

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: _____ TIME: _____
 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 HOLY CROSS HOSPITAL (14-0133) (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		513,707	45,232		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		141,009			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		654,716	45,232		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: 2701 WEST 68TH STREET
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60629

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	14-0133	16974	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T133	16974	5	07/01/2000	N	P	P	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011				20
21	TYPE OF CONTROL				1				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.							1	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.	12,567	63			519	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.	779					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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	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
INPATIENT PSYCHIATRIC FACILITY PPS				
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
INPATIENT REHABILITATION FACILITY PPS				
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
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
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
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
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	Y Y Y N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	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.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		24,000,000 32,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	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

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	N		140
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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:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	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.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

155	HOSPITAL	1	2	
156	SUBPROVIDER - IPF	N	N	155
157	SUBPROVIDER - IRF	N	N	156
158	SUBPROVIDER - (OTHER)	N	N	157
159	SNF	N	N	158
160	HHA	N	N	159
161	CMHC	N	N	160

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(m)? 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	2	1	2	3	
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	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	
4	5	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	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	7	1	2	3	
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.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
16	17	Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	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	11/30/2011	Y	11/30/2011
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 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200		47,077,251	1,619,771.00	29.06	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A						4
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						10
	OTHER WAGES & RELATED COSTS	2,216,047	10,136	2,226,183	71,737.00	31.03	
11	CONTRACT LABOR (SEE INSTRUCTIONS)	3,552,349		3,552,349	53,497.90	66.40	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A	124,583		124,583	1,505.00	82.78	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)	8,133,289		8,133,289			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	390,568		390,568			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS	903,538	-426,280	477,258	15,662.00	30.47	26
27	ADMINISTRATIVE & GENERAL	6,854,577	426,280	7,280,857	203,403.00	35.80	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	207,627		207,627	609.73	340.52	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT	1,957,265		1,957,265	86,902.00	22.52	30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING	952,959		952,959	74,235.00	12.84	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)	66,951		66,951	2,228.00	30.05	33
34	DIETARY	732,514	-330,410	402,104	30,541.00	13.17	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		320,274	320,274	24,326.00	13.17	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION	621,410		621,410	14,726.00	42.20	38
39	CENTRAL SERVICES AND SUPPLY	238,710		238,710	14,061.00	16.98	39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,564,009		1,564,009	64,771.00	24.15	41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	47,351,829		47,351,829	1,622,608.7	29.18	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,216,047	10,136	2,226,183	71,737.00	31.03	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	45,135,782	-10,136	45,125,646	1,550,871.7	29.10	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	3,676,932		3,676,932	55,002.90	66.85	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	8,133,289		8,133,289		18.02%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	56,946,003	-10,136	56,935,867	1,605,874.6	35.45	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	14,099,560	-10,136	14,089,424	531,464.73	26.51	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	248,653	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	171,024	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	46,267	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	3,654,083	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	153,095	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	105,849	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	181,616	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	545,715	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	3,285,037	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	92,917	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	39,601	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	8,523,857	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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
01/24/2012 09:10

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL	3,552,349	2
3	SUBPROVIDER - IPF	3,552,349	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET 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)				0.288195	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				17,646,103	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				19,354,510	5
6	MEDICAID CHARGES				98,955,178	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				28,518,388	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				434,766	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
			UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
			1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY		26,720,839		26,720,839	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)		7,700,812		7,700,812	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE					22
23	COST OF CHARITY CARE		7,700,812		7,700,812	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)				11,944,519	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,459,152	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				10,485,367	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				3,021,830	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				10,722,642	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				10,722,642	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		2,095,056	2,095,056	104,019	1
2	00200		3,349,402	3,349,402	279,129	2
3	00300					3
4	00400	903,538	5,492,431	6,395,969	-694,373	4
5.01	00540	233,982	201,321	435,303		5.01
5.02	00550	502,592	727,138	1,229,730		5.02
5.03	00560	291,385	23,221	314,606		5.03
5.04	00580	1,418,058	609,435	2,027,493		5.04
5.05	00590	4,408,560	13,122,581	17,531,141	465,771	5.05
6	00600					6
7	00700	1,957,265	4,029,425	5,986,690		7
8	00800		880,484	880,484		8
9	00900	952,959	536,944	1,489,903		9
10	01000	732,514	1,059,923	1,792,437	-808,502	10
11	01100				783,700	11
12	01200					12
13	01300	621,410	160,751	782,161	-89,334	13
14	01400	238,710	129,628	368,338		14
15	01500					15
16	01600	1,564,009	877,680	2,441,689		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	9,481,517	2,241,491	11,723,008	132,667	30
31	03100	3,363,864	1,074,091	4,437,955	81,250	31
41	04100	1,047,736	2,100,780	3,148,516	-1,024,578	41
43	04300					43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,316,488	3,074,587	4,391,075	-1,630,511	50
51	05100	390,214	51,644	441,858	-5,490	51
52	05200	2,039,116	645,398	2,684,514	-61,797	52
53	05300		1,665,920	1,665,920		53
54	05400	1,649,792	340,586	1,990,378	-9,496	54
54.02	03630	545,565	48,511	594,076	-3,397	54.02
56	05600	268,879	274,908	543,787		56
57	05700	481,742	623,012	1,104,754	-48,720	57
59	05900	300,962	742,792	1,043,754	-478,192	59
60	06000	1,922,611	2,864,117	4,786,728		60
62.30	06250					62.30
65	06500	1,229,178	378,194	1,607,372	-165,227	65
66	06600	125,915	331,382	457,297	439,228	66
67	06700		4,916	4,916	437,422	67
68	06800	59,111	5,060	64,171	145,247	68
69	06900	503,226	148,455	651,681		69
70	07000	39,859	5,826	45,685		70
70.01	03950					70.01
71	07100				1,425,549	71
72	07200				1,725,784	72
73	07300	1,277,248	3,232,407	4,509,655		73
74	07400	346,121	145,781	491,902	-50,065	74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,173,710	461,674	1,635,384	-695,757	90
91	09100	4,521,104	3,413,383	7,934,487		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
100	10000		773,005	773,005		100
SPECIAL PURPOSE COST CENTERS						
113	11300		279,129	279,129	-279,129	113
118		45,908,940	58,222,469	104,131,409	-24,802	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
190.01	19001				24,802	190.01
192	19200	1,168,311	303,342	1,471,653		192
194	07950					194
200		47,077,251	58,525,811	105,603,062		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	2,199,075		2,199,075	1
2	00200	3,628,531	-253,390	3,375,141	2
3	00300				3
4	00400	5,701,596	-71,616	5,629,980	4
5.01	00540	435,303	-14,474	420,829	5.01
5.02	00550	1,229,730		1,229,730	5.02
5.03	00560	314,606		314,606	5.03
5.04	00580	2,027,493	-21,783	2,005,710	5.04
5.05	00590	17,996,912	-2,271,195	15,725,717	5.05
6	00600				6
7	00700	5,986,690		5,986,690	7
8	00800	880,484		880,484	8
9	00900	1,489,903		1,489,903	9
10	01000	983,935	-50,891	933,044	10
11	01100	783,700	-292,215	491,485	11
12	01200				12
13	01300	692,827		692,827	13
14	01400	368,338		368,338	14
15	01500				15
16	01600	2,441,689	-10,035	2,431,654	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	11,855,675	-8,319	11,847,356	30
31	03100	4,519,205		4,519,205	31
41	04100	2,123,938		2,123,938	41
43	04300				43
ANCILLARY SERVICE COST CENTERS					
50	05000	2,760,564	-3,980	2,756,584	50
51	05100	436,368		436,368	51
52	05200	2,622,717	-356,256	2,266,461	52
53	05300	1,665,920	-1,665,920		53
54	05400	1,980,882	-304,089	1,676,793	54
54.02	03630	590,679		590,679	54.02
56	05600	543,787		543,787	56
57	05700	1,056,034		1,056,034	57
59	05900	565,562		565,562	59
60	06000	4,786,728		4,786,728	60
62.30	06250				62.30
65	06500	1,442,145		1,442,145	65
66	06600	896,525		896,525	66
67	06700	442,338		442,338	67
68	06800	209,418		209,418	68
69	06900	651,681		651,681	69
70	07000	45,685		45,685	70
70.01	03950				70.01
71	07100	1,425,549		1,425,549	71
72	07200	1,725,784		1,725,784	72
73	07300	4,509,655		4,509,655	73
74	07400	441,837		441,837	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	939,627		939,627	90
91	09100	7,934,487	-986,257	6,948,230	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
100	10000	773,005	-773,005		100
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		104,106,607	-7,083,425	97,023,182	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
190.01	19001	24,802		24,802	190.01
192	19200	1,471,653		1,471,653	192
194	07950				194
200		105,603,062	-7,083,425	98,519,637	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 TO RECLASS CAFETERIA COSTS	B	CAFETERIA	11	320,274	463,426	1
2		SISTERS & PRIESTS MAINTENANCE	190.01	10,136	14,666	2
500 TOTAL RECLASSIFICATIONS				330,410	478,092	500
CODE LETTER - B						
1 TO RECLASS CLINITRON BEDS EXP	C	ADULTS & PEDIATRICS	30		89,334	1
500 TOTAL RECLASSIFICATIONS					89,334	500
CODE LETTER - C						
1 TO RECLASS INTEREST EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2		279,129	1
500 TOTAL RECLASSIFICATIONS					279,129	500
CODE LETTER - D						
1 TO RECLASS INSURANCE COSTS	E	CAP REL COSTS-BLDG & FIXT	1		104,019	1
500 TOTAL RECLASSIFICATIONS					104,019	500
CODE LETTER - E						
1 MEDICAL SUPPLY RECLASS	F	MEDICAL SUPPLIES CHRGED TO PA	71		1,425,549	1
2		IMPL. DEV. CHARGED TO PATIENT	72		1,725,784	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
500 TOTAL RECLASSIFICATIONS					3,151,333	500
CODE LETTER - F						
1 RECLASS A&G EXPENSES	G	OTHER ADMINISTRATIVE & GENERA	5.05	426,280	268,093	1
500 TOTAL RECLASSIFICATIONS				426,280	268,093	500
CODE LETTER - G						
1 RECLASS ONE DAY SURGERY COSTS	J	OPERATING ROOM	50	534,213	100,555	1
500 TOTAL RECLASSIFICATIONS				534,213	100,555	500
CODE LETTER - J						
1 RECLASS THERAPY COSTS	K	PHYSICAL THERAPY	66		441,909	1
2		OCCUPATIONAL THERAPY	67		437,422	2
3		SPEECH PATHOLOGY	68		145,247	3
500 TOTAL RECLASSIFICATIONS					1,024,578	500
CODE LETTER - K						
1 RECLASS DIRECTORSHIP COSTS	L	ADULTS & PEDIATRICS	30		43,333	1
2		INTENSIVE CARE UNIT	31		81,250	2
500 TOTAL RECLASSIFICATIONS					124,583	500
CODE LETTER - L						
GRAND TOTAL (INCREASES)				1,290,903	5,619,716	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 TO RECLASS CAFETERIA COSTS	B	DIETARY	10	320,274	463,426	1
2		DIETARY	10	10,136	14,666	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				330,410	478,092	500
1 TO RECLASS CLINITRON BEDS EXP	C	NURSING ADMINISTRATION	13		89,334	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					89,334	500
1 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	113		279,129	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					279,129	500
1 TO RECLASS INSURANCE COSTS	E	OTHER ADMINISTRATIVE & GENERA	5.05		104,019	12 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					104,019	500
1 MEDICAL SUPPLY RECLASS	F	RENAL DIALYSIS	74		50,065	1
2		RESPIRATORY THERAPY	65		165,227	2
3		OPERATING ROOM	50		2,265,279	3
4		RECOVERY ROOM	51		5,490	4
5		CLINIC	90		60,989	5
6		CARDIAC CATHETERIZATION	59		478,192	6
7		RADIOLOGY-DIAGNOSTIC	54		9,496	7
8		COMPUTED TOMOGRAPHY (CT) SCAN	57		48,720	8
9		PHYSICAL THERAPY	66		2,681	9
10		DELIVERY ROOM & LABOR ROOM	52		61,797	10
11		ULTRASOUND	54.02		3,397	11
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					3,151,333	500
1 RECLASS A&G EXPENSES	G	EMPLOYEE BENEFITS	4	426,280	268,093	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				426,280	268,093	500
1 RECLASS ONE DAY SURGERY COSTS	J	CLINIC	90	534,213	100,555	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				534,213	100,555	500
1 RECLASS THERAPY COSTS	K	SUBPROVIDER - IRF	41		1,024,578	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					1,024,578	500
1 RECLASS DIRECTORSHIP COSTS	L	OTHER ADMINISTRATIVE & GENERA	5.05		43,333	1
2		OTHER ADMINISTRATIVE & GENERA	5.05		81,250	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					124,583	500
GRAND TOTAL (DECREASES)				1,290,903	5,619,716	

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	1,337,233					1,337,233	1
2 LAND IMPROVEMENTS	1,530,991					1,530,991	2
3 BUILDINGS AND FIXTURES	52,105,234	852,390		852,390		52,957,624	3
4 BUILDING IMPROVEMENTS	133,200				133,200		4
5 FIXED EQUIPMENT	24,830,645	229,235		229,235		25,059,880	5
6 MOVABLE EQUIPMENT	50,787,415	1,084,106		1,084,106	1,193,236	50,678,285	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	130,724,718	2,165,731		2,165,731	1,326,436	131,564,013	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	130,724,718	2,165,731		2,165,731	1,326,436	131,564,013	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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	2,095,056						2,095,056 1
2 CAP REL COSTS-MVBLE EQUIP	3,349,402						3,349,402 2
3 TOTAL (SUM OF LINES 1-2)	5,444,458						5,444,458 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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 (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	80,885,728		80,885,728	0.614801				1
2 CAP REL COSTS-MVBLE EQUIP	50,678,285		50,678,285	0.385199				2
3 TOTAL (SUM OF LINES 1-2)	131,564,013		131,564,013	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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	2,095,056			104,019			2,199,075 1
2 CAP REL COSTS-MVBLE EQUIP	3,288,838		86,303				3,375,141 2
3 TOTAL	5,383,894		86,303	104,019			5,574,216 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-192,826	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-14,474	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	B	-103,066	OTHER ADMINISTRATIVE & GENERAL	5.05	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,503,338			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-3,811	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-292,215	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
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	B	-10,035	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-50,891	DIETARY	10	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		PHYSICAL THERAPY	66	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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 OFFSET OTHER REVENUE TO ADMIN	B	-151,110	OTHER ADMINISTRATIVE & GENERAL	5.05	33
34 OFFSET MISC INCOME	B	-21,783	BUSINESS OFFICE	5.04	34
35 OFFSET HCHP SVC ALLOCATION	B	-71,782	EMPLOYEE BENEFITS	4	35
36 EMPLOYEE HEALTH	B	166	EMPLOYEE BENEFITS	4	36
37 OFFSET MARKETING EXPENSES	A	-12,012	OTHER ADMINISTRATIVE & GENERAL	5.05	37
38 OFFSET UIC PHYSICIAN SVCS	A	-541	OTHER ADMINISTRATIVE & GENERAL	5.05	38
39 REMOVE LOBBYING FEES	A	-160,417	OTHER ADMINISTRATIVE & GENERAL	5.05	39
40 OFFSET GRANT EXPENSES	A	-160,763	OTHER ADMINISTRATIVE & GENERAL	5.05	40
41 REMOVE FOUNDATION EXPENSE	A	-56,783	OTHER ADMINISTRATIVE & GENERAL	5.05	41
42 OFFSET DIRECT MARKETING COSTS	A	-4,000	OTHER ADMINISTRATIVE & GENERAL	5.05	42
43 REMOVE VOLUNTEER MEAL EXP	A	-1,631	OTHER ADMINISTRATIVE & GENERAL	5.05	43
43.01 REMOVE CONTRACT MEDICAL FEES	A	-265,573	OTHER ADMINISTRATIVE & GENERAL	5.05	43.01
43.02 REMOVE PHYSICIAN CALL CENTER EXP	A	-41,985	OTHER ADMINISTRATIVE & GENERAL	5.05	43.02
43.03 OFFSET PHYSICIAN COSTS	A	-2,250	OTHER ADMINISTRATIVE & GENERAL	5.05	43.03
43.04 OFFSET ED DIVERSION INCOME	B	-116,245	EMERGENCY	91	43.04
43.06 OFFSET ARCHER BLDG EXPENSES	A	-91,809	OTHER ADMINISTRATIVE & GENERAL	5.05	43.06
43.08 OFFSET AHA PORTION OF LOBBYING DUE	A	-5,494	OTHER ADMINISTRATIVE & GENERAL	5.05	43.08
43.09 OFFSET CONTRIBUTIONS MADE	A	-15,925	OTHER ADMINISTRATIVE & GENERAL	5.05	43.09
43.10 OFFSET NONALLOWABLE EXPENSES	A	-16,251	OTHER ADMINISTRATIVE & GENERAL	5.05	43.10
43.12 OFFSET TELEMETRY DEPR EX	A	-60,564	CAP REL COSTS-MVBLE EQUIP	2	9 43.12
44 REMOVE PHYSICIAN MALP COSTS	A	-103,400	OTHER ADMINISTRATIVE & GENERAL	5.05	44
45 REMOVE HOUSE PHYSICIANS	A	-773,005	I&R SERVICES-NOT APPRVD PRGM	100	45
46 OFFSET LEGAL FEES	A	-779,612	OTHER ADMINISTRATIVE & GENERAL	5.05	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-7,083,425			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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

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

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

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

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

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	91 EMERGENCY	870,012	870,012						1
2	60 LABORATORY	12,000		12,000	215,700	208	21,570	1,079	2
3	53 ANESTHESIOLOGY	1,665,920	1,665,920						3
4	50 OPERATING ROOM	3,980	3,980						4
5	52 DELIVERY ROOM & LABOR RO	356,256	356,256						5
6	54 RADIOLOGY-DIAGNOSTIC	300,278	300,278						6
7	5.05 OTHER ADMINISTRATIVE & G	33,000	33,000						7
8	5.05 OTHER ADMINISTRATIVE & G	265,573	265,573						8
9	30 ADULTS & PEDIATRICS	43,333		43,333	177,200	411	35,014	1,751	9
10	31 INTENSIVE CARE UNIT	81,250		81,250	177,200	1,094	93,200	4,660	10
200	TOTAL	3,631,602	3,495,019	136,583		1,713	149,784	7,490	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	91 EMERGENCY							870,012	1
2	60 LABORATORY					21,570			2
3	53 ANESTHESIOLOGY							1,665,920	3
4	50 OPERATING ROOM							3,980	4
5	52 DELIVERY ROOM & LABOR RO							356,256	5
6	54 RADIOLOGY-DIAGNOSTIC							300,278	6
7	5.05 OTHER ADMINISTRATIVE & G							33,000	7
8	5.05 OTHER ADMINISTRATIVE & G							265,573	8
9	30 ADULTS & PEDIATRICS					35,014	8,319	8,319	9
10	31 INTENSIVE CARE UNIT					93,200			10
200	TOTAL					149,784	8,319	3,503,338	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,199,075	2,199,075				1
2 CAP REL COSTS-MVBLE EQUIP	3,375,141		3,375,141			2
4 EMPLOYEE BENEFITS	5,629,980	18,783	379	5,649,142		4
5.01 COMMUNICATIONS	420,829	2,318	73,920	28,365	525,432	5.01
5.02 DATA PROCESSING	1,229,730	13,191	685,233	60,927	12,806	5.02
5.03 PURCHASING	314,606	9,133	84	35,323	7,203	5.03
5.04 BUSINESS OFFICE	2,005,710	19,214	581	171,905	28,813	5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	15,725,717	324,702	15,370	586,108	136,863	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,986,690	127,434	44,012	237,271	19,609	7
8 LAUNDRY & LINEN SERVICE	880,484	138,204				8
9 HOUSEKEEPING	1,489,903			115,523		9
10 DIETARY	933,044	85,447	12,555	48,745	9,204	10
11 CAFETERIA	491,485	64,734		38,826		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	692,827	9,995	154,514	75,331	800	13
14 CENTRAL SERVICES & SUPPLY	368,338	51,956	208,726	28,938	4,402	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,431,654	20,076	4,779	189,599	32,014	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,847,356	384,568	91,799	1,149,418	90,840	30
31 INTENSIVE CARE UNIT	4,519,205	107,100	37,423	407,788	8,404	31
41 SUBPROVIDER - IRF	2,123,938	57,901	11,241	127,013	12,405	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,756,584	109,021	285,774	224,353	34,815	50
51 RECOVERY ROOM	436,368	9,469	24,951	47,304		51
52 DELIVERY ROOM & LABOR ROOM	2,266,461	84,956	124,713	247,194		52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	1,676,793	117,568	636,232	199,998	36,816	54
54.02 ULTRASOUND	590,679	4,567	5,627	66,137		54.02
56 RADIOISOTOPE	543,787	9,909	87,365	32,595		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,056,034	8,789	123,265	58,400		57
59 CARDIAC CATHETERIZATION	565,562		141,007	36,484	2,801	59
60 LABORATORY	4,786,728	74,961	65,270	233,070	16,807	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	1,442,145	13,700	66,338	149,008	4,402	65
66 PHYSICAL THERAPY	896,525	38,428	1,916	15,264		66
67 OCCUPATIONAL THERAPY	442,338	16,198				67
68 SPEECH PATHOLOGY	209,418	12,924	235	7,166		68
69 ELECTROCARDIOLOGY	651,681	13,355	105,344	61,004		69
70 ELECTROENCEPHALOGRAPHY	45,685	16,216	2,982	4,832		70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,425,549					71
72 IMPL. DEV. CHARGED TO PATIENT	1,725,784					72
73 DRUGS CHARGED TO PATIENTS	4,509,655	19,386	177,982	154,836	8,804	73
74 RENAL DIALYSIS	441,837		17,403	41,959		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	939,627	25,952	90,782	77,524	800	90
91 EMERGENCY	6,948,230	123,643	65,652	548,075	23,210	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	97,023,182	2,133,798	3,363,454	5,506,283	491,818	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,492			800	190
190.01 SISTERS & PRIESTS MAINTENANCE	24,802			1,229		190.01
192 PHYSICIANS' PRIVATE OFFICES	1,471,653	32,311	11,687	141,630	32,814	192
194 SEASON HOSPICE		17,474				194

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	98,519,637	2,199,075	3,375,141	5,649,142	525,432	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASING 5.03	BUSINESS OFFICE 5.04	SUBTOTAL (COLS. 0-4) 4A	OTHER ADMIN AND GENERAL 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING	2,001,887					5.02
5.03 PURCHASING	22,674	389,023				5.03
5.04 BUSINESS OFFICE	380,583	44	2,606,850			5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	489,605	3,303		17,281,668	17,281,668	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,690	6,771		6,442,477	1,370,502	7
8 LAUNDRY & LINEN SERVICE				1,018,688	216,704	8
9 HOUSEKEEPING				1,605,426	341,521	9
10 DIETARY	4,001	27,897		1,120,893	238,446	10
11 CAFETERIA				595,045	126,583	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,431	1		934,899	198,880	13
14 CENTRAL SERVICES & SUPPLY	12,452	642		675,454	143,689	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	121,760	13		2,799,895	595,619	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	242,461	19,841	325,928	14,152,211	3,010,581	30
31 INTENSIVE CARE UNIT	50,982	10,722	81,561	5,223,185	1,111,123	31
41 SUBPROVIDER - IRF	19,171	1,056	40,093	2,392,818	509,022	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,792	98,009	92,030	3,613,378	768,670	50
51 RECOVERY ROOM		698	16,502	535,292	113,872	51
52 DELIVERY ROOM & LABOR ROOM	26,059	4,149	23,905	2,777,437	590,841	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	57,243	1,039	118,811	2,844,500	605,108	54
54.02 ULTRASOUND		257	65,471	732,738	155,875	54.02
56 RADIOISOTOPE	9,112	7,155	41,690	731,613	155,635	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,968	213,081	1,461,537	310,911	57
59 CARDIAC CATHETERIZATION		19,743	54,560	820,157	174,471	59
60 LABORATORY		2,559	484,968	5,664,363	1,204,974	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	12,091	7,914	211,458	1,907,056	405,686	65
66 PHYSICAL THERAPY	6,245	134	30,858	989,370	210,468	66
67 OCCUPATIONAL THERAPY	1,577		14,076	474,189	100,874	67
68 SPEECH PATHOLOGY	3,289	18	4,371	237,421	50,506	68
69 ELECTROCARDIOLOGY	33,544	2,844	109,874	977,646	207,974	69
70 ELECTROENCEPHALOGRAPHY		78	4,187	73,980	15,738	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			57,816	1,483,365	315,555	71
72 IMPL. DEV. CHARGED TO PATIENT			42,089	1,767,873	376,078	72
73 DRUGS CHARGED TO PATIENTS	86,103	121,050	219,163	5,296,979	1,126,821	73
74 RENAL DIALYSIS	3,426	2,826	10,015	517,466	110,080	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	63,830	9,158	70,461	1,278,134	271,896	90
91 EMERGENCY	117,394	38,277	273,882	8,138,363	1,731,266	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,798,515	388,166	2,606,850	96,565,516	16,865,969	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	203,372			219,664	46,729	190
190.01 SISTERS & PRIESTS MAINTENANCE				26,031	5,538	190.01
192 PHYSICIANS' PRIVATE OFFICES		857		1,690,952	359,715	192
194 SEASON HOSPICE				17,474	3,717	194

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	SUBTOTAL (COLS. 0-4) 4A	OTHER ADMIN AND GENERAL 5.05	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,001,887	389,023	2,606,850	98,519,637	17,281,668	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,812,979					7
8 LAUNDRY & LINEN SERVICE	641,090	1,876,482				8
9 HOUSEKEEPING			1,946,947			9
10 DIETARY	396,364		107,601	1,863,304		10
11 CAFETERIA	300,281		81,517		1,103,426	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	46,363		12,586		13,725	13
14 CENTRAL SERVICES & SUPPLY	241,008		65,426		13,105	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	93,126		25,281		60,367	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,783,902	623,311	484,272	1,481,467	329,033	30
31 INTENSIVE CARE UNIT	496,804	174,923	134,867	173,250	79,209	31
41 SUBPROVIDER - IRF	268,586	87,760	72,913	208,587	34,390	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	505,717	473,044	137,287		54,066	50
51 RECOVERY ROOM	43,925	32,930	11,924		7,851	51
52 DELIVERY ROOM & LABOR ROOM	394,086	59,998	106,982		57,420	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	545,366	125,631	148,050		46,041	54
54.02 ULTRASOUND	21,183		5,751		12,814	54.02
56 RADIOISOTOPE	45,963		12,478		4,168	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	40,768		11,067		12,794	57
59 CARDIAC CATHETERIZATION					5,234	59
60 LABORATORY	347,723		94,396		67,849	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	63,549		17,252		36,968	65
66 PHYSICAL THERAPY	178,258	19,182	48,392		4,420	66
67 OCCUPATIONAL THERAPY	75,140		20,398			67
68 SPEECH PATHOLOGY	59,952		16,275		1,628	68
69 ELECTROCARDIOLOGY	61,951		16,818		19,560	69
70 ELECTROENCEPHALOGRAPHY	75,220		20,420		1,531	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	89,928		24,413		35,049	73
74 RENAL DIALYSIS					8,588	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	120,384		32,681		21,440	90
91 EMERGENCY	573,543	279,703	155,699		144,422	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	7,510,180	1,876,482	1,864,746	1,863,304	1,071,672	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,863		19,509			190
190.01 SISTERS & PRIESTS MAINTENANCE						190.01
192 PHYSICIANS' PRIVATE OFFICES	149,881		40,688		31,754	192
194 SEASON HOSPICE	81,055		22,004			194

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WORKSHEET B
PART I

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	7,812,979	1,876,482	1,946,947	1,863,304	1,103,426	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- 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
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,206,453				13
14 CENTRAL SERVICES & SUPPLY		1,138,682			14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY			3,574,288		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	536,432		446,880	22,848,089	30
31 INTENSIVE CARE UNIT	130,274		111,829	7,635,464	31
41 SUBPROVIDER - IRF	56,560		54,972	3,685,608	41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	88,921		126,182	5,767,265	50
51 RECOVERY ROOM	12,913		22,626	781,333	51
52 DELIVERY ROOM & LABOR ROOM	94,438		32,776	4,113,978	52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC			162,901	4,477,597	54
54.02 ULTRASOUND			89,767	1,018,128	54.02
56 RADIOISOTOPE			57,161	1,007,018	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			292,155	2,129,232	57
59 CARDIAC CATHETERIZATION			74,807	1,074,669	59
60 LABORATORY			664,976	8,044,281	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY			289,930	2,720,441	65
66 PHYSICAL THERAPY			42,310	1,492,400	66
67 OCCUPATIONAL THERAPY			19,300	689,901	67
68 SPEECH PATHOLOGY			5,993	371,775	68
69 ELECTROCARDIOLOGY			150,648	1,434,597	69
70 ELECTROENCEPHALOGRAPHY			5,741	192,630	70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		513,597	79,271	2,391,788	71
72 IMPL. DEV. CHARGED TO PATIENT		621,765	57,708	2,823,424	72
73 DRUGS CHARGED TO PATIENTS			300,494	6,873,684	73
74 RENAL DIALYSIS	14,124		13,732	663,990	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	35,263		96,609	1,856,407	90
91 EMERGENCY	237,528		375,520	11,636,044	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
100 I&R SERVICES-NOT APPRVD PRGM					100
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	1,206,453	1,135,362	3,574,288	95,729,743	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				357,765	190
190.01 SISTERS & PRIESTS MAINTENANCE				31,569	190.01
192 PHYSICIANS' PRIVATE OFFICES		3,320		2,276,310	192
194 SEASON HOSPICE				124,250	194

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,206,453	1,138,682	3,574,288	98,519,637	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	BUSINESS OFFICE		5.04
5.05	OTHER ADMINISTRATIVE & GENERAL		5.05
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	22,848,089	30
31	INTENSIVE CARE UNIT	7,635,464	31
41	SUBPROVIDER - IRF	3,685,608	41
43	NURSERY		43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	5,767,265	50
51	RECOVERY ROOM	781,333	51
52	DELIVERY ROOM & LABOR ROOM	4,113,978	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC	4,477,597	54
54.02	ULTRASOUND	1,018,128	54.02
56	RADIOISOTOPE	1,007,018	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,129,232	57
59	CARDIAC CATHETERIZATION	1,074,669	59
60	LABORATORY	8,044,281	60
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65	RESPIRATORY THERAPY	2,720,441	65
66	PHYSICAL THERAPY	1,492,400	66
67	OCCUPATIONAL THERAPY	689,901	67
68	SPEECH PATHOLOGY	371,775	68
69	ELECTROCARDIOLOGY	1,434,597	69
70	ELECTROENCEPHALOGRAPHY	192,630	70
70.01	SLEEP LAB		70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,391,788	71
72	IMPL. DEV. CHARGED TO PATIENT	2,823,424	72
73	DRUGS CHARGED TO PATIENTS	6,873,684	73
74	RENAL DIALYSIS	663,990	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	1,856,407	90
91	EMERGENCY	11,636,044	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
100	I&R SERVICES-NOT APPRVD PRGM		100
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	95,729,743	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	357,765	190
190.01	SISTERS & PRIESTS MAINTENANCE	31,569	190.01
192	PHYSICIANS' PRIVATE OFFICES	2,276,310	192
194	SEASON HOSPICE	124,250	194

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	98,519,637	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		18,783	379	19,162	19,162	4
5.01 COMMUNICATIONS		2,318	73,920	76,238	96	5.01
5.02 DATA PROCESSING		13,191	685,233	698,424	207	5.02
5.03 PURCHASING		9,133	84	9,217	120	5.03
5.04 BUSINESS OFFICE		19,214	581	19,795	583	5.04
5.05 OTHER ADMINISTRATIVE & GENERAL		324,702	15,370	340,072	1,987	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		127,434	44,012	171,446	804	7
8 LAUNDRY & LINEN SERVICE		138,204		138,204		8
9 HOUSEKEEPING					392	9
10 DIETARY		85,447	12,555	98,002	165	10
11 CAFETERIA		64,734		64,734	132	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		9,995	154,514	164,509	255	13
14 CENTRAL SERVICES & SUPPLY		51,956	208,726	260,682	98	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		20,076	4,779	24,855	643	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		384,568	91,799	476,367	3,906	30
31 INTENSIVE CARE UNIT		107,100	37,423	144,523	1,383	31
41 SUBPROVIDER - IRF		57,901	11,241	69,142	431	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		109,021	285,774	394,795	761	50
51 RECOVERY ROOM		9,469	24,951	34,420	160	51
52 DELIVERY ROOM & LABOR ROOM		84,956	124,713	209,669	838	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		117,568	636,232	753,800	678	54
54.02 ULTRASOUND		4,567	5,627	10,194	224	54.02
56 RADIOISOTOPE		9,909	87,365	97,274	111	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		8,789	123,265	132,054	198	57
59 CARDIAC CATHETERIZATION			141,007	141,007	124	59
60 LABORATORY		74,961	65,270	140,231	790	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		13,700	66,338	80,038	505	65
66 PHYSICAL THERAPY		38,428	1,916	40,344	52	66
67 OCCUPATIONAL THERAPY		16,198		16,198		67
68 SPEECH PATHOLOGY		12,924	235	13,159	24	68
69 ELECTROCARDIOLOGY		13,355	105,344	118,699	207	69
70 ELECTROENCEPHALOGRAPHY		16,216	2,982	19,198	16	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		19,386	177,982	197,368	525	73
74 RENAL DIALYSIS			17,403	17,403	142	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		25,952	90,782	116,734	263	90
91 EMERGENCY		123,643	65,652	189,295	1,858	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		2,133,798	3,363,454	5,497,252	18,678	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,492		15,492		190
190.01 SISTERS & PRIESTS MAINTENANCE					4	190.01
192 PHYSICIANS' PRIVATE OFFICES		32,311	11,687	43,998	480	192
194 SEASON HOSPICE		17,474		17,474		194

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PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)		2,199,075	3,375,141	5,574,216	19,162 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNI-	DATA	PURCHASING	BUSINESS	OTHER	
	CATIONS	PROCESSING		OFFICE	ADMIN AND	
	5.01	5.02	5.03	5.04	GENERAL	5.05
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	76,334					5.01
5.02 DATA PROCESSING	1,860	700,491				5.02
5.03 PURCHASING	1,046	7,934	18,317			5.03
5.04 BUSINESS OFFICE	4,186	133,172	2	157,738		5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	19,883	171,321	156		533,419	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,849	7,240	319		42,301	7
8 LAUNDRY & LINEN SERVICE					6,689	8
9 HOUSEKEEPING					10,541	9
10 DIETARY	1,337	1,400	1,314		7,360	10
11 CAFETERIA					3,907	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	116	501			6,139	13
14 CENTRAL SERVICES & SUPPLY	640	4,357	30		4,435	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,651	42,606	1		18,384	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,197	84,841	934	19,740	92,934	30
31 INTENSIVE CARE UNIT	1,221	17,839	505	4,940	34,295	31
41 SUBPROVIDER - IRF	1,802	6,708	50	2,428	15,711	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,058	4,476	4,615	5,574	23,725	50
51 RECOVERY ROOM			33	999	3,515	51
52 DELIVERY ROOM & LABOR ROOM		9,118	195	1,448	18,237	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	5,349	20,030	49	7,196	18,677	54
54.02 ULTRASOUND			12	3,965	4,811	54.02
56 RADIOISOTOPE		3,188	337	2,525	4,804	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			93	12,906	9,596	57
59 CARDIAC CATHETERIZATION	407		930	3,304	5,385	59
60 LABORATORY	2,442		121	29,222	37,192	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	640	4,231	373	12,807	12,522	65
66 PHYSICAL THERAPY		2,185	6	1,869	6,496	66
67 OCCUPATIONAL THERAPY		552		853	3,114	67
68 SPEECH PATHOLOGY		1,151	1	265	1,559	68
69 ELECTROCARDIOLOGY		11,737	134	6,655	6,419	69
70 ELECTROENCEPHALOGRAPHY			4	254	486	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				3,502	9,740	71
72 IMPL. DEV. CHARGED TO PATIENT				2,549	11,608	72
73 DRUGS CHARGED TO PATIENTS	1,279	30,129	5,697	13,274	34,780	73
74 RENAL DIALYSIS		1,199	133	607	3,398	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	116	22,335	431	4,268	8,392	90
91 EMERGENCY	3,372	41,078	1,802	16,588	53,436	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	71,451	629,328	18,277	157,738	520,588	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116	71,163			1,442	190
190.01 SISTERS & PRIESTS MAINTENANCE					171	190.01
192 PHYSICIANS' PRIVATE OFFICES	4,767		40		11,103	192
194 SEASON HOSPICE					115	194

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION		COMMUNI- CATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	76,334	700,491	18,317	157,738	533,419	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	224,959					7
8 LAUNDRY & LINEN SERVICE	18,459	163,352				8
9 HOUSEKEEPING			10,933			9
10 DIETARY	11,413		604	121,595		10
11 CAFETERIA	8,646		458		77,877	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,335		71		969	13
14 CENTRAL SERVICES & SUPPLY	6,939		367		925	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,681		142		4,261	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	51,363	54,260	2,720	96,677	23,223	30
31 INTENSIVE CARE UNIT	14,304	15,227	757	11,306	5,590	31
41 SUBPROVIDER - IRF	7,733	7,640	409	13,612	2,427	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,561	41,180	771		3,816	50
51 RECOVERY ROOM	1,265	2,867	67		554	51
52 DELIVERY ROOM & LABOR ROOM	11,347	5,223	601		4,053	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	15,703	10,936	831		3,249	54
54.02 ULTRASOUND	610		32		904	54.02
56 RADIOISOTOPE	1,323		70		294	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,174		62		903	57
59 CARDIAC CATHETERIZATION					369	59
60 LABORATORY	10,012		530		4,789	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	1,830		97		2,609	65
66 PHYSICAL THERAPY	5,133	1,670	272		312	66
67 OCCUPATIONAL THERAPY	2,164		115			67
68 SPEECH PATHOLOGY	1,726		91		115	68
69 ELECTROCARDIOLOGY	1,784		94		1,380	69
70 ELECTROENCEPHALOGRAPHY	2,166		115		108	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,589		137		2,474	73
74 RENAL DIALYSIS					606	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	3,466		184		1,513	90
91 EMERGENCY	16,514	24,349	874		10,193	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	216,240	163,352	10,471	121,595	75,636	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,069		110			190
190.01 SISTERS & PRIESTS MAINTENANCE						190.01
192 PHYSICIANS' PRIVATE OFFICES	4,316		228		2,241	192
194 SEASON HOSPICE	2,334		124			194

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PART II

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
		7	8	9	10	11
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	224,959	163,352	10,933	121,595	77,877 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- 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
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	173,895				13
14 CENTRAL SERVICES & SUPPLY		278,473			14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY			98,224		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	77,320		12,295	1,009,777	30
31 INTENSIVE CARE UNIT	18,777		3,077	273,744	31
41 SUBPROVIDER - IRF	8,152		1,512	137,757	41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	12,817		3,472	515,621	50
51 RECOVERY ROOM	1,861		623	46,364	51
52 DELIVERY ROOM & LABOR ROOM	13,612		902	275,243	52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC			4,482	840,980	54
54.02 ULTRASOUND			2,470	23,222	54.02
56 RADIOISOTOPE			1,573	111,499	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			8,038	165,024	57
59 CARDIAC CATHETERIZATION			2,058	153,584	59
60 LABORATORY			18,177	243,506	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY			7,977	123,629	65
66 PHYSICAL THERAPY			1,164	59,503	66
67 OCCUPATIONAL THERAPY			531	23,527	67
68 SPEECH PATHOLOGY			165	18,256	68
69 ELECTROCARDIOLOGY			4,145	151,254	69
70 ELECTROENCEPHALOGRAPHY			158	22,505	70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		125,604	2,181	141,027	71
72 IMPL. DEV. CHARGED TO PATIENT		152,057	1,588	167,802	72
73 DRUGS CHARGED TO PATIENTS			8,268	296,520	73
74 RENAL DIALYSIS	2,036		378	25,902	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	5,083		2,658	165,443	90
91 EMERGENCY	34,237		10,332	403,928	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
100 I&R SERVICES-NOT APPRVD PRGM					100
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	173,895	277,661	98,224	5,395,617	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				90,392	190
190.01 SISTERS & PRIESTS MAINTENANCE				175	190.01
192 PHYSICIANS' PRIVATE OFFICES		812		67,985	192
194 SEASON HOSPICE				20,047	194

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	173,895	278,473	98,224	5,574,216	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	BUSINESS OFFICE		5.04
5.05	OTHER ADMINISTRATIVE & GENERAL		5.05
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	1,009,777	30
31	INTENSIVE CARE UNIT	273,744	31
41	SUBPROVIDER - IRF	137,757	41
43	NURSERY		43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	515,621	50
51	RECOVERY ROOM	46,364	51
52	DELIVERY ROOM & LABOR ROOM	275,243	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC	840,980	54
54.02	ULTRASOUND	23,222	54.02
56	RADIOISOTOPE	111,499	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	165,024	57
59	CARDIAC CATHETERIZATION	153,584	59
60	LABORATORY	243,506	60
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65	RESPIRATORY THERAPY	123,629	65
66	PHYSICAL THERAPY	59,503	66
67	OCCUPATIONAL THERAPY	23,527	67
68	SPEECH PATHOLOGY	18,256	68
69	ELECTROCARDIOLOGY	151,254	69
70	ELECTROENCEPHALOGRAPHY	22,505	70
70.01	SLEEP LAB		70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	141,027	71
72	IMPL. DEV. CHARGED TO PATIENT	167,802	72
73	DRUGS CHARGED TO PATIENTS	296,520	73
74	RENAL DIALYSIS	25,902	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	165,443	90
91	EMERGENCY	403,928	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
100	I&R SERVICES-NOT APPRVD PRGM		100
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	5,395,617	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	90,392	190
190.01	SISTERS & PRIESTS MAINTENANCE	175	190.01
192	PHYSICIANS' PRIVATE OFFICES	67,985	192
194	SEASON HOSPICE	20,047	194

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	5,574,216	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI-CATIONS NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	255,225					1
2 CAP REL COSTS-MVBLE EQUIP		3,349,402				2
4 EMPLOYEE BENEFITS	2,180	376	46,599,993			4
5.01 COMMUNICATIONS	269	73,356	233,982	1,313		5.01
5.02 DATA PROCESSING	1,531	680,007	502,592	32	1,316,487	5.02
5.03 PURCHASING	1,060	83	291,385	18	14,911	5.03
5.04 BUSINESS OFFICE	2,230	577	1,418,058	72	250,280	5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	37,685	15,253	4,834,840	342	321,978	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	14,790	43,676	1,957,265	49	13,606	7
8 LAUNDRY & LINEN SERVICE	16,040					8
9 HOUSEKEEPING			952,959			9
10 DIETARY	9,917	12,459	402,104	23	2,631	10
11 CAFETERIA	7,513		320,274			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,160	153,336	621,410	2	941	13
14 CENTRAL SERVICES & SUPPLY	6,030	207,134	238,710	11	8,189	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,330	4,743	1,564,009	80	80,072	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	44,633	91,099	9,481,517	227	159,448	30
31 INTENSIVE CARE UNIT	12,430	37,138	3,363,864	21	33,527	31
41 SUBPROVIDER - IRF	6,720	11,155	1,047,736	31	12,607	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,653	283,595	1,850,701	87	8,412	50
51 RECOVERY ROOM	1,099	24,761	390,214			51
52 DELIVERY ROOM & LABOR ROOM	9,860	123,762	2,039,116		17,137	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	13,645	631,380	1,649,792	92	37,644	54
54.02 ULTRASOUND	530	5,584	545,565			54.02
56 RADIOISOTOPE	1,150	86,699	268,879		5,992	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,020	122,325	481,742			57
59 CARDIAC CATHETERIZATION		139,932	300,962	7		59
60 LABORATORY	8,700	64,772	1,922,611	42		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	1,590	65,832	1,229,178	11	7,951	65
66 PHYSICAL THERAPY	4,460	1,901	125,915		4,107	66
67 OCCUPATIONAL THERAPY	1,880				1,037	67
68 SPEECH PATHOLOGY	1,500	233	59,111		2,163	68
69 ELECTROCARDIOLOGY	1,550	104,541	503,226		22,059	69
70 ELECTROENCEPHALOGRAPHY	1,882	2,959	39,859			70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,250	176,625	1,277,248	22	56,623	73
74 RENAL DIALYSIS		17,270	346,121		2,253	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	3,012	90,090	639,497	2	41,976	90
91 EMERGENCY	14,350	65,151	4,521,104	58	77,201	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	247,649	3,337,804	45,421,546	1,229	1,182,745	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798			2	133,742	190
190.01 SISTERS & PRIESTS MAINTENANCE			10,136			190.01
192 PHYSICIANS' PRIVATE OFFICES	3,750	11,598	1,168,311	82		192
194 SEASON HOSPICE	2,028					194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNI- CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING MACHINE TIME 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,199,075	3,375,141	5,649,142	525,432	2,001,887	202
203	UNIT COST MULT-WS B PT I	8.616221	1.007685	0.121226	400.176695	1.520628	203
204	COST TO BE ALLOC PER B PT II			19,162	76,334	700,491	204
205	UNIT COST MULT-WS B PT II			0.000411	58.137091	0.532091	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	BUSINESS OFFICE	RECON-CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT	SQUARE FEET	
	COSTED REQUISITN 5.03	GROSS REVENUE 5.04	5A.05	5.05	7		
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
4 EMPLOYEE BENEFITS							4
5.01 COMMUNICATIONS							5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING	10,261,501						5.03
5.04 BUSINESS OFFICE	1,160	340,279,816					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	87,124		-17,281,668	81,237,969			5.05
6 MAINTENANCE & REPAIRS							6
7 OPERATION OF PLANT	178,604			6,442,477	195,480		7
8 LAUNDRY & LINEN SERVICE				1,018,688	16,040		8
9 HOUSEKEEPING				1,605,426			9
10 DIETARY	735,860			1,120,893	9,917		10
11 CAFETERIA				595,045	7,513		11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	25			934,899	1,160		13
14 CENTRAL SERVICES & SUPPLY	16,945			675,454	6,030		14
15 PHARMACY							15
16 MEDICAL RECORDS & LIBRARY	334			2,799,895	2,330		16
17 SOCIAL SERVICE							17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SRVCES-SALARY & FRINGES APPRVD							21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD							22
23 PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	523,359	42,543,782		14,152,211	44,633	30	30
31 INTENSIVE CARE UNIT	282,831	10,646,291		5,223,185	12,430	31	31
41 SUBPROVIDER - IRF	27,866	5,233,410		2,392,818	6,720	41	41
43 NURSERY							43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	2,585,242	12,012,791		3,613,378	12,653	50	50
51 RECOVERY ROOM	18,405	2,154,004		535,292	1,099	51	51
52 DELIVERY ROOM & LABOR ROOM	109,438	3,120,354		2,777,437	9,860	52	52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	27,416	15,508,512		2,844,500	13,645	54	54
54.02 ULTRASOUND	6,769	8,545,981		732,738	530	54.02	54.02
56 RADIOISOTOPE	188,735	5,441,835		731,613	1,150	56	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	51,911	27,813,670		1,461,537	1,020	57	57
59 CARDIAC CATHETERIZATION	520,776	7,121,757		820,157		59	59
60 LABORATORY	67,513	63,308,008		5,664,363	8,700	60	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS							62.30
65 RESPIRATORY THERAPY	208,748	27,601,862		1,907,056	1,590	65	65
66 PHYSICAL THERAPY	3,532	4,027,952		989,370	4,460	66	66
67 OCCUPATIONAL THERAPY		1,837,369		474,189	1,880	67	67
68 SPEECH PATHOLOGY	468	570,537		237,421	1,500	68	68
69 ELECTROCARDIOLOGY	75,015	14,341,963		977,646	1,550	69	69
70 ELECTROENCEPHALOGRAPHY	2,055	546,574		73,980	1,882	70	70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		7,546,772		1,483,365		71	71
72 IMPL. DEV. CHARGED TO PATIENT		5,493,937		1,767,873		72	72
73 DRUGS CHARGED TO PATIENTS	3,193,004	28,607,596		5,296,979	2,250	73	73
74 RENAL DIALYSIS	74,538	1,307,307		517,466		74	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	241,560	9,197,335		1,278,134	3,012	90	90
91 EMERGENCY	1,009,667	35,750,217		8,138,363	14,350	91	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
100 I&R SERVICES-NOT APPRVD PRGM							100
SPECIAL PURPOSE COST CENTERS							
118 SUBTOTALS (SUM OF LINES 1-117)	10,238,900	340,279,816	-17,281,668	79,283,848	187,904	118	118
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				219,664	1,798	190	190
190.01 SISTERS & PRIESTS MAINTENANCE				26,031		190.01	190.01
192 PHYSICIANS' PRIVATE OFFICES	22,601			1,690,952	3,750	192	192
194 SEASON HOSPICE				17,474	2,028	194	194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PURCHASING	BUSINESS OFFICE	RECON-CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT	
		COSTED REQUISITN	GROSS REVENUE			SQUARE FEET	
		5.03	5.04	5A.05	5.05	7	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	389,023	2,606,850		17,281,668	7,812,979	202
203	UNIT COST MULT-WS B PT I	0.037911	0.007661		0.212729	39.968176	203
204	COST TO BE ALLOC PER B PT II	18,317	157,738		533,419	224,959	204
205	UNIT COST MULT-WS B PT II	0.001785	0.000464		0.006566	1.150803	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS
	8	9	10	11	13
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE	1,165,896				8
9 HOUSEKEEPING		179,440			9
10 DIETARY		9,917	150,753		10
11 CAFETERIA		7,513		56,920	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		1,160		708	787,072
14 CENTRAL SERVICES & SUPPLY		6,030		676	14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		2,330		3,114	16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	387,276	44,633	119,860	16,973	349,960
31 INTENSIVE CARE UNIT	108,683	12,430	14,017	4,086	84,989
41 SUBPROVIDER - IRF	54,527	6,720	16,876	1,774	36,899
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	293,912	12,653		2,789	58,011
51 RECOVERY ROOM	20,460	1,099		405	8,424
52 DELIVERY ROOM & LABOR ROOM	37,278	9,860		2,962	61,610
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	78,057	13,645		2,375	54
54.02 ULTRASOUND		530		661	54.02
56 RADIOISOTOPE		1,150		215	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,020		660	57
59 CARDIAC CATHETERIZATION				270	59
60 LABORATORY		8,700		3,500	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY		1,590		1,907	65
66 PHYSICAL THERAPY	11,918	4,460		228	66
67 OCCUPATIONAL THERAPY		1,880			67
68 SPEECH PATHOLOGY		1,500		84	68
69 ELECTROCARDIOLOGY		1,550		1,009	69
70 ELECTROENCEPHALOGRAPHY		1,882		79	70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS		2,250		1,808	73
74 RENAL DIALYSIS				443	9,214
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		3,012		1,106	23,005
91 EMERGENCY	173,785	14,350		7,450	154,960
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
100 I&R SERVICES-NOT APPRVD PRGM					100
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,165,896	171,864	150,753	55,282	787,072
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,798			190
190.01 SISTERS & PRIESTS MAINTENANCE					190.01
192 PHYSICIANS' PRIVATE OFFICES		3,750		1,638	192
194 SEASON HOSPICE		2,028			194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,876,482	1,946,947	1,863,304	1,103,426	1,206,453	202
203	UNIT COST MULT-WS B PT I	1.609476	10.850128	12.359980	19.385559	1.532837	203
204	COST TO BE ALLOC PER B PT II	163,352	10,933	121,595	77,877	173,895	204
205	UNIT COST MULT-WS B PT II	0.140109	0.060928	0.806584	1.368183	0.220939	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.04 BUSINESS OFFICE			5.04
5.05 OTHER ADMINISTRATIVE & GENERAL			5.05
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY	3,160,549		14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY		340,279,816	16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS		42,543,782	30
31 INTENSIVE CARE UNIT		10,646,291	31
41 SUBPROVIDER - IRF		5,233,410	41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		12,012,791	50
51 RECOVERY ROOM		2,154,004	51
52 DELIVERY ROOM & LABOR ROOM		3,120,354	52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC		15,508,512	54
54.02 ULTRASOUND		8,545,981	54.02
56 RADIOISOTOPE		5,441,835	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		27,813,670	57
59 CARDIAC CATHETERIZATION		7,121,757	59
60 LABORATORY		63,308,008	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY		27,601,862	65
66 PHYSICAL THERAPY		4,027,952	66
67 OCCUPATIONAL THERAPY		1,837,369	67
68 SPEECH PATHOLOGY		570,537	68
69 ELECTROCARDIOLOGY		14,341,963	69
70 ELECTROENCEPHALOGRAPHY		546,574	70
70.01 SLEEP LAB			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,425,549	7,546,772	71
72 IMPL. DEV. CHARGED TO PATIENT	1,725,784	5,493,937	72
73 DRUGS CHARGED TO PATIENTS		28,607,596	73
74 RENAL DIALYSIS		1,307,307	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		9,197,335	90
91 EMERGENCY		35,750,217	91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
100 I&R SERVICES-NOT APPRVD PRGM			100
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	3,151,333	340,279,816	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
190.01 SISTERS & PRIESTS MAINTENANCE			190.01
192 PHYSICIANS' PRIVATE OFFICES	9,216		192
194 SEASON HOSPICE			194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,138,682	3,574,288	202
203 UNIT COST MULT-WS B PT I	0.360280	0.010504	203
204 COST TO BE ALLOC PER B PT II	278,473	98,224	204
205 UNIT COST MULT-WS B PT II	0.088109	0.000289	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	22,848,089		22,848,089	8,319	22,856,408	30
31 INTENSIVE CARE UNIT	7,635,464		7,635,464		7,635,464	31
41 SUBPROVIDER - IRF	3,685,608		3,685,608		3,685,608	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,767,265		5,767,265		5,767,265	50
51 RECOVERY ROOM	781,333		781,333		781,333	51
52 DELIVERY ROOM & LABOR ROOM	4,113,978		4,113,978		4,113,978	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	4,477,597		4,477,597		4,477,597	54
54.02 ULTRASOUND	1,018,128		1,018,128		1,018,128	54.02
56 RADIOISOTOPE	1,007,018		1,007,018		1,007,018	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,129,232		2,129,232		2,129,232	57
59 CARDIAC CATHETERIZATION	1,074,669		1,074,669		1,074,669	59
60 LABORATORY	8,044,281		8,044,281		8,044,281	60
62.30 BLOOD CLOTTING FACTORS ADM						62.30
65 RESPIRATORY THERAPY	2,720,441		2,720,441		2,720,441	65
66 PHYSICAL THERAPY	1,492,400		1,492,400		1,492,400	66
67 OCCUPATIONAL THERAPY	689,901		689,901		689,901	67
68 SPEECH PATHOLOGY	371,775		371,775		371,775	68
69 ELECTROCARDIOLOGY	1,434,597		1,434,597		1,434,597	69
70 ELECTROENCEPHALOGRAPHY	192,630		192,630		192,630	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO	2,391,788		2,391,788		2,391,788	71
72 IMPL. DEV. CHARGED TO PATIE	2,823,424		2,823,424		2,823,424	72
73 DRUGS CHARGED TO PATIENTS	6,873,684		6,873,684		6,873,684	73
74 RENAL DIALYSIS	663,990		663,990		663,990	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	1,856,407		1,856,407		1,856,407	90
91 EMERGENCY	11,636,044		11,636,044		11,636,044	91
92 OBSERVATION BEDS	2,337,139		2,337,139		2,337,139	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRG						100
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	98,066,882		98,066,882	8,319	98,075,201	200
201 LESS OBSERVATION BEDS	2,337,139		2,337,139		2,337,139	201
202 TOTAL (SEE INSTRUCTIONS)	95,729,743		95,729,743	8,319	95,738,062	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	38,878,026		38,878,026			30
31 INTENSIVE CARE UNIT	10,646,291		10,646,291			31
41 SUBPROVIDER - IRF	5,233,410		5,233,410			41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,355,888	5,656,903	12,012,791	0.480094	0.480094	0.480094 50
51 RECOVERY ROOM	1,064,049	1,089,955	2,154,004	0.362735	0.362735	0.362735 51
52 DELIVERY ROOM & LABOR ROOM	2,198,658	921,696	3,120,354	1.318433	1.318433	1.318433 52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	5,337,978	10,170,534	15,508,512	0.288719	0.288719	0.288719 54
54.02 ULTRASOUND	3,695,209	4,850,772	8,545,981	0.119135	0.119135	0.119135 54.02
56 RADIOISOTOPE	3,198,394	2,243,441	5,441,835	0.185051	0.185051	0.185051 56
57 COMPUTED TOMOGRAPHY (CT) SC	11,012,897	16,800,773	27,813,670	0.076553	0.076553	0.076553 57
59 CARDIAC CATHETERIZATION	5,529,512	1,592,245	7,121,757	0.150899	0.150899	0.150899 59
60 LABORATORY	38,741,288	24,566,720	63,308,008	0.127066	0.127066	0.127066 60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	24,615,864	2,985,998	27,601,862	0.098560	0.098560	0.098560 65
66 PHYSICAL THERAPY	2,528,267	1,499,685	4,027,952	0.370511	0.370511	0.370511 66
67 OCCUPATIONAL THERAPY	1,837,369		1,837,369	0.375483	0.375483	0.375483 67
68 SPEECH PATHOLOGY	532,659	37,878	570,537	0.651623	0.651623	0.651623 68
69 ELECTROCARDIOLOGY	8,711,208	5,630,755	14,341,963	0.100028	0.100028	0.100028 69
70 ELECTROENCEPHALOGRAPHY	472,348	74,226	546,574	0.352432	0.352432	0.352432 70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO	4,503,419	3,043,353	7,546,772	0.316929	0.316929	0.316929 71
72 IMPL. DEV. CHARGED TO PATIE	4,346,012	1,147,925	5,493,937	0.513916	0.513916	0.513916 72
73 DRUGS CHARGED TO PATIENTS	23,879,034	4,728,562	28,607,596	0.240275	0.240275	0.240275 73
74 RENAL DIALYSIS	1,164,235	143,072	1,307,307	0.507907	0.507907	0.507907 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	4,002,359	5,194,976	9,197,335	0.201842	0.201842	0.201842 90
91 EMERGENCY	10,559,734	25,190,483	35,750,217	0.325482	0.325482	0.325482 91
92 OBSERVATION BEDS	10,570	3,655,186	3,665,756	0.637560	0.637560	0.637560 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRG						100
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	219,054,678	121,225,138	340,279,816			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	219,054,678	121,225,138	340,279,816			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)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,009,777		1,009,777	27.64	14,850	410,454	30
31 INTENSIVE CARE UNIT	273,744		273,744	53.54	2,608	139,632	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	137,757		137,757	29.84	3,504	104,559	41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,421,278		1,421,278		20,962	654,645	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		(COL.3 x COL.4)	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	515,621	12,012,791	0.042923	2,913,577	125,059	50
51 RECOVERY ROOM	46,364	2,154,004	0.021525	528,192	11,369	51
52 DELIVERY ROOM & LABOR ROOM	275,243	3,120,354	0.088209	29,240	2,579	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	840,980	15,508,512	0.054227	3,117,918	169,075	54
54.02 ULTRASOUND	23,222	8,545,981	0.002717	1,725,253	4,688	54.02
56 RADIOISOTOPE	111,499	5,441,835	0.020489	1,414,610	28,984	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	165,024	27,813,670	0.005933	5,633,398	33,423	57
59 CARDIAC CATHETERIZATION	153,584	7,121,757	0.021565	2,811,290	60,625	59
60 LABORATORY	243,506	63,308,008	0.003846	18,077,670	69,527	60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	123,629	27,601,862	0.004479	12,510,357	56,034	65
66 PHYSICAL THERAPY	59,503	4,027,952	0.014773	586,675	8,667	66
67 OCCUPATIONAL THERAPY	23,527	1,837,369	0.012805	5,478	70	67
68 SPEECH PATHOLOGY	18,256	570,537	0.031998	125,267	4,008	68
69 ELECTROCARDIOLOGY	151,254	14,341,963	0.010546	4,633,667	48,867	69
70 ELECTROENCEPHALOGRAPHY	22,505	546,574	0.041175	286,625	11,802	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PA	141,027	7,546,772	0.018687	2,103,071	39,300	71
72 IMPL. DEV. CHARGED TO PATIENT	167,802	5,493,937	0.030543	2,662,735	81,328	72
73 DRUGS CHARGED TO PATIENTS	296,520	28,607,596	0.010365	10,852,923	112,491	73
74 RENAL DIALYSIS	25,902	1,307,307	0.019813	741,517	14,692	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	165,443	9,197,335	0.017988	2,248,389	40,444	90
91 EMERGENCY	403,928	35,750,217	0.011299	4,943,899	55,861	91
92 OBSERVATION BEDS	103,252	3,665,756	0.028167			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	4,077,591	285,522,089	285,522,089	77,951,751	978,893	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	36,527		14,850		30
31 INTENSIVE CARE UNIT	5,113		2,608		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	4,617		3,504		41
42 SUBPROVIDER I					42
43 NURSERY	853				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	47,110		20,962		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	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
54.02 ULTRASOUND						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
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
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 (14-0133)	[] 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)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,012,791		2,913,577		1,892,798	50
51	RECOVERY ROOM	2,154,004		528,192		359,711	51
52	DELIVERY ROOM & LABOR ROOM	3,120,354		29,240		16,769	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	15,508,512		3,117,918		1,959,594	54
54.02	ULTRASOUND	8,545,981		1,725,253		714,768	54.02
56	RADIOISOTOPE	5,441,835		1,414,610		819,793	56
57	COMPUTED TOMOGRAPHY (CT) SCA	27,813,670		5,633,398		3,303,358	57
59	CARDIAC CATHETERIZATION	7,121,757		2,811,290		581,279	59
60	LABORATORY	63,308,008		18,077,670			60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	27,601,862		12,510,357		295,376	65
66	PHYSICAL THERAPY	4,027,952		586,675		16,225	66
67	OCCUPATIONAL THERAPY	1,837,369		5,478			67
68	SPEECH PATHOLOGY	570,537		125,267		36,000	68
69	ELECTROCARDIOLOGY	14,341,963		4,633,667		1,808,848	69
70	ELECTROENCEPHALOGRAPHY	546,574		286,625		19,756	70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGED TO P	7,546,772		2,103,071		1,133,553	71
72	IMPL. DEV. CHARGED TO PATIEN	5,493,937		2,662,735		742,234	72
73	DRUGS CHARGED TO PATIENTS	28,607,596		10,852,923		1,070,499	73
74	RENAL DIALYSIS	1,307,307		741,517		54,599	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	9,197,335		2,248,389		2,070,936	90
91	EMERGENCY	35,750,217		4,943,899		2,910,533	91
92	OBSERVATION BEDS	3,665,756				1,140,606	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	285,522,089		77,951,751		20,947,235	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] 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	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.480094		1,892,798			908,721		50
51 RECOVERY ROOM	0.362735		359,711			130,480		51
52 DELIVERY ROOM & LABOR ROOM	1.318433		16,769			22,109		52
53 ANESTHESIOLOGY								53
54 RADIOLOGY-DIAGNOSTIC	0.288719		1,959,594			565,772		54
54.02 ULTRASOUND	0.119135		714,768			85,154		54.02
56 RADIOISOTOPE	0.185051		819,793			151,704		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553		3,303,358			252,882		57
59 CARDIAC CATHETERIZATION	0.150899		581,279			87,714		59
60 LABORATORY	0.127066							60
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.098560		295,376			29,112		65
66 PHYSICAL THERAPY	0.370511		16,225			6,012		66
67 OCCUPATIONAL THERAPY	0.375483							67
68 SPEECH PATHOLOGY	0.651623		36,000			23,458		68
69 ELECTROCARDIOLOGY	0.100028		1,808,848			180,935		69
70 ELECTROENCEPHALOGRAPHY	0.352432		19,756			6,963		70
70.01 SLEEP LAB								70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.316929		1,133,553			359,256		71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916		742,234			381,446		72
73 DRUGS CHARGED TO PATIENTS	0.240275		1,070,499		27,542	257,214	6,618	73
74 RENAL DIALYSIS	0.507907		54,599			27,731		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	0.201842		2,070,936			418,002		90
91 EMERGENCY	0.325482		2,910,533			947,326		91
92 OBSERVATION BEDS	0.637560		1,140,606			727,205		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			20,947,235		27,542	5,569,196	6,618	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			20,947,235		27,542	5,569,196	6,618	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-T133)	[] 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	515,621	12,012,791	0.042923	54,340	2,332	50
51	RECOVERY ROOM	46,364	2,154,004	0.021525	11,948	257	51
52	DELIVERY ROOM & LABOR ROOM	275,243	3,120,354	0.088209			52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	840,980	15,508,512	0.054227	98,922	5,364	54
54.02	ULTRASOUND	23,222	8,545,981	0.002717	49,649	135	54.02
56	RADIOISOTOPE	111,499	5,441,835	0.020489	20,290	416	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	165,024	27,813,670	0.005933	113,187	672	57
59	CARDIAC CATHETERIZATION	153,584	7,121,757	0.021565			59
60	LABORATORY	243,506	63,308,008	0.003846	1,389,694	5,345	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	123,629	27,601,862	0.004479	910,553	4,078	65
66	PHYSICAL THERAPY	59,503	4,027,952	0.014773	1,177,560	17,396	66
67	OCCUPATIONAL THERAPY	23,527	1,837,369	0.012805	1,384,618	17,730	67
68	SPEECH PATHOLOGY	18,256	570,537	0.031998	242,707	7,766	68
69	ELECTROCARDIOLOGY	151,254	14,341,963	0.010546	105,401	1,112	69
70	ELECTROENCEPHALOGRAPHY	22,505	546,574	0.041175	3,592	148	70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGD TO PA	141,027	7,546,772	0.018687	125,960	2,354	71
72	IMPL. DEV. CHARGED TO PATIENT	167,802	5,493,937	0.030543	9,575	292	72
73	DRUGS CHARGED TO PATIENTS	296,520	28,607,596	0.010365	685,597	7,106	73
74	RENAL DIALYSIS	25,902	1,307,307	0.019813	91,872	1,820	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	165,443	9,197,335	0.017988	81,004	1,457	90
91	EMERGENCY	403,928	35,750,217	0.011299	2,481	28	91
92	OBSERVATION BEDS	103,252	3,665,756	0.028167			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	4,077,591	285,522,089	285,522,089	6,558,950	75,808	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-T133) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5	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
54.02 ULTRASOUND						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
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
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-T133) [] 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	12,012,791			54,340			50
51 RECOVERY ROOM	2,154,004			11,948			51
52 DELIVERY ROOM & LABOR ROOM	3,120,354						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	15,508,512			98,922		5,170	54
54.02 ULTRASOUND	8,545,981			49,649		3,593	54.02
56 RADIOISOTOPE	5,441,835			20,290			56
57 COMPUTED TOMOGRAPHY (CT) SCA	27,813,670			113,187		9,811	57
59 CARDIAC CATHETERIZATION	7,121,757						59
60 LABORATORY	63,308,008			1,389,694		930	60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	27,601,862			910,553		1,968	65
66 PHYSICAL THERAPY	4,027,952			1,177,560			66
67 OCCUPATIONAL THERAPY	1,837,369			1,384,618			67
68 SPEECH PATHOLOGY	570,537			242,707			68
69 ELECTROCARDIOLOGY	14,341,963			105,401		1,482	69
70 ELECTROENCEPHALOGRAPHY	546,574			3,592		1,796	70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO P	7,546,772			125,960			71
72 IMPL. DEV. CHARGED TO PATIEN	5,493,937			9,575			72
73 DRUGS CHARGED TO PATIENTS	28,607,596			685,597		1,936	73
74 RENAL DIALYSIS	1,307,307			91,872		1,914	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	9,197,335			81,004			90
91 EMERGENCY	35,750,217			2,481			91
92 OBSERVATION BEDS	3,665,756						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	285,522,089			6,558,950		28,600	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-T133) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.480094							50
51 RECOVERY ROOM	0.362735							51
52 DELIVERY ROOM & LABOR ROOM	1.318433							52
53 ANESTHESIOLOGY								53
54 RADIOLOGY-DIAGNOSTIC	0.288719		5,170			1,493		54
54.02 ULTRASOUND	0.119135		3,593			428		54.02
56 RADIOISOTOPE	0.185051							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553		9,811			751		57
59 CARDIAC CATHETERIZATION	0.150899							59
60 LABORATORY	0.127066		930			118		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.098560		1,968			194		65
66 PHYSICAL THERAPY	0.370511							66
67 OCCUPATIONAL THERAPY	0.375483							67
68 SPEECH PATHOLOGY	0.651623							68
69 ELECTROCARDIOLOGY	0.100028		1,482			148		69
70 ELECTROENCEPHALOGRAPHY	0.352432		1,796			633		70
70.01 SLEEP LAB								70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.316929							71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916							72
73 DRUGS CHARGED TO PATIENTS	0.240275		1,936			465		73
74 RENAL DIALYSIS	0.507907		1,914			972		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	0.201842							90
91 EMERGENCY	0.325482							91
92 OBSERVATION BEDS	0.637560							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			28,600			5,202		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			28,600			5,202		202

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.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,009,777		1,009,777	27.64	11,361	314,018	30
31 INTENSIVE CARE UNIT	273,744		273,744	53.54	1,145	61,303	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	137,757		137,757	29.84	779	23,245	41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,421,278		1,421,278		13,928	398,566	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0133) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] 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	515,621	12,012,791	0.042923	1,493,784	64,118	50
51	RECOVERY ROOM	46,364	2,154,004	0.021525	256,771	5,527	51
52	DELIVERY ROOM & LABOR ROOM	275,243	3,120,354	0.088209	1,640,316	144,691	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	840,980	15,508,512	0.054227	1,043,978	56,612	54
54.02	ULTRASOUND	23,222	8,545,981	0.002717	887,929	2,413	54.02
56	RADIOISOTOPE	111,499	5,441,835	0.020489	674,589	13,822	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	165,024	27,813,670	0.005933	2,615,823	15,520	57
59	CARDIAC CATHETERIZATION	153,584	7,121,757	0.021565	1,298,406	28,000	59
60	LABORATORY	243,506	63,308,008	0.003846	10,506,663	40,409	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	123,629	27,601,862	0.004479	5,669,012	25,392	65
66	PHYSICAL THERAPY	59,503	4,027,952	0.014773	171,597	2,535	66
67	OCCUPATIONAL THERAPY	23,527	1,837,369	0.012805	1,561	20	67
68	SPEECH PATHOLOGY	18,256	570,537	0.031998	38,677	1,238	68
69	ELECTROCARDIOLOGY	151,254	14,341,963	0.010546	1,872,116	19,743	69
70	ELECTROENCEPHALOGRAPHY	22,505	546,574	0.041175	85,065	3,503	70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGD TO PA	141,027	7,546,772	0.018687	986,744	18,439	71
72	IMPL. DEV. CHARGED TO PATIENT	167,802	5,493,937	0.030543	935,697	28,579	72
73	DRUGS CHARGED TO PATIENTS	296,520	28,607,596	0.010365	6,142,757	63,670	73
74	RENAL DIALYSIS	25,902	1,307,307	0.019813	235,112	4,658	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	165,443	9,197,335	0.017988	669,293	12,039	90
91	EMERGENCY	403,928	35,750,217	0.011299	2,790,883	31,534	91
92	OBSERVATION BEDS		3,665,756	3,665,756			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	3,974,339	285,522,089	285,522,089	40,016,773	582,462	200

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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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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: 14-0133 HOLY CROSS HOSPITAL
 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
 01/24/2012 09:10

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	36,527		11,361		30
31 INTENSIVE CARE UNIT	5,113		1,145		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	4,617		779		41
42 SUBPROVIDER I					42
43 NURSERY	853		643		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	47,110		13,928		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5	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
54.02 ULTRASOUND						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
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
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 (14-0133) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO			
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU	PASS-THRU
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,012,791			1,493,784		50
51 RECOVERY ROOM	2,154,004			256,771		51
52 DELIVERY ROOM & LABOR ROOM	3,120,354			1,640,316		52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	15,508,512			1,043,978		54
54.02 ULTRASOUND	8,545,981			887,929		54.02
56 RADIOISOTOPE	5,441,835			674,589		56
57 COMPUTED TOMOGRAPHY (CT) SCA	27,813,670			2,615,823		57
59 CARDIAC CATHETERIZATION	7,121,757			1,298,406		59
60 LABORATORY	63,308,008			10,506,663		60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	27,601,862			5,669,012		65
66 PHYSICAL THERAPY	4,027,952			171,597		66
67 OCCUPATIONAL THERAPY	1,837,369			1,561		67
68 SPEECH PATHOLOGY	570,537			38,677		68
69 ELECTROCARDIOLOGY	14,341,963			1,872,116		69
70 ELECTROENCEPHALOGRAPHY	546,574			85,065		70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGED TO P	7,546,772			986,744		71
72 IMPL. DEV. CHARGED TO PATIEN	5,493,937			935,697		72
73 DRUGS CHARGED TO PATIENTS	28,607,596			6,142,757		73
74 RENAL DIALYSIS	1,307,307			235,112		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	9,197,335			669,293		90
91 EMERGENCY	35,750,217			2,790,883		91
92 OBSERVATION BEDS	3,665,756					92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	285,522,089			40,016,773		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] 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 CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.480094						50
51 RECOVERY ROOM	0.362735						51
52 DELIVERY ROOM & LABOR ROOM	1.318433						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.288719						54
54.02 ULTRASOUND	0.119135						54.02
56 RADIOISOTOPE	0.185051						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553						57
59 CARDIAC CATHETERIZATION	0.150899						59
60 LABORATORY	0.127066						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.098560						65
66 PHYSICAL THERAPY	0.370511						66
67 OCCUPATIONAL THERAPY	0.375483						67
68 SPEECH PATHOLOGY	0.651623						68
69 ELECTROCARDIOLOGY	0.100028						69
70 ELECTROENCEPHALOGRAPHY	0.352432						70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.316929						71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916						72
73 DRUGS CHARGED TO PATIENTS	0.240275						73
74 RENAL DIALYSIS	0.507907						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	0.201842						90
91 EMERGENCY	0.325482						91
92 OBSERVATION BEDS	0.637560						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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T133)	[] SUB (OTHER)	[XX] PPS [] TEFRA [] 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	515,621	12,012,791	0.042923	10,150	436	50
51	RECOVERY ROOM	46,364	2,154,004	0.021525	1,953	42	51
52	DELIVERY ROOM & LABOR ROOM	275,243	3,120,354	0.088209			52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	840,980	15,508,512	0.054227	21,015	1,140	54
54.02	ULTRASOUND	23,222	8,545,981	0.002717	13,738	37	54.02
56	RADIOISOTOPE	111,499	5,441,835	0.020489	2,892	59	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	165,024	27,813,670	0.005933	30,088	179	57
59	CARDIAC CATHETERIZATION	153,584	7,121,757	0.021565			59
60	LABORATORY	243,506	63,308,008	0.003846	282,056	1,085	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	123,629	27,601,862	0.004479	110,707	496	65
66	PHYSICAL THERAPY	59,503	4,027,952	0.014773	261,708	3,866	66
67	OCCUPATIONAL THERAPY	23,527	1,837,369	0.012805	311,566	3,990	67
68	SPEECH PATHOLOGY	18,256	570,537	0.031998	70,793	2,265	68
69	ELECTROCARDIOLOGY	151,254	14,341,963	0.010546	32,734	345	69
70	ELECTROENCEPHALOGRAPHY	22,505	546,574	0.041175	1,261	52	70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGD TO PA	141,027	7,546,772	0.018687	32,162	601	71
72	IMPL. DEV. CHARGED TO PATIENT	167,802	5,493,937	0.030543	1,086	33	72
73	DRUGS CHARGED TO PATIENTS	296,520	28,607,596	0.010365	174,689	1,811	73
74	RENAL DIALYSIS	25,902	1,307,307	0.019813	17,912	355	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	165,443	9,197,335	0.017988	26,201	471	90
91	EMERGENCY	403,928	35,750,217	0.011299			91
92	OBSERVATION BEDS		3,665,756	3,665,756			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	3,974,339	285,522,089	285,522,089	1,402,711	17,263	200

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
 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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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T133) [] NF [] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	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
54.02 ULTRASOUND						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
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
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-T133) [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO			
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU	PASS-THRU
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,012,791			10,150		50
51 RECOVERY ROOM	2,154,004			1,953		51
52 DELIVERY ROOM & LABOR ROOM	3,120,354					52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	15,508,512			21,015		54
54.02 ULTRASOUND	8,545,981			13,738		54.02
56 RADIOISOTOPE	5,441,835			2,892		56
57 COMPUTED TOMOGRAPHY (CT) SCA	27,813,670			30,088		57
59 CARDIAC CATHETERIZATION	7,121,757					59
60 LABORATORY	63,308,008			282,056		60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY	27,601,862			110,707		65
66 PHYSICAL THERAPY	4,027,952			261,708		66
67 OCCUPATIONAL THERAPY	1,837,369			311,566		67
68 SPEECH PATHOLOGY	570,537			70,793		68
69 ELECTROCARDIOLOGY	14,341,963			32,734		69
70 ELECTROENCEPHALOGRAPHY	546,574			1,261		70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGED TO P	7,546,772			32,162		71
72 IMPL. DEV. CHARGED TO PATIEN	5,493,937			1,086		72
73 DRUGS CHARGED TO PATIENTS	28,607,596			174,689		73
74 RENAL DIALYSIS	1,307,307			17,912		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	9,197,335			26,201		90
91 EMERGENCY	35,750,217					91
92 OBSERVATION BEDS	3,665,756					92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	285,522,089			1,402,711		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-T133) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.480094						50
51 RECOVERY ROOM	0.362735						51
52 DELIVERY ROOM & LABOR ROOM	1.318433						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.288719						54
54.02 ULTRASOUND	0.119135						54.02
56 RADIOISOTOPE	0.185051						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553						57
59 CARDIAC CATHETERIZATION	0.150899						59
60 LABORATORY	0.127066						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.098560						65
66 PHYSICAL THERAPY	0.370511						66
67 OCCUPATIONAL THERAPY	0.375483						67
68 SPEECH PATHOLOGY	0.651623						68
69 ELECTROCARDIOLOGY	0.100028						69
70 ELECTROENCEPHALOGRAPHY	0.352432						70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.316929						71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916						72
73 DRUGS CHARGED TO PATIENTS	0.240275						73
74 RENAL DIALYSIS	0.507907						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	0.201842						90
91 EMERGENCY	0.325482						91
92 OBSERVATION BEDS	0.637560						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 (14-0133) [] 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)	36,527	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	36,527	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,527	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)	14,850	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)	22,856,408	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	22,856,408	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	38,878,026	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	38,878,026	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.587900	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)	1,064.36	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)	22,856,408	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0133) [] 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) 625.74 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 9,292,239 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) 9,292,239 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	7,635,464	5,113	1,493.34	2,608	3,894,631	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)					15,329,793	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					28,516,663	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 550,086 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 978,893 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,528,979 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 26,987,684 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) 3,735 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 625.74 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,337,139 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,009,777	22,856,408	0.044179	2,337,139	103,252	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 [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T133) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,617	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,617	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,617	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)	3,504	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)	3,685,608	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	3,685,608	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,233,410	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,233,410	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.704246	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)	1,133.51	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)	3,685,608	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-T133)			[]	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)	798.27 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,797,138 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)	2,797,138 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,743,200 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,540,338 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	104,559 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	75,808 51
52	TOTAL PROGRAM EXCLUDABLE COST	180,367 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,359,971 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0133) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] 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)	36,527	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	36,527	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,527	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)	11,361	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)	853	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	643	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)	22,856,408	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	22,856,408	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	38,878,026	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	38,878,026	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.587900	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)	1,064.36	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)	22,856,408	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0133) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] 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) 625.74 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,109,032 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) 7,109,032 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)		853		643		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,635,464	5,113	1,493.34	1,145	1,709,874	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)					9,533,980	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					18,352,886	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 375,321 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 582,462 51
 52 TOTAL PROGRAM EXCLUDABLE COST 957,783 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 17,395,103 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) 3,735 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

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)	
	1	2	3	4	5	
90 CAPITAL-RELATED COST						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 [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T133) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,617	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,617	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,617	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)	779	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)	3,685,608	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	3,685,608	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,233,410	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,233,410	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.704246	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)	1,133.51	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)	3,685,608	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T133)			[]	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)	798.27 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	621,852 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)	621,852 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	393,786 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,015,638 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	23,245 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	17,263 51
52	TOTAL PROGRAM EXCLUDABLE COST	40,508 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	975,130 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] 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		17,971,177			30
31 INTENSIVE CARE UNIT		5,299,440			31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.480094	2,913,577	1,398,791		50
51 RECOVERY ROOM	0.362735	528,192	191,594		51
52 DELIVERY ROOM & LABOR ROOM	1.318433	29,240	38,551		52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	0.288719	3,117,918	900,202		54
54.02 ULTRASOUND	0.119135	1,725,253	205,538		54.02
56 RADIOISOTOPE	0.185051	1,414,610	261,775		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553	5,633,398	431,254		57
59 CARDIAC CATHETERIZATION	0.150899	2,811,290	424,221		59
60 LABORATORY	0.127066	18,077,670	2,297,057		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.098560	12,510,357	1,233,021		65
66 PHYSICAL THERAPY	0.370511	586,675	217,370		66
67 OCCUPATIONAL THERAPY	0.375483	5,478	2,057		67
68 SPEECH PATHOLOGY	0.651623	125,267	81,627		68
69 ELECTROCARDIOLOGY	0.100028	4,633,667	463,496		69
70 ELECTROENCEPHALOGRAPHY	0.352432	286,625	101,016		70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.316929	2,103,071	666,524		71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916	2,662,735	1,368,422		72
73 DRUGS CHARGED TO PATIENTS	0.240275	10,852,923	2,607,686		73
74 RENAL DIALYSIS	0.507907	741,517	376,622		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	0.201842	2,248,389	453,819		90
91 EMERGENCY	0.325482	4,943,899	1,609,150		91
92 OBSERVATION BEDS	0.637560				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		77,951,751	15,329,793		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		77,951,751			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-T133) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		3,973,536		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.480094	54,340	26,088	50
51 RECOVERY ROOM	0.362735	11,948	4,334	51
52 DELIVERY ROOM & LABOR ROOM	1.318433			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.288719	98,922	28,561	54
54.02 ULTRASOUND	0.119135	49,649	5,915	54.02
56 RADIOISOTOPE	0.185051	20,290	3,755	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553	113,187	8,665	57
59 CARDIAC CATHETERIZATION	0.150899			59
60 LABORATORY	0.127066	1,389,694	176,583	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.098560	910,553	89,744	65
66 PHYSICAL THERAPY	0.370511	1,177,560	436,299	66
67 OCCUPATIONAL THERAPY	0.375483	1,384,618	519,901	67
68 SPEECH PATHOLOGY	0.651623	242,707	158,153	68
69 ELECTROCARDIOLOGY	0.100028	105,401	10,543	69
70 ELECTROENCEPHALOGRAPHY	0.352432	3,592	1,266	70
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.316929	125,960	39,920	71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916	9,575	4,921	72
73 DRUGS CHARGED TO PATIENTS	0.240275	685,597	164,732	73
74 RENAL DIALYSIS	0.507907	91,872	46,662	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	0.201842	81,004	16,350	90
91 EMERGENCY	0.325482	2,481	808	91
92 OBSERVATION BEDS	0.637560			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,558,950	1,743,200	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,558,950		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] 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		12,334,411		30
31 INTENSIVE CARE UNIT		2,271,080		31
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.480094	1,493,784	717,157	50
51 RECOVERY ROOM	0.362735	256,771	93,140	51
52 DELIVERY ROOM & LABOR ROOM	1.318433	1,640,316	2,162,647	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.288719	1,043,978	301,416	54
54.02 ULTRASOUND	0.119135	887,929	105,783	54.02
56 RADIOISOTOPE	0.185051	674,589	124,833	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553	2,615,823	200,249	57
59 CARDIAC CATHETERIZATION	0.150899	1,298,406	195,928	59
60 LABORATORY	0.127066	10,506,663	1,335,040	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.098560	5,669,012	558,738	65
66 PHYSICAL THERAPY	0.370511	171,597	63,579	66
67 OCCUPATIONAL THERAPY	0.375483	1,561	586	67
68 SPEECH PATHOLOGY	0.651623	38,677	25,203	68
69 ELECTROCARDIOLOGY	0.100028	1,872,116	187,264	69
70 ELECTROENCEPHALOGRAPHY	0.352432	85,065	29,980	70
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.316929	986,744	312,728	71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916	935,697	480,870	72
73 DRUGS CHARGED TO PATIENTS	0.240275	6,142,757	1,475,951	73
74 RENAL DIALYSIS	0.507907	235,112	119,415	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	0.201842	669,293	135,091	90
91 EMERGENCY	0.325482	2,790,883	908,382	91
92 OBSERVATION BEDS	0.637560			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		40,016,773	9,533,980	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		40,016,773		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T133) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		898,298		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.480094	10,150	4,873	50
51 RECOVERY ROOM	0.362735	1,953	708	51
52 DELIVERY ROOM & LABOR ROOM	1.318433			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.288719	21,015	6,067	54
54.02 ULTRASOUND	0.119135	13,738	1,637	54.02
56 RADIOISOTOPE	0.185051	2,892	535	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.076553	30,088	2,303	57
59 CARDIAC CATHETERIZATION	0.150899			59
60 LABORATORY	0.127066	282,056	35,840	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.098560	110,707	10,911	65
66 PHYSICAL THERAPY	0.370511	261,708	96,966	66
67 OCCUPATIONAL THERAPY	0.375483	311,566	116,988	67
68 SPEECH PATHOLOGY	0.651623	70,793	46,130	68
69 ELECTROCARDIOLOGY	0.100028	32,734	3,274	69
70 ELECTROENCEPHALOGRAPHY	0.352432	1,261	444	70
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.316929	32,162	10,193	71
72 IMPL. DEV. CHARGED TO PATIENT	0.513916	1,086	558	72
73 DRUGS CHARGED TO PATIENTS	0.240275	174,689	41,973	73
74 RENAL DIALYSIS	0.507907	17,912	9,098	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	0.201842	26,201	5,288	90
91 EMERGENCY	0.325482			91
92 OBSERVATION BEDS	0.637560			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,402,711	393,786	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,402,711		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0133)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	25,374,265	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	113,129	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	218.77	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)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1176	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3393	31
32	SUM OF LINES 30 AND 31	0.4569	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2691	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,828,215	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)	32,315,609	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)	32,315,609	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,276,213	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 (14-0133)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	34,591,822	59
60	PRIMARY PAYER PAYMENTS	8,490	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	34,583,332	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,488,136	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	255,731	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,515,921	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,061,145	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,076,837	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	32,900,610	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)	32,900,610	71
72	INTERIM PAYMENTS	32,386,903	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	513,707	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T133)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	5,202	2
3	PPS PAYMENTS	5,338	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	5,338	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,380	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	3,958	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	3,958	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	3,958	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	3,958	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	3,958	40
41	INTERIM PAYMENTS	3,958	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0133) [] 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		30,865,834		3,443,319	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.		1,096,657		304,399	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 12/14/2010	424,412	12/14/2010	35,758	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.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)		424,412		35,758	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		32,386,903		3,783,476	4

TO BE COMPLETED BY CONTRACTOR

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

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
 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
 01/24/2012 09:10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T133) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,379,438		3,958	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		5,379,438		3,958	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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99				5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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
01/24/2012 09:10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0133) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	9,359 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	17,458 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,492 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	37,905 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	340,279,816 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	26,720,839 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-T133)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,982,782	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.095100	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	568,331	3
4	OUTLIER PAYMENTS	6,155	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)	12.649315	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)	5,557,268	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)	5,557,268	17
18	PRIMARY PAYER PAYMENTS	4,392	18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,552,876	19
20	DEDUCTIBLES	15,752	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,537,124	21
22	COINSURANCE	33,819	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	5,503,305	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	24,488	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	17,142	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	24,488	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	5,520,447	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)	5,520,447	32
33	INTERIM PAYMENTS	5,379,438	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	141,009	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 VII

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	14,750,726 8
9	ANCILLARY SERVICE CHARGES	40,016,773 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)	54,767,499 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)	54,767,499 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	54,767,499 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	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	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	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 (ELIMINATE IP COSTS)	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 TITLE XIX IPF NF TEFRA
 BOXES: IRF (14-T133) ICF/MR OTHER
 SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	898,298 8
9	ANCILLARY SERVICE CHARGES	1,402,711 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)	2,301,009 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)	2,301,009 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	2,301,009 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	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	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	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

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	14,312,709			1
2	TEMPORARY INVESTMENTS	1,340,445			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	10,807,555			4
5	OTHER RECEIVABLES	104,206			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1,625,775			7
8	PREPAID EXPENSES	839,881			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	531,108			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	29,561,679			11
FIXED ASSETS					
12	LAND	1,337,233			12
13	LAND IMPROVEMENTS	1,530,991			13
14	ACCUMULATED DEPRECIATION	-1,374,423			14
15	BUILDINGS	52,957,624			15
16	ACCUMULATED DEPRECIATION	-31,801,479			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	25,059,880			19
20	ACCUMULATED DEPRECIATION	-20,731,145			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	50,678,285			23
24	ACCUMULATED DEPRECIATION	-40,851,772			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	293,630			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	37,098,824			30
OTHER ASSETS					
31	INVESTMENTS	3,717,944			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	100,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	3,817,944			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	70,478,447			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	5,458,236			37
38	SALARIES, WAGES & FEES PAYABLE	5,964,909			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	1,465,463			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	4,176,654			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	17,065,262			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	47,590			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	19,443,962			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	19,491,552			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	36,556,814			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	33,921,633			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)	33,921,633			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	70,478,447			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		18,502,261							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		1,855,990							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		20,358,251							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS		478,635							5
6 PENSION PLAN ADJUSTMENT		13,536,702							6
7 GAINS AND ADJUSTMENTS POST R		162,813							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		14,178,150							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		34,536,401							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 LOSS POSTRETIREMENT PLAN		614,768							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		614,768							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		33,921,633							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	38,878,026		38,878,026	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	5,233,410		5,233,410	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	44,111,436		44,111,436	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	10,646,291		10,646,291	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	10,646,291		10,646,291	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	54,757,727		54,757,727	17
18 ANCILLARY SERVICES	164,296,952		164,296,952	18
19 OUTPATIENT SERVICES		121,225,138	121,225,138	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 PHYSICIAN REVENUE		3,121,081	3,121,081	27
27.01 NUTRITIONAL REVENUE		1,760	1,760	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	219,054,679	124,347,979	343,402,658	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		105,603,062	29
30 BAD DEBTS	9,860,018		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		9,860,018	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		115,463,080	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	343,402,658	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	249,732,325	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	93,670,333	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	115,463,080	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-21,792,747	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	228,042	6
7	INCOME FROM INVESTMENTS	194,828	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	7,238	11
12	PARKING LOT RECEIPTS	103,066	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	321,083	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	10,035	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	22,023	21
22	RENTAL OF HOSPITAL SPACE	497,948	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	375,993	24
24.01	OTHER (ADD ASSETS RELEASED FROM RESTRICTIO)	192,571	24.01
24.02	OTHER (CAPITATION REVENUE)	778,380	24.02
24.03	OTHER (HCHP BONUS)	371,782	24.03
24.04	OTHER (PROVIDER TAX)	12,889,822	24.04
24.05	OTHER (SNAP)	6,394,752	24.05
24.06	OTHER (GRANT INCOME)	282,909	24.06
24.07	OTHER (NET ASSETS RELEASED FROM RESTRICTIO)		24.07
24.08	OTHER (CHAP INCOME)	900,060	24.08
24.09	OTHER (FOUNDATION INCOME)	128,878	24.09
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	23,699,410	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,906,663	26
27	OTHER EXPENSES (ROUNDING)		27
27.01	OTHER EXPENSES (LOSS ON INVESTMENTS)	26,026	27.01
27.02	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSSETS)	24,647	27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	50,673	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	1,855,990	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-013) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	2,069,641		1
3	CAPITAL DRG OUTLIER PAYMENTS	6,024		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	103.85		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1176		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.3393		8
10	SUM OF LINES 7 AND 8	0.4569		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0969		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	200,548		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,276,213		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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-013) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT	
1	CAPITAL DRG OTHER THAN OUTLIER	1
2	CAPITAL DRG OUTLIER PAYMENTS	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9	SUM OF LINES 7 AND 8	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	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-	SUBTOTAL	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS	(COLS.0-4)		POST STEP- DOWN ADJS	
	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
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES 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
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
54.02 ULTRASOUND					54.02
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
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
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
100 I&R SERVICES-NOT APPRVD PRGM					100
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
190.01 SISTERS & PRIESTS MAINTENANCE					190.01
192 PHYSICIANS' PRIVATE OFFICES					192
194 SEASON HOSPICE					194

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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
01/24/2012 09:10

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	40.65		31.10				71.75 30
31 INTENSIVE CARE UNIT	51.01		22.39				73.40 31
43 NURSERY			75.38				75.38 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	24.25	15.76	12.43				52.44 50
51 RECOVERY ROOM	24.52	16.70	11.92				53.14 51
52 DELIVERY ROOM & LABOR ROOM	0.94	0.54	52.57				54.05 52
54 RADIOLOGY-DIAGNOSTIC	20.10	12.64	6.73				39.47 54
54.02 ULTRASOUND	20.19	8.36	10.39				38.94 54.02
56 RADIOISOTOPE	26.00	15.06	12.40				53.46 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	20.25	11.88	9.40				41.53 57
59 CARDIAC CATHETERIZATION	39.47	8.16	18.23				65.86 59
60 LABORATORY	28.56		16.60				45.16 60
65 RESPIRATORY THERAPY	45.32	1.07	20.54				66.93 65
66 PHYSICAL THERAPY	14.57	0.40	4.26				19.23 66
67 OCCUPATIONAL THERAPY	0.30		0.08				0.38 67
68 SPEECH PATHOLOGY	21.96	6.31	6.78				35.05 68
69 ELECTROCARDIOLOGY	32.31	12.61	13.05				57.97 69
70 ELECTROENCEPHALOGRAPHY	52.44	3.61	15.56				71.61 70
71 MEDICAL SUPPLIES CHRGD TO PATI	27.87	15.02	13.08				55.97 71
72 IMPL. DEV. CHARGED TO PATIENT	48.47	13.51	17.03				79.01 72
73 DRUGS CHARGED TO PATIENTS	37.94	3.74	21.47				63.15 73
74 RENAL DIALYSIS	56.72	4.18	17.98				78.88 74
90 CLINIC	24.45	22.52	7.28				54.25 90
91 EMERGENCY	13.83	8.14	7.81				29.78 91
92 OBSERVATION BEDS		31.12					31.12 92
200 TOTAL CHARGES	27.30	7.34	14.02				48.66 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	75.89		16.87				92.76 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.45		0.08				0.53 50
51 RECOVERY ROOM	0.55		0.09				0.64 51
54 RADIOLOGY-DIAGNOSTIC	0.64	0.03	0.14				0.81 54
54.02 ULTRASOUND	0.58	0.04	0.16				0.78 54.02
56 RADIOISOTOPE	0.37		0.05				0.42 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.41	0.04	0.11				0.56 57
60 LABORATORY	2.20		0.45				2.65 60
65 RESPIRATORY THERAPY	3.30	0.01	0.40				3.71 65
66 PHYSICAL THERAPY	29.23		6.50				35.73 66
67 OCCUPATIONAL THERAPY	75.36		16.96				92.32 67
68 SPEECH PATHOLOGY	42.54		12.41				54.95 68
69 ELECTROCARDIOLOGY	0.73	0.01	0.23				0.97 69
70 ELECTROENCEPHALOGRAPHY	0.66	0.33	0.23				1.22 70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.67		0.43				2.10 71
72 IMPL. DEV. CHARGED TO PATIENT	0.17		0.02				0.19 72
73 DRUGS CHARGED TO PATIENTS	2.40	0.01	0.61				3.02 73
74 RENAL DIALYSIS	7.03	0.15	1.37				8.55 74
90 CLINIC	0.88		0.28				1.16 90
91 EMERGENCY	0.01						0.01 91
200 TOTAL CHARGES	2.30	0.01	0.49				2.80 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	2,199,075	2.23	-2,199,075	-4.98			1
2	CAP REL COSTS-MVBLE EQUIP	3,375,141	3.43	-3,375,141	-7.64			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	5,629,980	5.71	-5,629,980	-12.74			4
5.01	COMMUNICATIONS	420,829	0.43	-420,829	-0.95			5.01
5.02	DATA PROCESSING	1,229,730	1.25	-1,229,730	-2.78			5.02
5.03	PURCHASING	314,606	0.32	-314,606	-0.71			5.03
5.04	BUSINESS OFFICE	2,005,710	2.04	-2,005,710	-4.54			5.04
5.05	OTHER ADMINISTRATIVE & GENERAL	15,725,717	15.96	-15,725,717	-35.60			5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	5,986,690	6.08	-5,986,690	-13.55			7
8	LAUNDRY & LINEN SERVICE	880,484	0.89	-880,484	-1.99			8
9	HOUSEKEEPING	1,489,903	1.51	-1,489,903	-3.37			9
10	DIETARY	933,044	0.95	-933,044	-2.11			10
11	CAFETERIA	491,485	0.50	-491,485	-1.11			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	692,827	0.70	-692,827	-1.57			13
14	CENTRAL SERVICES & SUPPLY	368,338	0.37	-368,338	-0.83			14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	2,431,654	2.47	-2,431,654	-5.50			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCS-SALARY & FRINGES APP							21
22	I&R SRVCS-OTHER PRGM COSTS APP							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	11,847,356	12.03	11,000,733	24.90	22,848,089	23.19	30
31	INTENSIVE CARE UNIT	4,519,205	4.59	3,116,259	7.05	7,635,464	7.75	31
41	SUBPROVIDER - IRF	2,123,938	2.16	1,561,670	3.54	3,685,608	3.74	41
43	NURSERY							43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,756,584	2.80	3,010,681	6.82	5,767,265	5.85	50
51	RECOVERY ROOM	436,368	0.44	344,965	0.78	781,333	0.79	51
52	DELIVERY ROOM & LABOR ROOM	2,266,461	2.30	1,847,517	4.18	4,113,978	4.18	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	1,676,793	1.70	2,800,804	6.34	4,477,597	4.54	54
54.02	ULTRASOUND	590,679	0.60	427,449	0.97	1,018,128	1.03	54.02
56	RADIOISOTOPE	543,787	0.55	463,231	1.05	1,007,018	1.02	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,056,034	1.07	1,073,198	2.43	2,129,232	2.16	57
59	CARDIAC CATHETERIZATION	565,562	0.57	509,107	1.15	1,074,669	1.09	59
60	LABORATORY	4,786,728	4.86	3,257,553	7.37	8,044,281	8.17	60
62.30	BLOOD CLOTTING FACTORS ADMIN CO							62.30
65	RESPIRATORY THERAPY	1,442,145	1.46	1,278,296	2.89	2,720,441	2.76	65
66	PHYSICAL THERAPY	896,525	0.91	595,875	1.35	1,492,400	1.51	66
67	OCCUPATIONAL THERAPY	442,338	0.45	247,563	0.56	689,901	0.70	67
68	SPEECH PATHOLOGY	209,418	0.21	162,357	0.37	371,775	0.38	68
69	ELECTROCARDIOLOGY	651,681	0.66	782,916	1.77	1,434,597	1.46	69
70	ELECTROENCEPHALOGRAPHY	45,685	0.05	146,945	0.33	192,630	0.20	70
70.01	SLEEP LAB							70.01
71	MEDICAL SUPPLIES CHRGD TO PATI	1,425,549	1.45	966,239	2.19	2,391,788	2.43	71
72	IMPL. DEV. CHARGED TO PATIENT	1,725,784	1.75	1,097,640	2.48	2,823,424	2.87	72
73	DRUGS CHARGED TO PATIENTS	4,509,655	4.58	2,364,029	5.35	6,873,684	6.98	73
74	RENAL DIALYSIS	441,837	0.45	222,153	0.50	663,990	0.67	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	939,627	0.95	916,780	2.08	1,856,407	1.88	90
91	EMERGENCY	6,948,230	7.05	4,687,814	10.61	11,636,044	11.81	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
100	I&R SERVICES-NOT APPRVD PRGM							100
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN			357,765	0.81	357,765	0.36	190
190.01	SISTERS & PRIESTS MAINTENANCE	24,802	0.03	6,767	0.02	31,569	0.03	190.01
192	PHYSICIANS' PRIVATE OFFICES	1,471,653	1.49	804,657	1.82	2,276,310	2.31	192
194	SEASON HOSPICE			124,250	0.28	124,250	0.13	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	98,519,637	100.00			98,519,637	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	515,621	12,012,791	0.042923	2,913,577	125,059	50
51 RECOVERY ROOM	46,364	2,154,004	0.021525	528,192	11,369	51
52 DELIVERY ROOM & LABOR ROOM	275,243	3,120,354	0.088209	29,240	2,579	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	840,980	15,508,512	0.054227	3,117,918	169,075	54
54.02 ULTRASOUND	23,222	8,545,981	0.002717	1,725,253	4,688	54.02
56 RADIOISOTOPE	111,499	5,441,835	0.020489	1,414,610	28,984	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	165,024	27,813,670	0.005933	5,633,398	33,423	57
59 CARDIAC CATHETERIZATION	153,584	7,121,757	0.021565	2,811,290	60,625	59
60 LABORATORY	243,506	63,308,008	0.003846	18,077,670	69,527	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	123,629	27,601,862	0.004479	12,510,357	56,034	65
66 PHYSICAL THERAPY	59,503	4,027,952	0.014773	586,675	8,667	66
67 OCCUPATIONAL THERAPY	23,527	1,837,369	0.012805	5,478	70	67
68 SPEECH PATHOLOGY	18,256	570,537	0.031998	125,267	4,008	68
69 ELECTROCARDIOLOGY	151,254	14,341,963	0.010546	4,633,667	48,867	69
70 ELECTROENCEPHALOGRAPHY	22,505	546,574	0.041175	286,625	11,802	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	141,027	7,546,772	0.018687	2,103,071	39,300	71
72 IMPL. DEV. CHARGED TO PATIENT	167,802	5,493,937	0.030543	2,662,735	81,328	72
73 DRUGS CHARGED TO PATIENTS	296,520	28,607,596	0.010365	10,852,923	112,491	73
74 RENAL DIALYSIS	25,902	1,307,307	0.019813	741,517	14,692	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	165,443	9,197,335	0.017988	2,248,389	40,444	90
91 EMERGENCY	403,928	35,750,217	0.011299	4,943,899	55,861	91
92 OBSERVATION BEDS	103,252	3,665,756	0.028167			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	4,077,591	285,522,089		77,951,751	978,893	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	1,009,777		1,009,777	36,527	27.64	14,850	410,454 30
31	INTENSIVE CARE UNIT	273,744		273,744	5,113	53.54	2,608	139,632 31
200	TOTAL	1,283,521		1,283,521	41,640		17,458	550,086 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								550,086
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								978,893
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								1,528,979
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								3,688
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								17,458
PER DISCHARGE CAPITAL COSTS								414.58
PER DIEM CAPITAL COSTS								87.58

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	26,987,684
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	101,222,368
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.267

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	4,540,338
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	10,530,770
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.431

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	1,528,979
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	5,511,995
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	20,840,411
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.264