-THERAPEUTIC	0.465660						55	
56 RADIOISOTOPE	0.181579						56	
59 CARDIAC CATHETERIZATION	0.077107						59	
60 LABORATORY	0.135202						60	
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718						62	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65 RESPIRATORY THERAPY	0.175657						65	
66 PHYSICAL THERAPY	0.317608						66	
66.01 RNRC PHYSICAL THERAPY	0.616880						66.01	
66.02 DAY RHABILITATION FACILITY	0.439427						66.02	
67 OCCUPATIONAL THERAPY	0.332790						67	
68 SPEECH PATHOLOGY	0.312121						68	
69 ELECTROCARDIOLOGY	0.198027	2,546			504		69	
70 ELECTROENCEPHALOGRAPHY	0.370638						70	
70.01 ELECTROPHYSIOLOGY	0.017746						70.01	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.348879						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.554339						72	
73 DRUGS CHARGED TO PATIENTS	0.170034	10,618		130	1,805		22 73	
73.01 WELLNESS PROGRAM	2.633965						73.01	
74 RENAL DIALYSIS	0.220507						74	
76.97 CARDIAC REHABILITATION							76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.364543						90	
91 EMERGENCY	0.157198						91	
91.01 FAMILY PRACTICE CENTER	1.622261						91.01	
91.02 SOCIAL SERVICE-PSYCH							91.02	
92 OBSERVATION BEDS	0.315672						92	
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		15,011		130	2,577		22 200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)		15,011		130	2,577		22 202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5324) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
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
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
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 APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [ ] IRF	[ ] SUB (OTHER) [XX] SNF (14-5324) [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA		
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	56,708,726					50
51	RECOVERY ROOM	15,055,629					51
52	DELIVERY ROOM & LABOR ROOM	10,526,331					52
53	ANESTHESIOLOGY	13,583,533					53
54	RADIOLOGY-DIAGNOSTIC	105,794,777					54
55	RADIOLOGY-THERAPEUTIC	11,576,744					55
56	RADIOISOTOPE	23,748,809					56
59	CARDIAC CATHETERIZATION	42,421,041					59
60	LABORATORY	116,947,820					60
62	WHOLE BLOOD & PCKD RED BLOOD	7,308,870					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	18,028,459					65
66	PHYSICAL THERAPY	16,756,842					66
66.01	RNRC PHYSICAL THERAPY	4,443,859			1,640,439		66.01
66.02	DAY RHABILITATION FACILITY	2,837,403					66.02
67	OCCUPATIONAL THERAPY	8,532,509			1,407,447		67
68	SPEECH PATHOLOGY	4,863,294			297,006		68
69	ELECTROCARDIOLOGY	23,388,353					69
70	ELECTROENCEPHALOGRAPHY	3,829,547					70
70.01	ELECTROPHYSIOLOGY	9,634,984					70.01
71	MEDICAL SUPPLIES CHRGED TO P	39,827,944			214		71
72	IMPL. DEV. CHARGED TO PATIEN	39,834,571					72
73	DRUGS CHARGED TO PATIENTS	131,568,379			1,211,786		73
73.01	WELLNESS PROGRAM	101,403					73.01
74	RENAL DIALYSIS	10,713,346					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	15,925,917					90
91	EMERGENCY	63,130,994					91
91.01	FAMILY PRACTICE CENTER	2,308,059					91.01
91.02	SOCIAL SERVICE-PSYCH						91.02
92	OBSERVATION BEDS	11,035,663					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	810,433,806			4,556,892		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [XX] SNF (14-5324) [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	----- PROGRAM CHARGES -----				----- PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.238037						50
51 RECOVERY ROOM	0.104317						51
52 DELIVERY ROOM & LABOR ROOM	0.548564						52
53 ANESTHESIOLOGY	0.047628						53
54 RADIOLOGY-DIAGNOSTIC	0.145341						54
55 RADIOLOGY-THERAPEUTIC	0.465660						55
56 RADIOISOTOPE	0.181579						56
59 CARDIAC CATHETERIZATION	0.077107						59
60 LABORATORY	0.135202						60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.175657						65
66 PHYSICAL THERAPY	0.317608						66
66.01 RNRC PHYSICAL THERAPY	0.616880						66.01
66.02 DAY RHABILITATION FACILITY	0.439427						66.02
67 OCCUPATIONAL THERAPY	0.332790						67
68 SPEECH PATHOLOGY	0.312121						68
69 ELECTROCARDIOLOGY	0.198027						69
70 ELECTROENCEPHALOGRAPHY	0.370638						70
70.01 ELECTROPHYSIOLOGY	0.017746						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879						71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339						72
73 DRUGS CHARGED TO PATIENTS	0.170034						73
73.01 WELLNESS PROGRAM	2.633965						73.01
74 RENAL DIALYSIS	0.220507						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.364543						90
91 EMERGENCY	0.157198						91
91.01 FAMILY PRACTICE CENTER	1.622261						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	0.315672						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

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 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	3	4	5	6	7
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 (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0117) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [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					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 RNRC PHYSICAL THERAPY					66.01
66.02 DAY RHABILITATION FACILITY					66.02
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 ELECTROPHYSIOLOGY					70.01
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 WELLNESS PROGRAM					73.01
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
91.01 FAMILY PRACTICE CENTER					91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

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: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

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	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					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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0117) [ ] 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 PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
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
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
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 (14-0117) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] OTHER

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	56,708,726						50
51 RECOVERY ROOM	15,055,629						51
52 DELIVERY ROOM & LABOR ROOM	10,526,331						52
53 ANESTHESIOLOGY	13,583,533						53
54 RADIOLOGY-DIAGNOSTIC	105,794,777						54
55 RADIOLOGY-THERAPEUTIC	11,576,744						55
56 RADIOISOTOPE	23,748,809						56
59 CARDIAC CATHETERIZATION	42,421,041						59
60 LABORATORY	116,947,820						60
62 WHOLE BLOOD & PCKD RED BLOOD	7,308,870						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	18,028,459						65
66 PHYSICAL THERAPY	16,756,842						66
66.01 RNRC PHYSICAL THERAPY	4,443,859						66.01
66.02 DAY RHABILITATION FACILITY	2,837,403						66.02
67 OCCUPATIONAL THERAPY	8,532,509						67
68 SPEECH PATHOLOGY	4,863,294						68
69 ELECTROCARDIOLOGY	23,388,353						69
70 ELECTROENCEPHALOGRAPHY	3,829,547						70
70.01 ELECTROPHYSIOLOGY	9,634,984						70.01
71 MEDICAL SUPPLIES CHRGED TO P	39,827,944						71
72 IMPL. DEV. CHARGED TO PATIEN	39,834,571						72
73 DRUGS CHARGED TO PATIENTS	131,568,379						73
73.01 WELLNESS PROGRAM	101,403						73.01
74 RENAL DIALYSIS	10,713,346						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	15,925,917						90
91 EMERGENCY	63,130,994						91
91.01 FAMILY PRACTICE CENTER	2,308,059						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	11,035,663						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	810,433,806						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0117) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.238037						50
51 RECOVERY ROOM	0.104317						51
52 DELIVERY ROOM & LABOR ROOM	0.548564						52
53 ANESTHESIOLOGY	0.047628						53
54 RADIOLOGY-DIAGNOSTIC	0.145341						54
55 RADIOLOGY-THERAPEUTIC	0.465660						55
56 RADIOISOTOPE	0.181579						56
59 CARDIAC CATHETERIZATION	0.077107						59
60 LABORATORY	0.135202						60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.175657						65
66 PHYSICAL THERAPY	0.317608						66
66.01 RNRC PHYSICAL THERAPY	0.616880						66.01
66.02 DAY RHABILITATION FACILITY	0.439427						66.02
67 OCCUPATIONAL THERAPY	0.332790						67
68 SPEECH PATHOLOGY	0.312121						68
69 ELECTROCARDIOLOGY	0.198027						69
70 ELECTROENCEPHALOGRAPHY	0.370638						70
70.01 ELECTROPHYSIOLOGY	0.017746						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879						71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339						72
73 DRUGS CHARGED TO PATIENTS	0.170034						73
73.01 WELLNESS PROGRAM	2.633965						73.01
74 RENAL DIALYSIS	0.220507						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.364543						90
91 EMERGENCY	0.157198						91
91.01 FAMILY PRACTICE CENTER	1.622261						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	0.315672						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T117) [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL
	(FROM WKST B, PT. II, COL. 26) 1	(FROM WKST C, PT. I, COL. 8) 2	(COL.1 ÷ COL.2) 3	4	(COL.3 x COL.4) 5
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
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PCKD RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 RNRC PHYSICAL THERAPY					66.01
66.02 DAY RHABILITATION FACILITY					66.02
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 ELECTROPHYSIOLOGY					70.01
71 MEDICAL SUPPLIES CHRGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 WELLNESS PROGRAM					73.01
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
91.01 FAMILY PRACTICE CENTER					91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
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 [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T117) [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
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
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
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 [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T117) [ ] NF [ ] OTHER

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	56,708,726						50
51 RECOVERY ROOM	15,055,629						51
52 DELIVERY ROOM & LABOR ROOM	10,526,331						52
53 ANESTHESIOLOGY	13,583,533						53
54 RADIOLOGY-DIAGNOSTIC	105,794,777						54
55 RADIOLOGY-THERAPEUTIC	11,576,744						55
56 RADIOISOTOPE	23,748,809						56
59 CARDIAC CATHETERIZATION	42,421,041						59
60 LABORATORY	116,947,820						60
62 WHOLE BLOOD & PCKD RED BLOOD	7,308,870						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	18,028,459						65
66 PHYSICAL THERAPY	16,756,842						66
66.01 RNRC PHYSICAL THERAPY	4,443,859						66.01
66.02 DAY RHABILITATION FACILITY	2,837,403						66.02
67 OCCUPATIONAL THERAPY	8,532,509						67
68 SPEECH PATHOLOGY	4,863,294						68
69 ELECTROCARDIOLOGY	23,388,353						69
70 ELECTROENCEPHALOGRAPHY	3,829,547						70
70.01 ELECTROPHYSIOLOGY	9,634,984						70.01
71 MEDICAL SUPPLIES CHRGED TO P	39,827,944						71
72 IMPL. DEV. CHARGED TO PATIEN	39,834,571						72
73 DRUGS CHARGED TO PATIENTS	131,568,379						73
73.01 WELLNESS PROGRAM	101,403						73.01
74 RENAL DIALYSIS	10,713,346						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	15,925,917						90
91 EMERGENCY	63,130,994						91
91.01 FAMILY PRACTICE CENTER	2,308,059						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	11,035,663						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	810,433,806						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T117) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SERVICES SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.238037						50
51 RECOVERY ROOM	0.104317						51
52 DELIVERY ROOM & LABOR ROOM	0.548564						52
53 ANESTHESIOLOGY	0.047628						53
54 RADIOLOGY-DIAGNOSTIC	0.145341						54
55 RADIOLOGY-THERAPEUTIC	0.465660						55
56 RADIOISOTOPE	0.181579						56
59 CARDIAC CATHETERIZATION	0.077107						59
60 LABORATORY	0.135202						60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.175657						65
66 PHYSICAL THERAPY	0.317608						66
66.01 RNRC PHYSICAL THERAPY	0.616880						66.01
66.02 DAY RHABILITATION FACILITY	0.439427						66.02
67 OCCUPATIONAL THERAPY	0.332790						67
68 SPEECH PATHOLOGY	0.312121						68
69 ELECTROCARDIOLOGY	0.198027						69
70 ELECTROENCEPHALOGRAPHY	0.370638						70
70.01 ELECTROPHYSIOLOGY	0.017746						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879						71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339						72
73 DRUGS CHARGED TO PATIENTS	0.170034						73
73.01 WELLNESS PROGRAM	2.633965						73.01
74 RENAL DIALYSIS	0.220507						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.364543						90
91 EMERGENCY	0.157198						91
91.01 FAMILY PRACTICE CENTER	1.622261						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	0.315672						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0117) [ ] 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)	52,875	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,875	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52,875	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)	32,328	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)	39,358,559	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	39,358,559	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	39,358,559	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0117) [ ] 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) 744.37 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 24,063,993 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) 24,063,993 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	12,295,419	8,463	1,452.84	5,314	7,720,392	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)					53,265,990	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					85,050,375	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,809,207 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,996,362 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 6,805,569 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 78,244,806 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 INSTRU (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) 4,680 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 744.37 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,483,652 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	3,823,704	39,358,559	0.097151	3,483,652	338,440	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  SNF  TEFRA  
 BOXES  TITLE XIX-INPT  IRF (14-T117)  NF  OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	13,980	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,980	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,980	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)	11,284	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)	9,385,172	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	9,385,172	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	9,385,172	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (14-T117)			[ ]	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)	671.33	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	7,575,288	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)	7,575,288	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	5,506,800	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	13,082,088	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	661,807	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	325,126	51
52 TOTAL PROGRAM EXCLUDABLE COST	986,933	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	12,095,155	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 XVII 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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5324) [ ] 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)	89,921	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	89,921	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	89,921	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)	19,694	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)	16,914,820	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	16,914,820	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	16,914,820	37

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

WORKSHEET D-1  
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5324) [ ] TEFRA  
BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	16,914,820	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	188.11	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 × LINE 71)	3,704,638	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 × LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	3,704,638	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 × LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 × LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	3,704,638	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,779,160	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,483,798	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0117) [ ] 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)	52,875	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,875	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52,875	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)	6,835	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)	3,218	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)	39,358,559	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	39,358,559	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	39,358,559	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0117) [ ] 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) 744.37 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,087,769 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) 5,087,769 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,974,807	3,218	613.68		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	12,295,419	8,463	1,452.84		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)					5,087,769 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 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 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 INSTRU (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) 4,680 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	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	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

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  SNF  TEFRA  
 BOXES  TITLE XIX-INPT  IRF (14-T117)  NF  OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	13,980	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,980	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,980	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)	310	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)	9,360,217	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	9,360,217	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	9,360,217	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T117)			[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)	669,54 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	207,557 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)	207,557 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	207,557 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	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	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 INSTRU (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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0117) [ ] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		72,902,617			30
31 INTENSIVE CARE UNIT		17,196,599			31
41 SUBPROVIDER - IRF ANCILLARY SERVICE COST CENTERS					41
50 OPERATING ROOM	0.238037	19,378,651	4,612,836		50
51 RECOVERY ROOM	0.104317	4,875,738	508,622		51
52 DELIVERY ROOM & LABOR ROOM	0.548564				52
53 ANESTHESIOLOGY	0.047628	4,409,902	210,035		53
54 RADIOLOGY-DIAGNOSTIC	0.145341	27,954,141	4,062,883		54
55 RADIOLOGY-THERAPEUTIC	0.465660	348,627	162,342		55
56 RADIOISOTOPE	0.181579	2,167,875	393,641		56
59 CARDIAC CATHETERIZATION	0.077107	10,471,172	807,401		59
60 LABORATORY	0.136269	44,089,368	6,008,014		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718	4,522,639	2,255,521		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.175657				65
66 PHYSICAL THERAPY	0.317608	2,888,505	917,412		66
66.01 RNRC PHYSICAL THERAPY	0.616880				66.01
66.02 DAY RHABILITATION FACILITY	0.439427				66.02
67 OCCUPATIONAL THERAPY	0.332790	940,142	312,870		67
68 SPEECH PATHOLOGY	0.312121	975,697	304,536		68
69 ELECTROCARDIOLOGY	0.198027	13,207,095	2,615,361		69
70 ELECTROENCEPHALOGRAPHY	0.370638	641,187	237,648		70
70.01 ELECTROPHYSIOLOGY	0.017746	2,471,977	43,868		70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879	18,066,836	6,303,140		71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339	18,232,547	10,107,012		72
73 DRUGS CHARGED TO PATIENTS	0.170034	56,244,328	9,563,448		73
73.01 WELLNESS PROGRAM	2.633965				73.01
74 RENAL DIALYSIS	0.220507				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.364543	2,683,190	978,138		90
91 EMERGENCY	0.158861	16,356,427	2,598,398		91
91.01 FAMILY PRACTICE CENTER	1.622261				91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS	0.315672	832,714	262,864		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		251,758,758	53,265,990		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		251,758,758			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T117) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF		18,437,339			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.238037	29,962	7,132		50
51 RECOVERY ROOM	0.104317	4,150	433		51
52 DELIVERY ROOM & LABOR ROOM	0.548564				52
53 ANESTHESIOLOGY	0.047628	244,216	11,632		53
54 RADIOLOGY-DIAGNOSTIC	0.145341	629,103	91,434		54
55 RADIOLOGY-THERAPEUTIC	0.465660				55
56 RADIOISOTOPE	0.181579	18,850	3,423		56
59 CARDIAC CATHETERIZATION	0.077107				59
60 LABORATORY	0.136269	3,086,408	420,582		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718	52,454	26,160		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.175657	1,020,372	179,235		65
66 PHYSICAL THERAPY	0.317608	4,776,665	1,517,107		66
66.01 RNRC PHYSICAL THERAPY	0.616880				66.01
66.02 DAY RHABILITATION FACILITY	0.439427				66.02
67 OCCUPATIONAL THERAPY	0.332790	4,640,596	1,544,344		67
68 SPEECH PATHOLOGY	0.312121	1,287,370	401,815		68
69 ELECTROCARDIOLOGY	0.198027	117,238	23,216		69
70 ELECTROENCEPHALOGRAPHY	0.370638	30,365	11,254		70
70.01 ELECTROPHYSIOLOGY	0.017746	3,400	60		70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879	893,658	311,779		71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339	29,654	16,438		72
73 DRUGS CHARGED TO PATIENTS	0.170034	5,237,541	890,560		73
73.01 WELLNESS PROGRAM	2.633965				73.01
74 RENAL DIALYSIS	0.220507	169,595	37,397		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.364543	25,444	9,275		90
91 EMERGENCY	0.158861	22,180	3,524		91
91.01 FAMILY PRACTICE CENTER	1.622261				91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS	0.315672				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		22,319,221	5,506,800		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		22,319,221			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5324) [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.238037				50
51 RECOVERY ROOM	0.104317				51
52 DELIVERY ROOM & LABOR ROOM	0.548564				52
53 ANESTHESIOLOGY	0.047628				53
54 RADIOLOGY-DIAGNOSTIC	0.145341				54
55 RADIOLOGY-THERAPEUTIC	0.465660				55
56 RADIOISOTOPE	0.181579				56
59 CARDIAC CATHETERIZATION	0.077107				59
60 LABORATORY	0.135202				60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.175657				65
66 PHYSICAL THERAPY	0.317608				66
66.01 RNRC PHYSICAL THERAPY	0.616880	1,640,439	1,011,954		66.01
66.02 DAY RHABILITATION FACILITY	0.439427				66.02
67 OCCUPATIONAL THERAPY	0.332790	1,407,447	468,384		67
68 SPEECH PATHOLOGY	0.312121	297,006	92,702		68
69 ELECTROCARDIOLOGY	0.198027				69
70 ELECTROENCEPHALOGRAPHY	0.370638				70
70.01 ELECTROPHYSIOLOGY	0.017746				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879	214	75		71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339				72
73 DRUGS CHARGED TO PATIENTS	0.170034	1,211,786	206,045		73
73.01 WELLNESS PROGRAM	2.633965				73.01
74 RENAL DIALYSIS	0.220507				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.364543				90
91 EMERGENCY	0.157198				91
91.01 FAMILY PRACTICE CENTER	1.622261				91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS	0.315672				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,556,892	1,779,160		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,556,892			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0117) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
43 NURSEY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.238037			50
51 RECOVERY ROOM	0.104317			51
52 DELIVERY ROOM & LABOR ROOM	0.548564			52
53 ANESTHESIOLOGY	0.047628			53
54 RADIOLOGY-DIAGNOSTIC	0.145341			54
55 RADIOLOGY-THERAPEUTIC	0.465660			55
56 RADIOISOTOPE	0.181579			56
59 CARDIAC CATHETERIZATION	0.077107			59
60 LABORATORY	0.135202			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.175657			65
66 PHYSICAL THERAPY	0.317608			66
66.01 RNRC PHYSICAL THERAPY	0.616880			66.01
66.02 DAY RHABILITATION FACILITY	0.439427			66.02
67 OCCUPATIONAL THERAPY	0.332790			67
68 SPEECH PATHOLOGY	0.312121			68
69 ELECTROCARDIOLOGY	0.198027			69
70 ELECTROENCEPHALOGRAPHY	0.370638			70
70.01 ELECTROPHYSIOLOGY	0.017746			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879			71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339			72
73 DRUGS CHARGED TO PATIENTS	0.170034			73
73.01 WELLNESS PROGRAM	2.633965			73.01
74 RENAL DIALYSIS	0.220507			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.364543			90
91 EMERGENCY	0.157198			91
91.01 FAMILY PRACTICE CENTER	1.622261			91.01
91.02 SOCIAL SERVICE-PSYCH				91.02
92 OBSERVATION BEDS	0.315672			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

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T117) [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.238037			50
51 RECOVERY ROOM	0.104317			51
52 DELIVERY ROOM & LABOR ROOM	0.548564			52
53 ANESTHESIOLOGY	0.047628			53
54 RADIOLOGY-DIAGNOSTIC	0.145341			54
55 RADIOLOGY-THERAPEUTIC	0.465660			55
56 RADIOISOTOPE	0.181579			56
59 CARDIAC CATHETERIZATION	0.077107			59
60 LABORATORY	0.135202			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.498718			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.175657			65
66 PHYSICAL THERAPY	0.317608			66
66.01 RNRC PHYSICAL THERAPY	0.616880			66.01
66.02 DAY RHABILITATION FACILITY	0.439427			66.02
67 OCCUPATIONAL THERAPY	0.332790			67
68 SPEECH PATHOLOGY	0.312121			68
69 ELECTROCARDIOLOGY	0.198027			69
70 ELECTROENCEPHALOGRAPHY	0.370638			70
70.01 ELECTROPHYSIOLOGY	0.017746			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.348879			71
72 IMPL. DEV. CHARGED TO PATIENT	0.554339			72
73 DRUGS CHARGED TO PATIENTS	0.170034			73
73.01 WELLNESS PROGRAM	2.633965			73.01
74 RENAL DIALYSIS	0.220507			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.364543			90
91 EMERGENCY	0.157198			91
91.01 FAMILY PRACTICE CENTER	1.622261			91.01
91.02 SOCIAL SERVICE-PSYCH				91.02
92 OBSERVATION BEDS	0.315672			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 (14-0117)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	64,529,064	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	894,917	2
3	MANAGED CARE SIMULATED PAYMENTS	3,535,684	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	324.18	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	47.57	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)	18.00	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.	6.21	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)	71.78	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	67.94	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	67.94	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	68.91	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	69.32	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	68.72	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	68.72	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.211981	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.206290	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.206290	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	7,251,482	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)	-3.84	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)	7,251,482	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)	72,675,463	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	72,675,463	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,145,253	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0117)  
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)	3,600,251	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)	82,420,967	59
60	PRIMARY PAYER PAYMENTS	21,366	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	82,399,601	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,499,652	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	443,764	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	596,027	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	417,219	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	436,287	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	76,873,404	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)	76,873,404	71
72	INTERIM PAYMENTS	77,203,822	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-330,418	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		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







ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0117) [ ] 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		72,618,969		18,294,066	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.		4,134,639		1,042,064	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						
	.01				3.01	
	.02	03/04/2011	291,618	03/04/2011	70,550	3.02
PROGRAM	.03	06/03/2011	158,596	06/03/2011	4,573	3.03
TO	.04					3.04
PROVIDER	.05					3.05
	.06					3.06
	.07					3.07
	.08					3.08
	.09					3.09
	.50		NONE		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)		450,214		75,123		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		77,203,822		19,411,253	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		NONE		NONE	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		NONE		NONE	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 .01					6.01
	PROVIDER .01					6.01
	PROVIDER .01					6.01
	TO .02					6.02
	PROGRAM .02		-77,203,822			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						
						19,523,536
						7

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

DATE:





PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/31/2012 08:55

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0117) [ ] CAH  
APPLICABLE BOX

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	12,487	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	37,642	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,040	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	56,658	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	992,369,959	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	44,499,026	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)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IRF (14-T117)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	14,237,029	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.008900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	202,408	3
4	OUTLIER PAYMENTS	55,789	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	38.301370	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	14,495,226	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	14,495,226	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	14,495,226	19
20	DEDUCTIBLES	42,376	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	14,452,850	21
22	COINSURANCE	108,652	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	14,344,198	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	14,129	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9,890	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	14,129	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	14,354,088	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	14,354,088	32
33	INTERIM PAYMENTS	14,328,170	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	25,918	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	9,363,932 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	9,363,932 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	1,756,664 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	114,192 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	114,192 9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	114,192 10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	7,721,460 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (ADJ. PENDING CORRECT SNF PS & R)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	7,721,460 15
16	INTERIM PAYMENTS	7,607,268 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	114,192 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0117) [ ] 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	5,087,769 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,087,769 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,087,769 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 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	5,087,769 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	5,087,769 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 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	5,087,769 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	5,087,769 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
BOXES: [XX] IRF (14-T117) [ ] 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	207,557 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	207,557 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	207,557 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 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	207,557 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	207,557 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 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	207,557 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	207,557 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	48.41		1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)	18.00		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	3.50		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	69.91		5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	68.45		6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	68.45		7
			PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	37.42	31.03	68.45 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	37.42	31.03	68.45 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	37.42	31.03	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	19.67	47.82	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	19.52	50.81	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	25.54	43.22	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	25.54	43.22	17
18	PER RESIDENT AMOUNT	88,349.94	88,349.94	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,256,457	3,818,484	6,074,941 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			6,074,941 25
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	48,926	2,057	26
27	TOTAL INPATIENT DAYS	70,638	70,638	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.692630	0.029120	28
29	PROGRAM DIRECT GME AMOUNT	4,207,686	176,902	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		24,996	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			4,359,592 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			10,713,346 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			111,201,033 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			21,366 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			111,179,667 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			23,453,167 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			3,885 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			23,449,282 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			134,628,949 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.825823 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.174177 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,359,592 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,600,251 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			759,341 50

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

WORKSHEET E-4

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

		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	7,145		26
27	TOTAL INPATIENT DAYS	70,638		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.101150		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR NURSING/ALLIED HEALTH			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,238,560			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	28,360,251			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	3,482,811			7
8 PREPAID EXPENSES	4,335,894			8
9 OTHER CURRENT ASSETS	2,161,536			9
10 DUE FROM OTHER FUNDS	377,223,654			10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	418,802,706			11
FIXED ASSETS				
12 LAND				12
13 LAND IMPROVEMENTS				13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS				15
16 ACCUMULATED DEPRECIATION				16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT	107,275,784			19
20 ACCUMULATED DEPRECIATION	-85,407,352			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT				23
24 ACCUMULATED DEPRECIATION				24
25 MINOR EQUIPMENT DEPRECIABLE				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)	21,868,432			30
OTHER ASSETS				
31 INVESTMENTS	159,028,470			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	214,317			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	159,242,787			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	599,913,925			36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	28,206,836			37
38 SALARIES, WAGES & FEES PAYABLE	64,443,654			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				43
44 OTHER CURRENT LIABILITIES	20,984,583			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	113,635,073			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	214,972,748			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	214,972,748			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	328,607,821			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	271,306,104			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)	271,306,104			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	599,913,925			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		270,108,700							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		1,197,404							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		271,306,104							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN MIN PENSION LIABIL									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)		271,306,104							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFERS									13
14 OTHER									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		271,306,104							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	187,398,907		187,398,907	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	187,398,907		187,398,907	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	187,398,907		187,398,907	18
19 ANCILLARY SERVICES	463,700,425	378,217,796	841,918,221	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	651,099,332	378,217,796	1,029,317,128	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		271,247,964	29
30 ADD (SPECIFY)			30
31 BAD DEBTS - RMC	14,242,872		31
32 BAD DEBTS - RNRC	828,849		32
33 MEDICAID ASSESSMENT	6,818,916		33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		21,890,637	36
37 DEDUCT (SPECIFY)	-4,894		37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-4,894		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		293,133,707	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,029,317,128	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	748,993,273	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	280,323,855	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	293,133,707	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-12,809,852	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	29,961	6
7	INCOME FROM INVESTMENTS	9,433,819	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	175,423	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	1,156,912	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	12,759	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 (MISC DIETARY INCOME)		24
24.01	OTHER (CONTRACTED SERVICE REVENUE)		24.01
24.02	OTHER (FITNESS CENTER)	58,442	24.02
24.03	OTHER (RENTAL OF SPACE)	523,379	24.03
24.04	OTHER (PHASE 3 CARDIAC REHAB)	90,923	24.04
24.05	OTHER (NET ASSETS RELEASED)	503,982	24.05
24.06	OTHER (CHILD CARE CENTER)	856,127	24.06
24.07	OTHER (MISC)	1,165,529	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	14,007,256	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,197,404	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)	1,197,404	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2335

WORKSHEET I-1

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	800,134	HOURS OF SERVICE	18,833.00	9.05	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	112,790	HOURS OF SERVICE	6,249.00	3.00	4
5 SOCIAL WORKERS	35,543	HOURS OF SERVICE	1,440.00	0.69	5
6 DIETICIANS	32,471	HOURS OF SERVICE	1,248.00	0.60	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	112,748	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,093,686				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	528,946	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,622,632				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	44,000	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	27,184	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	23,959	SALARY			20
21 ADMINISTRATIVE AND GENERAL	453,597	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	143,739	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY		REQUISITIONS			25
26 OTHER ALLOCATED COSTS	47,257	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	2,362,368				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	2,362,368				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2335

WORKSHEET I-2

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT RNs	PATIENT CARE	SALARY OTHER	EMPLOYEE BENEFITS	DRUGS
	BUILDING	EQUIPMENT					
	1	2	3	4	5	6	
1 TOTAL RENAL DEPT COSTS	187,739	27,184	800,134	180,804	23,959		1
2 MAINTENANCE							
3 HEMODIALYSIS	156,757	22,698	668,088	150,972	20,005		2
4 INTERMITTENT PERITONEAL TRAINING							3
5 HEMODIALYSIS							4
6 INTERMITTENT PERITONEAL							5
7 CAPD							6
8 CCPD							7
9 HOME HEMODIALYSIS							8
10 INTERMITTENT PERITONEAL							9
11 CAPD							10
12 CCPD							11
13 OTHER BILLABLE SERVICES							
14 INPATIENT DIALYSIS	30,982	4,486	132,046	29,832	3,954		12
15 METHOD II HOME PATIENT							13
16 EPO (INCL IN RENAL DEPT)							14
17 ARANESP (INCL IN RENAL DEPT)							15
18 OTHER							16
19 TOTAL (SUM OF LINES 2-16)	187,739	27,184	800,134	180,804	23,959		17
20 MEDICAL EDUC PGM COSTS							18
21 TOTAL RENAL COSTS (LINES 17+18)							19

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2335

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL. 9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE			1,219,820	1,142,548	2,362,368	1
2 HEMODIALYSIS			1,018,520	954,000	1,972,520	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
HOME						
8 HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS			201,300	188,548	389,848	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)			1,219,820	1,142,548	2,362,368	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					2,362,368	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2335

WORKSHEET I-3

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [   ] HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)				
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	187,739	27,184	800,134	180,804	23,959	1
	MAINTENANCE						
2	HEMODIALYSIS	3,137	17,835.00	15,725.00	10,324.00	913,207	2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS 1,736	620	3,525.00	3,108.00	2,040.00	180,479	
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	3,757	21,360.00	18,833.00	12,364.00	1,093,686	17
18	UNIT COST MULTIPLIER	49.970455	1.272659	42.485743	14.623423	0.021907	18
	(LINE 1 ÷ LINE 17)						

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 PERIOD FROM 07/01/2010 TO 06/30/2011

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2335

WORKSHEET I-3  
 (CONTINUED)

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE				1,219,820	1,142,548	1
2 HEMODIALYSIS	432,492	276,378				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS 1,736	85,474	54,621				13
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	517,966	330,999			1,219,820	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)					0.936653	18

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 PERIOD FROM 07/01/2010 TO 06/30/2011

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2335

WORKSHEET I-4

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST 1-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	8,784	1,972,520	224.56	8,056	1,809,055	1,633,145	202.72	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	8,784	1,972,520		8,056	1,809,055	1,633,145		11

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2335

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,809,055	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	1,633,145	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	2,590	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	326,109	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	9,932	5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9,932	7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	318,767	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	1,304,444	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	185,844	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)	9,932	11

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-011) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	5,263,177	1
2	CAPITAL DRG OUTLIER PAYMENTS	40,494	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	155.23	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	68.72	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1331	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	700,529	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0163	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1142	8
9	SUM OF LINES 7 AND 8	0.1305	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0268	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	141,053	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,145,253	12

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	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	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
5.10	NON PATIENT PHONES				5.10
5.20	DATA PROCESSING				5.20
5.30	PURCHASING AND STORES				5.30
5.50	CASHIERS AR AND COLLECTIONS				5.50
5.60	ADMINISTRATION & GENERAL				5.60
5.90	RNP ADMINISTRATION				5.90
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT				7
7.01	ELECTRICITY				7.01
7.02	RNP OPERATION OF PLANT				7.02
8	LAUNDRY & LINEN SERVICE				8
8.01	RNP LAUNDRY				8.01
9	HOUSEKEEPING				9
9.01	RNP HOSUEKEEPING				9.01
10	DIETARY				10
10.01	RNP DIETARY				10.01
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
17.01	RNP SOCIAL SERVICE				17.01
19	NONPHYSICIAN ANESTHETISTS				19
20	NURSING SCHOOL				20
21	I&R SRVCES-SALARY & FRINGES AP				21
22	I&R SRVCES-OTHER PRGM COSTS AP				22
23	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
41	SUBPROVIDER - IRF				41
43	NURSERY				43
44	SKILLED NURSING FACILITY				44
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
55	RADIOLOGY-THERAPEUTIC				55
56	RADIOISOTOPE				56
59	CARDIAC CATHETERIZATION				59
60	LABORATORY				60
62	WHOLE BLOOD & PCKD RED BLOOD C				62
62.30	BLOOD CLOTTING FOR HEMOPHILIAC				62.30
65	RESPIRATORY THERAPY				65
66	PHYSICAL THERAPY				66
66.01	RNRC PHYSICAL THERAPY				66.01
66.02	DAY RHABILITATION FACILITY				66.02
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY				69
70	ELECTROENCEPHALOGRAPHY				70
70.01	ELECTROPHYSIOLOGY				70.01
71	MEDICAL SUPPLIES CHRGED TO PAT				71
72	IMPL. DEV. CHARGED TO PATIENT				72
73	DRUGS CHARGED TO PATIENTS				73
73.01	WELLNESS PROGRAM				73.01
74	RENAL DIALYSIS				74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC				90
91	EMERGENCY				91
91.01	FAMILY PRACTICE CENTER				91.01
91.02	SOCIAL SERVICE-PSYCH				91.02
92	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS					

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/31/2012 08:55

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
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
194 OTHER					194
194.05 NON EMPLOYEE CHILD CARE					194.05
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