



HEALTHCARE SYSTEM

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

March 23, 2012

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

RE: St. Joseph Medical Center
Bloomington, Illinois
Provider No.: 14-0162 14-5590
FYE 9/30/11

Dear Ms. Conklin:

The following are enclosed:

1. One original signature page for the HCFA-2552-10
2. One electronic disk containing the following files:
 - a. Working Trial Balance
 - b. A-6 and A-8 adjustments
 - c. PSR Crosswalk
 - d. Medicare Bad Debt Logs
 - e. Audited financial statements for year ended 9/30/11
 - f. W/S A & C grouping work papers and supporting documentation
 - g. W/S S-3 Pt II work papers
3. Our check in the amount of \$30,271 for settlement payment.

Protested Items:

1. **Understated IPPS Standardized Amount** – Section 1861(v)(1)(A) of the Social Security Act requires the Secretary to take into account costs such that “the necessary costs of efficiently delivering covered services to individuals covered by [Medicare] will not be borne by individuals not so covered, and the costs with respect to individuals not so covered will not be borne by [Medicare].” We contend that the Secretary’s failure to distinguish between patient discharges and transfers during the implementation of the inpatient prospective payment system resulted in an understatement of the Federal DRG Prospective Payment amounts paid to this hospital in the current and prior fiscal years and results in the costs of the Medicare program being borne by those not enrolled in the program, in direct violation of one of the principal tenants of Medicare reimbursement as set forth in the Social Security Act.. In order to protect our appeal rights on this issue, we are filing the reimbursement impact as a Protested Item in our Medicare Cost Report. The reimbursement impact during our cost reporting period October 01, 2010 through September 30, 2011 is **\$365,343** and is set forth in the attached worksheet.
2. **DSH Impact of the Understated IPPS Standardized Amount** - Section 1886(d)(5)(F) of the Social Security Act provides for the additional payments to subsection (d) hospitals that serve a disproportionate share of low income patients. The calculation of this additional payment uses the DRG payment amount times the DSH percentage. We contend that the understatement of the federal DRG Prospective Payment Amounts as described in item #1 above resulted in an underpayment of DSH payments to this hospital for cost reporting period October 1, 2010 through September 30, 2011. The

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

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

reimbursement impact during our cost reporting period October 01, 2010 through September 30, 2011 is **\$15,308** and is set forth in the attached worksheet.

3. **Budget Neutrality Adjustment Calculation** – We contend that CMS’ calculation and application of the budget neutrality adjustment for the effect of the wage index rural floor is, and has been erroneously duplicating for the current and past federal fiscal years. As a result, the adjustments are not budget-neutral in accordance with the requirement in section 4410(b) of the Balanced Budget Act of 1997 but instead have systematically understated the rates paid under the inpatient prospective payment system for cost reporting period October 1, 2010 through September 30, 2011. The estimated reimbursement impact amount of CMS’ error is **\$227,421** and is set forth in the attached worksheet.
4. **DSH/SSI Formula-** Section 1886(d)(5)(F) of the Social Security Act provides for the additional payments to subsection (d) hospitals that serve a disproportionate share of low income patients. The most commonly used method for a hospital to qualify for the Medicare disproportionate hospital (DSH) payment adjustment is based on a complex statutory formula under which payment adjustments are based on the hospital’s DSH patient percentage, which is the sum of two fractions: the “Medicare fraction” and the “Medicaid fraction.” The Hospital has a good faith belief that CMS understated the Hospital’s number of patient days furnished to patients that were entitled to both Medicare Part A benefits and SSI benefits when calculating the Hospital’s Medicare fraction (and resulting DSH patient percentage and DSH payment adjustment) for the cost report period noted above. Although the Hospital has a good faith belief that this error by CMS when calculating the Hospital’s Medicare fraction resulted in an underpayment to the Hospital, the Hospital currently has not quantified the magnitude of the error. Based on previous SSI data review experience provided us by our consultant, we believe the Hospital’s SSI % could be understated by approximately 11.3%. Therefore, we have calculated an adjusted DSH percentage by adjusting the published SSI% by 11.3%. The estimated reimbursement impact of including the 11.3% change in SSI % in the DSH calculation in the current year cost report is **\$46,374** and is set forth in the attached worksheet.
5. We have removed our Medicaid tax assessment cost through an adjustment on A-8; however we believe this to be a valid cost that should not be excluded.

Please note: Regarding our Medicaid secondary days count as reported on S-3, Part I, col. 7 – Due to the fact that our final count for our Medicaid secondary days is not available to us at the time we file the cost report, we have included only verified days in our count of total Medicaid days. Our final numbers will not be available to us until all claims have been processed by Medicaid. We anticipate those numbers will be available to us before final audit of our 9/30/11 Medicare cost report and we will report them along with documentation during our final audit.

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

Sincerely,



Michelle A. Carrothers
Director of Debt Management & Revenue Cycle
Enclosures
cc: John Zell

9/30/11 Protested Amount Calculation

9/30/2005

IPPS Standardized Amount

14-0162
310,463
16,419,891
1.89%

9/30/2011

IPPS Standardized Amount

14-0162
19,322,367
365,343

DSH Impact of Above

14-0162
DSH % 4.19%
15,308

#50

365,343.00 +
15,308.00 +
227,421.00 +
46,374.00 +
654,446.00 *

E Part A, line 75

Description of Budget Neutrality Issue

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

Estimated Impact Protested Item

Budget Neutrality (BN) Appeal Hospital Data

Hospital Name:	St. Joseph Medical Center		
Hospital Medicare Provider #:	14-0162		
Hospital Beginning FY Date:	10/1/2010		
Hospital Ending FY Date:	9/30/2011		

Hospital Payments by Type (from Worksheet E Part A)

DRG Payments	\$19,322,367 (1)
Outlier Payments	\$648,151
IME Payments	
DSH Payments	\$704,150
Total Est. Payments	\$20,674,667

Estimated Budget Neutrality Error Impact

BN Error Factor Hospital FYE	0.01100
Estimated Hospital Error Impact for Hospital FY	\$227,421

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

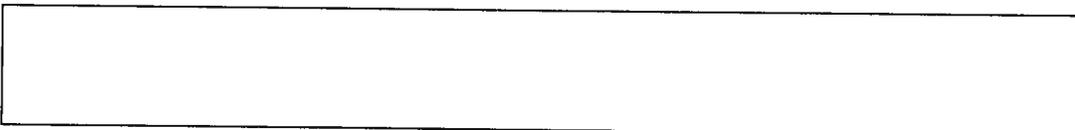
OSF St. Joseph Medical Center
 FYE: September 30, 2011
 Provider Number: 14-0162
 PRRB - Appeal Effect Calculations

Exhibit 2E

S:\Shared\CAROLE\COST REPORTS\MEDICARE\2011 COST REPORTS\PROTESTED ITEMS\FY11 SSI Group Appeal Impact Calc.xls\FY 10 SSI ImpactCalc Saint Anth

	Days	
Total PPS Days per Medicare Cost Report incl Admit Observation Days	22,991	W/S S-3 Ln 14 & 32, col 8
Add: Employee Discount Days	0	
TOTAL PATIENT DAYS FOR DSH CALCULATION	22,991	
Cost Report Days for DSH Calculation		
Total Medicaid Days incl Admitted Observation Days	2,973	W/S-2 line 24
Medicaid HMO Days	0	
Additional Eligible Days:		
Medicaid Secondary Days	0	
TOTAL Paid and Eligible Days	2,973	
MEDICAID DAYS AS A % OF TOTAL DAYS	12.93% (A)	Impact of Increasing SSI % by 11.3%
COMPARISON TO MINIMUM DSH % CRITERIA		
	<u>DSH Percentage</u>	<u>DSH Percentage</u>
MEDICAID DAYS AS A % OF TOTAL DAYS	12.93% (A)	12.93% (A)
SSI %	3.238% (D)	3.605% (D) x 111.3%
TOTAL DSH %	16.17%	16.54%
LESS 15% MINIMUM (RURAL AND OVER 100 BEDS)	15.00%	15.00%
EXCESS DSH %	1.17% (B)	1.54% (B)
COMPUTATION OF DSH ADJUSTMENT %		
MINIMUM DSH %	2.50%	2.50%
ADD 65% OF EXCESS DSH % OVER 15% { (B) x 65% }	0.76%	1.00%
TOTAL DSH ADJUSTMENT %	3.26% (C)	3.50% (C)
COMPUTATION OF DSH ADJUSTMENT AMOUNT		
TOTAL DSH ADJUSTMENT %	3.26% (C)	3.50% (C)
x DRG AMOUNT, PER W/S E PART A LNs 1, 2, 3	19,322,367	19,322,367
COMPUTED DSH AMOUNT - PRIOR TO BBA/BBRA REDUCTIONS	629,909	676,283
x NET REIMBURSABLE AMOUNT (NET OF BBA/BBRA REDUCTION)	100.00%	100.00%
AS ADJUSTED DSH AMOUNT, W/S E PART A LN 4.04	629,909 (E)	676,283
DSH AMOUNT PER PREVIOUS CALCULATION	Agrees to Final Cost Report	(629,909) (E)
	IMPACT	46,374

Note: Since CMS has not released the detail for the SSI % calculation, the Hospital will estimate the impact by multiplying the current year SSI % by the average increase (11.3%) in SSI % obtained in 15 SSI review projects performed by their consultant. See attached summary of these results.



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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 03/22/2012 TIME: 14:09
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH MEDICAL CENTER (14-0162) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 03/22/2012 14:09
 f5.1TlfeXbypV9f:yRWVX7gEgho70
 txSVi0hbMVxnuLi:7YuTGddvlxggvG
 CtD51TDehj0IB2tm

(SIGNED)

Du 9 m

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Senior Vice President, CFO

 TITLE
3/23/12

 DATE

PI Encryption: 03/22/2012 14:09
 b9Jz4:MYDr3nH0oTocJl.DK05yWpS0
 xvkMO0NucXT5eAj0qAg9y8cHK8aKlu
 lNS.0DziHc0kh0Fn
 PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-20,614	35,039	-44,696	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-20,614	35,039	-44,696	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

 COMPU-MAX CMS-2552-10 EDIT REPORT

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

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

	TITLE V 1	TITLE XVIII PART A 2	TITLE XVIII PART B 3	HIT 4	TITLE XIX 5
1	HOSPITAL				
2	SUB-IPF	-20,614	35,039	-44,696	1
3	SUB-IRF				2
4	SUB(OTHER)				3
5	S-BED SNF				4
6	S-BED NF				5
7	SNF				6
8	NF				7
9	HHH				8
10	RHC				9
11	FQHC				10
12	O/P REHAB				11
200	TOTAL	-20,614	35,039	-44,696	12
					200

 Explanation of error code types:

10000 - The '10000' level error codes (in the range from 10000-19999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your FI/MAC and will be used by the FI/MAC as a basis of rejection should your file be received by the FI/MAC with such errors.

20000 - Errors in the range of 20000-29999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).

**** - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.

(*) - Error messages marked with an asterisk (*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.

(I) - Messages preceded by (I) are informational and are not errors.

 II. 10000 LEVEL ERRORS

III. 20000 LEVEL ERRORS

20300 - THE COST TO CHARGE RATIO ON WKST C, PART I, COL. 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%.
 LINE 55, COL. 11 MAY BE INVALID.

20300 - THE COST TO CHARGE RATIO ON WKST C, PART I, COL. 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%.
 LINE 76.10, COL. 11 MAY BE INVALID.

20300 - THE COST TO CHARGE RATIO ON WKST C, PART I, COL. 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%.
 LINE 76.97, COL. 11 MAY BE INVALID.

IV. KPMG LEVEL ERRORS

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

V. INFORMATIONAL MESSAGES

(I) - THE TOTAL CALCULATED FOR WKST A-8-2, COL. 18, HAS BEEN TRANSFERRED TO WKST A-8, LINE 10. THE TOTAL FOR WKST A-8 THAT YOU ENTERED HAS BEEN DECREASED BY 492,773

- (I) - THE TOTAL CALCULATED FOR WKST A-8-1, PART A, COL. 6, HAS BEEN TRANSFERRED TO WKST A-8, LINE 12. THE TOTAL FOR WKST A-8 THAT YOU ENTERED HAS BEEN DECREASED BY 3,467,603
- (I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WKST E, PART A, LINE 75, COL. 1.
- (I) - WORKSHEET E, PART A, LINE 2 IS GREATER THAN 500,000. PLEASE REVIEW AS ADDITIONAL RECONCILIATION MAY BE REQUIRED BASED ON CMS CR 2785.

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

WORKSHEET S
 PARTS I, II & III

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 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
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(SIGNED)

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL						1
2 SUBPROVIDER - IPF		-20,614	35,039	-44,696		2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-20,614	35,039	-44,696		200

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2200 E WASHINGTON P.O. BOX: 1
 2 CITY: BLOOMINGTON STATE: IL ZIP CODE: 61701 COUNTY: MCLEAN 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	14-0162	14060	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5590	14060		01/01/1988	N	P	O	9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTG								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2010			TO: 09/30/2011				20
21	TYPE OF CONTROL				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
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.	Y	N
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.	3	N

24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	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 IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,294	528			151	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.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 N	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	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
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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.			N 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
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 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.	1	2	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.	25,000,000	25,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	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.	1	2	140
		Y		

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

141	NAME: OSF HEALTHCARE SYSTEM	CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 800 NE GLEN OAK AVE	P.O. BOX:		142
143	CITY: PEORIA	STATE: IL	ZIP CODE: 61603	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		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.

155	HOSPITAL	PART A	PART B	
156	SUBPROVIDER - IPF	1	2	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	160
				161

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	Y/N N	DATE 2	V/I 3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15
PS&R REPORT DATA			PART A	PART B
		Y/N	DATE	Y/N
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 4
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/20/2011	Y 12/20/2011
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N 18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N 19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N 20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N 21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	67,995,859	376,572	68,372,431	2,116,383.00	32.31	1
2							2
3							3
4		325,930		325,930	1,878.00	173.55	4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44	400,330	2,631	402,961	18,760.00	21.48	9
10		29,359,097	421,193	29,780,290	585,569.00	50.86	10
OTHER WAGES & RELATED COSTS							
11		1,518,212		1,518,212	23,661.00	64.17	11
12							12
13		168,000		168,000	1,160.00	144.83	13
14		5,694,598		5,694,598	87,627.00	64.99	14
15							15
16							16
WAGE-RELATED COSTS							
17		11,780,321		11,780,321			17
18							18
19		4,027,492		4,027,492			19
20							20
21							21
22		42,113		42,113			22
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26							26
27		7,058,756	124,898	7,183,654	238,202.00	30.16	27
28		585,371		585,371	12,850.00	45.55	28
29		638,309	8,806	647,115	24,438.00	26.48	29
30		377,680	-401	377,279	14,923.00	25.28	30
31		47,574	242	47,816	4,173.00	11.46	31
32		837,153	2,876	840,029	72,404.00	11.60	32
33		3,859		3,859	232.00	16.63	33
34		769,261	-494,844	274,417	25,772.00	10.65	34
35							35
36		70,065	216,284	286,349	12,492.00	22.92	36
37							37
38		1,018,659	11,990	1,030,649	33,193.00	31.05	38
39		145,644	3,457	149,101	11,304.00	13.19	39
40							40
41		840,052	6,130	846,182	44,173.00	19.16	41
42		178,220	-36	178,184	7,913.00	22.52	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	68,585,089	376,572	68,961,661	2,129,465.0	32.38	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	29,759,427	423,824	30,183,251	604,329.00	49.95	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38,825,662	-47,252	38,778,410	1,525,136.0	25.43	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	7,380,810		7,380,810	112,448.00	65.64	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	11,822,434		11,822,434		30.49%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	58,028,906	-47,252	57,981,654	1,637,584.0	35.41	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	12,570,603	-120,598	12,450,005	502,069.00	24.80	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	3,038,407	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	1,538,000	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,888,507	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	53,170	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	167,379	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,121,009	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	3,959,762	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	83,692	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	15,849,926	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

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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		1	2	1
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	14,743,624		1
2	HOSPITAL	14,741,644		2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF	1,980		8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTG			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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2	GROUP	SNF	SWING BED	TOTAL
				1	DAYS	SNF DAYS	(COLS.
					2	3	2 + 3)
							4
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N					1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N					2
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL						6
7	RHX						7
8	RHL						8
9	RMX						9
10	RML				4		10
11	RLX					4	11
12	RUC						12
13	RUB						13
14	RUA						14
15	RVC						15
16	RVB						16
17	RVA						17
18	RHC						18
19	RHB				20		20
20	RHA				99		99
21	RMC				23		23
22	RMB				27		27
23	RMA				610		610
24	RLB						24
25	RLA				26		26
26	ES3						26
27	ES2						27
28	ES1				7		7
29	HE2						29
30	HE1						30
31	HD2						31
32	HD1				1		1
33	HC2						33
34	HC1						34
35	HB2						35
36	HB1				14		14
37	LE2						37
38	LE1						38
39	LD2						39
40	LD1						40
41	LC2						41
42	LC1				27		27
43	LB2						43
44	LB1				6		6
45	CE2						45
46	CE1						46
47	CD2						47
48	CD1				36		36
49	CC2						49
50	CC1						50
51	CB2						51
52	CB1				70		70
53	CA2						53
54	CA1				107		107
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2						65
66	BB1						66
67	BA2						67
68	BA1				3		3

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		SNF	SWING BED	TOTAL
		DAYS	SNF DAYS	(COLS.
GROUP		2	3	2 + 3)
1				4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1			74
75	PB2			75
76	PB1	29		29 76
77	PA2			77
78	PA1			78
199	AAA			199
200	TOTAL	1,109		1,109 200

SNF SERVICES

		CBSA AT	CBSA
		BEGINNING	ON/AFTER
		OF COST	OF THE COST
		REPORTING	REPORTING
		PERIOD	PERIOD (IF
		1	APPLICABLE)
			2

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

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

		EXPENSES	PERCENTAGE	ASSOCIATED
		1	2	WITH
				DIRECT
				PATIENT
				CARE AND
				RELATED
				EXPENSES?
				3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	674,491		207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.207366	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				8,498,878	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y		3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y		4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				42,802,094	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				8,875,699	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				376,821	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				376,821	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	13,601,885	2,627,214	16,229,099	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,820,568	544,795	3,365,363	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	108,908	21,036	129,944	22
23	COST OF CHARITY CARE	2,711,660	523,759	3,235,419	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)			6,873,485	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			392,981	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			6,480,504	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,343,836	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			4,579,255	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			4,956,076	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						
	CAP REL COSTS-BLDG & FIXT		3,105,415	3,105,415	-495,700	1	
2	00200						
	CAP REL COSTS-MVBLE EQUIP		3,443,545	3,443,545	-90,768	2	
3	00300						
	OTHER CAPITAL RELATED COSTS					3	
4	00400						
	EMPLOYEE BENEFITS		13,908,952	13,908,952	-329,175	4	
5	00500						
	ADMINISTRATIVE & GENERAL	7,058,756	17,651,074	24,709,830	-88,506	5	
6	00600						
	MAINTENANCE & REPAIRS	638,309	1,064,487	1,702,796	8,806	6	
7	00700						
	OPERATION OF PLANT	377,680	2,629,647	3,007,327	-401	7	
8	00800						
	LAUNDRY & LINEN SERVICE	47,574	401,904	449,478	242	8	
9	00900						
	HOUSEKEEPING	837,153	73,114	910,267	4,032	9	
10	01000						
	DIETARY	769,261	406,668	1,175,929	-748,613	10	
11	01100						
	CAFETERIA	70,065	4,229	74,294	332,535	11	
12	01200						
	MAINTENANCE OF PERSONNEL					12	
13	01300						
	NURSING ADMINISTRATION	1,018,659	207,223	1,225,882	11,990	13	
14	01400						
	CENTRAL SERVICES & SUPPLY	145,644	168,481	314,125	3,468	14	
15	01500						
	PHARMACY					15	
16	01600						
	MEDICAL RECORDS & LIBRARY	840,052	250,029	1,090,081	6,130	16	
17	01700						
	SOCIAL SERVICE	178,220	1,733	179,953	-36	17	
19	01900						
	NONPHYSICIAN ANESTHETISTS					19	
20	02000						
	NURSING SCHOOL					20	
21	02100						
	I&R SRVCES-SALARY & FRINGES APPRVD					21	
22	02200						
	I&R SRVCES-OTHER PRGM COSTS APPRVD		170,443	170,443		22	
23	02300						
	PARAMED ED PRGM-(SPECIFY)					23	
INPATIENT ROUTINE SERV COST CENTERS							
30	03000						
	ADULTS & PEDIATRICS	9,258,424	960,448	10,218,872	-246,020	30	
43	04300						
	NURSERY	260,586	37,503	298,089	51,386	43	
44	04400						
	SKILLED NURSING FACILITY	400,330	21,690	422,020	2,631	44	
ANCILLARY SERVICE COST CENTERS							
50	05000						
	OPERATING ROOM	2,180,709	10,463,035	12,643,744	-8,091,394	50	
51	05100						
	RECOVERY ROOM	366,419	9,949	376,368	917	51	
52	05200						
	DELIVERY ROOM & LABOR ROOM	767,011	184,366	951,377	240,647	52	
53	05300						
	ANESTHESIOLOGY		373,617	373,617		53	
54	05400						
	RADIOLOGY-DIAGNOSTIC	1,070,093	1,817,439	2,887,532	-818,638	54	
54.10	03440						
	MAMOGRAPHY	296,802	383,232	680,034	3,166	54.10	
54.20	03630						
	ULTRASOUND	463,272	188,892	652,164	5,881	54.20	
54.30	05401						
	ECHOCARDIOLOGY	263,796	118,550	382,346	744	54.30	
55	05500						
	RADIOLOGY-THERAPEUTIC		43,247	43,247		55	
56	05600						
	RADIOISOTOPE	266,421	631,346	897,767	1,460	56	
57	05700						
	COMPUTED TOMOGRAPHY (CT) SCAN	482,477	889,507	1,371,984	3,221	57	
58	05800						
	MAGNETIC RESONANCE IMAGING (MRI)	200,325	1,010,744	1,211,069	-2,200	58	
59	05900						
	CARDIAC CATHETERIZATION	381,914	1,479,975	1,861,889	-1,085,986	59	
60	06000						
	LABORATORY	1,782,561	1,531,200	3,313,761	9,152	60	
62.30	06250						
	BLOOD CLOTTING FOR HEMOPHILIACS					62.30	
65	06500						
	RESPIRATORY THERAPY	596,965	163,252	760,217	-102,481	65	
66	06600						
	PHYSICAL THERAPY	2,121,176	1,125,378	3,246,554	7,887	66	
67	06700						
	OCCUPATIONAL THERAPY	387,670	62,552	450,222	5,589	67	
68	06800						
	SPEECH PATHOLOGY	155,509	22,285	177,794	2,197	68	
69	06900						
	ELECTROCARDIOLOGY	171,767	28,009	199,776	1,024	69	
70	07000						
	ELECTROENCEPHALOGRAPHY	129,366	-154	129,212	758	70	
71	07100						
	MEDICAL SUPPLIES CHRGD TO PATIENTS	123,549	853,247	976,796	2,780,522	71	
72	07200						
	IMPL. DEV. CHARGED TO PATIENT				7,346,122	72	
73	07300						
	DRUGS CHARGED TO PATIENTS	1,774,088	3,619,690	5,393,778		73	
74	07400						
	RENAL DIALYSIS		154,093	154,093	7,851	74	
76	03330						
	ENDOSCOPY		845,163	845,163		76	
76.10	03950						
	DIABETES SERVICES	65,161	388	65,549	-68	76.10	
76.20	03951						
	PAIN CLINIC	147,784	213,393	361,177	1,570	76.20	
76.97	07697						
	CARDIAC REHABILITATION	146,675	11,116	157,791	-23,835	76.97	
76.98	07698						
	HYPERBARIC OXYGEN THERAPY					76.98	
76.99	07699						
	LITHOTRIPSY					76.99	
OUTPATIENT SERVICE COST CENTERS							
90	09000						
	CLINIC	141,070	164,097	305,167	1,318	90	
91	09100						
	EMERGENCY	2,253,469	868,270	3,121,739	14,261	91	
92	09200						
	OBSERVATION BEDS					92	
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (SUM OF LINES 1-117)		38,636,762	71,762,463	110,399,225	-1,268,314	118
NONREIMBURSABLE COST CENTERS							
190	19000						
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	176,242	549,649	725,891	42,745	190	
192	19200						
	PHYSICIANS' PRIVATE OFFICES	27,929,937	846,621	28,776,558	753,230	192	
192.10	19201						
	CARDIOLOGY CLINIC	35,440	42,932	78,372	7	192.10	
192.20	19202						
	FUND DEV, MKTING, COMM HEALTH ED	518,156	1,225,787	1,743,943	18,776	192.20	
192.30	19203						
	MCLEAN CO EMS	92,494	127,634	220,128	641	192.30	
192.40	19204						
	INDUSTRIAL MEDICINE	606,828	93,964	700,792	9,746	192.40	
192.60	19205						
	NONALLOWABLE CARDIAC REHAB				443,169	192.60	
200	TOTAL (SUM OF LINES 118-199)		67,995,859	74,649,050	142,644,909		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	2,609,715		2,609,715	1
2	00200	CAP REL COSTS-MVBLE EQUIP	3,352,777		3,352,777	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	13,579,777	-119,789	13,459,988	4
5	00500	ADMINISTRATIVE & GENERAL	24,621,324	-3,567,145	21,054,179	5
6	00600	MAINTENANCE & REPAIRS	1,711,602	-131	1,711,471	6
7	00700	OPERATION OF PLANT	3,006,926	-83,134	2,923,792	7
8	00800	LAUNDRY & LINEN SERVICE	449,720		449,720	8
9	00900	HOUSEKEEPING	914,299	-3,534	910,765	9
10	01000	DIETARY	427,316	-150	427,166	10
11	01100	CAFETERIA	406,829		406,829	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,237,872	-88,410	1,149,462	13
14	01400	CENTRAL SERVICES & SUPPLY	317,593		317,593	14
15	01500	PHARMACY				15
16	01600	MEDICAL RECORDS & LIBRARY	1,096,211	-49,931	1,046,280	16
17	01700	SOCIAL SERVICE	179,917		179,917	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	170,443	-170,443		22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	9,972,852		9,972,852	30
43	04300	NURSERY	349,475		349,475	43
44	04400	SKILLED NURSING FACILITY	424,651		424,651	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	4,552,350	-100	4,552,250	50
51	05100	RECOVERY ROOM	377,285		377,285	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,192,024	-9,435	1,182,589	52
53	05300	ANESTHESIOLOGY	373,617	-30,000	343,617	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,068,894	-59,900	2,008,994	54
54.10	03440	MAMOGRAPHY	683,200	-975	682,225	54.10
54.20	03630	ULTRASOUND	658,045		658,045	54.20
54.30	05401	ECHOCARDIOLOGY	383,090		383,090	54.30
55	05500	RADIOLOGY-THERAPEUTIC	43,247		43,247	55
56	05600	RADIOISOTOPE	899,227	-4,245	894,982	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,375,205	-30,179	1,345,026	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,208,869	-38,195	1,170,674	58
59	05900	CARDIAC CATHETERIZATION	775,903		775,903	59
60	06000	LABORATORY	3,322,913	-61,865	3,261,048	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	657,736		657,736	65
66	06600	PHYSICAL THERAPY	3,254,441	-27,991	3,226,450	66
67	06700	OCCUPATIONAL THERAPY	455,811	-4,800	451,011	67
68	06800	SPEECH PATHOLOGY	179,991	-1,124	178,867	68
69	06900	ELECTROCARDIOLOGY	200,800		200,800	69
70	07000	ELECTROENCEPHALOGRAPHY	129,970		129,970	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,757,318		3,757,318	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	7,346,122		7,346,122	72
73	07300	DRUGS CHARGED TO PATIENTS	5,401,629	-288,960	5,112,669	73
74	07400	RENAL DIALYSIS	154,093		154,093	74
76	03330	ENDOSCOPY	845,163	-163,307	681,856	76
76.10	03950	DIABETES SERVICES	65,481		65,481	76.10
76.20	03951	PAIN CLINIC	362,747	-2,558	360,189	76.20
76.97	07697	CARDIAC REHABILITATION	133,956	-50,773	83,183	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	306,485	-366	306,119	90
91	09100	EMERGENCY	3,136,000	-393,886	2,742,114	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	109,130,911	-5,251,326	103,879,585	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	768,636		768,636	190
192	19200	PHYSICIANS' PRIVATE OFFICES	29,529,788		29,529,788	192
192.10	19201	CARDIOLOGY CLINIC	78,379		78,379	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	1,762,719		1,762,719	192.20
192.30	19203	MCLEAN CO EMS	220,769		220,769	192.30
192.40	19204	INDUSTRIAL MEDICINE	710,538		710,538	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	443,169		443,169	192.60
200		TOTAL (SUM OF LINES 118-199)	142,644,909	-5,251,326	137,393,583	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 FIRE INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		50,478 1
2		CAP REL COSTS-MVBLE EQUIP	2		64,244 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					114,722 500
1 CAFETERIA RECLASS	B	CAFETERIA	11	361,051	177,064 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				361,051	177,064 500
1 CARDIAC REHAB RECLASS	C	NONALLOWABLE CARDIAC REHAB	192.60	22,616	1,714 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				22,616	1,714 500
1 ALTERNATE BIRTHING CENTER RECLASS	D	NURSERY	43	45,795	7,151 1
2		DELIVERY ROOM & LABOR ROOM	52	216,817	33,855 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				262,612	41,006 500
1 DEPRECIATION RECLASS	E	GIFT, FLOWER, COFFEE SHOP & C	190		40,556 1
2		PHYSICIANS' PRIVATE OFFICES	192		633,807 2
3		FUND DEV, MKTING, COMM HEALTH	192.20		18,574 3
4		INDUSTRIAL MEDICINE	192.40		8,253 4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					701,190 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 VACATION RECLASS	F	ADMINISTRATIVE & GENERAL	5	35,927	1
2		MAINTENANCE & REPAIRS	6	3,249	2
3		OPERATION OF PLANT	7	1,922	3
4		LAUNDRY & LINEN SERVICE	8	242	4
5		HOUSEKEEPING	9	4,261	5
6		DIETARY	10	3,915	6
7		CAFETERIA	11	357	7
8		NURSING ADMINISTRATION	13	5,183	8
9		CENTRAL SERVICES & SUPPLY	14	741	9
10		MEDICAL RECORDS & LIBRARY	16	4,276	10
11		SOCIAL SERVICE	17	907	11
12		ADULTS & PEDIATRICS	30	47,123	12
13		NURSERY	43	1,326	13
14		SKILLED NURSING FACILITY	44	2,038	14
15		OPERATING ROOM	50	11,099	15
16		RECOVERY ROOM	51	1,865	16
17		DELIVERY ROOM & LABOR ROOM	52	3,904	17
18		RADIOLOGY-DIAGNOSTIC	54	5,446	18
19		MAMOGRAPHY	54.10	1,511	19
20		ULTRASOUND	54.20	2,358	20
21		ECHOCARDIOLOGY	54.30	1,343	21
22		RADIOISOTOPE	56	1,356	22
23		COMPUTED TOMOGRAPHY (CT) SCAN	57	2,456	23
24		MAGNETIC RESONANCE IMAGING (M	58	1,020	24
25		CARDIAC CATHETERIZATION	59	1,944	25
26		LABORATORY	60	9,073	26
27		RESPIRATORY THERAPY	65	3,038	27
28		PHYSICAL THERAPY	66	10,796	28
29		OCCUPATIONAL THERAPY	67	1,973	29
30		SPEECH PATHOLOGY	68	792	30
31		ELECTROCARDIOLOGY	69	874	31
32		ELECTROENCEPHALOGRAPHY	70	658	32
33		MEDICAL SUPPLIES CHRGD TO PA	71	629	33
34		DRUGS CHARGED TO PATIENTS	73	9,030	34
35		DIABETES SERVICES	76.10	332	35
36		PAIN CLINIC	76.20	752	36
37		CARDIAC REHABILITATION	76.97	747	37
38		CLINIC	90	718	38
39		EMERGENCY	91	11,470	39
40		GIFT, FLOWER, COFFEE SHOP & C	190	897	40
41		PHYSICIANS' PRIVATE OFFICES	192	125,250	41
42		CARDIOLOGY CLINIC	192.10	180	42
43		FUND DEV, MKTING, COMM HEALTH	192.20	2,637	43
44		MCLEAN CO EMS	192.30	471	44
45		INDUSTRIAL MEDICINE	192.40	3,089	45
500 TOTAL RECLASSIFICATIONS				329,175	500
CODE LETTER - F					
1 TEAM AWARD ADJUSTMENT RECLASS	G	ADMINISTRATIVE & GENERAL	5	26,982	1
2		ADMINISTRATIVE & GENERAL	5	77,960	2
500 TOTAL RECLASSIFICATIONS				104,942	500
CODE LETTER - G					
1 NONPATIENT DIETARY COST REV RECLASS	H	NONALLOWABLE CARDIAC REHAB	192.60	281,053	137,832 1
2					2
500 TOTAL RECLASSIFICATIONS				281,053	137,832 500
CODE LETTER - H					
1 TELEPHONE	I	ADMINISTRATIVE & GENERAL	5		5,309 1
500 TOTAL RECLASSIFICATIONS					5,309 500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 TEAM AWARD	J	MAINTENANCE & REPAIRS	6	5,557	1
2		NURSING ADMINISTRATION	13	6,807	2
3		CENTRAL SERVICES & SUPPLY	14	2,727	3
4		MEDICAL RECORDS & LIBRARY	16	1,854	4
5		ADULTS & PEDIATRICS	30	10,475	5
6		SKILLED NURSING FACILITY	44	593	6
7		OPERATING ROOM	50	4,167	7
8		MAMOGRAPHY	54.10	1,655	8
9		ULTRASOUND	54.20	3,523	9
10		RADIOISOTOPE	56	104	10
11		COMPUTED TOMOGRAPHY (CT) SCAN	57	765	11
12		CARDIAC CATHETERIZATION	59	3,014	12
13		LABORATORY	60	79	13
14		RESPIRATORY THERAPY	65	1,290	14
15		OCCUPATIONAL THERAPY	67	3,616	15
16		SPEECH PATHOLOGY	68	1,405	16
17		ELECTROCARDIOLOGY	69	150	17
18		ELECTROENCEPHALOGRAPHY	70	100	18
19		PAIN CLINIC	76.20	818	19
20		CLINIC	90	600	20
21		EMERGENCY	91	2,791	21
22		GIFT, FLOWER, COFFEE SHOP & C	190	1,292	22
23		MCLEAN CO EMS	192.30	170	23
500 TOTAL RECLASSIFICATIONS				53,552	500
CODE LETTER - J					
1 IMPLANTABLE MEDICAL DEVICE RECLASS	K	IMPL. DEV. CHARGED TO PATIENT	72		7,346,122 1
2					2
3					3
4					4
500 TOTAL RECLASSIFICATIONS					7,346,122 500
CODE LETTER - K					
1 MED/SURG SUPPLY RECLASS	L	MEDICAL SUPPLIES CHRGD TO PA	71		2,796,871 1
2					2
3					3
4					4
500 TOTAL RECLASSIFICATIONS					2,796,871 500
CODE LETTER - L					
1 DISABILITY RECLASS	M	ADMINISTRATIVE & GENERAL	5		951 1
2		HOUSEKEEPING	9		1,156 2
3		DIETARY	10		314 3
4		CENTRAL SERVICES & SUPPLY	14		11 4
5		ADULTS & PEDIATRICS	30		19,245 5
6		OPERATING ROOM	50		6,206 6
7		DELIVERY ROOM & LABOR ROOM	52		492 7
8		RADIOLOGY-DIAGNOSTIC	54		447 8
9		RESPIRATORY THERAPY	65		1,648 9
10		PHYSICAL THERAPY	66		13,700 10
11		OCCUPATIONAL THERAPY	67		511 11
12		EMERGENCY	91		1,170 12
13		PHYSICIANS' PRIVATE OFFICES	192		6,385 13
500 TOTAL RECLASSIFICATIONS					52,236 500
CODE LETTER - M					
GRAND TOTAL (INCREASES)				1,415,001	11,374,066

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	5		114,722	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					114,722	500
1 CAFETERIA RECLASS	B	DIETARY	10	361,051	177,064	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				361,051	177,064	500
1 CARDIAC REHAB RECLASS	C	CARDIAC REHABILITATION	76.97	22,616	1,714	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				22,616	1,714	500
1 ALTERNATE BIRTHING CENTER RECLASS	D	ADULTS & PEDIATRICS	30	45,795	7,151	1
2		ADULTS & PEDIATRICS	30	216,817	33,855	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				262,612	41,006	500
1 DEPRECIATION RECLASS	E	CAP REL COSTS-BLDG & FIXT	1		546,178	9 1
2		CAP REL COSTS-MVBLE EQUIP	2		155,012	9 2
3						3
4						4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					701,190	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 VACATION RECLASS	F	EMPLOYEE BENEFITS	4		329,175	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
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35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
500 TOTAL RECLASSIFICATIONS					329,175	500
CODE LETTER - F						
1 TEAM AWARD ADJUSTMENT RECLASS	G	ADMINISTRATIVE & GENERAL	5		26,982	1
2		ADMINISTRATIVE & GENERAL	5		77,960	2
500 TOTAL RECLASSIFICATIONS					104,942	500
CODE LETTER - G						
1 NONPATIENT DIETARY COST REV RECLASS	H	DIETARY	10	136,696	77,019	1
2		CAFETERIA	11	144,357	60,813	2
500 TOTAL RECLASSIFICATIONS				281,053	137,832	500
CODE LETTER - H						
1 TELEPHONE	I	ADMINISTRATIVE & GENERAL	5	5,309		1
500 TOTAL RECLASSIFICATIONS				5,309		500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1 TEAM AWARD	J	ADMINISTRATIVE & GENERAL	5	9,711		1
2		OPERATION OF PLANT	7	2,323		2
3		HOUSEKEEPING	9	229		3
4		DIETARY	10	698		4
5		CAFETERIA	11	767		5
6		SOCIAL SERVICE	17	943		6
7		NURSERY	43	2,886		7
8		RECOVERY ROOM	51	948		8
9		DELIVERY ROOM & LABOR ROOM	52	13,929		9
10		RADIOLOGY-DIAGNOSTIC	54	2,482		10
11		ECHOCARDIOLOGY	54.30	599		11
12		MAGNETIC RESONANCE IMAGING (M	58	3,220		12
13		PHYSICAL THERAPY	66	2,909		13
14		CARDIAC REHABILITATION	76.97	252		14
15		DRUGS CHARGED TO PATIENTS	73	1,179		15
16		DIABETES SERVICES	76.10	400		16
17		PHYSICIANS' PRIVATE OFFICES	192	5,827		17
18		CARDIOLOGY CLINIC	192.10	173		18
19		FUND DEV, MKTING, COMM HEALTH	192.20	2,435		19
20		INDUSTRIAL MEDICINE	192.40	1,596		20
21		NONALLOWABLE CARDIAC REHAB	192.60	46		21
22						22
23						23
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				53,552		500
1 IMPLANTABLE MEDICAL DEVICE RECLASS	K	OPERATING ROOM	50		6,485,269	1
2		CARDIAC CATHETERIZATION	59		651,691	2
3		MEDICAL SUPPLIES CHRGD TO PA	71		16,978	3
4		RADIOLOGY-DIAGNOSTIC	54		192,184	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					7,346,122	500
1 MED/SURG SUPPLY RECLASS	L	OPERATING ROOM	50		1,621,391	1
2		CARDIAC CATHETERIZATION	59		439,253	2
3		RESPIRATORY THERAPY	65		106,809	3
4		RADIOLOGY-DIAGNOSTIC	54		629,418	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					2,796,871	500
1 DISABILITY RECLASS	M	ADMINISTRATIVE & GENERAL	5	951		1
2		HOUSEKEEPING	9	1,156		2
3		DIETARY	10	314		3
4		CENTRAL SERVICES & SUPPLY	14	11		4
5		ADULTS & PEDIATRICS	30	19,245		5
6		OPERATING ROOM	50	6,206		6
7		DELIVERY ROOM & LABOR ROOM	52	492		7
8		RADIOLOGY-DIAGNOSTIC	54	447		8
9		RESPIRATORY THERAPY	65	1,648		9
10		PHYSICAL THERAPY	66	13,700		10
11		OCCUPATIONAL THERAPY	67	511		11
12		EMERGENCY	91	1,170		12
13		PHYSICIANS' PRIVATE OFFICES	192	6,385		13
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				52,236		500
GRAND TOTAL (DECREASES)				1,038,429	11,750,638	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	1,635,357					1,635,357	1
2 LAND IMPROVEMENTS	2,303,150	5,165		5,165		2,308,315	2
3 BUILDINGS AND FIXTURES	90,136,164	16,489,432		16,489,432		106,625,596	3
4 BUILDING IMPROVEMENTS	195,305					195,305	4
5 FIXED EQUIPMENT	64,016,830	3,306,567		3,306,567	7,600	67,315,797	5
6 MOVABLE EQUIPMENT	102,891					102,891	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	158,389,697	19,801,164		19,801,164	7,600	178,183,261	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	158,389,697	19,801,164		19,801,164	7,600	178,183,261	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL (1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	3,105,415						3,105,415 1
2 CAP REL COSTS-MVBLE EQUIP	3,443,545						3,443,545 2
3 TOTAL (SUM OF LINES 1-2)	6,548,960						6,548,960 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL (2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	2,609,715						2,609,715 1
2 CAP REL COSTS-MVBLE EQUIP	3,352,777						3,352,777 2
3 TOTAL	5,962,492						5,962,492 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)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-54,352	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-326	ADMINISTRATIVE & GENERAL	5	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-492,773			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-3,467,603			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					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	B	-287,743	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-49,931	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 TELEVISION SERVICE	A	-49,034	NURSING ADMINISTRATION	13	33
33.01 TELEVISION SERVICE	A	-825	DELIVERY ROOM & LABOR ROOM	52	33.01
33.02 TELEVISION SERVICE	A	-977	PHYSICAL THERAPY	66	33.02
33.03 TELEVISION SERVICE	A	-163	PAIN CLINIC	76.20	33.03
33.04 TELEVISION SERVICE	A	-326	CLINIC	90	33.04
33.05 TELEVISION SERVICE	A	-702	EMERGENCY	91	33.05
34 PATIENT ACCOUNTS	B	-753	ADMINISTRATIVE & GENERAL	5	34
35 PERSONNEL	B	-5,700	ADMINISTRATIVE & GENERAL	5	35
36 MEDICAL STAFF EXPENSE	B	-33,200	ADMINISTRATIVE & GENERAL	5	36
37 DISASTER PREPAREDNESS	B	-33,015	ADMINISTRATIVE & GENERAL	5	37
38 HOSPITAL ADMINISTRATION	B	-4	ADMINISTRATIVE & GENERAL	5	38
39 PLANT MAINTENANCE	B	-131	MAINTENANCE & REPAIRS	6	39
40 HOUSEKEEPING	B	-3,534	HOUSEKEEPING	9	40
41 DIETARY	B	-150	DIETARY	10	41
42 CLINICAL EDUCATION	B	-32,282	NURSING ADMINISTRATION	13	42
43 SURGERY - GENERAL	B	-100	OPERATING ROOM	50	43
44 LABOR AND DELIVERY	B	-8,610	DELIVERY ROOM & LABOR ROOM	52	44
45 COLLEGE AVE - DIAGNOSTIC RADIOLOGY	B	-20	RADIOLOGY-DIAGNOSTIC	54	45
46 RADIOLOGY ADMIN	B	-1,268	RADIOLOGY-DIAGNOSTIC	54	46
47 COLLEGE AVE - RADIOLOGY ADMIN	B	-40	RADIOLOGY-DIAGNOSTIC	54	47
48 LABORATORY	B	-11,865	LABORATORY	60	48
49 FORT JESSE PHYSICAL THERAPY	B	-9,884	PHYSICAL THERAPY	66	49
49.01 COLLEGE AVE - PHYSICAL THERAPY	B	-13,005	PHYSICAL THERAPY	66	49.01
49.02 REHAB ADMINISTRATION	B	-25	PHYSICAL THERAPY	66	49.02
49.03 INDUSTRIAL REHAB	B	-4,100	PHYSICAL THERAPY	66	49.03
49.04 COLLEGE AVE - OCCUPATIONAL THERAPY	B	-4,800	OCCUPATIONAL THERAPY	67	49.04
49.05 SPEECH - LANGUAGE PATHOLOGY	B	-486	SPEECH PATHOLOGY	68	49.05
49.06 AUDIOLOGY	B	-638	SPEECH PATHOLOGY	68	49.06
49.07 CARDIAC REHAB	B	-50,773	CARDIAC REHABILITATION	76.97	49.07

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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
49.08 DRUGS SOLD TO PATIENTS	B	-1,217	DRUGS CHARGED TO PATIENTS	73	49.08
49.09 PAIN CLINIC	B	-2,395	PAIN CLINIC	76.20	49.09
49.10 WOUND CLINIC	B	-40	CLINIC	90	49.10
49.11 EMERGENCY	B	-3,625	EMERGENCY	91	49.11
49.12 PRE-EMPLOYMENT PHYSICALS	A	-151,218	EMPLOYEE BENEFITS	4	49.12
49.13 PHYSICIAN RECRUITMENT	A	-52,079	ADMINISTRATIVE & GENERAL	5	49.13
49.14 PHYSICIAN RECRUITMENT	A	-8,342	EMERGENCY	91	49.14
49.15 PROPERTY TAXES	A	-351,693	ADMINISTRATIVE & GENERAL	5	49.15
49.16 TEAM AWARD ADJUSTMENT PRIOR YEAR	A	26,983	ADMINISTRATIVE & GENERAL	5	49.16
49.17 TEAM AWARD ADJUSTMENT CURRENT YEA	A	77,960	ADMINISTRATIVE & GENERAL	5	49.17
49.18 AHA, IHA & CHA DUES (LOBBYING)	A	-27,508	ADMINISTRATIVE & GENERAL	5	49.18
49.19 UNEMPLOYMENT COMP	A	31,429	EMPLOYEE BENEFITS	4	49.19
49.20 RESIDENT	A	-170,443	I&R SRVCES-OTHER PRGM COSTS APP	22	49.20
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,251,326			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5	ADMINISTRATIVE & GENERAL	8,671,499	11,778,397	-3,106,898	1
2	7	OPERATION OF PLANT	232,030	315,164	-83,134	2
3	13	NURSING ADMINISTRATION	19,799	26,893	-7,094	3
4	58	MAGNETIC RESONANCE IMAGING (MRI)	292,632	330,827	-38,195	4
4.01	56	RADIOISOTOPE	32,514	36,759	-4,245	4.01
4.02	57	COMPUTED TOMOGRAPHY (CT) SCAN	231,216	261,395	-30,179	4.02
4.03	54.10	MAMOGRAPHY	7,472	8,447	-975	4.03
4.04	54	RADIOLOGY-DIAGNOSTIC	257,244	290,820	-33,576	4.04
4.05	76	ENDOSCOPY	544,356	707,663	-163,307	4.05
4.06	60	LABORATORY	1,002,260	1,002,260		4.06
5		TOTALS (SUM OF LINES 1-4)	11,291,022	14,758,625	-3,467,603	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP		NAME	PERCENT OF OWNERSHIP		TYPE OF BUSINESS
		3	4		5	6	
6	B	OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED			
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:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	60 LABORATORY	BLOOMINGTON MED	50,000	50,000		219,500			1	
2	53 ANESTHESIOLOGY	MCLEAN COUNTY A	30,000	30,000		200,300			2	
3	91 EMERGENCY	HEARTLAND EMERG	476,805	308,805	168,000	171,400	1,160	95,588	4,779	3
4	54 RADIOLOGY-DIAGNOSTIC	MEDICAL DIRECTO	24,996	24,996		231,100				4
5	91 EMERGENCY	ER ON TIME	126,800		126,800	171,400	8,760	721,858	36,093	5
6	5 ADMINISTRATIVE & GENERAL	PALLIATIVE CARE	6,560	6,560		171,400				6
200	TOTAL		715,161	420,361	294,800		9,920	817,446	40,872	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO. 10	11	12	13	14	15	16	17	18	
1	60	LABORATORY	BLOOMINGTON MED					50,000	1
2	53	ANESTHESIOLOGY	MCLEAN COUNTY A					30,000	2
3	91	EMERGENCY	HEARTLAND EMERG					381,217	3
4	54	RADIOLOGY-DIAGNOSTIC	MEDICAL DIRECTO			95,588	72,412	24,996	4
5	91	EMERGENCY	ER ON TIME			721,858		6,560	5
6	5	ADMINISTRATIVE & GENERAL	PALLIATIVE CARE					492,773	6
200		TOTAL				817,446	72,412		200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS. 0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,609,715	2,609,715				1
2 CAP REL COSTS-MVBLE EQUIP	3,352,777		3,352,777			2
4 EMPLOYEE BENEFITS	13,459,988			13,459,988		4
5 ADMINISTRATIVE & GENERAL	21,054,179	202,746	620,545	1,414,196	23,291,666	5
6 MAINTENANCE & REPAIRS	1,711,471	342,954	32,943	127,393	2,214,761	6
7 OPERATION OF PLANT	2,923,792	90,059	72,541	74,272	3,160,664	7
8 LAUNDRY & LINEN SERVICE	449,720	11,128		9,413	470,261	8
9 HOUSEKEEPING	910,765	23,382	6,006	165,371	1,105,524	9
10 DIETARY	427,166	30,764	21,997	54,023	533,950	10
11 CAFETERIA	406,829	19,317	667	56,372	483,185	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,149,462	29,977	171,475	202,897	1,553,811	13
14 CENTRAL SERVICES & SUPPLY	317,593	31,327	347,502	29,352	725,774	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,046,280	30,431	4,088	166,582	1,247,381	16
17 SOCIAL SERVICE	179,917	1,011		35,078	216,006	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	9,972,852	433,549	162,896	1,778,493	12,347,790	30
43 NURSERY	349,475	18,462	11,993	60,008	439,938	43
44 SKILLED NURSING FACILITY	424,651	34,251	6,665	79,328	544,895	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,552,250	136,422	329,995	431,084	5,449,751	50
51 RECOVERY ROOM	377,285	13,611	7,297	72,315	470,508	51
52 DELIVERY ROOM & LABOR ROOM	1,182,589	87,392	69,772	191,609	1,531,362	52
53 ANESTHESIOLOGY	343,617	1,418	44,179		389,214	53
54 RADIOLOGY-DIAGNOSTIC	2,008,994	48,507	141,393	211,157	2,410,051	54
54.10 MAMOGRAPHY	682,225	22,561	43,005	59,053	806,844	54.10
54.20 ULTRASOUND	658,045	10,510	90,531	92,359	851,445	54.20
54.30 ECHOCARDIOLOGY	383,090	17,187	106,712	52,078	559,067	54.30
55 RADIOLOGY-THERAPEUTIC	43,247				43,247	55
56 RADIOISOTOPE	894,982	14,778	31,776	52,736	994,272	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,345,026	26,598	61,666	95,616	1,528,906	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,170,674	22,404	95,250	39,003	1,327,331	58
59 CARDIAC CATHETERIZATION	775,903	21,936	88,820	76,161	962,820	59
60 LABORATORY	3,261,048	43,588	119,211	352,722	3,776,569	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	657,736	12,668	30,559	118,048	819,011	65
66 PHYSICAL THERAPY	3,226,450	27,629	90,601	416,437	3,761,117	66
67 OCCUPATIONAL THERAPY	451,011	7,626	45	77,318	536,000	67
68 SPEECH PATHOLOGY	178,867	7,498	6,607	31,046	224,018	68
69 ELECTROCARDIOLOGY	200,800	10,659	53,097	34,016	298,572	69
70 ELECTROENCEPHALOGRAPHY	129,970	8,495	32,414	25,617	196,496	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,757,318	7,179		24,446	3,788,943	71
72 IMPL. DEV. CHARGED TO PATIENT	7,346,122				7,346,122	72
73 DRUGS CHARGED TO PATIENTS	5,112,669	13,774	110,676	350,798	5,587,917	73
74 RENAL DIALYSIS	154,093	38,499			192,592	74
76 ENDOSCOPY	681,856	34,584			716,440	76
76.10 DIABETES SERVICES	65,481			12,814	78,295	76.10
76.20 PAIN CLINIC	360,189		18,927	29,402	408,518	76.20
76.97 CARDIAC REHABILITATION	83,183	23,273	110,925	24,520	241,901	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	306,119		329	28,031	334,479	90
91 EMERGENCY	2,742,114	91,748	28,714	446,202	3,308,778	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	103,879,585	2,049,902	3,171,819	7,597,366	97,276,192	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	768,636	19,765	39,487	35,126	863,014	190
192 PHYSICIANS' PRIVATE OFFICES	29,529,788	480,094	95,251	5,520,609	35,625,742	192
192.10 RADIOLOGY CLINIC	78,379			6,978	85,357	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,762,719	29,909	17,962	102,046	1,912,636	192.20
192.30 MCLEAN CO EMS	220,769			18,335	239,104	192.30
192.40 INDUSTRIAL MEDICINE	710,538	25,804	8,035	119,756	864,133	192.40
192.60 NONALLOWABLE CARDIAC REHAB	443,169	4,241	20,223	59,772	527,405	192.60

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS. 0-4) 4A	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	137,393,583	2,609,715	3,352,777	13,459,988	137,393,583	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	23,291,666					5
6 MAINTENANCE & REPAIRS	452,099	2,666,860				6
7 OPERATION OF PLANT	645,186	116,363	3,922,213			7
8 LAUNDRY & LINEN SERVICE	95,994	14,378	22,110	602,743		8
9 HOUSEKEEPING	225,671	30,211	46,459		1,407,865	9
10 DIETARY	108,995	39,749	61,127		22,332	10
11 CAFETERIA	98,633	24,959	38,383		14,023	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	317,179	38,732	59,563		21,760	13
14 CENTRAL SERVICES & SUPPLY	148,152	40,477	62,246		22,741	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	254,628	39,319	60,466		22,090	16
17 SOCIAL SERVICE	44,093	1,306	2,009		734	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	2,520,554	560,178	861,454	259,536	314,718	30
43 NURSERY	89,805	23,855	36,684	15,483	13,402	43
44 SKILLED NURSING FACILITY	111,229	44,255	68,057	48,123	24,863	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,112,458	176,267	271,067	49,353	99,030	50
51 RECOVERY ROOM	96,045	17,586	27,045		9,880	51
52 DELIVERY ROOM & LABOR ROOM	312,597	112,917	173,647	73,306	63,439	52
53 ANESTHESIOLOGY	79,450	1,832	2,818		1,029	53
54 RADIOLOGY-DIAGNOSTIC	491,964	62,674	96,382	7,393	35,212	54
54.10 MAMOGRAPHY	164,701	29,150	44,827	2,260	16,377	54.10
54.20 ULTRASOUND	173,805	13,580	20,883	7,839	7,629	54.20
54.30 ECHOCARDIOLOGY	114,122	22,207	34,150		12,476	54.30
55 RADIOLOGY-THERAPEUTIC	8,828					55
56 RADIOISOTOPE	202,961	19,094	29,364	2,790	10,728	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	312,096	34,366	52,849	12,870	19,308	57
58 MAGNETIC RESONANCE IMAGING (MRI)	270,948	28,948	44,517	12,335	16,264	58
59 CARDIAC CATHETERIZATION	196,540	28,343	43,587	16,359	15,924	59
60 LABORATORY	770,911	56,318	86,608		31,641	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	167,185	16,368	25,171		9,196	65
66 PHYSICAL THERAPY	767,757	35,699	54,898	64	20,056	66
67 OCCUPATIONAL THERAPY	109,414	9,854	15,154		5,536	67
68 SPEECH PATHOLOGY	45,729	9,687	14,898		5,443	68
69 ELECTROCARDIOLOGY	60,948	13,773	21,180	13,180	7,738	69
70 ELECTROENCEPHALOGRAPHY	40,111	10,976	16,879	1,507	6,167	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	773,437	9,275	14,264		5,211	71
72 IMPL. DEV. CHARGED TO PATIENT	1,499,564					72
73 DRUGS CHARGED TO PATIENTS	1,140,661	17,797	27,368		9,999	73
74 RENAL DIALYSIS	39,314	49,743	76,496		27,947	74
76 ENDOSCOPY	146,247	44,685	68,717		25,105	76
76.10 DIABETES SERVICES	15,982					76.10
76.20 PAIN CLINIC	83,391					76.20
76.97 CARDIAC REHABILITATION	49,379	30,070	46,243		16,894	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	68,277					90
91 EMERGENCY	675,421	118,546	182,302	80,345	66,601	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	15,102,461	1,943,537	2,809,872	602,743	1,001,493	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	176,167	25,538	39,273		14,348	190
192 PHYSICIANS' PRIVATE OFFICES	7,272,326	620,322	953,942		348,504	192
192.10 RADIOLOGY CLINIC	17,424					192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	390,426	38,644	59,428		21,711	192.20
192.30 MCLEAN CO EMS	48,808					192.30
192.40 INDUSTRIAL MEDICINE	176,395	33,340	51,272		18,731	192.40
192.60 NONALLOWABLE CARDIAC REHAB	107,659	5,479	8,426		3,078	192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,291,666	2,666,860	3,922,213	602,743	1,407,865	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES + SUPPLY	MEDICAL RECORDS + LIBRARY	
	10	11	13	14	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	766,153					10
11 CAFETERIA		659,183				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		18,332	2,009,377			13
14 CENTRAL SERVICES & SUPPLY		6,241	31,572	1,037,203		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		24,423		1,051	1,649,358	16
17 SOCIAL SERVICE		4,394		101		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	713,630	208,888	1,056,806	95,625	133,706	30
43 NURSERY		5,931	30,005	1,098	4,055	43
44 SKILLED NURSING FACILITY	52,523	10,485	53,046	3,658	2,593	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		50,062	253,276	452,271	116,101	50
51 RECOVERY ROOM		6,940	35,113	2,667	7,208	51
52 DELIVERY ROOM & LABOR ROOM		20,098	101,682	17,511	16,454	52
53 ANESTHESIOLOGY				25,574	13,508	53
54 RADIOLOGY-DIAGNOSTIC		21,991		30,084	52,509	54
54.10 MAMOGRAPHY		2,730		590	13,077	54.10
54.20 ULTRASOUND		4,967		1,256	21,079	54.20
54.30 ECHOCARDIOLOGY		5,174	26,175	1,593	16,283	54.30
55 RADIOLOGY-THERAPEUTIC					91	55
56 RADIOISOTOPE		5,346		1,259	47,471	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		8,500		3,592	134,488	57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,499		2,333	71,609	58
59 CARDIAC CATHETERIZATION		6,699	33,894	35,834	67,591	59
60 LABORATORY		45,152		26,220	224,236	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		15,016	75,971	5,003	26,581	65
66 PHYSICAL THERAPY		7,216		1,567	25,950	66
67 OCCUPATIONAL THERAPY		3,659		35	7,496	67
68 SPEECH PATHOLOGY		1,870		34	2,730	68
69 ELECTROCARDIOLOGY		3,843	19,443	3,653	14,463	69
70 ELECTROENCEPHALOGRAPHY		2,329		49	2,094	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		4,554		186,272	123,178	71
72 IMPL. DEV. CHARGED TO PATIENT					122,930	72
73 DRUGS CHARGED TO PATIENTS		22,393		93,346	293,128	73
74 RENAL DIALYSIS					2,762	74
76 ENDOSCOPY					12,897	76
76.10 DIABETES SERVICES		918			40	76.10
76.20 PAIN CLINIC			24,260	742	9,990	76.20
76.97 CARDIAC REHABILITATION		2,616	13,233	425	1,082	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				1,044	2,176	90
91 EMERGENCY		50,383	254,901	30,508	59,802	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	766,153	574,649	2,009,377	1,024,995	1,649,358	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,921		274		190
192 PHYSICIANS' PRIVATE OFFICES		53,745		10,178		192
192.10 CARDIOLOGY CLINIC		1,285		34		192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED		12,802		379		192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE		11,311		1,266		192.40
192.60 NONALLOWABLE CARDIAC REHAB		470		77		192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	766,153	659,183	2,009,377	1,037,203	1,649,358	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	268,643				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	250,226	19,323,111		19,323,111	30
43 NURSERY		660,256		660,256	43
44 SKILLED NURSING FACILITY	18,417	982,144		982,144	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		8,029,636		8,029,636	50
51 RECOVERY ROOM		672,992		672,992	51
52 DELIVERY ROOM & LABOR ROOM		2,423,013		2,423,013	52
53 ANESTHESIOLOGY		513,425		513,425	53
54 RADIOLOGY-DIAGNOSTIC		3,208,260		3,208,260	54
54.10 MAMOGRAPHY		1,080,556		1,080,556	54.10
54.20 ULTRASOUND		1,102,483		1,102,483	54.20
54.30 ECHOCARDIOLOGY		791,247		791,247	54.30
55 RADIOLOGY-THERAPEUTIC		52,166		52,166	55
56 RADIOISOTOPE		1,313,285		1,313,285	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,106,975		2,106,975	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,777,784		1,777,784	58
59 CARDIAC CATHETERIZATION		1,407,591		1,407,591	59
60 LABORATORY		5,017,655		5,017,655	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,159,502		1,159,502	65
66 PHYSICAL THERAPY		4,674,324		4,674,324	66
67 OCCUPATIONAL THERAPY		687,148		687,148	67
68 SPEECH PATHOLOGY		304,409		304,409	68
69 ELECTROCARDIOLOGY		456,793		456,793	69
70 ELECTROENCEPHALOGRAPHY		276,608		276,608	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		4,905,134		4,905,134	71
72 IMPL. DEV. CHARGED TO PATIENT		8,968,616		8,968,616	72
73 DRUGS CHARGED TO PATIENTS		7,192,609		7,192,609	73
74 RENAL DIALYSIS		388,854		388,854	74
76 ENDOSCOPY		1,014,091		1,014,091	76
76.10 DIABETES SERVICES		95,235		95,235	76.10
76.20 PAIN CLINIC		526,901		526,901	76.20
76.97 CARDIAC REHABILITATION		401,843		401,843	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		405,976		405,976	90
91 EMERGENCY		4,827,587		4,827,587	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	268,643	86,748,209		86,748,209	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,123,535		1,123,535	190
192 PHYSICIANS' PRIVATE OFFICES		44,884,759		44,884,759	192
192.10 RADIOLOGY CLINIC		104,100		104,100	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED		2,436,026		2,436,026	192.20
192.30 MCLEAN CO EMS		287,912		287,912	192.30
192.40 INDUSTRIAL MEDICINE		1,156,448		1,156,448	192.40
192.60 NONALLOWABLE CARDIAC REHAB		652,594		652,594	192.60
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	268,643	137,393,583		137,393,583	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,947,750	202,746	620,545	2,771,041	2,771,041	5
6 MAINTENANCE & REPAIRS	452	342,954	32,943	376,349	53,788	6
7 OPERATION OF PLANT	488	90,059	72,541	163,088	76,760	7
8 LAUNDRY & LINEN SERVICE		11,128		11,128	11,421	8
9 HOUSEKEEPING	1,800	23,382	6,006	31,188	26,849	9
10 DIETARY		30,764	21,997	52,761	12,968	10
11 CAFETERIA		19,317	667	19,984	11,735	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		29,977	171,475	201,452	37,736	13
14 CENTRAL SERVICES & SUPPLY		31,327	347,502	378,829	17,626	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		30,431	4,088	34,519	30,294	16
17 SOCIAL SERVICE		1,011		1,011	5,246	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	18,295	433,549	162,896	614,740	299,878	30
43 NURSERY		18,462	11,993	30,455	10,684	43
44 SKILLED NURSING FACILITY	1,696	34,251	6,665	42,612	13,233	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	30,800	136,422	329,995	497,217	132,353	50
51 RECOVERY ROOM		13,611	7,297	20,908	11,427	51
52 DELIVERY ROOM & LABOR ROOM		87,392	69,772	157,164	37,191	52
53 ANESTHESIOLOGY		1,418	44,179	45,597	9,452	53
54 RADIOLOGY-DIAGNOSTIC	647,047	48,507	141,393	836,947	58,530	54
54.10 MAMOGRAPHY	187,685	22,561	43,005	253,251	19,595	54.10
54.20 ULTRASOUND		10,510	90,531	101,041	20,678	54.20
54.30 ECHOCARDIOLOGY		17,187	106,712	123,899	13,578	54.30
55 RADIOLOGY-THERAPEUTIC					1,050	55
56 RADIOISOTOPE		14,778	31,776	46,554	24,147	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	276,648	26,598	61,666	364,912	37,131	57
58 MAGNETIC RESONANCE IMAGING (MRI)	364,740	22,404	95,250	482,394	32,236	58
59 CARDIAC CATHETERIZATION	3,250	21,936	88,820	114,006	23,383	59
60 LABORATORY		43,588	119,211	162,799	91,718	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		12,668	30,559	43,227	19,891	65
66 PHYSICAL THERAPY	710,727	27,629	90,601	828,957	91,342	66
67 OCCUPATIONAL THERAPY		7,626	45	7,671	13,017	67
68 SPEECH PATHOLOGY		7,498	6,607	14,105	5,441	68
69 ELECTROCARDIOLOGY		10,659	53,097	63,756	7,251	69
70 ELECTROENCEPHALOGRAPHY		8,495	32,414	40,909	4,772	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	132,321	7,179		139,500	92,018	71
72 IMPL. DEV. CHARGED TO PATIENT					178,408	72
73 DRUGS CHARGED TO PATIENTS		13,774	110,676	124,450	135,708	73
74 RENAL DIALYSIS		38,499		38,499	4,677	74
76 ENDOSCOPY		34,584		34,584	17,399	76
76.10 DIABETES SERVICES					1,901	76.10
76.20 PAIN CLINIC	60,062		18,927	78,989	9,921	76.20
76.97 CARDIAC REHABILITATION		23,273	110,925	134,198	5,875	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	73,267		329	73,596	8,123	90
91 EMERGENCY	479	91,748	28,714	120,941	80,357	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,457,507	2,049,902	3,171,819	9,679,228	1,796,788	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		19,765	39,487	59,252	20,959	190
192 PHYSICIANS' PRIVATE OFFICES	840,590	480,094	95,251	1,415,935	865,169	192
192.10 RADIOLOGY CLINIC					2,073	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	4,393	29,909	17,962	52,264	46,450	192.20
192.30 MCLEAN CO EMS					5,807	192.30
192.40 INDUSTRIAL MEDICINE	2,813	25,804	8,035	36,652	20,986	192.40
192.60 NONALLOWABLE CARDIAC REHAB		4,241	20,223	24,464	12,809	192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,305,303	2,609,715	3,352,777	11,267,795	2,771,041	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	430,137					6
7 OPERATION OF PLANT	18,768	258,616				7
8 LAUNDRY & LINEN SERVICE	2,319	1,458	26,326			8
9 HOUSEKEEPING	4,873	3,063		65,973		9
10 DIETARY	6,411	4,030		1,046	77,216	10
11 CAFETERIA	4,026	2,531		657		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,247	3,927		1,020		13
14 CENTRAL SERVICES & SUPPLY	6,528	4,104		1,066		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	6,342	3,987		1,035		16
17 SOCIAL SERVICE	211	132		34		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	90,351	56,801	11,334	14,748	71,923	30
43 NURSERY	3,848	2,419	676	628		43
44 SKILLED NURSING FACILITY	7,138	4,487	2,102	1,165	5,293	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,430	17,873	2,156	4,641		50
51 RECOVERY ROOM	2,837	1,783		463		51
52 DELIVERY ROOM & LABOR ROOM	18,212	11,450	3,202	2,973		52
53 ANESTHESIOLOGY	296	186		48		53
54 RADIOLOGY-DIAGNOSTIC	10,109	6,355	323	1,650		54
54.10 MAMOGRAPHY	4,702	2,956	99	767		54.10
54.20 ULTRASOUND	2,190	1,377	342	358		54.20
54.30 ECHOCARDIOLOGY	3,582	2,252		585		54.30
RADIOLOGY-THERAPEUTIC						
56 RADIOISOTOPE	3,080	1,936	122	503		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,543	3,485	562	905		57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,669	2,935	539	762		58
59 CARDIAC CATHETERIZATION	4,571	2,874	715	746		59
60 LABORATORY	9,084	5,711		1,483		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,640	1,660		431		65
66 PHYSICAL THERAPY	5,758	3,620	3	940		66
67 OCCUPATIONAL THERAPY	1,589	999		259		67
68 SPEECH PATHOLOGY	1,562	982		255		68
69 ELECTROCARDIOLOGY	2,221	1,397	576	363		69
70 ELECTROENCEPHALOGRAPHY	1,770	1,113	66	289		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,496	941		244		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,870	1,805		469		73
74 RENAL DIALYSIS	8,023	5,044		1,310		74
76 ENDOSCOPY	7,207	4,531		1,176		76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION	4,850	3,049		792		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	19,120	12,020	3,509	3,121		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	313,473	185,273	26,326	46,932	77,216	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,119	2,590		672		190
192 PHYSICIANS' PRIVATE OFFICES	100,051	62,898		16,330		192
192.10 CARDIOLOGY CLINIC						192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	6,233	3,918		1,017		192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	5,377	3,381		878		192.40
192.60 NONALLOWABLE CARDIAC REHAB	884	556		144		192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	430,137	258,616	26,326	65,973	77,216	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	38,933					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,083	251,465				13
14 CENTRAL SERVICES & SUPPLY	369	3,951	412,473			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,442			418	78,037	16
17 SOCIAL SERVICE	259			40		17
19 NONPHYSICIAN ANESTHETISTS					6,933	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,337	132,255	38,028	6,334	6,458	30
43 NURSERY	350	3,755	437	192		43
44 SKILLED NURSING FACILITY	619	6,639	1,455	123	475	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,957	31,696	179,858	5,500		50
51 RECOVERY ROOM	410	4,394	1,061	341		51
52 DELIVERY ROOM & LABOR ROOM	1,187	12,725	6,964	779		52
53 ANESTHESIOLOGY			10,170	640		53
54 RADIOLOGY-DIAGNOSTIC	1,299		11,964	2,487		54
54.10 MAMOGRAPHY	161		235	619		54.10
54.20 ULTRASOUND	293		500	999		54.20
54.30 ECHOCARDIOLOGY	306	3,276	634	771		54.30
55 RADIOLOGY-THERAPEUTIC				4		55
56 RADIOISOTOPE	316		500	2,249		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	502		1,428	6,371		57
58 MAGNETIC RESONANCE IMAGING (MRI)	207		928	3,392		58
59 CARDIAC CATHETERIZATION	396	4,242	14,250	3,202		59
60 LABORATORY	2,667		10,427	10,622		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	887	9,507	1,990	1,259		65
66 PHYSICAL THERAPY	426		623	1,229		66
67 OCCUPATIONAL THERAPY	216		14	355		67
68 SPEECH PATHOLOGY	110		14	129		68
69 ELECTROCARDIOLOGY	227	2,433	1,453	685		69
70 ELECTROENCEPHALOGRAPHY	138		19	99		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	269		74,076	5,835		71
72 IMPL. DEV. CHARGED TO PATIENT				5,823		72
73 DRUGS CHARGED TO PATIENTS	1,323		37,121	13,794		73
74 RENAL DIALYSIS				131		74
76 ENDOSCOPY				611		76
76.10 DIABETES SERVICES	54			2		76.10
76.20 PAIN CLINIC		3,036	295	473		76.20
76.97 CARDIAC REHABILITATION	154	1,656	169	51		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			415	103		90
91 EMERGENCY	2,976	31,900	12,132	2,833		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	33,940	251,465	407,618	78,037	6,933	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	291		109			190
192 PHYSICIANS' PRIVATE OFFICES	3,174		4,047			192
192.10 CARDIOLOGY CLINIC	76		13			192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	756		151			192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	668		504			192.40
192.60 NONALLOWABLE CARDIAC REHAB	28		31			192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	38,933	251,465	412,473	78,037	6,933	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
30 ADULTS & PEDIATRICS	1,355,187		1,355,187	30
43 NURSERY	53,444		53,444	43
44 SKILLED NURSING FACILITY	85,341		85,341	44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	902,681		902,681	50
51 RECOVERY ROOM	43,624		43,624	51
52 DELIVERY ROOM & LABOR ROOM	251,847		251,847	52
53 ANESTHESIOLOGY	66,389		66,389	53
54 RADIOLOGY-DIAGNOSTIC	929,664		929,664	54
54.10 MAMOGRAPHY	282,385		282,385	54.10
54.20 ULTRASOUND	127,778		127,778	54.20
54.30 ECHOCARDIOLOGY	148,883		148,883	54.30
55 RADIOLOGY-THERAPEUTIC	1,054		1,054	55
56 RADIOISOTOPE	79,407		79,407	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	420,839		420,839	57
58 MAGNETIC RESONANCE IMAGING (MRI)	528,062		528,062	58
59 CARDIAC CATHETERIZATION	168,385		168,385	59
60 LABORATORY	294,511		294,511	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	81,492		81,492	65
66 PHYSICAL THERAPY	932,898		932,898	66
67 OCCUPATIONAL THERAPY	24,120		24,120	67
68 SPEECH PATHOLOGY	22,598		22,598	68
69 ELECTROCARDIOLOGY	80,362		80,362	69
70 ELECTROENCEPHALOGRAPHY	49,175		49,175	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	314,379		314,379	71
72 IMPL. DEV. CHARGED TO PATIENT	184,231		184,231	72
73 DRUGS CHARGED TO PATIENTS	317,540		317,540	73
74 RENAL DIALYSIS	57,684		57,684	74
76 ENDOSCOPY	65,508		65,508	76
76.10 DIABETES SERVICES	1,957		1,957	76.10
76.20 PAIN CLINIC	92,714		92,714	76.20
76.97 CARDIAC REHABILITATION	150,794		150,794	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	82,237		82,237	90
91 EMERGENCY	288,909		288,909	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	8,486,079		8,486,079	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,992		87,992	190
192 PHYSICIANS' PRIVATE OFFICES	2,467,604		2,467,604	192
192.10 CARDIOLOGY CLINIC	2,162		2,162	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	110,789		110,789	192.20
192.30 MCLEAN CO EMS	5,807		5,807	192.30
192.40 INDUSTRIAL MEDICINE	68,446		68,446	192.40
192.60 NONALLOWABLE CARDIAC REHAB	38,916		38,916	192.60
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	11,267,795		11,267,795	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 5A	ADMINIS-TRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	384,623					1
2 CAP REL COSTS-MVBLE EQUIP		3,443,546				2
4 EMPLOYEE BENEFITS			68,372,431			4
5 ADMINISTRATIVE & GENERAL	29,881	637,345	7,183,654	-23,291,666	114,101,917	5
6 MAINTENANCE & REPAIRS	50,545	33,835	647,115		2,214,761	6
7 OPERATION OF PLANT	13,273	74,505	377,279		3,160,664	7
8 LAUNDRY & LINEN SERVICE	1,640		47,816		470,261	8
9 HOUSEKEEPING	3,446	6,169	840,029		1,105,524	9
10 DIETARY	4,534	22,593	274,417		533,950	10
11 CAFETERIA	2,847	685	286,349		483,185	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,418	176,117	1,030,649		1,553,811	13
14 CENTRAL SERVICES & SUPPLY	4,617	356,910	149,101		725,774	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,485	4,199	846,182		1,247,381	16
17 SOCIAL SERVICE	149		178,184		216,006	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	63,897	167,306	9,034,165		12,347,790	30
43 NURSERY	2,721	12,318	304,821		439,938	43
44 SKILLED NURSING FACILITY	5,048	6,845	402,961		544,895	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,106	338,929	2,189,769		5,449,751	50
51 RECOVERY ROOM	2,006	7,495	367,336		470,508	51
52 DELIVERY ROOM & LABOR ROOM	12,880	71,661	973,311		1,531,362	52
53 ANESTHESIOLOGY	209	45,375			389,214	53
54 RADIOLOGY-DIAGNOSTIC	7,149	145,221	1,072,610		2,410,051	54
54.10 MAMOGRAPHY	3,325	44,169	299,968		806,844	54.10
54.20 ULTRASOUND	1,549	92,982	469,153		851,445	54.20
54.30 ECHOCARDIOLOGY	2,533	109,601	264,540		559,067	54.30
55 RADIOLOGY-THERAPEUTIC					43,247	55
56 RADIOISOTOPE	2,178	32,636	267,881		994,272	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,920	63,335	485,698		1,528,906	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,302	97,829	198,125		1,327,331	58
59 CARDIAC CATHETERIZATION	3,233	91,225	386,872		962,820	59
60 LABORATORY	6,424	122,438	1,791,713		3,776,569	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,867	31,386	599,645		819,011	65
66 PHYSICAL THERAPY	4,072	93,054	2,115,363		3,761,117	66
67 OCCUPATIONAL THERAPY	1,124	46	392,748		536,000	67
68 SPEECH PATHOLOGY	1,105	6,786	157,706		224,018	68
69 ELECTROCARDIOLOGY	1,571	54,534	172,791		298,572	69
70 ELECTROENCEPHALOGRAPHY	1,252	33,292	130,124		196,496	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,058		124,178		3,788,943	71
72 IMPL. DEV. CHARGED TO PATIENT					7,346,122	72
73 DRUGS CHARGED TO PATIENTS	2,030	113,672	1,781,939		5,587,917	73
74 RENAL DIALYSIS	5,674				192,592	74
76 ENDOSCOPY	5,097				716,440	76
76.10 DIABETES SERVICES			65,093		78,295	76.10
76.20 PAIN CLINIC		19,439	149,354		408,518	76.20
76.97 CARDIAC REHABILITATION	3,430	113,928	124,554		241,901	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		338	142,388		334,479	90
91 EMERGENCY	13,522	29,491	2,266,560		3,308,778	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	302,117	3,257,689	38,592,141	-23,291,666	73,984,526	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,913	40,556	178,431		863,014	190
192 PHYSICIANS' PRIVATE OFFICES	70,757	97,830	28,042,975		35,625,742	192
192.10 RADIOLOGY CLINIC			35,447		85,357	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	4,408	18,448	518,358		1,912,636	192.20
192.30 MCLEAN CO EMS			93,135		239,104	192.30
192.40 INDUSTRIAL MEDICINE	3,803	8,253	608,321		864,133	192.40
192.60 NONALLOWABLE CARDIAC REHAB	625	20,770	303,623		527,405	192.60

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,609,715	3,352,777	13,459,988		23,291,666	202
203	UNIT COST MULT-WS B PT I	6.785125	0.973641	0.196863		0.204130	203
204	COST TO BE ALLOC PER B PT II					2,771,041	204
205	UNIT COST MULT-WS B PT II					0.024286	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	PATIENT DAYS	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	304,197					6
7 OPERATION OF PLANT	13,273	290,924				7
8 LAUNDRY & LINEN SERVICE	1,640	1,640	671,135			8
9 HOUSEKEEPING	3,446	3,446		285,838		9
10 DIETARY	4,534	4,534		4,534	22,814	10
11 CAFETERIA	2,847	2,847		2,847		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,418	4,418		4,418		13
14 CENTRAL SERVICES & SUPPLY	4,617	4,617		4,617		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,485	4,485		4,485		16
17 SOCIAL SERVICE	149	149		149		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD						21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	63,897	63,897	288,985	63,897	21,250	30
43 NURSERY	2,721	2,721	17,240	2,721		43
44 SKILLED NURSING FACILITY	5,048	5,048	53,583	5,048	1,564	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,106	20,106	54,953	20,106		50
51 RECOVERY ROOM	2,006	2,006		2,006		51
52 DELIVERY ROOM & LABOR ROOM	12,880	12,880	81,624	12,880		52
53 ANESTHESIOLOGY	209	209		209		53
54 RADIOLOGY-DIAGNOSTIC	7,149	7,149	8,232	7,149		54
54.10 MAMOGRAPHY	3,325	3,325	2,516	3,325		54.10
54.20 ULTRASOUND	1,549	1,549	8,728	1,549		54.20
54.30 ECHOCARDIOLOGY	2,533	2,533		2,533		54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	2,178	2,178	3,107	2,178		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,920	3,920	14,330	3,920		57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,302	3,302	13,735	3,302		58
59 CARDIAC CATHETERIZATION	3,233	3,233	18,215	3,233		59
60 LABORATORY	6,424	6,424		6,424		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,867	1,867		1,867		65
66 PHYSICAL THERAPY	4,072	4,072	71	4,072		66
67 OCCUPATIONAL THERAPY	1,124	1,124		1,124		67
68 SPEECH PATHOLOGY	1,105	1,105		1,105		68
69 ELECTROCARDIOLOGY	1,571	1,571	14,676	1,571		69
70 ELECTROENCEPHALOGRAPHY	1,252	1,252	1,678	1,252		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	1,058	1,058		1,058		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,030	2,030		2,030		73
74 RENAL DIALYSIS	5,674	5,674		5,674		74
76 ENDOSCOPY	5,097	5,097		5,097		76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION	3,430	3,430		3,430		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	13,522	13,522	89,462	13,522		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	221,691	208,418	671,135	203,332	22,814	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,913	2,913		2,913		190
192 PHYSICIANS' PRIVATE OFFICES	70,757	70,757		70,757		192
192.10 RADIOLOGY CLINIC						192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	4,408	4,408		4,408		192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	3,803	3,803		3,803		192.40
192.60 NONALLOWABLE CARDIAC REHAB	625	625		625		192.60

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,666,860	3,922,213	602,743	1,407,865	766,153	202
203 UNIT COST MULT-WS B PT I	8.766885	13.481916	0.898095	4.925395	33.582581	203
204 COST TO BE ALLOC PER B PT II	430,137	258,616	26,326	65,973	77,216	204
205 UNIT COST MULT-WS B PT II	1.414008	0.888947	0.039226	0.230806	3.384588	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE
	FTEs	FTEs	14	16	PATIENT DAYS
	11	13			17
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA	57,462				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,598	34,622			13
14 CENTRAL SERVICES & SUPPLY	544	544	3,257,838		14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	2,129		3,302	429,245,332	16
17 SOCIAL SERVICE	383		316		22,814
19 NONPHYSICIAN ANESTHETISTS					17
20 NURSING SCHOOL					19
21 I&R SRVCES-SALARY & FRINGES APPRVD					20
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					21
23 PARAMED ED PRGM-(SPECIFY)					22
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	18,209	18,209	300,355	34,801,267	21,250
43 NURSERY	517	517	3,448	1,055,458	30
44 SKILLED NURSING FACILITY	914	914	11,491	675,019	43
ANCILLARY SERVICE COST CENTERS					44
50 OPERATING ROOM	4,364	4,364	1,420,579	30,218,994	50
51 RECOVERY ROOM	605	605	8,378	1,876,002	51
52 DELIVERY ROOM & LABOR ROOM	1,752	1,752	55,003	4,282,632	52
53 ANESTHESIOLOGY			80,326	3,515,767	53
54 RADIOLOGY-DIAGNOSTIC	1,917		94,493	13,667,169	54
54.10 MAMOGRAPHY	238		1,853	3,403,656	54.10
54.20 ULTRASOUND	433		3,946	5,486,350	54.20
54.30 ECHOCARDIOLOGY	451	451	5,004	4,238,161	54.30
55 RADIOLOGY-THERAPEUTIC				23,608	55
56 RADIOISOTOPE	466		3,953	12,355,850	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	741		11,282	35,004,657	57
58 MAGNETIC RESONANCE IMAGING (MRI)	305		7,328	18,638,551	58
59 CARDIAC CATHETERIZATION	584	584	112,553	17,592,599	59
60 LABORATORY	3,936		82,355	58,364,504	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	1,309	1,309	15,714	6,918,544	65
66 PHYSICAL THERAPY	629		4,922	6,754,414	66
67 OCCUPATIONAL THERAPY	319		110	1,951,009	67
68 SPEECH PATHOLOGY	163		108	710,505	68
69 ELECTROCARDIOLOGY	335	335	11,474	3,764,377	69
70 ELECTROENCEPHALOGRAPHY	203		154	545,016	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	397		585,076	32,060,829	71
72 IMPL. DEV. CHARGED TO PATIENT				31,996,428	72
73 DRUGS CHARGED TO PATIENTS	1,952		293,197	76,244,249	73
74 RENAL DIALYSIS				718,892	74
76 ENDOSCOPY			1	3,356,792	76
76.10 DIABETES SERVICES	80			10,491	76.10
76.20 PAIN CLINIC		418	2,332	2,600,306	76.20
76.97 CARDIAC REHABILITATION	228	228	1,334	281,681	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			3,280	566,326	90
91 EMERGENCY	4,392	4,392	95,826	15,565,229	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	50,093	34,622	3,219,493	429,245,332	22,814
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	429		861		190
192 PHYSICIANS' PRIVATE OFFICES	4,685		31,968		192
192.10 CARDIOLOGY CLINIC	112		106		192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,116		1,189		192.20
192.30 MCLEAN CO EMS					192.30
192.40 INDUSTRIAL MEDICINE	986		3,978		192.40
192.60 NONALLOWABLE CARDIAC REHAB	41		243		192.60

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	CAFETERIA FTEs	NURSING ADMINIS- TRATION FTEs	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	11	13	14	16	17	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	659,183	2,009,377	1,037,203	1,649,358	268,643	202
203 UNIT COST MULT-WS B PT I	11.471633	58.037577	0.318372	0.003842	11.775357	203
204 COST TO BE ALLOC PER B PT II	38,933	251,465	412,473	78,037	6,933	204
205 UNIT COST MULT-WS B PT II	0.677543	7.263156	0.126609	0.000182	0.303892	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
43	NURSERY	43
44	SKILLED NURSING FACILITY	44
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.10	MAMOGRAPHY	54.10
54.20	ULTRASOUND	54.20
54.30	ECHOCARDIOLOGY	54.30
55	RADIOLOGY-THERAPEUTIC	55
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
76	ENDOSCOPY	76
76.10	DIABETES SERVICES	76.10
76.20	PAIN CLINIC	76.20
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		
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192	PHYSICIANS' PRIVATE OFFICES	192
192.10	CARDIOLOGY CLINIC	192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	192.20
192.30	MCLEAN CO EMS	192.30
192.40	INDUSTRIAL MEDICINE	192.40
192.60	NONALLOWABLE CARDIAC REHAB	192.60

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION

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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,323,111		19,323,111		19,323,111	30
43 NURSERY	660,256		660,256		660,256	43
44 SKILLED NURSING FACILITY	982,144		982,144		982,144	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,029,636		8,029,636		8,029,636	50
51 RECOVERY ROOM	672,992		672,992		672,992	51
52 DELIVERY ROOM & LABOR ROOM	2,423,013		2,423,013		2,423,013	52
53 ANESTHESIOLOGY	513,425		513,425		513,425	53
54 RADIOLOGY-DIAGNOSTIC	3,208,260		3,208,260		3,208,260	54
54.10 MAMOGRAPHY	1,080,556		1,080,556		1,080,556	54.10
54.20 ULTRASOUND	1,102,483		1,102,483		1,102,483	54.20
54.30 ECHOCARDIOLOGY	791,247		791,247		791,247	54.30
55 RADIOLOGY-THERAPEUTIC	52,166		52,166		52,166	55
56 RADIOISOTOPE	1,313,285		1,313,285		1,313,285	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,106,975		2,106,975		2,106,975	57
58 MAGNETIC RESONANCE IMAGING	1,777,784		1,777,784		1,777,784	58
59 CARDIAC CATHETERIZATION	1,407,591		1,407,591		1,407,591	59
60 LABORATORY	5,017,655		5,017,655		5,017,655	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,159,502		1,159,502		1,159,502	65
66 PHYSICAL THERAPY	4,674,324		4,674,324		4,674,324	66
67 OCCUPATIONAL THERAPY	687,148		687,148		687,148	67
68 SPEECH PATHOLOGY	304,409		304,409		304,409	68
69 ELECTROCARDIOLOGY	456,793		456,793		456,793	69
70 ELECTROENCEPHALOGRAPHY	276,608		276,608		276,608	70
71 MEDICAL SUPPLIES CHRGD TO	4,905,134		4,905,134		4,905,134	71
72 IMPL. DEV. CHARGED TO PATIE	8,968,616		8,968,616		8,968,616	72
73 DRUGS CHARGED TO PATIENTS	7,192,609		7,192,609		7,192,609	73
74 RENAL DIALYSIS	388,854		388,854		388,854	74
76 ENDOSCOPY	1,014,091		1,014,091		1,014,091	76
76.10 DIABETES SERVICES	95,235		95,235		95,235	76.10
76.20 PAIN CLINIC	526,901		526,901		526,901	76.20
76.97 CARDIAC REHABILITATION	401,843		401,843		401,843	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	405,976		405,976		405,976	90
91 EMERGENCY	4,827,587		4,827,587	72,412	4,899,999	91
92 OBSERVATION BEDS	2,008,846		2,008,846		2,008,846	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	88,757,055		88,757,055	72,412	88,829,467	200
201 LESS OBSERVATION BEDS	2,008,846		2,008,846		2,008,846	201
202 TOTAL (SEE INSTRUCTIONS)	86,748,209		86,748,209		86,820,621	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	21,937,603		21,937,603			30
43 NURSERY	1,018,590		1,018,590			43
44 SKILLED NURSING FACILITY	675,019		675,019			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,488,262	8,730,732	30,218,994	0.265715	0.265715	0.265715 50
51 RECOVERY ROOM	1,224,162	651,840	1,876,002	0.358737	0.358737	0.358737 51
52 DELIVERY ROOM & LABOR ROOM	3,253,118	1,029,514	4,282,632	0.565777	0.565777	0.565777 52
53 ANESTHESIOLOGY	2,429,985	1,085,782	3,515,767	0.146035	0.146035	0.146035 53
54 RADIOLOGY-DIAGNOSTIC	3,950,946	9,716,223	13,667,169	0.234742	0.234742	0.234742 54
54.10 MAMOGRAPHY	1,989	3,401,667	3,403,656	0.317469	0.317469	0.317469 54.10
54.20 ULTRASOUND	884,243	4,602,107	5,486,350	0.200950	0.200950	0.200950 54.20
54.30 ECHOCARDIOLOGY	1,384,578	2,853,583	4,238,161	0.186696	0.186696	0.186696 54.30
55 RADIOLOGY-THERAPEUTIC	23,608		23,608	2.209675	2.209675	2.209675 55
56 RADIOISOTOPE	1,343,331	11,012,519	12,355,850	0.106289	0.106289	0.106289 56
57 COMPUTED TOMOGRAPHY (CT) SC	7,546,714	27,457,943	35,004,657	0.060191	0.060191	0.060191 57
58 MAGNETIC RESONANCE IMAGING	2,853,177	15,785,374	18,638,551	0.095382	0.095382	0.095382 58
59 CARDIAC CATHETERIZATION	8,502,811	9,089,788	17,592,599	0.080010	0.080010	0.080010 59
60 LABORATORY	17,574,408	40,790,096	58,364,504	0.085971	0.085971	0.085971 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,344,234	1,574,310	6,918,544	0.167593	0.167593	0.167593 65
66 PHYSICAL THERAPY	1,676,578	5,077,836	6,754,414	0.692040	0.692040	0.692040 66
67 OCCUPATIONAL THERAPY	982,248	968,761	1,951,009	0.352201	0.352201	0.352201 67
68 SPEECH PATHOLOGY	146,570	563,935	710,505	0.428440	0.428440	0.428440 68
69 ELECTROCARDIOLOGY	788,707	2,975,670	3,764,377	0.121346	0.121346	0.121346 69
70 ELECTROENCEPHALOGRAPHY	202,116	342,900	545,016	0.507523	0.507523	0.507523 70
71 MEDICAL SUPPLIES CHRGD TO	23,936,587	8,124,242	32,060,829	0.152995	0.152995	0.152995 71
72 IMPL. DEV. CHARGED TO PATIE	26,911,138	5,085,290	31,996,428	0.280301	0.280301	0.280301 72
73 DRUGS CHARGED TO PATIENTS	59,137,620	17,106,629	76,244,249	0.094336	0.094336	0.094336 73
74 RENAL DIALYSIS	674,732	44,160	718,892	0.540907	0.540907	0.540907 74
76 ENDOSCOPY	2,744,122	612,670	3,356,792	0.302101	0.302101	0.302101 76
76.10 DIABETES SERVICES		10,491	10,491	9.077781	9.077781	9.077781 76.10
76.20 PAIN CLINIC	911	2,599,395	2,600,306	0.202630	0.202630	0.202630 76.20
76.97 CARDIAC REHABILITATION	86,159	195,522	281,681	1.426589	1.426589	1.426589 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,087	565,239	566,326	0.716859	0.716859	0.716859 90
91 EMERGENCY	2,732,551	12,832,678	15,565,229	0.310152	0.310152	0.314804 91
92 OBSERVATION BEDS	1,427,745	10,247,941	11,675,686	0.172054	0.172054	0.172054 92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	222,885,649	205,134,837	428,020,486			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	222,885,649	205,134,837	428,020,486			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)			
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,355,187		1,355,187	23,509	57.65	9,951	573,675	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	53,444		53,444	1,741	30.70			43
44 SKILLED NURSING FACILITY	85,341		85,341	1,564	54.57	1,109	60,518	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,493,972		1,493,972	26,814		11,060	634,193	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] [] []	HOSPITAL (14-0162) IPF IRF	[] 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	902,681	30,218,994	0.029871	9,135,958	272,900	50
51	RECOVERY ROOM	43,624	1,876,002	0.023254	459,408	10,683	51
52	DELIVERY ROOM & LABOR ROOM	251,847	4,282,632	0.058807	12,592	740	52
53	ANESTHESIOLOGY	66,389	3,515,767	0.018883	958,348	18,096	53
54	RADIOLOGY-DIAGNOSTIC	929,664	13,667,169	0.068022	1,931,664	131,396	54
54.10	MAMOGRAPHY	282,385	3,403,656	0.082965	397	33	54.10
54.20	ULTRASOUND	127,778	5,486,350	0.023290	445,375	10,373	54.20
54.30	ECHOCARDIOLOGY	148,883	4,238,161	0.035129	725,450	25,484	54.30
55	RADIOLOGY-THERAPEUTIC	1,054	23,608	0.044646	22,929	1,024	55
56	RADIOISOTOPE	79,407	12,355,850	0.006427	771,693	4,960	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	420,839	35,004,657	0.012022	3,098,650	37,252	57
58	MAGNETIC RESONANCE IMAGING (M	528,062	18,638,551	0.028332	1,229,357	34,830	58
59	CARDIAC CATHETERIZATION	168,385	17,592,599	0.009571	3,250,083	31,107	59
60	LABORATORY	294,511	58,364,504	0.005046	8,544,813	43,117	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	81,492	6,918,544	0.011779	2,747,180	32,359	65
66	PHYSICAL THERAPY	932,898	6,754,414	0.138117	863,466	119,259	66
67	OCCUPATIONAL THERAPY	24,120	1,951,009	0.012363	477,599	5,905	67
68	SPEECH PATHOLOGY	22,598	710,505	0.031806	92,728	2,949	68
69	ELECTROCARDIOLOGY	80,362	3,764,377	0.021348	428,425	9,146	69
70	ELECTROENCEPHALOGRAPHY	49,175	545,016	0.090227	89,862	8,108	70
71	MEDICAL SUPPLIES CHRGED TO PA	314,379	32,060,829	0.009806	10,941,796	107,295	71
72	IMPL. DEV. CHARGED TO PATIENT	184,231	31,996,428	0.005758	12,887,907	74,209	72
73	DRUGS CHARGED TO PATIENTS	317,540	76,244,249	0.004165	27,228,025	113,405	73
74	RENAL DIALYSIS	57,684	718,892	0.080240	442,775	35,528	74
76	ENDOSCOPY	65,508	3,356,792	0.019515	1,382,168	26,973	76
76.10	DIABETES SERVICES	1,957	10,491	0.186541			76.10
76.20	PAIN CLINIC	92,714	2,600,306	0.035655			76.20
76.97	CARDIAC REHABILITATION	150,794	281,681	0.535336	36,808	19,705	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	82,237	566,326	0.145211	445	65	90
91	EMERGENCY	288,909	15,565,229	0.018561	1,322,093	24,539	91
92	OBSERVATION BEDS	140,886	11,675,686	0.012067	744,520	8,984	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	7,132,993	404,389,274	404,389,274	90,272,514	1,210,424	200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK
 APPLICABLE
 BOXES

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

COST CENTER DESCRIPTION	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: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:08

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	23,509		9,951		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	1,741				43
44 SKILLED NURSING FACILITY	1,564		1,109		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	26,814		11,060		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] 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						SCHOOL 2	HEALTH 3	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
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
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 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
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 (14-0162)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	30,218,994			9,135,958	1,857,590	50
51	RECOVERY ROOM	1,876,002			459,408	100,741	51
52	DELIVERY ROOM & LABOR ROOM	4,282,632			12,592	4,538	52
53	ANESTHESIOLOGY	3,515,767			958,348	215,157	53
54	RADIOLOGY-DIAGNOSTIC	13,667,169			1,931,664	3,159,905	54
54.10	MAMOGRAPHY	3,403,656			397	112,686	54.10
54.20	ULTRASOUND	5,486,350			445,375	1,174,983	54.20
54.30	ECHOCARDIOLOGY	4,238,161			725,450	773,618	54.30
55	RADIOLOGY-THERAPEUTIC	23,608			22,929		55
56	RADIOISOTOPE	12,355,850			771,693	3,825,424	56
57	COMPUTED TOMOGRAPHY (CT) SCA	35,004,657			3,098,650	7,036,885	57
58	MAGNETIC RESONANCE IMAGING (	18,638,551			1,229,357	3,611,583	58
59	CARDIAC CATHETERIZATION	17,592,599			3,250,083	3,400,967	59
60	LABORATORY	58,364,504			8,544,813	1,246,857	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	6,918,544			2,747,180	528,974	65
66	PHYSICAL THERAPY	6,754,414			863,466		66
67	OCCUPATIONAL THERAPY	1,951,009			477,599		67
68	SPEECH PATHOLOGY	710,505			92,728	30,262	68
69	ELECTROCARDIOLOGY	3,764,377			428,425	856,526	69
70	ELECTROENCEPHALOGRAPHY	545,016			89,862	76,439	70
71	MEDICAL SUPPLIES CHRGD TO P	32,060,829			10,941,796	3,131,707	71
72	IMPL. DEV. CHARGED TO PATIEN	31,996,428			12,887,907	1,905,408	72
73	DRUGS CHARGED TO PATIENTS	76,244,249			27,228,025	5,274,736	73
74	RENAL DIALYSIS	718,892			442,775	30,720	74
76	ENDOSCOPY	3,356,792			1,382,168	191,560	76
76.10	DIABETES SERVICES	10,491					76.10
76.20	PAIN CLINIC	2,600,306				651,897	76.20
76.97	CARDIAC REHABILITATION	281,681			36,808	86,022	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	566,326			445	276,761	90
91	EMERGENCY	15,565,229			1,322,093	2,255,124	91
92	OBSERVATION BEDS	11,675,686			744,520	3,679,252	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	404,389,274			90,272,514	45,496,322	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0162) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT 1, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		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	0.265715	1,857,590			493,590		50	
51 RECOVERY ROOM	0.358737	100,741			36,140		51	
52 DELIVERY ROOM & LABOR ROOM	0.565777	4,538			2,567		52	
53 ANESTHESIOLOGY	0.146035	215,157			31,420		53	
54 RADIOLOGY-DIAGNOSTIC	0.234742	3,159,905			741,762		54	
54.10 MAMOGRAPHY	0.317469	112,686			35,774		54.10	
54.20 ULTRASOUND	0.200950	1,174,983			236,113		54.20	
54.30 ECHOCARDIOLOGY	0.186696	773,618			144,431		54.30	
55 RADIOLOGY-THERAPEUTIC	2.209675						55	
56 RADIOISOTOPE	0.106289	3,825,424			406,600		56	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060191	7,036,885			423,557		57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.095382	3,611,583			344,480		58	
59 CARDIAC CATHETERIZATION	0.080010	3,400,967			272,111		59	
60 LABORATORY	0.085971	1,246,857			107,194		60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65 RESPIRATORY THERAPY	0.167593	528,974			88,652		65	
66 PHYSICAL THERAPY	0.692040						66	
67 OCCUPATIONAL THERAPY	0.352201						67	
68 SPEECH PATHOLOGY	0.428440	30,262			12,965		68	
69 ELECTROCARDIOLOGY	0.121346	856,526			103,936		69	
70 ELECTROENCEPHALOGRAPHY	0.507523	76,439			38,795		70	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.152995	3,131,707			479,136		71	
72 IMPL. DEV. CHARGED TO PATIENT	0.280301	1,905,408			534,088		72	
73 DRUGS CHARGED TO PATIENTS	0.094336	5,274,736			497,597		73	
74 RENAL DIALYSIS	0.540907	30,720			16,617		74	
76 ENDOSCOPY	0.302101	191,560			57,870		76	
76.10 DIABETES SERVICES	9.077781						76.10	
76.20 PAIN CLINIC	0.202630	651,897			132,094		76.20	
76.97 CARDIAC REHABILITATION	1.426589	86,022			122,718		76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.716859	276,761			198,399		90	
91 EMERGENCY	0.310152	2,255,124			699,431		91	
92 OBSERVATION BEDS	0.172054	3,679,252			633,030		92	
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		45,496,322			6,891,067		200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)		45,496,322			6,891,067		202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	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
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
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 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
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 [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] 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	30,218,994			1,787			50
51 RECOVERY ROOM	1,876,002						51
52 DELIVERY ROOM & LABOR ROOM	4,282,632						52
53 ANESTHESIOLOGY	3,515,767			6			53
54 RADIOLOGY-DIAGNOSTIC	13,667,169			9,713			54
54.10 MAMOGRAPHY	3,403,656						54.10
54.20 ULTRASOUND	5,486,350			7,629			54.20
54.30 ECHOCARDIOLOGY	4,238,161			3,711			54.30
55 RADIOLOGY-THERAPEUTIC	23,608			5			55
56 RADIOISOTOPE	12,355,850			1,050			56
57 COMPUTED TOMOGRAPHY (CT) SCA	35,004,657			5,264			57
58 MAGNETIC RESONANCE IMAGING (	18,638,551			20,266			58
59 CARDIAC CATHETERIZATION	17,592,599			191			59
60 LABORATORY	58,364,504			128,375			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	6,918,544			97,575			65
66 PHYSICAL THERAPY	6,754,414			146,838			66
67 OCCUPATIONAL THERAPY	1,951,009			125,447			67
68 SPEECH PATHOLOGY	710,505			3,259			68
69 ELECTROCARDIOLOGY	3,764,377			1,916			69
70 ELECTROENCEPHALOGRAPHY	545,016			247			70
71 MEDICAL SUPPLIES CHRGED TO P	32,060,829			185,281			71
72 IMPL. DEV. CHARGED TO PATIEN	31,996,428						72
73 DRUGS CHARGED TO PATIENTS	76,244,249			850,924			73
74 RENAL DIALYSIS	718,892						74
76 ENDOSCOPY	3,356,792			9,234			76
76.10 DIABETES SERVICES	10,491						76.10
76.20 PAIN CLINIC	2,600,306						76.20
76.97 CARDIAC REHABILITATION	281,681						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	566,326						90
91 EMERGENCY	15,565,229			4,257			91
92 OBSERVATION BEDS	11,675,686						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	404,389,274			1,602,975			200

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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,355,187		1,355,187	23,509	57.65	2,287	131,846	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	53,444		53,444	1,741	30.70	626	19,218	43
44 SKILLED NURSING FACILITY	85,341		85,341	1,564	54.57	29	1,583	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,493,972		1,493,972	26,814		2,942	152,647	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	902,681	30,218,994	0.029871		50
51 RECOVERY ROOM	43,624	1,876,002	0.023254		51
52 DELIVERY ROOM & LABOR ROOM	251,847	4,282,632	0.058807		52
53 ANESTHESIOLOGY	66,389	3,515,767	0.018883		53
54 RADIOLOGY-DIAGNOSTIC	929,664	13,667,169	0.068022		54
54.10 MAMOGRAPHY	282,385	3,403,656	0.082965		54.10
54.20 ULTRASOUND	127,778	5,486,350	0.023290		54.20
54.30 ECHOCARDIOLOGY	148,883	4,238,161	0.035129		54.30
55 RADIOLOGY-THERAPEUTIC	1,054	23,608	0.044646		55
56 RADIOISOTOPE	79,407	12,355,850	0.006427		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	420,839	35,004,657	0.012022		57
58 MAGNETIC RESONANCE IMAGING (M	528,062	18,638,551	0.028332		58
59 CARDIAC CATHETERIZATION	168,385	17,592,599	0.009571		59
60 LABORATORY	294,511	58,364,504	0.005046		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	81,492	6,918,544	0.011779		65
66 PHYSICAL THERAPY	932,898	6,754,414	0.138117		66
67 OCCUPATIONAL THERAPY	24,120	1,951,009	0.012363		67
68 SPEECH PATHOLOGY	22,598	710,505	0.031806		68
69 ELECTROCARDIOLOGY	80,362	3,764,377	0.021348		69
70 ELECTROENCEPHALOGRAPHY	49,175	545,016	0.090227		70
71 MEDICAL SUPPLIES CHRGD TO PA	314,379	32,060,829	0.009806		71
72 IMPL. DEV. CHARGED TO PATIENT	184,231	31,996,428	0.005758		72
73 DRUGS CHARGED TO PATIENTS	317,540	76,244,249	0.004165		73
74 RENAL DIALYSIS	57,684	718,892	0.080240		74
76 ENDOSCOPY	65,508	3,356,792	0.019515		76
76.10 DIABETES SERVICES	1,957	10,491	0.186541		76.10
76.20 PAIN CLINIC	92,714	2,600,306	0.035655		76.20
76.97 CARDIAC REHABILITATION	150,794	281,681	0.535336		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	82,237	566,326	0.145211		90
91 EMERGENCY	288,909	15,565,229	0.018561		91
92 OBSERVATION BEDS	140,886	11,675,686	0.012067		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	7,132,993	404,389,274	404,389,274		200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:08

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: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:08

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	23,509		2,287		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	1,741		626		43
44 SKILLED NURSING FACILITY	1,564		29		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	26,814		2,942		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	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
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
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 (14-0162) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (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	30,218,994						50
51 RECOVERY ROOM	1,876,002						51
52 DELIVERY ROOM & LABOR ROOM	4,282,632						52
53 ANESTHESIOLOGY	3,515,767						53
54 RADIOLOGY-DIAGNOSTIC	13,667,169						54
54.10 MAMOGRAPHY	3,403,656						54.10
54.20 ULTRASOUND	5,486,350						54.20
54.30 ECHOCARDIOLOGY	4,238,161						54.30
55 RADIOLOGY-THERAPEUTIC	23,608						55
56 RADIOISOTOPE	12,355,850						56
57 COMPUTED TOMOGRAPHY (CT) SCA	35,004,657						57
58 MAGNETIC RESONANCE IMAGING (	18,638,551						58
59 CARDIAC CATHETERIZATION	17,592,599						59
60 LABORATORY	58,364,504						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	6,918,544						65
66 PHYSICAL THERAPY	6,754,414						66
67 OCCUPATIONAL THERAPY	1,951,009						67
68 SPEECH PATHOLOGY	710,505						68
69 ELECTROCARDIOLOGY	3,764,377						69
70 ELECTROENCEPHALOGRAPHY	545,016						70
71 MEDICAL SUPPLIES CHRGD TO P	32,060,829						71
72 IMPL. DEV. CHARGED TO PATIEN	31,996,428						72
73 DRUGS CHARGED TO PATIENTS	76,244,249						73
74 RENAL DIALYSIS	718,892						74
76 ENDOSCOPY	3,356,792						76
76.10 DIABETES SERVICES	10,491						76.10
76.20 PAIN CLINIC	2,600,306						76.20
76.97 CARDIAC REHABILITATION	281,681						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	566,326						90
91 EMERGENCY	15,565,229						91
92 OBSERVATION BEDS	11,675,686						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	404,389,274						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 [XX] SNF (14-5590) [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	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
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [] IRF	[] SUB (OTHER) [XX] SNF (14-5590) [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	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						50
51						RECOVERY ROOM						51
52						DELIVERY ROOM & LABOR ROOM						52
53						ANESTHESIOLOGY						53
54						RADIOLOGY-DIAGNOSTIC						54
54.10						MAMOGRAPHY						54.10
54.20						ULTRASOUND						54.20
54.30						ECHOCARDIOLOGY						54.30
55						RADIOLOGY-THERAPEUTIC						55
56						RADIOISOTOPE						56
57						COMPUTED TOMOGRAPHY (CT) SCA						57
58						MAGNETIC RESONANCE IMAGING (						58
59						CARDIAC CATHETERIZATION						59
60						LABORATORY						60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY						65
66						PHYSICAL THERAPY						66
67						OCCUPATIONAL THERAPY						67
68						SPEECH PATHOLOGY						68
69						ELECTROCARDIOLOGY						69
70						ELECTROENCEPHALOGRAPHY						70
71						MEDICAL SUPPLIES CHRGED TO P						71
72						IMPL. DEV. CHARGED TO PATIEN						72
73						DRUGS CHARGED TO PATIENTS						73
74						RENAL DIALYSIS						74
76						ENDOSCOPY						76
76.10						DIABETES SERVICES						76.10
76.20						PAIN CLINIC						76.20
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 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 [XX] SNF (14-5590) [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT 1, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		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	0.265715						50	
51 RECOVERY ROOM	0.358737						51	
52 DELIVERY ROOM & LABOR ROOM	0.565777						52	
53 ANESTHESIOLOGY	0.146035						53	
54 RADIOLOGY-DIAGNOSTIC	0.234742						54	
54.10 MAMOGRAPHY	0.317469						54.10	
54.20 ULTRASOUND	0.200950						54.20	
54.30 ECHOCARDIOLOGY	0.186696						54.30	
55 RADIOLOGY-THERAPEUTIC	2.209675						55	
56 RADIOISOTOPE	0.106289						56	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060191						57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.095382						58	
59 CARDIAC CATHETERIZATION	0.080010						59	
60 LABORATORY	0.085971						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65 RESPIRATORY THERAPY	0.167593						65	
66 PHYSICAL THERAPY	0.692040						66	
67 OCCUPATIONAL THERAPY	0.352201						67	
68 SPEECH PATHOLOGY	0.428440						68	
69 ELECTROCARDIOLOGY	0.121346						69	
70 ELECTROENCEPHALOGRAPHY	0.507523						70	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.152995						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.280301						72	
73 DRUGS CHARGED TO PATIENTS	0.094336						73	
74 RENAL DIALYSIS	0.540907						74	
76 ENDOSCOPY	0.302101						76	
76.10 DIABETES SERVICES	9.077781						76.10	
76.20 PAIN CLINIC	0.202630						76.20	
76.97 CARDIAC REHABILITATION	1.426589						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.716859						90	
91 EMERGENCY	0.310152						91	
92 OBSERVATION BEDS	0.172054						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

WORKSHEET D-1
 PART I

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0162) [] 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)	23,509	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,509	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,509	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)	9,951	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)	19,323,111	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	19,323,111	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,326,601	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,326,601	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.950632	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)	864.63	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)	19,323,111	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0162) [] 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) 821.95 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,179,224 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) 8,179,224 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					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)					15,321,845 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					23,501,069 49
PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					573,675 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,210,424 51
52 TOTAL PROGRAM EXCLUDABLE COST					1,784,099 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					21,716,970 53

	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
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) 2,444 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 821.95 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,008,846 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	1,355,187	19,323,111	0.070133	2,008,846	140,886 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 [XX] SNF (14-5590) [] 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)	1,564	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,564	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,564	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS).	1,109	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)	982,144	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	982,144	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	982,144	37

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/22/2012 14:08

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5590)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	982,144	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	627.97	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	696,419	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	696,419	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	696,419	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	295,044	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	991,463	86

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0162)	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[XX]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	23,509	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,509	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,509	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)	2,287	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)	1,741	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	626	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)	19,323,111	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	19,323,111	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,326,601	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,326,601	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.950632	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)	864.63	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)	19,323,111	37							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0162) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX-INPT [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 821.95 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,879,800 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) 1,879,800 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	660,256	1,741	379.24	626	237,404 42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS
 43 INTENSIVE CARE UNIT 43
 44 CORONARY CARE UNIT 44
 45 BURN INTENSIVE CARE UNIT 45
 46 SURGICAL INTENSIVE CARE UNIT 46
 47 OTHER SPECIAL CARE (SPECIFY) 47
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 2,117,204 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 151,064 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 151,064 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,444 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/22/2012 14:08

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input checked="" type="checkbox"/>	SNF (14-5590)				TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF				OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	982,144	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	627.97	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	18,211	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	18,211	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)	85,341	75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)	54.57	76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)	1,583	77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)	16,628	78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)	16,628	80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	1,583	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	1,583	86

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] 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	
30 INPATIENT ROUTINE SERVICE COST CENTERS				
ADULTS & PEDIATRICS		10,476,474		30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.265715	9,135,958	2,427,561	50
51 RECOVERY ROOM	0.358737	459,408	164,807	51
52 DELIVERY ROOM & LABOR ROOM	0.565777	12,592	7,124	52
53 ANESTHESIOLOGY	0.146035	958,348	139,952	53
54 RADIOLOGY-DIAGNOSTIC	0.234742	1,931,664	453,443	54
54.10 MAMOGRAPHY	0.317469	397	126	54.10
54.20 ULTRASOUND	0.200950	445,375	89,498	54.20
54.30 ECHOCARDIOLOGY	0.186696	725,450	135,439	54.30
55 RADIOLOGY-THERAPEUTIC	2.209675	22,929	50,666	55
56 RADIOISOTOPE	0.106289	771,693	82,022	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060191	3,098,650	186,511	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.095382	1,229,357	117,259	58
59 CARDIAC CATHETERIZATION	0.080010	3,250,083	260,039	59
60 LABORATORY	0.085971	8,544,813	734,606	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.167593	2,747,180	460,408	65
66 PHYSICAL THERAPY	0.692040	863,466	597,553	66
67 OCCUPATIONAL THERAPY	0.352201	477,599	168,211	67
68 SPEECH PATHOLOGY	0.428440	92,728	39,728	68
69 ELECTROCARDIOLOGY	0.121346	428,425	51,988	69
70 ELECTROENCEPHALOGRAPHY	0.507523	89,862	45,607	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.152995	10,941,796	1,674,040	71
72 IMPL. DEV. CHARGED TO PATIENT	0.280301	12,887,907	3,612,493	72
73 DRUGS CHARGED TO PATIENTS	0.094336	27,228,025	2,568,583	73
74 RENAL DIALYSIS	0.540907	442,775	239,500	74
76 ENDOSCOPY	0.302101	1,382,168	417,554	76
76.10 DIABETES SERVICES	9.077781			76.10
76.20 PAIN CLINIC	0.202630			76.20
76.97 CARDIAC REHABILITATION	1.426589	36,808	52,510	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.716859	445	319	90
91 EMERGENCY	0.314804	1,322,093	416,200	91
92 OBSERVATION BEDS	0.172054	744,520	128,098	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		90,272,514	15,321,845	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		90,272,514		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.265715	1,787	475	50
51 RECOVERY ROOM	0.358737			51
52 DELIVERY ROOM & LABOR ROOM	0.565777			52
53 ANESTHESIOLOGY	0.146035	6	1	53
54 RADIOLOGY-DIAGNOSTIC	0.234742	9,713	2,280	54
54.10 MAMOGRAPHY	0.317469			54.10
54.20 ULTRASOUND	0.200950	7,629	1,533	54.20
54.30 ECHOCARDIOLOGY	0.186696	3,711	693	54.30
55 RADIOLOGY-THERAPEUTIC	2.209675	5	11	55
56 RADIOISOTOPE	0.106289	1,050	112	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060191	5,264	317	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.095382	20,266	1,933	58
59 CARDIAC CATHETERIZATION	0.080010	191	15	59
60 LABORATORY	0.085971	128,375	11,037	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.167593	97,575	16,353	65
66 PHYSICAL THERAPY	0.692040	146,838	101,618	66
67 OCCUPATIONAL THERAPY	0.352201	125,447	44,183	67
68 SPEECH PATHOLOGY	0.428440	3,259	1,396	68
69 ELECTROCARDIOLOGY	0.121346	1,916	232	69
70 ELECTROENCEPHALOGRAPHY	0.507523	247	125	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.152995	185,281	28,347	71
72 IMPL. DEV. CHARGED TO PATIENT	0.280301			72
73 DRUGS CHARGED TO PATIENTS	0.094336	850,924	80,273	73
74 RENAL DIALYSIS	0.540907			74
76 ENDOSCOPY	0.302101	9,234	2,790	76
76.10 DIABETES SERVICES	9.077781			76.10
76.20 PAIN CLINIC	0.202630			76.20
76.97 CARDIAC REHABILITATION	1.426589			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.716859			90
91 EMERGENCY	0.310152	4,257	1,320	91
92 OBSERVATION BEDS	0.172054			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,602,975	295,044	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,602,975		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	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
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.265715			50
51 RECOVERY ROOM	0.358737			51
52 DELIVERY ROOM & LABOR ROOM	0.565777			52
53 ANESTHESIOLOGY	0.146035			53
54 RADIOLOGY-DIAGNOSTIC	0.234742			54
54.10 MAMOGRAPHY	0.317469			54.10
54.20 ULTRASOUND	0.200950			54.20
54.30 ECHOCARDIOLOGY	0.186696			54.30
55 RADIOLOGY-THERAPEUTIC	2.209675			55
56 RADIOISOTOPE	0.106289			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060191			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.095382			58
59 CARDIAC CATHETERIZATION	0.080010			59
60 LABORATORY	0.085971			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.167593			65
66 PHYSICAL THERAPY	0.692040			66
67 OCCUPATIONAL THERAPY	0.352201			67
68 SPEECH PATHOLOGY	0.428440			68
69 ELECTROCARDIOLOGY	0.121346			69
70 ELECTROENCEPHALOGRAPHY	0.507523			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.152995			71
72 IMPL. DEV. CHARGED TO PATIENT	0.280301			72
73 DRUGS CHARGED TO PATIENTS	0.094336			73
74 RENAL DIALYSIS	0.540907			74
76 ENDOSCOPY	0.302101			76
76.10 DIABETES SERVICES	9.077781			76.10
76.20 PAIN CLINIC	0.202630			76.20
76.97 CARDIAC REHABILITATION	1.426589			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.716859			90
91 EMERGENCY	0.310152			91
92 OBSERVATION BEDS	0.172054			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5590)	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.265715			50
51 RECOVERY ROOM	0.358737			51
52 DELIVERY ROOM & LABOR ROOM	0.565777			52
53 ANESTHESIOLOGY	0.146035			53
54 RADIOLOGY-DIAGNOSTIC	0.234742			54
54.10 MAMOGRAPHY	0.317469			54.10
54.20 ULTRASOUND	0.200950			54.20
54.30 ECHOCARDIOLOGY	0.186696			54.30
55 RADIOLOGY-THERAPEUTIC	2.209675			55
56 RADIOISOTOPE	0.106289			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.060191			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.095382			58
59 CARDIAC CATHETERIZATION	0.080010			59
60 LABORATORY	0.085971			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.167593			65
66 PHYSICAL THERAPY	0.692040			66
67 OCCUPATIONAL THERAPY	0.352201			67
68 SPEECH PATHOLOGY	0.428440			68
69 ELECTROCARDIOLOGY	0.121346			69
70 ELECTROENCEPHALOGRAPHY	0.507523			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.152995			71
72 IMPL. DEV. CHARGED TO PATIENT	0.280301			72
73 DRUGS CHARGED TO PATIENTS	0.094336			73
74 RENAL DIALYSIS	0.540907			74
76 ENDOSCOPY	0.302101			76
76.10 DIABETES SERVICES	9.077781			76.10
76.20 PAIN CLINIC	0.202630			76.20
76.97 CARDIAC REHABILITATION	1.426589			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.716859			90
91 EMERGENCY	0.310152			91
92 OBSERVATION BEDS	0.172054			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0162)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	19,322,367	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	648,151	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	135.30	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)	0.0324	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1293	31
32	SUM OF LINES 30 AND 31	0.1617	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0326	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	629,909	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)	20,600,427	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)	20,600,427	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,657,359	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 (14-0162)
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)	22,257,786	59
60	PRIMARY PAYER PAYMENTS	3,382	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	22,254,404	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,087,576	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	43,980	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	295,346	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	206,742	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	284,314	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	20,329,590	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)	20,329,590	71
72	INTERIM PAYMENTS	20,350,204	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-20,614	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	654,446	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
 [] SUB (OTHER) [XX] SNF (14-5590)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		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		15
	ON A CHARGE BASIS		
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES		16
	ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
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		19
	LINE 11 (SEE INSTRUCTIONS)		
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS		20
	LINE 18 (SEE INSTRUCTIONS)		
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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22		27
	AND 23} (SEE INSTRUCTIONS)		
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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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)		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)		40
41	INTERIM PAYMENTS		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.		44
	15-II, SECTION 115.2		
	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 HOSPITAL (14-0162) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,350,204		5,945,977	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.					
		NONE		NONE	3.01
					3.02
	PROGRAM				3.03
	TO				3.04
	PROVIDER				3.05
					3.06
					3.07
					3.08
					3.09
		NONE		NONE	3.50
					3.51
	PROVIDER				3.52
	TO				3.53
	PROGRAM				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)		20,350,204		5,945,977	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				
	PROVIDER				
	PROVIDER				
	TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
 03/22/2012 14:08

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5590)
 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		294,471			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		294,471			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: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0162) 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	5,978 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	9,951 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,965 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	21,065 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	428,020,486 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	16,229,099 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,743,831 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	1,788,527 30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	-44,696 32

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	315,973 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	315,973 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	6
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	21,502 7
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	8
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9
11	UTILIZATION REVIEW	10
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	294,471 11
13	INPATIENT PRIMARY PAYER PAYMENTS	12
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	13
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	294,471 14
16	INTERIM PAYMENTS	294,471 15
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	294,471 16
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	17
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	18
		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	2,117,204 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,117,204 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,117,204 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	2,117,204 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [XX] SNF (14-5590) [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,583 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,583 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,583 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,583 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,413,915			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	75,545,331			4
5	OTHER RECEIVABLES	540,765			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-47,017,941			6
7	INVENTORY	1,559,368			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	1,932,153			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	34,973,591			11
FIXED ASSETS					
12	LAND	1,635,357			12
13	LAND IMPROVEMENTS	2,308,315			13
14	ACCUMULATED DEPRECIATION	-2,196,890			14
15	BUILDINGS	106,625,596			15
16	ACCUMULATED DEPRECIATION	-51,273,425			16
17	LEASEHOLD IMPROVEMENTS	523,198			17
18	ACCUMULATED AMORTIZATION	-195,305			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	70,472,559			23
24	ACCUMULATED DEPRECIATION	-57,357,258			24
25	MINOR EQUIPMENT DEPRECIABLE	102,891			25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	70,645,038			30
OTHER ASSETS					
31	INVESTMENTS	90,694,811			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	12,169,952			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	102,864,763			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	208,483,392			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	3,143,528			37
38	SALARIES, WAGES & FEES PAYABLE	8,621,694			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	198,028			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	13,052,840			43
44	OTHER CURRENT LIABILITIES	754,914			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	25,771,004			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	1,046,226			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,046,226			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	26,817,230			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	181,666,162			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)	181,666,162			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	208,483,392			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		159,448,791							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		21,416,364							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		180,865,155							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTION ACTIVITY	801,007								5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		801,007							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		181,666,162							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		181,666,162							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	20,326,601		20,326,601	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY	674,491		674,491	8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
11 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	21,001,092		21,001,092	11
12 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				12
13 INTENSIVE CARE UNIT				13
14 CORONARY CARE UNIT				14
15 BURN INTENSIVE CARE UNIT				15
16 SURGICAL INTENSIVE CARE UNIT				16
17 OTHER SPECIAL CARE (SPECIFY)				17
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				18
19 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	21,001,092		21,001,092	19
20 ANCILLARY SERVICES	201,892,163		201,892,163	20
21 OUTPATIENT SERVICES		258,201,482	258,201,482	21
22 RHC				22
23 FQHC				23
24 HOME HEALTH AGENCY				24
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	222,893,255	258,201,482	481,094,737	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		142,644,909	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	7,054,328		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		7,054,328	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)		149,699,237	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	481,094,737	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	325,357,998	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	155,736,739	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	149,699,237	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	6,037,502	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,164,638	6
7	INCOME FROM INVESTMENTS	9,293,594	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	418,205	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	49,931	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	137,564	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	911,665	22
23	GOVERNMENTAL APPROPRIATIONS		23
24		3,403,265	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	15,378,862	25
26	TOTAL (LINE 5 PLUS LINE 25)	21,416,364	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	21,416,364	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-016) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	1,566,081	1
3	CAPITAL DRG OUTLIER PAYMENTS	39,128	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	57.71	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)	0.0324	7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1293	8
10	SUM OF LINES 7 AND 8	0.1617	9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0333	10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	52,150	11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,657,359	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES 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
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
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 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
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						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.10 RADIOLOGY CLINIC						192.10
192.20 FUND DEV, MKTING, COMM HEALTH						192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE						192.40
192.60 NONALLOWABLE CARDIAC REHAB						192.60

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10
03/22/2012 14:08

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	42.33		9.73				52.06 30
43 NURSERY			35.96				35.96 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	30.23	6.15					36.38 50
51 RECOVERY ROOM	24.49	5.37					29.86 51
52 DELIVERY ROOM & LABOR ROOM	0.29	0.11					0.40 52
53 ANESTHESIOLOGY	27.26	6.12					33.38 53
54 RADIOLOGY-DIAGNOSTIC	14.13	23.12					37.25 54
54.10 MAMOGRAPHY	0.01	3.31					3.32 54.10
54.20 ULTRASOUND	8.12	21.42					29.54 54.20
54.30 ECHOCARDIOLOGY	17.12	18.25					35.37 54.30
55 RADIOLOGY-THERAPEUTIC	97.12						97.12 55
56 RADIOISOTOPE	6.25	30.96					37.21 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8.85	20.10					28.95 57
58 MAGNETIC RESONANCE IMAGING (MRI)	6.60	19.38					25.98 58
59 CARDIAC CATHETERIZATION	18.47	19.33					37.80 59
60 LABORATORY	14.64	2.14					16.78 60
65 RESPIRATORY THERAPY	39.71	7.65					47.36 65
66 PHYSICAL THERAPY	12.78						12.78 66
67 OCCUPATIONAL THERAPY	24.48						24.48 67
68 SPEECH PATHOLOGY	13.05	4.26					17.31 68
69 ELECTROCARDIOLOGY	11.38	22.75					34.13 69
70 ELECTROENCEPHALOGRAPHY	16.49	14.03					30.52 70
71 MEDICAL SUPPLIES CHRGED TO PATI	34.13	9.77					43.90 71
72 IMPL. DEV. CHARGED TO PATIENT	40.28	5.96					46.24 72
73 DRUGS CHARGED TO PATIENTS	35.71	6.92					42.63 73
74 RENAL DIALYSIS	61.59	4.27					65.86 74
76 ENDOSCOPY	41.18	5.71					46.89 76
76.20 PAIN CLINIC		25.07					25.07 76.20
76.97 CARDIAC REHABILITATION	13.07	30.54					43.61 76.97
90 CLINIC	0.08	48.87					48.95 90
91 EMERGENCY	8.49	14.49					22.98 91
92 OBSERVATION BEDS	6.38	31.51					37.89 92
200 TOTAL CHARGES	22.32	11.25					33.57 200

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

SNF / NF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
44 SKILLED NURSING FACILITY	70.91						70.91	44
45 NURSING FACILITY			1.85				1.85	45
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	0.01						0.01	50
54 RADIOLOGY-DIAGNOSTIC	0.07						0.07	54
54.20 ULTRASOUND	0.14						0.14	54.20
54.30 ECHOCARDIOLOGY	0.09						0.09	54.30
55 RADIOLOGY-THERAPEUTIC	0.02						0.02	55
56 RADIOISOTOPE	0.01						0.01	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.02						0.02	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.11						0.11	58
60 LABORATORY	0.22						0.22	60
65 RESPIRATORY THERAPY	1.41						1.41	65
66 PHYSICAL THERAPY	2.17						2.17	66
67 OCCUPATIONAL THERAPY	6.43						6.43	67
68 SPEECH PATHOLOGY	0.46						0.46	68
69 ELECTROCARDIOLOGY	0.05						0.05	69
70 ELECTROENCEPHALOGRAPHY	0.05						0.05	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.58						0.58	71
73 DRUGS CHARGED TO PATIENTS	1.12						1.12	73
76 ENDOSCOPY	0.28						0.28	76
91 EMERGENCY	0.03						0.03	91
200 TOTAL CHARGES	0.40						0.40	200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	2,609,715	1.90	-2,609,715	-5.22		1
2	CAP REL COSTS-MVBLE EQUIP	3,352,777	2.44	-3,352,777	-6.71		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	13,459,988	9.80	-13,459,988	-26.92		4
5	ADMINISTRATIVE & GENERAL	21,054,179	15.32	-21,054,179	-42.11		5
6	MAINTENANCE & REPAIRS	1,711,471	1.25	-1,711,471	-3.42		6
7	OPERATION OF PLANT	2,923,792	2.13	-2,923,792	-5.85		7
8	LAUNDRY & LINEN SERVICE	449,720	0.33	-449,720	-0.90		8
9	HOUSEKEEPING	910,765	0.66	-910,765	-1.82		9
10	DIETARY	427,166	0.31	-427,166	-0.85		10
11	CAFETERIA	406,829	0.30	-406,829	-0.81		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,149,462	0.84	-1,149,462	-2.30		13
14	CENTRAL SERVICES & SUPPLY	317,593	0.23	-317,593	-0.64		14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	1,046,280	0.76	-1,046,280	-2.09		16
17	SOCIAL SERVICE	179,917	0.13	-179,917	-0.36		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	9,972,852	7.26	9,350,259	18.70	19,323,111	14.06
43	NURSERY	349,475	0.25	310,781	0.62	660,256	0.48
44	SKILLED NURSING FACILITY	424,651	0.31	557,493	1.11	982,144	0.71
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,552,250	3.31	3,477,386	6.95	8,029,636	5.84
51	RECOVERY ROOM	377,285	0.27	295,707	0.59	672,992	0.49
52	DELIVERY ROOM & LABOR ROOM	1,182,589	0.86	1,240,424	2.48	2,423,013	1.76
53	ANESTHESIOLOGY	343,617	0.25	169,808	0.34	513,425	0.37
54	RADIOLOGY-DIAGNOSTIC	2,008,994	1.46	1,199,266	2.40	3,208,260	2.34
54.10	MAMOGRAPHY	682,225	0.50	398,331	0.80	1,080,556	0.79
54.20	ULTRASOUND	658,045	0.48	444,438	0.89	1,102,483	0.80
54.30	ECHOCARDIOLOGY	383,090	0.28	408,157	0.82	791,247	0.58
55	RADIOLOGY-THERAPEUTIC	43,247	0.03	8,919	0.02	52,166	0.04
56	RADIOISOTOPE	894,982	0.65	418,303	0.84	1,313,285	0.96
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,345,026	0.98	761,949	1.52	2,106,975	1.53
58	MAGNETIC RESONANCE IMAGING (MRI)	1,170,674	0.85	607,110	1.21	1,777,784	1.29
59	CARDIAC CATHETERIZATION	775,903	0.56	631,688	1.26	1,407,591	1.02
60	LABORATORY	3,261,048	2.37	1,756,607	3.51	5,017,655	3.65
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	657,736	0.48	501,766	1.00	1,159,502	0.84
66	PHYSICAL THERAPY	3,226,450	2.35	1,447,874	2.90	4,674,324	3.40
67	OCCUPATIONAL THERAPY	451,011	0.33	236,137	0.47	687,148	0.50
68	SPEECH PATHOLOGY	178,867	0.13	125,542	0.25	304,409	0.22
69	ELECTROCARDIOLOGY	200,800	0.15	255,993	0.51	456,793	0.33
70	ELECTROENCEPHALOGRAPHY	129,970	0.09	146,638	0.29	276,608	0.20
71	MEDICAL SUPPLIES CHRGD TO PATI	3,757,318	2.73	1,147,816	2.30	4,905,134	3.57
72	IMPL. DEV. CHARGED TO PATIENT	7,346,122	5.35	1,622,494	3.25	8,968,616	6.53
73	DRUGS CHARGED TO PATIENTS	5,112,669	3.72	2,079,940	4.16	7,192,609	5.24
74	RENAL DIALYSIS	154,093	0.11	234,761	0.47	388,854	0.28
76	ENDOSCOPY	681,856	0.50	332,235	0.66	1,014,091	0.74
76.10	DIABETES SERVICES	65,481	0.05	29,754	0.06	95,235	0.07
76.20	PAIN CLINIC	360,189	0.26	166,712	0.33	526,901	0.38
76.97	CARDIAC REHABILITATION	83,183	0.06	318,660	0.64	401,843	0.29
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	306,119	0.22	99,857	0.20	405,976	0.30
91	EMERGENCY	2,742,114	2.00	2,085,473	4.17	4,827,587	3.51
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	768,636	0.56	354,899	0.71	1,123,535	0.82
192	PHYSICIANS' PRIVATE OFFICES	29,529,788	21.49	15,354,971	30.71	44,884,759	32.67
192.10	CARDIOLOGY CLINIC	78,379	0.06	25,721	0.05	104,100	0.08
192.20	FUND DEV, MKTING, COMM HEALTH E	1,762,719	1.28	673,307	1.35	2,436,026	1.77
192.30	MCLEAN CO EMS	220,769	0.16	67,143	0.13	287,912	0.21
192.40	INDUSTRIAL MEDICINE	710,538	0.52	445,910	0.89	1,156,448	0.84
192.60	NONALLOWABLE CARDIAC REHAB	443,169	0.32	209,425	0.42	652,594	0.47
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL	137,393,583	100.00			137,393,583	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	902,681	30,218,994	0.029871	9,135,958	272,900	50
51 RECOVERY ROOM	43,624	1,876,002	0.023254	459,408	10,683	51
52 DELIVERY ROOM & LABOR ROOM	251,847	4,282,632	0.058807	12,592	740	52
53 ANESTHESIOLOGY	66,389	3,515,767	0.018883	958,348	18,096	53
54 RADIOLOGY-DIAGNOSTIC	929,664	13,667,169	0.068022	1,931,664	131,396	54
54.10 MAMOGRAPHY	282,385	3,403,656	0.082965	397	33	54.10
54.20 ULTRASOUND	127,778	5,486,350	0.023290	445,375	10,373	54.20
54.30 ECHOCARDIOLOGY	148,883	4,238,161	0.035129	725,450	25,484	54.30
55 RADIOLOGY-THERAPEUTIC	1,054	23,608	0.044646	22,929	1,024	55
56 RADIOISOTOPE	79,407	12,355,850	0.006427	771,693	4,960	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	420,839	35,004,657	0.012022	3,098,650	37,252	57
58 MAGNETIC RESONANCE IMAGING (MRI)	528,062	18,638,551	0.028332	1,229,357	34,830	58
59 CARDIAC CATHETERIZATION	168,385	17,592,599	0.009571	3,250,083	31,107	59
60 LABORATORY	294,511	58,364,504	0.005046	8,544,813	43,117	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	81,492	6,918,544	0.011779	2,747,180	32,359	65
66 PHYSICAL THERAPY	932,898	6,754,414	0.138117	863,466	119,259	66
67 OCCUPATIONAL THERAPY	24,120	1,951,009	0.012363	477,599	5,905	67
68 SPEECH PATHOLOGY	22,598	710,505	0.031806	92,728	2,949	68
69 ELECTROCARDIOLOGY	80,362	3,764,377	0.021348	428,425	9,146	69
70 ELECTROENCEPHALOGRAPHY	49,175	545,016	0.090227	89,862	8,108	70
71 MEDICAL SUPPLIES CHRGD TO PATI	314,379	32,060,829	0.009806	10,941,796	107,295	71
72 IMPL. DEV. CHARGED TO PATIENT	184,231	31,996,428	0.005758	12,887,907	74,209	72
73 DRUGS CHARGED TO PATIENTS	317,540	76,244,249	0.004165	27,228,025	113,405	73
74 RENAL DIALYSIS	57,684	718,892	0.080240	442,775	35,528	74
76 ENDOSCOPY	65,508	3,356,792	0.019515	1,382,168	26,973	76
76.10 DIABETES SERVICES	1,957	10,491	0.186541			76.10
76.20 PAIN CLINIC	92,714	2,600,306	0.035655			76.20
76.97 CARDIAC REHABILITATION	150,794	281,681	0.535336	36,808	19,705	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	82,237	566,326	0.145211	445	65	90
91 EMERGENCY	288,909	15,565,229	0.018561	1,322,093	24,539	91
92 OBSERVATION BEDS	140,886	11,675,686	0.012067	744,520	8,984	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	7,132,993	404,389,274		90,272,514	1,210,424	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	1,355,187		1,355,187	23,509	57.65	9,951	573,675 30
200	TOTAL	1,355,187		1,355,187	23,509		9,951	573,675 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								573,675
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								1,210,424
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								1,784,099
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								2,459
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								9,951
PER DISCHARGE CAPITAL COSTS								725.54
PER DIEM CAPITAL COSTS								179.29

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)	21,716,970
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	100,748,988
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.216

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)	1,784,099
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.018

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)	6,861,485
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)	45,435,340
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.151