

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY FRANCISCAN ST. JAMES HEALTH (14-0172) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-289,075	241,626		2,459,906	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		228,502	238			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		-60,573	241,864		2,459,906	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 20201 SOUTH CRAWFORD AVE P.O.BOX: 1  
 2 CITY: OLYMPIA FIELDS STATE: IL ZIP CODE: 60461 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	FRANCISCAN ST. JAMES HEALTH	14-0172	01600	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	FRANCISCAN ST. JAMES HEALTH R	14-T172	01600	5	07/01/1985	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTIC									11
12	HOSPITAL-BASED HHA	FRANCISCAN ST. JAMES HEALTH H	14-7267	01600		05/24/1984	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPIECE									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: 01/01/2011				TO: 12/31/2011				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS	
	1	2	3	4	5	6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	11,797	7,890	67			24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	168	223				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:	ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:	ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
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)	Y			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
		11.38	46.04	0.198189	
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)					
		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
65	FAMILY PRACTICE/EMERGENCY ROOM	3600	2.34	15.99	0.127660
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
		11.01	51.21	0.176953	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 OBSTETRICS/GYNECOLOGY		1.37		1.000000	67
67.01 FAMILY PRATICE/EMERGENCY ROOM	3600	0.57	0.44	0.564356	67.01

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.	Y	N		76

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			80
----	--	---	--	--	----

TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.	N			85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N			86

TITLE V AND XIX INPATIENT SERVICES

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	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)?	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.	Y	Y	Y	109

PHY- OCCUP- RESPI-  
 SICAL ATIONAL SPEECH RATORY

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
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.	Y		140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
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
		Y/N	DATE	V/I
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.	1 N	2	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
<b>FINANCIAL DATA AND REPORTS</b>				
		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 N	2	3
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
		Y/N	1	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	N	2
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.	Y		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
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
<b>BED COMPLEMENT</b>				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	100,923,495	765,928	101,689,423	3,614,685.00	28.13
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A		151,935		151,935	3,080.00	49.33
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)		6,617,597		6,617,597	165,464.00	39.99
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		8,736,538	140,561	8,877,099	280,627.00	31.63
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		10,446,911		10,446,911	206,196.00	50.66
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A		659,694		659,694	6,176.00	106.82
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		13,918,252		13,918,252	273,315.00	50.92
15	HOME OFFICE: PHYSICIAN-PART A						14
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						15
	WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		24,422,861		24,422,861		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		2,229,287		2,229,287		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A		26,759		26,759		22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		1,055,236		1,055,236	28,721.00	36.74
27	ADMINISTRATIVE & GENERAL		11,482,183	-5,792	11,476,391	399,753.00	28.71
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		504,538		504,538	2,018.00	250.02
29	MAINTENANCE & REPAIRS						28
30	OPERATION OF PLANT		3,823,411		3,823,411	157,155.00	24.33
31	LAUNDRY & LINEN SERVICE		229,245		229,245	15,409.00	14.88
32	HOUSEKEEPING		2,218,333		2,218,333	179,441.00	12.36
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						32
34	DIETARY		2,470,526	-1,675,692	794,834	55,284.00	14.38
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						33
36	CAFETERIA			1,671,586	1,671,586	116,266.00	14.38
37	MAINTENANCE OF PERSONNEL						35
38	NURSING ADMINISTRATION		1,357,083		1,357,083	34,387.00	39.47
39	CENTRAL SERVICES AND SUPPLY		806,008		806,008	52,899.00	15.24
40	PHARMACY		2,155,553		2,155,553	61,305.00	35.16
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,002,061		2,002,061	93,992.00	21.30
42	SOCIAL SERVICE			635,265	635,265	22,107.00	28.74
43	OTHER GENERAL SERVICE						42

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	94,810,436	765,928	95,576,364	3,451,239.0	27.69	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	8,736,538	140,561	8,877,099	280,627.00	31.63	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	86,073,898	625,367	86,699,265	3,170,612.0	27.34	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	25,024,857		25,024,857	485,687.00	51.52	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	24,449,620		24,449,620		28.20%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	135,548,375	625,367	136,173,742	3,656,299.0	37.24	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	28,104,177	625,367	28,729,544	1,218,737.0	23.57	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	187	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	6,152,086	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)	9,623,087	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,083,092	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	35,534	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	377,972	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,704,843	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	7,363,787	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	253,497	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	84,821	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	26,678,906	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/31/2012 14:10

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	6,617,597	165,464	1
2	HOSPITAL	6,617,597	165,464	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTIC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		10,631		393	11,024	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,096.00		736.00	1,832.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			1.01	1.01	4
5 OTHER ADMINISTRATIVE PERSONNEL			8.61	8.61	5
6 DIRECT NURSING SERVICE			20.86	20.86	6
7 NURSING SUPERVISOR			2.00	2.00	7
8 PHYSICAL THERAPY SERVICE				9.09	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE				2.29	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE				0.26	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE				0.21	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			4.73	4.73	16
17 HOME HEALTH AIDE SUPERVISOR			0.90	0.90	17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.					1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).					16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	12,872	407	512	121	13,912	21
22 SKILLED NURSING VISIT CHARGES	2,381,320	75,295	94,720	22,385	2,573,720	22
23 PHYSICAL THERAPY VISITS	7,174	8	30	95	7,307	23
24 PHYSICAL THERAPY VISIT CHARGES	1,362,680	1,520	5,510	18,050	1,387,760	24
25 OCCUPATIONAL THERAPY VISITS	1,962	1	7	28	1,998	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	362,970	185	1,110	5,180	369,445	26
27 SPEECH PATHOLOGY VISITS	209			7	216	27
28 SPEECH PATHOLOGY VISIT CHARGES	38,665			1,295	39,960	28
29 MEDICAL SOCIAL SERVICE VISITS	186	2	5	9	202	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	43,710	470	1,175	2,115	47,470	30
31 HOME HEALTH AIDE VISITS	4,888	65	11	39	5,003	31
32 HOME HEALTH AIDE VISIT CHARGES	513,240	6,825	1,155	4,095	525,315	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	27,291	483	565	299	28,638	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	4,702,585	84,295	103,670	53,120	4,943,670	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,447		211	22	1,680	36
37 TOTAL NUMBER OF OUTLIER EPISODES		8			8	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

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)				0.265190	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				27,581,441	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				150,446,149	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				39,896,816	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				12,315,375	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)				12,315,375	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	28,332,623		28,332,623		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,513,529		7,513,529		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	7,513,529		7,513,529		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			13,629,430		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			2,363,280		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			11,266,150		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			2,987,670		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			10,501,199		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			22,816,574		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		7,145,186	7,145,186	8,587,640	1
2	00200		7,387,758	7,387,758	1,593,255	2
3	00300					3
4	00400	1,055,236	-3,685,260	-2,630,024	2,704,843	4
5	00500	11,482,183	64,402,681	75,884,864	-4,899,624	5
6	00600					6
7	00700	3,823,411	11,453,167	15,276,578	-126,350	7
8	00800	229,245	2,185,494	2,414,739		8
9	00900	2,218,333	2,409,160	4,627,493	-27,968	9
10	01000	2,470,526	2,755,227	5,225,753	-3,555,199	10
11	01100				3,535,804	11
12	01200					12
13	01300	1,357,083	1,613,700	2,970,783	-551,408	13
14	01400	806,008	4,520,239	5,326,247	-4,000,493	14
15	01500	2,155,553	16,998,582	19,154,135	-15,608,958	15
16	01600	2,002,061	1,068,383	3,070,444		16
17	01700				813,139	17
19	01900					19
20	02000					20
21	02100		7,129,297	7,129,297		21
22	02200					22
23	02300					23
23.01	02301					23.01
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	27,117,882	10,354,918	37,472,800	-1,059,653	30
31	03100	7,201,608	3,878,959	11,080,567	70,208	31
41	04100	1,688,642	571,650	2,260,292	29,253	41
43	04300				1,661,766	43
ANCILLARY SERVICE COST CENTERS						
50	05000	3,770,139	12,429,125	16,199,264	-6,115,189	50
50.01	05001	388,624	6,100,785	6,489,409	-360,602	50.01
50.02	05002	99	1,367,888	1,367,987		50.02
51	05100	860,454	257,999	1,118,453		51
53	05300	127,217	8,214,427	8,341,644		53
54	05400	3,133,419	1,024,754	4,158,173	-242,520	54
54.01	05401	825,385	548,627	1,374,012	145,400	54.01
55	05500	982,323	430,449	1,412,772		55
56	05600	677,796	1,055,218	1,733,014	60,595	56
57	05700	852,382	580,784	1,433,166	65,395	57
58	05800	483,739	531,403	1,015,142	65,026	58
59	05900	1,278,382	3,108,747	4,387,129	-1,085,974	59
60	06000		11,041,681	11,041,681	52,000	60
62.30	06250					62.30
65	06500	2,616,751	1,291,267	3,908,018	-44,596	65
65.01	06501	194,474	70,321	264,795	6,632	65.01
66	06600	145	2,153,138	2,153,283		66
66.01	06601		1,116,751	1,116,751		66.01
66.02	06602	2,469	2,663,093	2,665,562		66.02
67	06700		1,203,264	1,203,264		67
68	06800	342,237	146,442	488,679		68
69	06900	1,725,084	1,010,695	2,735,779	-246,776	69
69.01	03950	650,943	3,949,339	4,600,282	-3,130,831	69.01
70	07000	60,908	30,394	91,302		70
71	07100				4,000,493	71
72	07200				10,289,707	72
73	07300				15,608,958	73
74	07400		1,071,054	1,071,054		74
75	07500	1,788,111	552,396	2,340,507		75
76	03951	374,157	324,840	698,997		76
76.01	03952	308,932	119,514	428,446		76.01
76.97	07697	765,669	247,055	1,012,724	13,669	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001					90.01
91	09100	8,057,989	3,675,236	11,733,225	273,810	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
101	10100	2,830,069	2,197,767	5,027,836	-306,194	101
SPECIAL PURPOSE COST CENTERS						
113	11300		8,479,261	8,479,261	-8,479,261	113
116	11600	144,383	101,760	246,143		116
118		96,850,051	217,284,615	314,134,666	-264,003	118
NONREIMBURSABLE COST CENTERS						
190	19000	22,714	414,144	436,858		190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

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	
191	19100 RESEARCH	43,699	12,236	55,935		191
192	19200 PHYSICIANS' PRIVATE OFFICES	4,382,700	8,563,523	12,946,223	255,318	192
193	19300 NONPAID WORKERS		4,697	4,697	8,685	193
194	07950 DEVELOPMENT	-375,669	375,383	-286		194
194.01	07951 SENIOR FRIENDS					194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS					194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS					194.03
200	TOTAL (SUM OF LINES 118-199)	100,923,495	226,654,598	327,578,093		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	15,732,826	-9,818,460	5,914,366	1
2	00200	8,981,013	11,221	8,992,234	2
3	00300				3
4	00400	74,819	-11,173	63,646	4
5	00500	70,985,240	-6,114,635	64,870,605	5
6	00600				6
7	00700	15,150,228	-1,425,598	13,724,630	7
8	00800	2,414,739		2,414,739	8
9	00900	4,599,525		4,599,525	9
10	01000	1,670,554	-62,278	1,608,276	10
11	01100	3,535,804	-1,289,091	2,246,713	11
12	01200				12
13	01300	2,419,375	565,936	2,985,311	13
14	01400	1,325,754	-248,267	1,077,487	14
15	01500	3,545,177	3,791	3,548,968	15
16	01600	3,070,444	-32,320	3,038,124	16
17	01700	813,139		813,139	17
19	01900				19
20	02000				20
21	02100	7,129,297		7,129,297	21
22	02200				22
23	02300				23
23.01	02301				23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	36,413,147	-384,063	36,029,084	30
31	03100	11,150,775	-20,370	11,130,405	31
41	04100	2,289,545	-8,466	2,281,079	41
43	04300	1,661,766		1,661,766	43
ANCILLARY SERVICE COST CENTERS					
50	05000	10,084,075	-457,509	9,626,566	50
50.01	05001	6,128,807	1,717,659	7,846,466	50.01
50.02	05002	1,367,987		1,367,987	50.02
51	05100	1,118,453		1,118,453	51
53	05300	8,341,644	-7,765,114	576,530	53
54	05400	3,915,653	-3,830	3,911,823	54
54.01	05401	1,519,412	-7,047	1,512,365	54.01
55	05500	1,412,772		1,412,772	55
56	05600	1,793,609		1,793,609	56
57	05700	1,498,561		1,498,561	57
58	05800	1,080,168	-21,403	1,058,765	58
59	05900	3,301,155		3,301,155	59
60	06000	11,093,681	-28,850	11,064,831	60
62.30	06250				62.30
65	06500	3,863,422		3,863,422	65
65.01	06501	271,427	-2,850	268,577	65.01
66	06600	2,153,283		2,153,283	66
66.01	06601	1,116,751		1,116,751	66.01
66.02	06602	2,665,562	-2,469	2,663,093	66.02
67	06700	1,203,264		1,203,264	67
68	06800	488,679		488,679	68
69	06900	2,489,003	-46,649	2,442,354	69
69.01	03950	1,469,451	-2,341	1,467,110	69.01
70	07000	91,302		91,302	70
71	07100	4,000,493	-1,501,377	2,499,116	71
72	07200	10,289,707		10,289,707	72
73	07300	15,608,958		15,608,958	73
74	07400	1,071,054		1,071,054	74
75	07500	2,340,507		2,340,507	75
76	03951	698,997	-71,915	627,082	76
76.01	03952	428,446		428,446	76.01
76.97	07697	1,026,393	-8,465	1,017,928	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001				90.01
91	09100	12,007,035	-273,725	11,733,310	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
101	10100	4,721,642		4,721,642	101
SPECIAL PURPOSE COST CENTERS					
113	11300				113
116	11600	246,143		246,143	116
118		313,870,663	-27,309,658	286,561,005	118
NONREIMBURSABLE COST CENTERS					
190	19000	436,858		436,858	190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/31/2012 14:10

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5		7	
191	19100 RESEARCH	55,935		55,935	191
192	19200 PHYSICIANS' PRIVATE OFFICES	13,201,541	-3,070,011	10,131,530	192
193	19300 NONPAID WORKERS	13,382		13,382	193
194	07950 DEVELOPMENT	-286	286		194
194.01	07951 SENIOR FRIENDS				194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS				194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS				194.03
200	TOTAL (SUM OF LINES 118-199)	327,578,093	-30,379,383	297,198,710	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RENT/LEASE EXPENSE	A	CAP REL COSTS-MVBLE EQUIP	2		1,593,255	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
500 TOTAL RECLASSIFICATIONS					1,593,255	500
CODE LETTER - A						
1 COST OF CHARGEABLE MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHRGD TO PA	71		4,000,493	1
500 TOTAL RECLASSIFICATIONS					4,000,493	500
CODE LETTER - C						
1 COST OF DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	73		15,608,958	1
500 TOTAL RECLASSIFICATIONS					15,608,958	500
CODE LETTER - D						
1 SOCIAL SERVICES	E	SOCIAL SERVICE	17	635,265	177,874	1
500 TOTAL RECLASSIFICATIONS				635,265	177,874	500
CODE LETTER - E						
1 INTEREST	F	CAP REL COSTS-BLDG & FIXT	1		8,479,261	1
500 TOTAL RECLASSIFICATIONS					8,479,261	500
CODE LETTER - F						
1 CAFETERIA COSTS	G	CAFETERIA	11	1,671,586	1,864,218	1
2		NONPAID WORKERS	193	4,106	4,579	2
500 TOTAL RECLASSIFICATIONS				1,675,692	1,868,797	500
CODE LETTER - G						
1 RADIOLOGY ADMIN COSTS	H	BREAST DIAGNOSIS CENTER	54.01	98,380	22,594	1
2		MAGNETIC RESONANCE IMAGING (M	58	52,881	12,145	2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57	51,090	14,305	3
4		RADIOISOTOPE	56	49,278	11,317	4
500 TOTAL RECLASSIFICATIONS				251,629	60,361	500
CODE LETTER - H						
1 PROFESSIONAL FEES	I	OPERATING ROOM	50		45,000	1
2		RADIOLOGY-DIAGNOSTIC	54		69,470	2
3		LABORATORY	60		52,000	3
500 TOTAL RECLASSIFICATIONS					166,470	500
CODE LETTER - I						
1 HHA OVERHEAD COSTS	J	ADMINISTRATIVE & GENERAL	5	239,214	66,980	1
500 TOTAL RECLASSIFICATIONS				239,214	66,980	500
CODE LETTER - J						
1 PROPERTY INSURANCE	K	CAP REL COSTS-BLDG & FIXT	1		262,517	1
500 TOTAL RECLASSIFICATIONS					262,517	500
CODE LETTER - K						
1 NURSERY COSTS	L	NURSERY	43	1,220,705	441,061	1
500 TOTAL RECLASSIFICATIONS				1,220,705	441,061	500
CODE LETTER - L						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	1	2	3	4	5
1 DIRECTOR FEES	M	ADULTS & PEDIATRICS	30		50,705 1
2		INTENSIVE CARE UNIT	31		70,208 2
3		SUBPROVIDER - IRF	41		29,253 3
4		OPERATING ROOM	50		330,561 4
5		ELECTROCARDIOLOGY	69		110,616 5
6		SLEEP LAB	65.01		9,751 6
7		BREAST DIAGNOSIS CENTER	54.01		24,426 7
8		EMERGENCY	91		273,810 8
500 TOTAL RECLASSIFICATIONS					899,330 500
CODE LETTER - M					
1 CARDIAC ADMIN	N	CARDIAC CATHETERIZATION	59	109,307	99,016 1
2		EP LAB	69.01	69,295	62,772 2
3		CARDIAC REHABILITATION	76.97	7,172	6,497 3
500 TOTAL RECLASSIFICATIONS				185,774	168,285 500
CODE LETTER - N					
1 EXCESS ALLOCATINO OF EMPLOYEE BENEF	O	EMPLOYEE BENEFITS	4		1,000,000 1
500 TOTAL RECLASSIFICATIONS					1,000,000 500
CODE LETTER - O					
1 EMPLOYEE BENEFITS ALLOCATIONS	P	EMPLOYEE BENEFITS	4		1,704,843 1
500 TOTAL RECLASSIFICATIONS					1,704,843 500
CODE LETTER - P					
1 AMBULANCE COSTS	Q	ADULTS & PEDIATRICS	30		551,408 1
500 TOTAL RECLASSIFICATIONS					551,408 500
CODE LETTER - Q					
1 SALARY CREDITS	R	ADMINISTRATIVE & GENERAL	5	390,259	1
2		DEVELOPMENT	194	375,669	2
500 TOTAL RECLASSIFICATIONS				765,928	500
CODE LETTER - R					
1 CHICAGO HEIGHTS POB COSTS	S	PHYSICIANS' PRIVATE OFFICES	192		255,318 1
2					2
500 TOTAL RECLASSIFICATIONS					255,318 500
CODE LETTER - S					
1 IMPLANT SUPPLY COSTS	T	IMPL. DEV. CHARGED TO PATIENT	72		10,289,707 1
2					2
3					3
4					4
500 TOTAL RECLASSIFICATIONS					10,289,707 500
CODE LETTER - T					
GRAND TOTAL (INCREASES)				4,974,207	47,594,918

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 RENT/LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	5		359,519	9 1
2 OPERATION OF PLANT			7		25,170	2
3 HOUSEKEEPING			9		27,968	3
4 DIETARY			10		10,710	4
5 OPERATING ROOM			50		1,118,840	5
6 RESPIRATORY THERAPY			65		44,596	6
7 SLEEP LAB			65.01		3,119	7
8 ELECTROCARDIOLOGY			69		3,333	8
500 TOTAL RECLASSIFICATIONS					1,593,255	500
CODE LETTER - A						
1 COST OF CHARGEABLE MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	14		4,000,493	1
500 TOTAL RECLASSIFICATIONS					4,000,493	500
CODE LETTER - C						
1 COST OF DRUGS SOLD	D	PHARMACY	15		15,608,958	1
500 TOTAL RECLASSIFICATIONS					15,608,958	500
CODE LETTER - D						
1 SOCIAL SERVICES	E	ADMINISTRATIVE & GENERAL	5	635,265	177,874	1
500 TOTAL RECLASSIFICATIONS				635,265	177,874	500
CODE LETTER - E						
1 INTEREST	F	INTEREST EXPENSE	113		8,479,261	9 1
500 TOTAL RECLASSIFICATIONS					8,479,261	500
CODE LETTER - F						
1 CAFETERIA COSTS	G	DIETARY	10	1,675,692	1,868,797	1
2						2
500 TOTAL RECLASSIFICATIONS				1,675,692	1,868,797	500
CODE LETTER - G						
1 RADIOLOGY ADMIN COSTS	H	RADIOLOGY-DIAGNOSTIC	54	251,629	60,361	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS				251,629	60,361	500
CODE LETTER - H						
1 PROFESSIONAL FEES	I	ADMINISTRATIVE & GENERAL	5		166,470	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					166,470	500
CODE LETTER - I						
1 HHA OVERHEAD COSTS	J	HOME HEALTH AGENCY	101	239,214	66,980	1
500 TOTAL RECLASSIFICATIONS				239,214	66,980	500
CODE LETTER - J						
1 PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	5		262,517	9 1
500 TOTAL RECLASSIFICATIONS					262,517	500
CODE LETTER - K						
1 NURSERY COSTS	L	ADULTS & PEDIATRICS	30	1,220,705	441,061	1
500 TOTAL RECLASSIFICATIONS				1,220,705	441,061	500
CODE LETTER - L						

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 DIRECTOR FEES	M	ADMINISTRATIVE & GENERAL	5		899,330	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
500 TOTAL RECLASSIFICATIONS					899,330	500
CODE LETTER - M						
1 CARDIAC ADMIN	N	ELECTROCARDIOLOGY	69	185,774	168,285	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS				185,774	168,285	500
CODE LETTER - N						
1 EXCESS ALLOCATINO OF EMPLOYEE BENEF	O	ADMINISTRATIVE & GENERAL	5		1,000,000	1
500 TOTAL RECLASSIFICATIONS					1,000,000	500
CODE LETTER - O						
1 EMPLOYEE BENEFITS ALLOCATIONS	P	ADMINISTRATIVE & GENERAL	5		1,704,843	1
500 TOTAL RECLASSIFICATIONS					1,704,843	500
CODE LETTER - P						
1 AMBULANCE COSTS	Q	NURSING ADMINISTRATION	13		551,408	1
500 TOTAL RECLASSIFICATIONS					551,408	500
CODE LETTER - Q						
1 SALARY CREDITS	R	ADMINISTRATIVE & GENERAL	5		390,259	1
2		DEVELOPMENT	194		375,669	2
500 TOTAL RECLASSIFICATIONS					765,928	500
CODE LETTER - R						
1 CHICAGO HEIGHTS POB COSTS	S	CAP REL COSTS-BLDG & FIXT	1		154,138	9 1
2		OPERATION OF PLANT	7		101,180	2
500 TOTAL RECLASSIFICATIONS					255,318	500
CODE LETTER - S						
1 IMPLANT SUPPLY COSTS	T	OPERATING ROOM	50		5,371,910	1
2		SURGICENTER	50.01		360,602	2
3		CARDIAC CATHETERIZATION	59		1,294,297	3
4		EP LAB	69.01		3,262,898	4
500 TOTAL RECLASSIFICATIONS					10,289,707	500
CODE LETTER - T						
GRAND TOTAL (DECREASES)				4,208,279	48,360,846	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	7,320,500					7,320,500	1
2 LAND IMPROVEMENTS	3,944,888	92,918		92,918		4,037,806	2
3 BUILDINGS AND FIXTURES	116,414,031	193,441		193,441		116,607,472	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	88,550,476	831,314		831,314		89,381,790	5
6 MOVABLE EQUIPMENT	80,828,324	1,236,289		1,236,289	2,527,665	79,536,948	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	297,058,219	2,353,962		2,353,962	2,527,665	296,884,516	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	297,058,219	2,353,962		2,353,962	2,527,665	296,884,516	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	7,145,186						7,145,186 1
2 CAP REL COSTS-MVBLE EQUIP	7,387,758						7,387,758 2
3 TOTAL (SUM OF LINES 1-2)	14,532,944						14,532,944 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS	RATIO	INSURANCE	TAXES	OTHER	TOTAL
			ASSETS FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL- RELATED COSTS	(SUM OF COLS. 5-7)
	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	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL- RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	5,914,366						5,914,366 1
2 CAP REL COSTS-MVBLE EQUIP	8,992,234						8,992,234 2
3 TOTAL	14,906,600						14,906,600 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-282,757	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-15,914	ADMINISTRATIVE & GENERAL	5	5 6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-9,678,375			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-7,172,796			13 14 15
13 LAUNDRY AND LINEN SERVICE					16
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-248,267	CENTRAL SERVICES & SUPPLY	14	17
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-1,100	PHARMACY	15	18
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-32,320	MEDICAL RECORDS & LIBRARY	16	19
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-30,714	DIETARY	10	20
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					21
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					22
20 VENDING MACHINES	B	-30,714			23
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					24
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					25
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				26
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	27 28 29
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	30
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-479,865	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	14,694	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28 29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	31 32 33
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	34
32 CAH HIT ADJ FOR DEPRECIATION AND					35
33					36
33.05 CAFETERIA REVENUE	B	-1,289,091	CAFETERIA	11	33.05
33.15 PATIENT PHONE COSTS	A	-184,478	ADMINISTRATIVE & GENERAL	5	33.15
33.17 PATIENT TV COSTS	A	-3,473	CAP REL COSTS-MVBLE EQUIP	2	9 33.17
33.18 PATIENT TV COSTS/REPAIRS	A	-6,395	ADMINISTRATIVE & GENERAL	5	33.18
33.19 PROPERTY TAXES	A	-1,315,436	OPERATION OF PLANT	7	33.19
33.44 PHYSICIAN FEES	A	-3,070,011	PHYSICIANS' PRIVATE OFFICES	192	33.44
33.61 MARKETING COSTS	A	-1,686,423	ADMINISTRATIVE & GENERAL	5	33.61
33.62 ELIMINATE NEGATIVE EXPENSES	A	286	DEVELOPMENT	194	33.62
33.73 PRINT SHOP FEES	B	-1,706	ADMINISTRATIVE & GENERAL	5	33.73
33.75 DIABETES CENTER COSTS	A	-611,182	ADMINISTRATIVE & GENERAL	5	33.75
33.77 NON-ALLOWABLE NON-OPER COSTS	A	-558,551	ADMINISTRATIVE & GENERAL	5	33.77
33.78 TELECOMMUNICATIONS REVENUE	B	-83,032	ADMINISTRATIVE & GENERAL	5	33.78
33.79 BABY PHOTOS	B	-2,454	ADULTS & PEDIATRICS	30	33.79
33.82 RADIOLOGY PROGRAM FEES	B	-3,830	RADIOLOGY-DIAGNOSTIC	54	33.82
33.84 DONATIONS	A	-35,788	ADMINISTRATIVE & GENERAL	5	33.84
33.85 PARKING REVENUES	B	-109,684	OPERATION OF PLANT	7	33.85
33.87 NON-ALLOWABLE ADMIN EXPENSES	A	-110,962	ADMINISTRATIVE & GENERAL	5	33.87
33.88 DISCOUNTS AND REBATES	B	-5,052	PHARMACY	15	33.88
33.89 INTEREST EXPENSE	A	-1,152,461	CAP REL COSTS-BLDG & FIXT	1	9 33.89
33.90 HOME OFFICE INTEREST INCOME	B	-83,509	CAP REL COSTS-BLDG & FIXT	1	9 33.90
33.91 CRNA FEES/SALARIES	A	-163,970	ANESTHESIOLOGY	53	33.91
33.95 EMPLOYEE BADGES	B	-412	OPERATION OF PLANT	7	33.95
33.98 SPECIAL FUNCTION MEALS	B	-24,648	DIETARY	10	33.98
34 OTHER REVENUE	B	-14,580	ELECTROCARDIOLOGY	69	34
34.01 DIETARY DISCOUNTS/REBATES	B	-3,397	DIETARY	10	34.01
34.02 MEDICAL SUPPLY DISCOUNTS/REBATES	B	-1,501,377	MEDICAL SUPPLIES CHRGD TO PATI	71	34.02
34.08 RENTAL REVENUE	B	-28,750	CAP REL COSTS-BLDG & FIXT	1	9 34.08
34.09 OTHER MISCELLANEOUS REVENUE	B	-231,763	ADMINISTRATIVE & GENERAL	5	34.09

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
34.10 MISC REVENUE	B	-66	OPERATION OF PLANT	7	34.10
34.17 RESEARCH COSTS	A	-127,033	OPERATING ROOM	50	34.17
34.18 DIETETIC INSTRUCTION	B	-3,519	DIETARY	10	34.18
35					35
35.12 EMT REVENUE	B	-11,173	EMPLOYEE BENEFITS	4	35.12
35.13 CASHIERING REVENUE	B	-21,768	ADMINISTRATIVE & GENERAL	5	35.13
35.14 MISC REVENUE	B	-3,940	ADULTS & PEDIATRICS	30	35.14
35.15 MISC REVENUE	B	-2,341	EP LAB	69.01	35.15
36					36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50					50
TOTAL (SUM OF LINES 1 THRU 49)		-30,379,383			
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	1	CAP REL COSTS-BLDG & FIXT	INTEREST	3,081,887	8,479,261	-5,397,374	9 1
2	1	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	3,003,630		3,003,630	9 2
3	5	ADMINISTRATIVE & GENERAL	ADMIN/INFO SVCS	18,874,133	20,527,946	-1,653,813	3
4	50.01	SURGICENTER	RELATED PARTY EXPENSES	6,217,659	4,500,000	1,717,659	4
4.01	1	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	3,081,887	8,479,261	-5,397,374	9 4.01
4.03	58	MAGNETIC RESONANCE IMAGING (MRI)	MRI PURCHASED SERVICES	172,093	193,496	-21,403	4.03
4.04	13	NURSING ADMINISTRATION	AMBULANCE SERVICES	1,117,344	551,408	565,936	4.04
4.05	15	PHARMACY	CORPORATE ALLOCATION	723,379	713,436	9,943	4.05
5	TOTALS (SUM OF LINES 1-4)			36,272,012	43,444,808	-7,172,796	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6 B			SISTERS OF ST. FRANCIS HEALTH	100.00	HOSP MGMT	6
7 B	SURBURBAN HEIGHTS MEDICAL CENT	100.00				7
8						8
9						9
10						10

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	1,133,265	912,860	220,405	177,200	3,080	262,392	13,120	1
2	30	ADULTS & PEDIATRICS	413,705	363,000	50,705	177,200	423	36,036	1,802	2
3	31	INTENSIVE CARE UNIT	70,208		70,208	177,200	585	49,838	2,492	3
4	41	SUBPROVIDER - IRF	29,253		29,253	177,200	244	20,787	1,039	4
5	50	OPERATING ROOM	330,561		330,561	177,200	1	85	4	5
6	54.01	BREAST DIAGNOSIS CENTER	24,426		24,426	177,200	204	17,379	869	6
8	60	LABORATORY	52,000		52,000	185,200	260	23,150	1,158	8
10	69	ELECTROCARDIOLOGY	110,616		110,616	177,200	922	78,547	3,927	10
11	65.01	SLEEP LAB	9,751		9,751	177,200	81	6,901	345	11
12	66.02	OP THERAPY SERVICES	2,469	2,469						12
13	76	WOUND CARE	72,000		72,000	177,200	1	85	4	13
14	76.97	CARDIAC REHABILITATION	8,550		8,550	177,200	1	85	4	14
15	53	ANESTHESIOLOGY	7,601,144	7,601,144						15
16	91	EMERGENCY	273,810		273,810	177,200	1	85	4	16
200		TOTAL	10,131,758	8,879,473	1,252,285		5,803	495,370	24,768	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL	AGGREGATE				262,392		912,860	1
2	30	ADULTS & PEDIATRICS	AGGREGATE				36,036	14,669	377,669	2
3	31	INTENSIVE CARE UNIT	AGGREGATE				49,838	20,370	20,370	3
4	41	SUBPROVIDER - IRF	AGGREGATE				20,787	8,466	8,466	4
5	50	OPERATING ROOM	AGGREGATE				85	330,476	330,476	5
6	54.01	BREAST DIAGNOSIS CENTER	AGGREGATE				17,379	7,047	7,047	6
8	60	LABORATORY	AGGREGATE				23,150	28,850	28,850	8
10	69	ELECTROCARDIOLOGY	AGGREGATE				78,547	32,069	32,069	10
11	65.01	SLEEP LAB	AGGREGATE				6,901	2,850	2,850	11
12	66.02	OP THERAPY SERVICES	AGGREGATE						2,469	12
13	76	WOUND CARE	AGGREGATE				85	71,915	71,915	13
14	76.97	CARDIAC REHABILITATION	AGGREGATE				85	8,465	8,465	14
15	53	ANESTHESIOLOGY	AGGREGATE						7,601,144	15
16	91	EMERGENCY	AGGREGATE				85	273,725	273,725	16
200		TOTAL					495,370	798,902	9,678,375	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	5,914,366	5,914,366				1
2 CAP REL COSTS-MVBLE EQUIP	8,992,234		8,992,234			2
4 EMPLOYEE BENEFITS	63,646	92,081	140,000	295,727		4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	64,870,605	498,255	757,549	33,729	66,160,138	5
6 OPERATION OF PLANT	13,724,630	1,002,373	1,524,012	11,237	16,262,252	7
8 LAUNDRY & LINEN SERVICE	2,414,739	67,744	102,999	674	2,586,156	8
9 HOUSEKEEPING	4,599,525	69,015	104,931	6,520	4,779,991	9
10 DIETARY	1,608,276	60,990	92,730	2,336	1,764,332	10
11 CAFETERIA	2,246,713	144,368	219,497	4,913	2,615,491	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,985,311	11,602	17,640	3,988	3,018,541	13
14 CENTRAL SERVICES & SUPPLY	1,077,487	162,665	247,317	2,369	1,489,838	14
15 PHARMACY	3,548,968	39,976	60,780	6,335	3,656,059	15
16 MEDICAL RECORDS & LIBRARY	3,038,124	61,786	93,940	5,884	3,199,734	16
17 SOCIAL SERVICE	813,139	4,374	6,650	1,867	826,030	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,129,297	62,487	95,006		7,286,790	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,029,084	936,461	1,423,801	76,075	38,465,421	30
31 INTENSIVE CARE UNIT	11,130,405	185,293	281,721	21,166	11,618,585	31
41 SUBPROVIDER - IRF	2,281,079	59,296	90,155	4,963	2,435,493	41
43 NURSERY	1,661,766	36,910	56,118	3,588	1,758,382	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,626,566	497,371	756,206	11,080	10,891,223	50
50.01 SURGICENTER	7,846,466			1,142	7,847,608	50.01
50.02 SURGERY RECOVERY CENTER	1,367,987				1,367,987	50.02
51 RECOVERY ROOM	1,118,453	781	1,188	2,529	1,122,951	51
53 ANESTHESIOLOGY	576,530	38,260	58,171	374	673,335	53
54 RADIOLOGY-DIAGNOSTIC	3,911,823	249,796	379,790	8,470	4,549,879	54
54.01 BREAST DIAGNOSIS CENTER	1,512,365			2,715	1,515,080	54.01
55 RADIOLOGY-THERAPEUTIC	1,412,772	125,464	190,756	2,887	1,731,879	55
56 RADIOISOTOPE	1,793,609	21,445	32,605	2,137	1,849,796	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,498,561	9,054	13,766	2,655	1,524,036	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,058,765			1,577	1,060,342	58
59 CARDIAC CATHETERIZATION	3,301,155			4,078	3,305,233	59
60 LABORATORY	11,064,831	169,040	257,009		11,490,880	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,863,422	20,401	31,017	7,691	3,922,531	65
65.01 SLEEP LAB	268,577	14,684	22,325	572	306,158	65.01
66 PHYSICAL THERAPY	2,153,283	47,636	72,426		2,273,345	66
66.01 OP PHYSICAL THERAPY	1,116,751				1,116,751	66.01
66.02 OP THERAPY SERVICES	2,663,093			7	2,663,100	66.02
67 OCCUPATIONAL THERAPY	1,203,264	70,439	107,095		1,380,798	67
68 SPEECH PATHOLOGY	488,679	1,103	1,676	1,006	492,464	68
69 ELECTROCARDIOLOGY	2,442,354	111,488	169,507	4,524	2,727,873	69
69.01 EP LAB	1,467,110	41,692	63,389	2,117	1,574,308	69.01
70 ELECTROENCEPHALOGRAPHY	91,302	13,304	20,227	179	125,012	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,499,116				2,499,116	71
72 IMPL. DEV. CHARGED TO PATIENT	10,289,707				10,289,707	72
73 DRUGS CHARGED TO PATIENTS	15,608,958				15,608,958	73
74 RENAL DIALYSIS	1,071,054				1,071,054	74
75 ASC (NON-DISTINCT PART)	2,340,507	226,861	344,921	5,255	2,917,544	75
76 WOUND CARE	627,082	24,906	37,867	1,100	690,955	76
76.01 OP ONCOLOGY	428,446	4,082	6,206	908	439,642	76.01
76.97 CARDIAC REHABILITATION	1,017,928			2,271	1,020,199	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	11,733,310	224,276	340,991	23,682	12,322,259	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	4,721,642			7,615	4,729,257	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	246,143	58,836	89,455	424	394,858	116

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

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	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	286,561,005	5,466,595	8,311,439	282,639	285,419,351	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	436,858	14,026	21,326	67	472,277	190
191 RESEARCH	55,935	48,658	73,980	128	178,701	191
192 PHYSICIANS' PRIVATE OFFICES	10,131,530	385,087	585,489	12,881	11,114,987	192
193 NONPAID WORKERS	13,382			12	13,394	193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	297,198,710	5,914,366	8,992,234	295,727	297,198,710	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	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	66,160,138					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,656,858	20,919,110				7
8 LAUNDRY & LINEN SERVICE	740,572	327,919	3,654,647			8
9 HOUSEKEEPING	1,368,798	334,068		6,482,857		9
10 DIETARY	505,234	295,226		87,061	2,651,853	10
11 CAFETERIA	748,972	698,815		206,078		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	864,389	56,161		16,562		13
14 CENTRAL SERVICES & SUPPLY	426,630	787,386		232,197		14
15 PHARMACY	1,046,949	193,507		57,064		15
16 MEDICAL RECORDS & LIBRARY	916,276	299,078		88,197		16
17 SOCIAL SERVICE	236,542	21,171		6,243		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,086,645	302,471		89,197		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,014,891	4,532,971	2,890,699	1,336,753	2,097,525	30
31 INTENSIVE CARE UNIT	3,327,098	896,917	402,551	264,497	292,095	31
41 SUBPROVIDER - IRF	697,428	287,026	196,305	84,643	142,441	41
43 NURSERY	503,530	178,662		52,687		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,118,811	2,407,541		709,973		50
50.01 SURGICENTER	2,247,241					50.01
50.02 SURGERY RECOVERY CENTER	391,737					50.02
51 RECOVERY ROOM	321,568	3,782		1,115		51
53 ANESTHESIOLOGY	192,816	185,201		54,615		53
54 RADIOLOGY-DIAGNOSTIC	1,302,903	1,209,143		356,571		54
54.01 BREAST DIAGNOSIS CENTER	433,858					54.01
55 RADIOLOGY-THERAPEUTIC	495,941	607,310		179,093		55
56 RADIOISOTOPE	529,708	103,804		30,611		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	436,423	43,826		12,924		57
58 MAGNETIC RESONANCE IMAGING (MRI)	303,640					58
59 CARDIAC CATHETERIZATION	946,487					59
60 LABORATORY	3,290,528	818,241		241,296		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,123,256	98,750		29,121		65
65.01 SLEEP LAB	87,671	71,076		20,960		65.01
66 PHYSICAL THERAPY	650,995	230,582		67,998		66
66.01 OP PHYSICAL THERAPY	319,793					66.01
66.02 OP THERAPY SERVICES	762,605					66.02
67 OCCUPATIONAL THERAPY	395,405	340,960		100,548		67
68 SPEECH PATHOLOGY	141,022	5,337		1,574		68
69 ELECTROCARDIOLOGY	781,154	539,663		159,144		69
69.01 EP LAB	450,819	201,812		59,514		69.01
70 ELECTROENCEPHALOGRAPHY	35,798	64,396		18,990		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	715,647					71
72 IMPL. DEV. CHARGED TO PATIENT	2,946,560					72
73 DRUGS CHARGED TO PATIENTS	4,469,781					73
74 RENAL DIALYSIS	306,707					74
75 ASC (NON-DISTINCT PART)	835,468	1,098,128		323,833		75
76 WOUND CARE	197,862	120,557		35,552		76
76.01 OP ONCOLOGY	125,896	19,757		5,826		76.01
76.97 CARDIAC REHABILITATION	292,144					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	3,528,602	1,085,616		320,144		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	1,354,270					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	113,072	284,799	165,092	83,986	119,792	116
118 SUBTOTALS (SUM OF LINES 1-117)	62,787,000	18,751,659	3,654,647	5,334,567	2,651,853	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,241	67,895		20,022		190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
191 RESEARCH	51,173	235,530		69,457		191
192 PHYSICIANS' PRIVATE OFFICES	3,182,888	1,864,026		1,058,811		192
193 NONPAID WORKERS	3,836					193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	66,160,138	20,919,110	3,654,647	6,482,857	2,651,853	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 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						10
11 CAFETERIA	4,269,356					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	55,364	4,011,017				13
14 CENTRAL SERVICES & SUPPLY	85,168		3,021,219			14
15 PHARMACY	98,702			5,052,281		15
16 MEDICAL RECORDS & LIBRARY	151,329				4,654,616	16
17 SOCIAL SERVICE	35,593					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
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,451,045	1,836,040	193,870	22,078	599,428	30
31 INTENSIVE CARE UNIT	315,609	449,187	105,641	4,091	140,537	31
41 SUBPROVIDER - IRF	92,404	131,513	8,973	437	35,181	41
43 NURSERY	55,710	79,288			26,983	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	221,439	315,160	692,786	2,080	243,210	50
50.01 SURGICENTER	23,775	33,838	179,721	4,400	122,912	50.01
50.02 SURGERY RECOVERY CENTER	13	18			16,730	50.02
51 RECOVERY ROOM	34,585	49,222	1,608	106	30,652	51
53 ANESTHESIOLOGY	5,931	8,442	57,891	19,720	99,982	53
54 RADIOLOGY-DIAGNOSTIC	140,740		18,083	2,804	196,734	54
54.01 BREAST DIAGNOSIS CENTER	59,638		44,962	59	39,598	54.01
55 RADIOLOGY-THERAPEUTIC	43,261		12,141	290	65,854	55
56 RADIOISOTOPE	30,297		135,085	503	102,812	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	52,749		31,316	40,981	414,634	57
58 MAGNETIC RESONANCE IMAGING (MRI)	32,508		9,504	15,616	82,206	58
59 CARDIAC CATHETERIZATION	59,360		241,678	24,545	181,495	59
60 LABORATORY			274,899		424,711	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	146,143	207,996	78,197	16,910	150,136	65
65.01 SLEEP LAB	11,972		1,692		10,844	65.01
66 PHYSICAL THERAPY	3,273		9,047	10	47,577	66
66.01 OP PHYSICAL THERAPY			928		24,650	66.01
66.02 OP THERAPY SERVICES	4,766		3,758	200	60,217	66.02
67 OCCUPATIONAL THERAPY			4,633		28,625	67
68 SPEECH PATHOLOGY	12,487		25		10,769	68
69 ELECTROCARDIOLOGY	77,923	110,903	5,126	77,980	155,310	69
69.01 EP LAB	31,149	44,333	52,415	2,198	115,059	69.01
70 ELECTROENCEPHALOGRAPHY	5,629	8,011	1,043	6	6,391	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			592,375		143,330	71
72 IMPL. DEV. CHARGED TO PATIENT					122,076	72
73 DRUGS CHARGED TO PATIENTS			9,370	4,736,252	417,620	73
74 RENAL DIALYSIS			2,562		25,600	74
75 ASC (NON-DISTINCT PART)	80,179	114,114	5,847	90	34,179	75
76 WOUND CARE	16,356		23,643	148	5,385	76
76.01 OP ONCOLOGY	14,007	19,936	1,255	3,253	25,745	76.01
76.97 CARDIAC REHABILITATION	37,148		745	1	11,909	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	423,693	603,016	131,826	7,297	435,535	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	127,639		23,273	586		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	5,666		6,988	1,028		116
118 SUBTOTALS (SUM OF LINES 1-117)	4,043,250	4,011,017	2,962,908	4,983,669	4,654,616	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,732					190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
191 RESEARCH	3,317					191
192 PHYSICIANS' PRIVATE OFFICES	220,057		58,311	68,612		192
193 NONPAID WORKERS						193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,269,356	4,011,017	3,021,219	5,052,281	4,654,616	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	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	1,125,579					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		9,765,103				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	885,796	9,615,890	74,942,407	-9,615,890	65,326,517	30
31 INTENSIVE CARE UNIT	123,353		17,940,161		17,940,161	31
41 SUBPROVIDER - IRF	60,154	149,213	4,321,211	-149,213	4,171,998	41
43 NURSERY			2,655,242		2,655,242	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			18,602,223		18,602,223	50
50.01 SURGICENTER			10,459,495		10,459,495	50.01
50.02 SURGERY RECOVERY CENTER			1,776,485		1,776,485	50.02
51 RECOVERY ROOM			1,565,589		1,565,589	51
53 ANESTHESIOLOGY			1,297,933		1,297,933	53
54 RADIOLOGY-DIAGNOSTIC			7,776,857		7,776,857	54
54.01 BREAST DIAGNOSIS CENTER			2,093,195		2,093,195	54.01
55 RADIOLOGY-THERAPEUTIC			3,135,769		3,135,769	55
56 RADIOISOTOPE			2,782,616		2,782,616	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			2,556,889		2,556,889	57
58 MAGNETIC RESONANCE IMAGING (MRI)			1,503,816		1,503,816	58
59 CARDIAC CATHETERIZATION			4,758,798		4,758,798	59
60 LABORATORY			16,540,555		16,540,555	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			5,773,040		5,773,040	65
65.01 SLEEP LAB			510,373		510,373	65.01
66 PHYSICAL THERAPY			3,282,827		3,282,827	66
66.01 OP PHYSICAL THERAPY			1,462,122		1,462,122	66.01
66.02 OP THERAPY SERVICES			3,494,646		3,494,646	66.02
67 OCCUPATIONAL THERAPY			2,250,969		2,250,969	67
68 SPEECH PATHOLOGY			663,678		663,678	68
69 ELECTROCARDIOLOGY			4,635,076		4,635,076	69
69.01 EP LAB			2,531,607		2,531,607	69.01
70 ELECTROENCEPHALOGRAPHY			265,276		265,276	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			3,950,468		3,950,468	71
72 IMPL. DEV. CHARGED TO PATIENT			13,358,343		13,358,343	72
73 DRUGS CHARGED TO PATIENTS			25,241,981		25,241,981	73
74 RENAL DIALYSIS			1,405,923		1,405,923	74
75 ASC (NON-DISTINCT PART)			5,409,382		5,409,382	75
76 WOUND CARE			1,090,458		1,090,458	76
76.01 OP ONCOLOGY			655,317		655,317	76.01
76.97 CARDIAC REHABILITATION			1,362,146		1,362,146	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	56,276		18,914,264		18,914,264	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY			6,235,025		6,235,025	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			1,175,281		1,175,281	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,125,579	9,765,103	278,377,443	-9,765,103	268,612,340	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			698,167		698,167	190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	21	24	25	26	
191 RESEARCH			538,178		538,178	191
192 PHYSICIANS' PRIVATE OFFICES			17,567,692		17,567,692	192
193 NONPAID WORKERS			17,230		17,230	193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,125,579	9,765,103	297,198,710	-9,765,103	287,433,607	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	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		92,081	140,000	232,081	232,081	4
5 ADMINISTRATIVE & GENERAL		498,255	757,549	1,255,804	26,465	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,002,373	1,524,012	2,526,385	8,817	7
8 LAUNDRY & LINEN SERVICE		67,744	102,999	170,743	529	8
9 HOUSEKEEPING		69,015	104,931	173,946	5,115	9
10 DIETARY		60,990	92,730	153,720	1,833	10
11 CAFETERIA		144,368	219,497	363,865	3,855	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		11,602	17,640	29,242	3,129	13
14 CENTRAL SERVICES & SUPPLY		162,665	247,317	409,982	1,859	14
15 PHARMACY		39,976	60,780	100,756	4,971	15
16 MEDICAL RECORDS & LIBRARY		61,786	93,940	155,726	4,617	16
17 SOCIAL SERVICE		4,374	6,650	11,024	1,465	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		62,487	95,006	157,493		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		936,461	1,423,801	2,360,262	59,739	30
31 INTENSIVE CARE UNIT		185,293	281,721	467,014	16,607	31
41 SUBPROVIDER - IRF		59,296	90,155	149,451	3,894	41
43 NURSERY		36,910	56,118	93,028	2,815	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		497,371	756,206	1,253,577	8,694	50
50.01 SURGICENTER					896	50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM		781	1,188	1,969	1,984	51
53 ANESTHESIOLOGY		38,260	58,171	96,431	293	53
54 RADIOLOGY-DIAGNOSTIC		249,796	379,790	629,586	6,645	54
54.01 BREAST DIAGNOSIS CENTER					2,130	54.01
55 RADIOLOGY-THERAPEUTIC		125,464	190,756	316,220	2,265	55
56 RADIOISOTOPE		21,445	32,605	54,050	1,677	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		9,054	13,766	22,820	2,083	57
58 MAGNETIC RESONANCE IMAGING (MRI)					1,237	58
59 CARDIAC CATHETERIZATION					3,200	59
60 LABORATORY		169,040	257,009	426,049		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		20,401	31,017	51,418	6,034	65
65.01 SLEEP LAB		14,684	22,325	37,009	448	65.01
66 PHYSICAL THERAPY		47,636	72,426	120,062		66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES					6	66.02
67 OCCUPATIONAL THERAPY		70,439	107,095	177,534		67
68 SPEECH PATHOLOGY		1,103	1,676	2,779	789	68
69 ELECTROCARDIOLOGY		111,488	169,507	280,995	3,550	69
69.01 EP LAB		41,692	63,389	105,081	1,661	69.01
70 ELECTROENCEPHALOGRAPHY		13,304	20,227	33,531	140	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
75 ASC (NON-DISTINCT PART)		226,861	344,921	571,782	4,123	75
76 WOUND CARE		24,906	37,867	62,773	863	76
76.01 OP ONCOLOGY		4,082	6,206	10,288	712	76.01
76.97 CARDIAC REHABILITATION					1,782	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY		224,276	340,991	565,267	18,582	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY					5,975	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		58,836	89,455	148,291	333	116
118 SUBTOTALS (SUM OF LINES 1-117)		5,466,595	8,311,439	13,778,034	221,812	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		14,026	21,326	35,352	52	190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
191 RESEARCH		48,658	73,980	122,638	101	191
192 PHYSICIANS' PRIVATE OFFICES		385,087	585,489	970,576	10,107	192
193 NONPAID WORKERS					9	193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		5,914,366	8,992,234	14,906,600	232,081	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	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	1,282,269					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	90,255	2,625,457				7
8 LAUNDRY & LINEN SERVICE	14,353	41,155	226,780			8
9 HOUSEKEEPING	26,529	41,927		247,517		9
10 DIETARY	9,792	37,052		3,324	205,721	10
11 CAFETERIA	14,516	87,705		7,868		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,753	7,049		632		13
14 CENTRAL SERVICES & SUPPLY	8,269	98,821		8,865		14
15 PHARMACY	20,291	24,286		2,179		15
16 MEDICAL RECORDS & LIBRARY	17,759	37,536		3,367		16
17 SOCIAL SERVICE	4,584	2,657		238		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	40,442	37,962		3,406		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	213,492	568,910	179,376	51,038	162,718	30
31 INTENSIVE CARE UNIT	64,483	112,568	24,979	10,099	22,660	31
41 SUBPROVIDER - IRF	13,517	36,023	12,181	3,232	11,050	41
43 NURSERY	9,759	22,423		2,012		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	60,446	302,159		27,107		50
50.01 SURGICENTER	43,554					50.01
50.02 SURGERY RECOVERY CENTER	7,592					50.02
51 RECOVERY ROOM	6,232	475		43		51
53 ANESTHESIOLOGY	3,737	23,244		2,085		53
54 RADIOLOGY-DIAGNOSTIC	25,252	151,754		13,614		54
54.01 BREAST DIAGNOSIS CENTER	8,409					54.01
55 RADIOLOGY-THERAPEUTIC	9,612	76,221		6,838		55
56 RADIOISOTOPE	10,266	13,028		1,169		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,458	5,500		493		57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,885					58
59 CARDIAC CATHETERIZATION	18,344					59
60 LABORATORY	63,774	102,694		9,213		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	21,770	12,394		1,112		65
65.01 SLEEP LAB	1,699	8,920		800		65.01
66 PHYSICAL THERAPY	12,617	28,939		2,596		66
66.01 OP PHYSICAL THERAPY	6,198					66.01
66.02 OP THERAPY SERVICES	14,780					66.02
67 OCCUPATIONAL THERAPY	7,663	42,792		3,839		67
68 SPEECH PATHOLOGY	2,733	670		60		68
69 ELECTROCARDIOLOGY	15,140	67,730		6,076		69
69.01 EP LAB	8,737	25,329		2,272		69.01
70 ELECTROENCEPHALOGRAPHY	694	8,082		725		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	13,870					71
72 IMPL. DEV. CHARGED TO PATIENT	57,108					72
73 DRUGS CHARGED TO PATIENTS	86,630					73
74 RENAL DIALYSIS	5,944					74
75 ASC (NON-DISTINCT PART)	16,192	137,821		12,364		75
76 WOUND CARE	3,835	15,131		1,357		76
76.01 OP ONCOLOGY	2,440	2,480		222		76.01
76.97 CARDIAC REHABILITATION	5,662					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	68,389	136,250		12,223		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	26,247					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	2,191	35,744	10,244	3,207	9,293	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,216,894	2,353,431	226,780	203,675	205,721	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,621	8,521		764		190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10
191	RESEARCH	992	29,560		2,652	191
192	PHYSICIANS' PRIVATE OFFICES	61,688	233,945		40,426	192
193	NONPAID WORKERS	74				193
194	DEVELOPMENT					194
194.01	SENIOR FRIENDS					194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS					194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS					194.03
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	1,282,269	2,625,457	226,780	247,517	205,721 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 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						10
11 CAFETERIA	477,809					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,196	63,001				13
14 CENTRAL SERVICES & SUPPLY	9,532		537,328			14
15 PHARMACY	11,046			163,529		15
16 MEDICAL RECORDS & LIBRARY	16,936				235,941	16
17 SOCIAL SERVICE	3,983					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
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	162,395	28,840	34,480	715	30,716	30
31 INTENSIVE CARE UNIT	35,322	7,055	18,788	132	7,112	31
41 SUBPROVIDER - IRF	10,341	2,066	1,596	14	1,780	41
43 NURSERY	6,235	1,245			1,366	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	24,783	4,950	123,210	67	12,308	50
50.01 SURGICENTER	2,661	531	31,964	142	6,220	50.01
50.02 SURGERY RECOVERY CENTER	1				847	50.02
51 RECOVERY ROOM	3,871	773	286	3	1,551	51
53 ANESTHESIOLOGY	664	133	10,296	638	5,060	53
54 RADIOLOGY-DIAGNOSTIC	15,751		3,216	91	9,956	54
54.01 BREAST DIAGNOSIS CENTER	6,674		7,997	2	2,004	54.01
55 RADIOLOGY-THERAPEUTIC	4,842		2,159	9	3,333	55
56 RADIOISOTOPE	3,391		24,025	16	5,203	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,903		5,570	1,326	20,984	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,638		1,690	505	4,160	58
59 CARDIAC CATHETERIZATION	6,643		42,983	794	9,185	59
60 LABORATORY			48,891		21,494	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	16,356	3,267	13,908	547	7,598	65
65.01 SLEEP LAB	1,340		301		549	65.01
66 PHYSICAL THERAPY	366		1,609		2,408	66
66.01 OP PHYSICAL THERAPY			165		1,247	66.01
66.02 OP THERAPY SERVICES	533		668	6	3,047	66.02
67 OCCUPATIONAL THERAPY			824		1,449	67
68 SPEECH PATHOLOGY	1,398		4		545	68
69 ELECTROCARDIOLOGY	8,721	1,742	912	2,524	7,860	69
69.01 EP LAB	3,486	696	9,322	71	5,823	69.01
70 ELECTROENCEPHALOGRAPHY	630	126	186		323	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			105,355		7,254	71
72 IMPL. DEV. CHARGED TO PATIENT					6,178	72
73 DRUGS CHARGED TO PATIENTS			1,667	153,305	21,135	73
74 RENAL DIALYSIS			456		1,296	74
75 ASC (NON-DISTINCT PART)	8,973	1,792	1,040	3	1,730	75
76 WOUND CARE	1,831		4,205	5	273	76
76.01 OP ONCOLOGY	1,568	313	223	105	1,303	76.01
76.97 CARDIAC REHABILITATION	4,157		133		603	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	47,418	9,472	23,446	236	22,041	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	14,285		4,139	19		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	634		1,243	33		116
118 SUBTOTALS (SUM OF LINES 1-117)	452,504	63,001	526,957	161,308	235,941	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	306					190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/31/2012 14:10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
191 RESEARCH	371					191
192 PHYSICIANS' PRIVATE OFFICES	24,628		10,371	2,221		192
193 NONPAID WORKERS						193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	477,809	63,001	537,328	163,529	235,941	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	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	23,951					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		239,303				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,849		3,871,530		3,871,530	30
31 INTENSIVE CARE UNIT	2,625		789,444		789,444	31
41 SUBPROVIDER - IRF	1,280		246,425		246,425	41
43 NURSERY			138,883		138,883	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			1,817,301		1,817,301	50
50.01 SURGICENTER			85,968		85,968	50.01
50.02 SURGERY RECOVERY CENTER			8,440		8,440	50.02
51 RECOVERY ROOM			17,187		17,187	51
53 ANESTHESIOLOGY			142,581		142,581	53
54 RADIOLOGY-DIAGNOSTIC			855,865		855,865	54
54.01 BREAST DIAGNOSIS CENTER			27,216		27,216	54.01
55 RADIOLOGY-THERAPEUTIC			421,499		421,499	55
56 RADIOISOTOPE			112,825		112,825	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			73,137		73,137	57
58 MAGNETIC RESONANCE IMAGING (MRI)			17,115		17,115	58
59 CARDIAC CATHETERIZATION			81,149		81,149	59
60 LABORATORY			672,115		672,115	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			134,404		134,404	65
65.01 SLEEP LAB			51,066		51,066	65.01
66 PHYSICAL THERAPY			168,597		168,597	66
66.01 OP PHYSICAL THERAPY			7,610		7,610	66.01
66.02 OP THERAPY SERVICES			19,040		19,040	66.02
67 OCCUPATIONAL THERAPY			234,101		234,101	67
68 SPEECH PATHOLOGY			8,978		8,978	68
69 ELECTROCARDIOLOGY			395,250		395,250	69
69.01 EP LAB			162,478		162,478	69.01
70 ELECTROENCEPHALOGRAPHY			44,437		44,437	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			126,479		126,479	71
72 IMPL. DEV. CHARGED TO PATIENT			63,286		63,286	72
73 DRUGS CHARGED TO PATIENTS			262,737		262,737	73
74 RENAL DIALYSIS			7,696		7,696	74
75 ASC (NON-DISTINCT PART)			755,820		755,820	75
76 WOUND CARE			90,273		90,273	76
76.01 OP ONCOLOGY			19,654		19,654	76.01
76.97 CARDIAC REHABILITATION			12,337		12,337	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	1,197		904,521		904,521	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY			50,665		50,665	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			211,213		211,213	116
118 SUBTOTALS (SUM OF LINES 1-117)	23,951		13,109,322		13,109,322	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			47,616		47,616	190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	21	24	25	26	
191 RESEARCH			156,314		156,314	191
192 PHYSICIANS' PRIVATE OFFICES			1,353,962		1,353,962	192
193 NONPAID WORKERS			83		83	193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS		239,303	239,303		239,303	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,951	239,303	14,906,600		14,906,600	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	810,008					1
2 CAP REL COSTS-MVBLE EQUIP		810,008				2
4 EMPLOYEE BENEFITS	12,611	12,611	100,634,187			4
5 ADMINISTRATIVE & GENERAL	68,239	68,239	11,476,391	-66,160,138	231,038,572	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	137,281	137,281	3,823,411		16,262,252	7
8 LAUNDRY & LINEN SERVICE	9,278	9,278	229,245		2,586,156	8
9 HOUSEKEEPING	9,452	9,452	2,218,333		4,779,991	9
10 DIETARY	8,353	8,353	794,834		1,764,332	10
11 CAFETERIA	19,772	19,772	1,671,586		2,615,491	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,589	1,589	1,357,083		3,018,541	13
14 CENTRAL SERVICES & SUPPLY	22,278	22,278	806,008		1,489,838	14
15 PHARMACY	5,475	5,475	2,155,553		3,656,059	15
16 MEDICAL RECORDS & LIBRARY	8,462	8,462	2,002,061		3,199,734	16
17 SOCIAL SERVICE	599	599	635,265		826,030	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	8,558	8,558			7,286,790	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	128,254	128,254	25,897,177		38,465,421	30
31 INTENSIVE CARE UNIT	25,377	25,377	7,201,608		11,618,585	31
41 SUBPROVIDER - IRF	8,121	8,121	1,688,642		2,435,493	41
43 NURSERY	5,055	5,055	1,220,705		1,758,382	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	68,118	68,118	3,770,139		10,891,223	50
50.01 SURGICENTER			388,624		7,847,608	50.01
50.02 SURGERY RECOVERY CENTER			99		1,367,987	50.02
51 RECOVERY ROOM	107	107	860,454		1,122,951	51
53 ANESTHESIOLOGY	5,240	5,240	127,217		673,335	53
54 RADIOLOGY-DIAGNOSTIC	34,211	34,211	2,881,790		4,549,879	54
54.01 BREAST DIAGNOSIS CENTER			923,765		1,515,080	54.01
55 RADIOLOGY-THERAPEUTIC	17,183	17,183	982,323		1,731,879	55
56 RADIOISOTOPE	2,937	2,937	727,074		1,849,796	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,240	1,240	903,472		1,524,036	57
58 MAGNETIC RESONANCE IMAGING (MRI)			536,620		1,060,342	58
59 CARDIAC CATHETERIZATION			1,387,689		3,305,233	59
60 LABORATORY	23,151	23,151			11,490,880	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,794	2,794	2,616,751		3,922,531	65
65.01 SLEEP LAB	2,011	2,011	194,474		306,158	65.01
66 PHYSICAL THERAPY	6,524	6,524	145		2,273,345	66
66.01 OP PHYSICAL THERAPY					1,116,751	66.01
66.02 OP THERAPY SERVICES			2,469		2,663,100	66.02
67 OCCUPATIONAL THERAPY	9,647	9,647			1,380,798	67
68 SPEECH PATHOLOGY	151	151	342,237		492,464	68
69 ELECTROCARDIOLOGY	15,269	15,269	1,539,310		2,727,873	69
69.01 EP LAB	5,710	5,710	720,238		1,574,308	69.01
70 ELECTROENCEPHALOGRAPHY	1,822	1,822	60,908		125,012	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					2,499,116	71
72 IMPL. DEV. CHARGED TO PATIENT					10,289,707	72
73 DRUGS CHARGED TO PATIENTS					15,608,958	73
74 RENAL DIALYSIS					1,071,054	74
75 ASC (NON-DISTINCT PART)	31,070	31,070	1,788,111		2,917,544	75
76 WOUND CARE	3,411	3,411	374,157		690,955	76
76.01 OP ONCOLOGY	559	559	308,932		439,642	76.01
76.97 CARDIAC REHABILITATION			772,841		1,020,199	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	30,716	30,716	8,057,989		12,322,259	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY			2,590,855		4,729,257	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	8,058	8,058	144,383		394,858	116
118 SUBTOTALS (SUM OF LINES 1-117)	748,683	748,683	96,180,968	-66,160,138	219,259,213	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,921	1,921	22,714		472,277	190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
		1	2	4	5A	5	
191	RESEARCH	6,664	6,664	43,699		178,701	191
192	PHYSICIANS' PRIVATE OFFICES	52,740	52,740	4,382,700		11,114,987	192
193	NONPAID WORKERS			4,106		13,394	193
194	DEVELOPMENT						194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	5,914,366	8,992,234	295,727		66,160,138	202
203	UNIT COST MULT-WS B PT I	7.301614	11.101414	0.002939		0.286360	203
204	COST TO BE ALLOC PER B PT II			232,081		1,282,269	204
205	UNIT COST MULT-WS B PT II			0.002306		0.005550	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	PATIENT DAYS 8	SQUARE FEET 9	MEALS SERVED 10	PROD FTE'S 11	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5						5
6						6
7	591,877					7
8	9,278	99,639				8
9	9,452		621,994			9
10	8,353		8,353	99,639		10
11	19,772		19,772		2,651,743	11
12						12
13	1,589		1,589		34,387	13
14	22,278		22,278		52,899	14
15	5,475		5,475		61,305	15
16	8,462		8,462		93,992	16
17	599		599		22,107	17
19						19
20						20
21	8,558		8,558			21
22						22
23						23
23.01						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30	128,254	78,811	128,254	78,811	901,260	30
31	25,377	10,975	25,377	10,975	196,028	31
41	8,121	5,352	8,121	5,352	57,393	41
43	5,055		5,055		34,602	43
ANCILLARY SERVICE COST CENTERS						
50	68,118		68,118		137,538	50
50.01					14,767	50.01
50.02					8	50.02
51	107		107		21,481	51
53	5,240		5,240		3,684	53
54	34,211		34,211		87,415	54
54.01					37,042	54.01
55	17,183		17,183		26,870	55
56	2,937		2,937		18,818	56
57	1,240		1,240		32,763	57
58					20,191	58
59					36,869	59
60	23,151		23,151			60
62.30						62.30
65	2,794		2,794		90,771	65
65.01	2,011		2,011		7,436	65.01
66	6,524		6,524		2,033	66
66.01						66.01
66.02					2,960	66.02
67	9,647		9,647			67
68	151		151		7,756	68
69	15,269		15,269		48,399	69
69.01	5,710		5,710		19,347	69.01
70	1,822		1,822		3,496	70
71						71
72						72
73						73
74						74
75	31,070		31,070		49,800	75
76	3,411		3,411		10,159	76
76.01	559		559		8,700	76.01
76.97					23,073	76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01						90.01
91	30,716		30,716		263,160	91
92						92
OTHER REIMBURSABLE COST CENTERS						
94						94
101					79,278	101
SPECIAL PURPOSE COST CENTERS						
116	8,058	4,501	8,058	4,501	3,519	116
118	530,552	99,639	511,822	99,639	2,511,306	118
NONREIMBURSABLE COST CENTERS						
190	1,921		1,921		1,697	190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	+ LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	PROD	
	FEEET	PATIENT	FEEET	SERVED	FTE'S	
	7	DAYS	9	10	11	
191 RESEARCH	6,664		6,664		2,060	191
192 PHYSICIANS' PRIVATE OFFICES	52,740		101,587		136,680	192
193 NONPAID WORKERS						193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	20,919,110	3,654,647	6,482,857	2,651,853	4,269,356	202
203 UNIT COST MULT-WS B PT I	35.343678	36.678881	10.422700	26.614609	1.610019	203
204 COST TO BE ALLOC PER B PT II	2,625,457	226,780	247,517	205,721	477,809	204
205 UNIT COST MULT-WS B PT II	4.435815	2.276016	0.397941	2.064663	0.180187	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION NURS DIRECT FTE 13	CENTRAL SERVICES * SUPPLY COSTED REQUI 14	PHARMACY COSTED REQUI 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 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						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,750,434					13
14 CENTRAL SERVICES & SUPPLY		16,905,184				14
15 PHARMACY			15,942,923			15
16 MEDICAL RECORDS & LIBRARY				1,028,747,989		16
17 SOCIAL SERVICE					100,145	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
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	801,260	1,084,793	69,668	132,574,191	78,811	30
31 INTENSIVE CARE UNIT	196,028	591,111	12,908	31,057,926	10,975	31
41 SUBPROVIDER - IRF	57,393	50,208	1,379	7,774,716	5,352	41
43 NURSERY	34,602			5,963,060		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	137,538	3,876,507	6,563	53,747,971		50
50.01 SURGICENTER	14,767	1,005,622	13,884	27,162,799		50.01
50.02 SURGERY RECOVERY CENTER	8			3,697,301		50.02
51 RECOVERY ROOM	21,481	8,995	335	6,773,863		51
53 ANESTHESIOLOGY	3,684	323,927	62,229	22,095,431		53
54 RADIOLOGY-DIAGNOSTIC		101,182	8,848	43,477,059		54
54.01 BREAST DIAGNOSIS CENTER		251,582	186	8,750,966		54.01
55 RADIOLOGY-THERAPEUTIC		67,937	915	14,553,425		55
56 RADIOISOTOPE		755,863	1,588	22,720,988		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		175,230	129,318	91,631,748		57
58 MAGNETIC RESONANCE IMAGING (MRI)		53,182	49,279	18,167,041		58
59 CARDIAC CATHETERIZATION		1,352,304	77,454	40,109,384		59
60 LABORATORY		1,538,191		93,858,854		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	90,771	437,551	53,362	33,179,173		65
65.01 SLEEP LAB		9,466		2,396,514		65.01
66 PHYSICAL THERAPY		50,621	30	10,514,253		66
66.01 OP PHYSICAL THERAPY		5,194		5,447,589		66.01
66.02 OP THERAPY SERVICES		21,028	632	13,307,586		66.02
67 OCCUPATIONAL THERAPY		25,922		6,325,914		67
68 SPEECH PATHOLOGY		139		2,379,841		68
69 ELECTROCARDIOLOGY	48,399	28,680	246,073	34,322,560		69
69.01 EP LAB	19,347	293,287	6,937	25,427,479		69.01
70 ELECTROENCEPHALOGRAPHY	3,496	5,837	19	1,412,309		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		3,314,614		31,675,141		71
72 IMPL. DEV. CHARGED TO PATIENT				26,978,159		72
73 DRUGS CHARGED TO PATIENTS		52,432	14,945,667	92,291,626		73
74 RENAL DIALYSIS		14,336		5,657,530		74
75 ASC (NON-DISTINCT PART)	49,800	32,717	285	7,553,419		75
76 WOUND CARE		132,296	468	1,190,120		76
76.01 OP ONCOLOGY	8,700	7,024	10,264	5,689,435		76.01
76.97 CARDIAC REHABILITATION		4,171	3	2,631,868		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	263,160	737,628	23,025	96,250,750	5,007	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY		130,223	1,848			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		39,099	3,245			116
118 SUBTOTALS (SUM OF LINES 1-117)	1,750,434	16,578,909	15,726,412	1,028,747,989	100,145	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION NURS DIRECT FTE 13	CENTRAL SERVICES * SUPPLY COSTED REQUI 14	PHARMACY  COSTED REQUI 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE  TIME SPENT 17	
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES		326,275	216,511			192
193	NONPAID WORKERS						193
194	DEVELOPMENT						194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,011,017	3,021,219	5,052,281	4,654,616	1,125,579	202
203	UNIT COST MULT-WS B PT I	2.291441	0.178716	0.316898	0.004525	11.239493	203
204	COST TO BE ALLOC PER B PT II	63,001	537,328	163,529	235,941	23,951	204
205	UNIT COST MULT-WS B PT II	0.035992	0.031785	0.010257	0.000229	0.239163	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
	21	
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	187,824	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23 PARAMED ED PRGM-(SPECIFY)		23
23.01 RADIOLOGY PARAMEDICAL		23.01
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	184,954	30
31 INTENSIVE CARE UNIT		31
41 SUBPROVIDER - IRF	2,870	41
43 NURSERY		43
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM		50
50.01 SURGICENTER		50.01
50.02 SURGERY RECOVERY CENTER		50.02
51 RECOVERY ROOM		51
53 ANESTHESIOLOGY		53
54 RADIOLOGY-DIAGNOSTIC		54
54.01 BREAST DIAGNOSIS CENTER		54.01
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
65.01 SLEEP LAB		65.01
66 PHYSICAL THERAPY		66
66.01 OP PHYSICAL THERAPY		66.01
66.02 OP THERAPY SERVICES		66.02
67 OCCUPATIONAL THERAPY		67
68 SPEECH PATHOLOGY		68
69 ELECTROCARDIOLOGY		69
69.01 EP LAB		69.01
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
75 ASC (NON-DISTINCT PART)		75
76 WOUND CARE		76
76.01 OP ONCOLOGY		76.01
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90.01 DIABETES CENTER		90.01
91 EMERGENCY		91
92 OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS		
94 HOME PROGRAM DIALYSIS		94
101 HOME HEALTH AGENCY		101
SPECIAL PURPOSE COST CENTERS		
116 HOSPICE		116
118 SUBTOTALS (SUM OF LINES 1-117)	187,824	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/31/2012 14:10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
191 RESEARCH		191
192 PHYSICIANS' PRIVATE OFFICES		192
193 NONPAID WORKERS		193
194 DEVELOPMENT		194
194.01 SENIOR FRIENDS		194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS		194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS		194.03
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	9,765,103	202
203 UNIT COST MULT-WS B PT I	51.990709	203
204 COST TO BE ALLOC PER B PT II	239,303	204
205 UNIT COST MULT-WS B PT II	1.274081	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	65,326,517		65,326,517	14,669	65,341,186	30
31 INTENSIVE CARE UNIT	17,940,161		17,940,161	20,370	17,960,531	31
41 SUBPROVIDER - IRF	4,171,998		4,171,998	8,466	4,180,464	41
43 NURSERY	2,655,242		2,655,242		2,655,242	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,602,223		18,602,223	330,476	18,932,699	50
50.01 SURGICENTER	10,459,495		10,459,495		10,459,495	50.01
50.02 SURGERY RECOVERY CENTER	1,776,485		1,776,485		1,776,485	50.02
51 RECOVERY ROOM	1,565,589		1,565,589		1,565,589	51
53 ANESTHESIOLOGY	1,297,933		1,297,933		1,297,933	53
54 RADIOLOGY-DIAGNOSTIC	7,776,857		7,776,857		7,776,857	54
54.01 BREAST DIAGNOSIS CENTER	2,093,195		2,093,195	7,047	2,100,242	54.01
55 RADIOLOGY-THERAPEUTIC	3,135,769		3,135,769		3,135,769	55
56 RADIOISOTOPE	2,782,616		2,782,616		2,782,616	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,556,889		2,556,889		2,556,889	57
58 MAGNETIC RESONANCE IMAGING	1,503,816		1,503,816		1,503,816	58
59 CARDIAC CATHETERIZATION	4,758,798		4,758,798		4,758,798	59
60 LABORATORY	16,540,555		16,540,555	28,850	16,569,405	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,773,040		5,773,040		5,773,040	65
65.01 SLEEP LAB	510,373		510,373	2,850	513,223	65.01
66 PHYSICAL THERAPY	3,282,827		3,282,827		3,282,827	66
66.01 OP PHYSICAL THERAPY	1,462,122		1,462,122		1,462,122	66.01
66.02 OP THERAPY SERVICES	3,494,646		3,494,646		3,494,646	66.02
67 OCCUPATIONAL THERAPY	2,250,969		2,250,969		2,250,969	67
68 SPEECH PATHOLOGY	663,678		663,678		663,678	68
69 ELECTROCARDIOLOGY	4,635,076		4,635,076	32,069	4,667,145	69
69.01 EP LAB	2,531,607		2,531,607		2,531,607	69.01
70 ELECTROENCEPHALOGRAPHY	265,276		265,276		265,276	70
71 MEDICAL SUPPLIES CHRGED TO	3,950,468		3,950,468		3,950,468	71
72 IMPL. DEV. CHARGED TO PATIE	13,358,343		13,358,343		13,358,343	72
73 DRUGS CHARGED TO PATIENTS	25,241,981		25,241,981		25,241,981	73
74 RENAL DIALYSIS	1,405,923		1,405,923		1,405,923	74
75 ASC (NON-DISTINCT PART)	5,409,382		5,409,382		5,409,382	75
76 WOUND CARE	1,090,458		1,090,458	71,915	1,162,373	76
76.01 OP ONCOLOGY	655,317		655,317		655,317	76.01
76.97 CARDIAC REHABILITATION	1,362,146		1,362,146	8,465	1,370,611	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	18,914,264		18,914,264	273,725	19,187,989	91
92 OBSERVATION BEDS	4,200,836		4,200,836		4,200,836	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	6,235,025		6,235,025		6,235,025	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,175,281		1,175,281		1,175,281	116
200 SUBTOTAL (SEE INSTRUCTIONS)	272,813,176		272,813,176	798,902	273,612,078	200
201 LESS OBSERVATION BEDS	4,200,836		4,200,836		4,200,836	201
202 TOTAL (SEE INSTRUCTIONS)	268,612,340		268,612,340		269,411,242	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	124,617,840		124,617,840			30
31 INTENSIVE CARE UNIT	31,057,926		31,057,926			31
41 SUBPROVIDER - IRF	7,774,716		7,774,716			41
43 NURSERY	5,963,060		5,963,060			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	31,486,720	22,261,251	53,747,971	0.346101	0.346101	0.352250 50
50.01 SURGICENTER		27,162,799	27,162,799	0.385067	0.385067	0.385067 50.01
50.02 SURGERY RECOVERY CENTER	3,650,416	46,885	3,697,301	0.480482	0.480482	0.480482 50.02
51 RECOVERY ROOM	4,052,628	2,721,235	6,773,863	0.231122	0.231122	0.231122 51
53 ANESTHESIOLOGY	16,863,146	5,232,285	22,095,431	0.058742	0.058742	0.058742 53
54 RADIOLOGY-DIAGNOSTIC	18,862,049	24,615,010	43,477,059	0.178873	0.178873	0.178873 54
54.01 BREAST DIAGNOSIS CENTER		8,750,966	8,750,966	0.239196	0.239196	0.240001 54.01
55 RADIOLOGY-THERAPEUTIC	961,483	13,591,942	14,553,425	0.215466	0.215466	0.215466 55
56 RADIOISOTOPE	8,954,860	13,766,128	22,720,988	0.122469	0.122469	0.122469 56
57 COMPUTED TOMOGRAPHY (CT) SC	40,558,902	51,072,846	91,631,748	0.027904	0.027904	0.027904 57
58 MAGNETIC RESONANCE IMAGING	9,167,907	8,999,134	18,167,041	0.082777	0.082777	0.082777 58
59 CARDIAC CATHETERIZATION	27,588,070	12,521,314	40,109,384	0.118646	0.118646	0.118646 59
60 LABORATORY	64,398,023	29,460,831	93,858,854	0.176228	0.176228	0.176535 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	30,839,290	2,339,883	33,179,173	0.173996	0.173996	0.173996 65
65.01 SLEEP LAB	6,158	2,390,356	2,396,514	0.212965	0.212965	0.214154 65.01
66 PHYSICAL THERAPY	6,757,384	3,756,869	10,514,253	0.312226	0.312226	0.312226 66
66.01 OP PHYSICAL THERAPY	220	5,447,369	5,447,589	0.268398	0.268398	0.268398 66.01
66.02 OP THERAPY SERVICES		13,307,586	13,307,586	0.262606	0.262606	0.262606 66.02
67 OCCUPATIONAL THERAPY	5,333,203	992,711	6,325,914	0.355833	0.355833	0.355833 67
68 SPEECH PATHOLOGY	1,941,299	438,542	2,379,841	0.278875	0.278875	0.278875 68
69 ELECTROCARDIOLOGY	19,228,422	15,094,138	34,322,560	0.135045	0.135045	0.135979 69
69.01 EP LAB	14,096,463	11,331,016	25,427,479	0.099562	0.099562	0.099562 69.01
70 ELECTROENCEPHALOGRAPHY	650,986	761,323	1,412,309	0.187831	0.187831	0.187831 70
71 MEDICAL SUPPLIES CHRGED TO	23,234,252	8,440,889	31,675,141	0.124718	0.124718	0.124718 71
72 IMPL. DEV. CHARGED TO PATIE	19,614,838	7,363,321	26,978,159	0.495154	0.495154	0.495154 72
73 DRUGS CHARGED TO PATIENTS	66,943,535	25,348,091	92,291,626	0.273502	0.273502	0.273502 73
74 RENAL DIALYSIS	5,126,149	531,381	5,657,530	0.248505	0.248505	0.248505 74
75 ASC (NON-DISTINCT PART)	443,933	7,109,486	7,553,419	0.716150	0.716150	0.716150 75
76 WOUND CARE	4,360	1,185,760	1,190,120	0.916259	0.916259	0.976686 76
76.01 OP ONCOLOGY		5,689,435	5,689,435	0.115181	0.115181	0.115181 76.01
76.97 CARDIAC REHABILITATION	301,671	2,330,197	2,631,868	0.517559	0.517559	0.520775 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	33,700,253	62,550,497	96,250,750	0.196510	0.196510	0.199354 91
92 OBSERVATION BEDS	1,407,120	6,549,231	7,956,351	0.527985	0.527985	0.527985 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY						101
113 INTEREST EXPENSE						113
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	625,587,282	403,160,707	1,028,747,989			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	625,587,282	403,160,707	1,028,747,989			202

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,871,530		3,871,530	46.20	44,478	2,054,884	30
31 INTENSIVE CARE UNIT	789,444		789,444	71.93	7,107	511,207	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	246,425		246,425	46.04	3,839	176,748	41
42 SUBPROVIDER I							42
43 NURSERY	138,883		138,883	37.13			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,046,282		5,046,282		55,424	2,742,839	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 (14-0172) [ ] 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	1,817,301	53,747,971	0.033812	15,849,724	535,911	50
50.01	SURGICENTER	85,968	27,162,799	0.003165			50.01
50.02	SURGERY RECOVERY CENTER	8,440	3,697,301	0.002283			50.02
51	RECOVERY ROOM	17,187	6,773,863	0.002537	1,806,673	4,584	51
53	ANESTHESIOLOGY	142,581	22,095,431	0.006453	3,038,870	19,610	53
54	RADIOLOGY-DIAGNOSTIC	855,865	43,477,059	0.019685	10,730,246	211,225	54
54.01	BREAST DIAGNOSIS CENTER	27,216	8,750,966	0.003110			54.01
55	RADIOLOGY-THERAPEUTIC	421,499	14,553,425	0.028962	388,447	11,250	55
56	RADIOISOTOPE	112,825	22,720,988	0.004966	4,596,836	22,828	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	73,137	91,631,748	0.000798	21,027,808	16,780	57
58	MAGNETIC RESONANCE IMAGING (M	17,115	18,167,041	0.000942	4,421,480	4,165	58
59	CARDIAC CATHETERIZATION	81,149	40,109,384	0.002023	15,516,521	31,390	59
60	LABORATORY	672,115	93,858,854	0.007161	34,839,166	249,483	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	134,404	33,179,173	0.004051	19,489,593	78,952	65
65.01	SLEEP LAB	51,066	2,396,514	0.021308	6,097	130	65.01
66	PHYSICAL THERAPY	168,597	10,514,253	0.016035	2,952,465	47,343	66
66.01	OP PHYSICAL THERAPY	7,610	5,447,589	0.001397			66.01
66.02	OP THERAPY SERVICES	19,040	13,307,586	0.001431			66.02
67	OCCUPATIONAL THERAPY	234,101	6,325,914	0.037007	1,894,993	70,128	67
68	SPEECH PATHOLOGY	8,978	2,379,841	0.003773	612,112	2,309	68
69	ELECTROCARDIOLOGY	395,250	34,322,560	0.011516	11,504,538	132,486	69
69.01	EP LAB	162,478	25,427,479	0.006390	10,037,145	64,137	69.01
70	ELECTROENCEPHALOGRAPHY	44,437	1,412,309	0.031464	377,490	11,877	70
71	MEDICAL SUPPLIES CHRGD TO PA	126,479	31,675,141	0.003993	11,863,218	47,370	71
72	IMPL. DEV. CHARGED TO PATIENT	63,286	26,978,159	0.002346	11,932,931	27,995	72
73	DRUGS CHARGED TO PATIENTS	262,737	92,291,626	0.002847	36,419,956	103,688	73
74	RENAL DIALYSIS	7,696	5,657,530	0.001360	3,916,448	5,326	74
75	ASC (NON-DISTINCT PART)	755,820	7,553,419	0.100063	268,097	26,827	75
76	WOUND CARE	90,273	1,190,120	0.075852	3,893	295	76
76.01	OP ONCOLOGY	19,654	5,689,435	0.003454			76.01
76.97	CARDIAC REHABILITATION	12,337	2,631,868	0.004688			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER						90.01
91	EMERGENCY	904,521	96,250,750	0.009398	17,508,519	164,545	91
92	OBSERVATION BEDS	248,904	7,956,351	0.031284	903,607	28,268	92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	8,050,066	859,334,447	859,334,447	241,906,873	1,918,902	200

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

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	83,791		44,478		30
31 INTENSIVE CARE UNIT	10,975		7,107		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	5,352		3,839		41
42 SUBPROVIDER I					42
43 NURSERY	3,740				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	103,858		55,424		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0172)	[ ]	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			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER					50.02
51	RECOVERY ROOM					51
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	BREAST DIAGNOSIS CENTER					54.01
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
65.01	SLEEP LAB					65.01
66	PHYSICAL THERAPY					66
66.01	OP PHYSICAL THERAPY					66.01
66.02	OP THERAPY SERVICES					66.02
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
69.01	EP LAB					69.01
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
75	ASC (NON-DISTINCT PART)					75
76	WOUND CARE					76
76.01	OP ONCOLOGY					76.01
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	DIABETES CENTER					90.01
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
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 (14-0172)	[ ] 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)	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	53,747,971			15,849,724	6,289,271	50
50.01	SURGICENTER	27,162,799				8,875,585	50.01
50.02	SURGERY RECOVERY CENTER	3,697,301					50.02
51	RECOVERY ROOM	6,773,863			1,806,673	656,725	51
53	ANESTHESIOLOGY	22,095,431			3,038,870	1,383,808	53
54	RADIOLOGY-DIAGNOSTIC	43,477,059			10,730,246	3,788,621	54
54.01	BREAST DIAGNOSIS CENTER	8,750,966				1,019,747	54.01
55	RADIOLOGY-THERAPEUTIC	14,553,425			388,447	6,441,648	55
56	RADIOISOTOPE	22,720,988			4,596,836	5,612,855	56
57	COMPUTED TOMOGRAPHY (CT) SCA	91,631,748			21,027,808	10,317,958	57
58	MAGNETIC RESONANCE IMAGING (	18,167,041			4,421,480	2,422,208	58
59	CARDIAC CATHETERIZATION	40,109,384			15,516,521	6,937,000	59
60	LABORATORY	93,858,854			34,839,166	1,754,128	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	33,179,173			19,489,593	551,030	65
65.01	SLEEP LAB	2,396,514			6,097	562,735	65.01
66	PHYSICAL THERAPY	10,514,253			2,952,465	1,594	66
66.01	OP PHYSICAL THERAPY	5,447,589				238	66.01
66.02	OP THERAPY SERVICES	13,307,586					66.02
67	OCCUPATIONAL THERAPY	6,325,914			1,894,993		67
68	SPEECH PATHOLOGY	2,379,841			612,112		68
69	ELECTROCARDIOLOGY	34,322,560			11,504,538	4,984,420	69
69.01	EP LAB	25,427,479			10,037,145	7,678,694	69.01
70	ELECTROENCEPHALOGRAPHY	1,412,309			377,490	141,317	70
71	MEDICAL SUPPLIES CHRGD TO P	31,675,141			11,863,218	2,013,618	71
72	IMPL. DEV. CHARGED TO PATIEN	26,978,159			11,932,931	3,430,701	72
73	DRUGS CHARGED TO PATIENTS	92,291,626			36,419,956	9,953,407	73
74	RENAL DIALYSIS	5,657,530			3,916,448	383,232	74
75	ASC (NON-DISTINCT PART)	7,553,419			268,097	2,059,240	75
76	WOUND CARE	1,190,120			3,893	820,737	76
76.01	OP ONCOLOGY	5,689,435				2,491,537	76.01
76.97	CARDIAC REHABILITATION	2,631,868				702,556	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER						90.01
91	EMERGENCY	96,250,750			17,508,519	6,937,382	91
92	OBSERVATION BEDS	7,956,351			903,607	1,126,165	92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	859,334,447			241,906,873	99,338,157	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0172) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	REIMBURSED	SERVICES	SVCES NOT	SERVICES	SVCES NOT		
FROM WKST C,	SERVICES	SUBJECT TO	SUBJECT TO	SERVICES	SUBJECT TO	SUBJECT TO		
PT I, COL. 9	DED & COINS	DED & COINS	DED & COINS	DED & COINS	DED & COINS	DED & COINS		
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.346101	6,289,271			2,176,723			50
50.01 SURGICENTER	0.385067	8,875,585			3,417,695			50.01
50.02 SURGERY RECOVERY CENTER	0.480482							50.02
51 RECOVERY ROOM	0.231122	656,725			151,784			51
53 ANESTHESIOLOGY	0.058742	1,383,808			81,288			53
54 RADIOLOGY-DIAGNOSTIC	0.178873	3,788,621			677,682			54
54.01 BREAST DIAGNOSIS CENTER	0.239196	1,019,747			243,919			54.01
55 RADIOLOGY-THERAPEUTIC	0.215466	6,441,648			1,387,956			55
56 RADIOISOTOPE	0.122469	5,612,855			687,401			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.027904	10,317,958			287,912			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082777	2,422,208			200,503			58
59 CARDIAC CATHETERIZATION	0.118646	6,937,000			823,047			59
60 LABORATORY	0.176228	1,754,128			309,126			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.173996	551,030			95,877			65
65.01 SLEEP LAB	0.212965	562,735			119,843			65.01
66 PHYSICAL THERAPY	0.312226	1,594			498			66
66.01 OP PHYSICAL THERAPY	0.268398	238			64			66.01
66.02 OP THERAPY SERVICES	0.262606							66.02
67 OCCUPATIONAL THERAPY	0.355833							67
68 SPEECH PATHOLOGY	0.278875							68
69 ELECTROCARDIOLOGY	0.135045	4,984,420			673,121			69
69.01 EP LAB	0.099562	7,678,694			764,506			69.01
70 ELECTROENCEPHALOGRAPHY	0.187831	141,317			26,544			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.124718	2,013,618			251,134			71
72 IMPL. DEV. CHARGED TO PATIENT	0.495154	3,430,701			1,698,725			72
73 DRUGS CHARGED TO PATIENTS	0.273502	9,953,407		54,605	2,722,277		14,935	73
74 RENAL DIALYSIS	0.248505	383,232			95,235			74
75 ASC (NON-DISTINCT PART)	0.716150	2,059,240			1,474,725			75
76 WOUND CARE	0.916259	820,737			752,008			76
76.01 OP ONCOLOGY	0.115181	2,491,537			286,978			76.01
76.97 CARDIAC REHABILITATION	0.517559	702,556			363,614			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 DIABETES CENTER								90.01
91 EMERGENCY	0.196510	6,937,382			1,363,265			91
92 OBSERVATION BEDS	0.527985	1,126,165			594,598			92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		99,338,157		54,605	21,728,048		14,935	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		99,338,157		54,605	21,728,048		14,935	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T172)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,817,301	53,747,971	0.033812	36,223	1,225		50
50.01	SURGICENTER	85,968	27,162,799	0.003165				50.01
50.02	SURGERY RECOVERY CENTER	8,440	3,697,301	0.002283				50.02
51	RECOVERY ROOM	17,187	6,773,863	0.002537	6,072	15		51
53	ANESTHESIOLOGY	142,581	22,095,431	0.006453	180	1		53
54	RADIOLOGY-DIAGNOSTIC	855,865	43,477,059	0.019685	184,174	3,625		54
54.01	BREAST DIAGNOSIS CENTER	27,216	8,750,966	0.003110				54.01
55	RADIOLOGY-THERAPEUTIC	421,499	14,553,425	0.028962	23,707	687		55
56	RADIOISOTOPE	112,825	22,720,988	0.004966	16,705	83		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	73,137	91,631,748	0.000798	107,969	86		57
58	MAGNETIC RESONANCE IMAGING (M	17,115	18,167,041	0.000942	21,489	20		58
59	CARDIAC CATHETERIZATION	81,149	40,109,384	0.002023				59
60	LABORATORY	672,115	93,858,854	0.007161	756,184	5,415		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	134,404	33,179,173	0.004051	279,145	1,131		65
65.01	SLEEP LAB	51,066	2,396,514	0.021308				65.01
66	PHYSICAL THERAPY	168,597	10,514,253	0.016035	1,874,926	30,064		66
66.01	OP PHYSICAL THERAPY	7,610	5,447,589	0.001397				66.01
66.02	OP THERAPY SERVICES	19,040	13,307,586	0.001431				66.02
67	OCCUPATIONAL THERAPY	234,101	6,325,914	0.037007	1,768,832	65,459		67
68	SPEECH PATHOLOGY	8,978	2,379,841	0.003773	697,990	2,634		68
69	ELECTROCARDIOLOGY	395,250	34,322,560	0.011516	25,662	296		69
69.01	EP LAB	162,478	25,427,479	0.006390	57			69.01
70	ELECTROENCEPHALOGRAPHY	44,437	1,412,309	0.031464	3,774	119		70
71	MEDICAL SUPPLIES CHRGD TO PA	126,479	31,675,141	0.003993	263,406	1,052		71
72	IMPL. DEV. CHARGED TO PATIENT	63,286	26,978,159	0.002346	302	1		72
73	DRUGS CHARGED TO PATIENTS	262,737	92,291,626	0.002847	1,104,610	3,145		73
74	RENAL DIALYSIS	7,696	5,657,530	0.001360	89,820	122		74
75	ASC (NON-DISTINCT PART)	755,820	7,553,419	0.100063				75
76	WOUND CARE	90,273	1,190,120	0.075852				76
76.01	OP ONCOLOGY	19,654	5,689,435	0.003454				76.01
76.97	CARDIAC REHABILITATION	12,337	2,631,868	0.004688				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER							90.01
91	EMERGENCY	904,521	96,250,750	0.009398	57	1		91
92	OBSERVATION BEDS	248,904	7,956,351	0.031284				92
	OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS							94
200	TOTAL (SUM OF LINES 50-199)	8,050,066	859,334,447	859,334,447	7,261,284	115,181		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T172) [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 SURGICENTER						50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST DIAGNOSIS CENTER						54.01
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
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 EP LAB						69.01
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
75 ASC (NON-DISTINCT PART)						75
76 WOUND CARE						76
76.01 OP ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[XX] IRF (14-T172)	[ ] 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	53,747,971			36,223		50
50.01	SURGICENTER	27,162,799					50.01
50.02	SURGERY RECOVERY CENTER	3,697,301					50.02
51	RECOVERY ROOM	6,773,863			6,072		51
53	ANESTHESIOLOGY	22,095,431			180		53
54	RADIOLOGY-DIAGNOSTIC	43,477,059			184,174		54
54.01	BREAST DIAGNOSIS CENTER	8,750,966					54.01
55	RADIOLOGY-THERAPEUTIC	14,553,425			23,707		55
56	RADIOISOTOPE	22,720,988			16,705		56
57	COMPUTED TOMOGRAPHY (CT) SCA	91,631,748			107,969		57
58	MAGNETIC RESONANCE IMAGING (	18,167,041			21,489		58
59	CARDIAC CATHETERIZATION	40,109,384					59
60	LABORATORY	93,858,854			756,184		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	33,179,173			279,145		65
65.01	SLEEP LAB	2,396,514					65.01
66	PHYSICAL THERAPY	10,514,253			1,874,926		66
66.01	OP PHYSICAL THERAPY	5,447,589					66.01
66.02	OP THERAPY SERVICES	13,307,586					66.02
67	OCCUPATIONAL THERAPY	6,325,914			1,768,832		67
68	SPEECH PATHOLOGY	2,379,841			697,990		68
69	ELECTROCARDIOLOGY	34,322,560			25,662		69
69.01	EP LAB	25,427,479			57		69.01
70	ELECTROENCEPHALOGRAPHY	1,412,309			3,774		70
71	MEDICAL SUPPLIES CHRGD TO P	31,675,141			263,406		71
72	IMPL. DEV. CHARGED TO PATIEN	26,978,159			302		72
73	DRUGS CHARGED TO PATIENTS	92,291,626			1,104,610		73
74	RENAL DIALYSIS	5,657,530			89,820		74
75	ASC (NON-DISTINCT PART)	7,553,419					75
76	WOUND CARE	1,190,120					76
76.01	OP ONCOLOGY	5,689,435					76.01
76.97	CARDIAC REHABILITATION	2,631,868					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER						90.01
91	EMERGENCY	96,250,750			57		91
92	OBSERVATION BEDS	7,956,351					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	859,334,447			7,261,284		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T172) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES SUBJECT TO	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	DED & COINS	DED & COINS	PPS SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.346101						50
50.01 SURGICENTER	0.385067						50.01
50.02 SURGERY RECOVERY CENTER	0.480482						50.02
51 RECOVERY ROOM	0.231122						51
53 ANESTHESIOLOGY	0.058742						53
54 RADIOLOGY-DIAGNOSTIC	0.178873						54
54.01 BREAST DIAGNOSIS CENTER	0.239196						54.01
55 RADIOLOGY-THERAPEUTIC	0.215466						55
56 RADIOISOTOPE	0.122469						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.027904						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082777						58
59 CARDIAC CATHETERIZATION	0.118646						59
60 LABORATORY	0.176228						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.173996						65
65.01 SLEEP LAB	0.212965						65.01
66 PHYSICAL THERAPY	0.312226						66
66.01 OP PHYSICAL THERAPY	0.268398						66.01
66.02 OP THERAPY SERVICES	0.262606						66.02
67 OCCUPATIONAL THERAPY	0.355833						67
68 SPEECH PATHOLOGY	0.278875						68
69 ELECTROCARDIOLOGY	0.135045						69
69.01 EP LAB	0.099562						69.01
70 ELECTROENCEPHALOGRAPHY	0.187831						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.124718						71
72 IMPL. DEV. CHARGED TO PATIENT	0.495154						72
73 DRUGS CHARGED TO PATIENTS	0.273502						73
74 RENAL DIALYSIS	0.248505						74
75 ASC (NON-DISTINCT PART)	0.716150						75
76 WOUND CARE	0.916259						76
76.01 OP ONCOLOGY	0.115181						76.01
76.97 CARDIAC REHABILITATION	0.517559						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 DIABETES CENTER							90.01
91 EMERGENCY	0.196510						91
92 OBSERVATION BEDS	0.527985						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,871,530		3,871,530	46.20	10,059	464,726	30
31 INTENSIVE CARE UNIT	789,444		789,444	71.93	1,133	81,497	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	246,425		246,425	46.04	168	7,735	41
42 SUBPROVIDER I							42
43 NURSERY	138,883		138,883	37.13	2,412	89,558	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,046,282		5,046,282		13,772	643,516	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0172) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER						
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)				
		1	2	3	4	5				
		ANCILLARY SERVICE COST CENTERS								
50		OPERATING ROOM	1,817,301	53,747,971	0.033812				50	
50.01		SURGICENTER	85,968	27,162,799	0.003165				50.01	
50.02		SURGERY RECOVERY CENTER	8,440	3,697,301	0.002283				50.02	
51		RECOVERY ROOM	17,187	6,773,863	0.002537				51	
53		ANESTHESIOLOGY	142,581	22,095,431	0.006453				53	
54		RADIOLOGY-DIAGNOSTIC	855,865	43,477,059	0.019685				54	
54.01		BREAST DIAGNOSIS CENTER	27,216	8,750,966	0.003110				54.01	
55		RADIOLOGY-THERAPEUTIC	421,499	14,553,425	0.028962				55	
56		RADIOISOTOPE	112,825	22,720,988	0.004966				56	
57		COMPUTED TOMOGRAPHY (CT) SCAN	73,137	91,631,748	0.000798				57	
58		MAGNETIC RESONANCE IMAGING (M	17,115	18,167,041	0.000942				58	
59		CARDIAC CATHETERIZATION	81,149	40,109,384	0.002023				59	
60		LABORATORY	672,115	93,858,854	0.007161				60	
62.30		BLOOD CLOTTING FOR HEMOPHILIA							62.30	
65		RESPIRATORY THERAPY	134,404	33,179,173	0.004051				65	
65.01		SLEEP LAB	51,066	2,396,514	0.021308				65.01	
66		PHYSICAL THERAPY	168,597	10,514,253	0.016035				66	
66.01		OP PHYSICAL THERAPY	7,610	5,447,589	0.001397				66.01	
66.02		OP THERAPY SERVICES	19,040	13,307,586	0.001431				66.02	
67		OCCUPATIONAL THERAPY	234,101	6,325,914	0.037007				67	
68		SPEECH PATHOLOGY	8,978	2,379,841	0.003773				68	
69		ELECTROCARDIOLOGY	395,250	34,322,560	0.011516				69	
69.01		EP LAB	162,478	25,427,479	0.006390				69.01	
70		ELECTROENCEPHALOGRAPHY	44,437	1,412,309	0.031464				70	
71		MEDICAL SUPPLIES CHRGD TO PA	126,479	31,675,141	0.003993				71	
72		IMPL. DEV. CHARGED TO PATIENT	63,286	26,978,159	0.002346				72	
73		DRUGS CHARGED TO PATIENTS	262,737	92,291,626	0.002847				73	
74		RENAL DIALYSIS	7,696	5,657,530	0.001360				74	
75		ASC (NON-DISTINCT PART)	755,820	7,553,419	0.100063				75	
76		WOUND CARE	90,273	1,190,120	0.075852				76	
76.01		OP ONCOLOGY	19,654	5,689,435	0.003454				76.01	
76.97		CARDIAC REHABILITATION	12,337	2,631,868	0.004688				76.97	
76.98		HYPERBARIC OXYGEN THERAPY							76.98	
76.99		LITHOTRIPSY							76.99	
		OUTPATIENT SERVICE COST CENTERS								
90.01		DIABETES CENTER							90.01	
91		EMERGENCY	904,521	96,250,750	0.009398				91	
92		OBSERVATION BEDS	248,904	7,956,351	0.031284				92	
		OTHER REIMBURSABLE COST CENTERS								
94		HOME PROGRAM DIALYSIS							94	
200		TOTAL (SUM OF LINES 50-199)	8,050,066	859,334,447	859,334,447				200	

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	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
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					45
TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	83,791		10,059	30
31 INTENSIVE CARE UNIT	10,975		1,133	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	5,352		168	41
42 SUBPROVIDER I				42
43 NURSERY	3,740		2,412	43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	103,858		13,772	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0172) [ ] 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			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 SURGICENTER						50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST DIAGNOSIS CENTER						54.01
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
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 EP LAB						69.01
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
75 ASC (NON-DISTINCT PART)						75
76 WOUND CARE						76
76.01 OP ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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 (14-0172)	[ ] 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)	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	53,747,971					50
50.01	SURGICENTER	27,162,799					50.01
50.02	SURGERY RECOVERY CENTER	3,697,301					50.02
51	RECOVERY ROOM	6,773,863					51
53	ANESTHESIOLOGY	22,095,431					53
54	RADIOLOGY-DIAGNOSTIC	43,477,059					54
54.01	BREAST DIAGNOSIS CENTER	8,750,966					54.01
55	RADIOLOGY-THERAPEUTIC	14,553,425					55
56	RADIOISOTOPE	22,720,988					56
57	COMPUTED TOMOGRAPHY (CT) SCA	91,631,748					57
58	MAGNETIC RESONANCE IMAGING (	18,167,041					58
59	CARDIAC CATHETERIZATION	40,109,384					59
60	LABORATORY	93,858,854					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	33,179,173					65
65.01	SLEEP LAB	2,396,514					65.01
66	PHYSICAL THERAPY	10,514,253					66
66.01	OP PHYSICAL THERAPY	5,447,589					66.01
66.02	OP THERAPY SERVICES	13,307,586					66.02
67	OCCUPATIONAL THERAPY	6,325,914					67
68	SPEECH PATHOLOGY	2,379,841					68
69	ELECTROCARDIOLOGY	34,322,560					69
69.01	EP LAB	25,427,479					69.01
70	ELECTROENCEPHALOGRAPHY	1,412,309					70
71	MEDICAL SUPPLIES CHRGD TO P	31,675,141					71
72	IMPL. DEV. CHARGED TO PATIEN	26,978,159					72
73	DRUGS CHARGED TO PATIENTS	92,291,626					73
74	RENAL DIALYSIS	5,657,530					74
75	ASC (NON-DISTINCT PART)	7,553,419					75
76	WOUND CARE	1,190,120					76
76.01	OP ONCOLOGY	5,689,435					76.01
76.97	CARDIAC REHABILITATION	2,631,868					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER						90.01
91	EMERGENCY	96,250,750					91
92	OBSERVATION BEDS	7,956,351					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	859,334,447					200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T172)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)			
	1	2	3	4	5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	1,817,301	53,747,971	0.033812				50
50.01	SURGICENTER	85,968	27,162,799	0.003165				50.01
50.02	SURGERY RECOVERY CENTER	8,440	3,697,301	0.002283				50.02
51	RECOVERY ROOM	17,187	6,773,863	0.002537				51
53	ANESTHESIOLOGY	142,581	22,095,431	0.006453				53
54	RADIOLOGY-DIAGNOSTIC	855,865	43,477,059	0.019685				54
54.01	BREAST DIAGNOSIS CENTER	27,216	8,750,966	0.003110				54.01
55	RADIOLOGY-THERAPEUTIC	421,499	14,553,425	0.028962				55
56	RADIOISOTOPE	112,825	22,720,988	0.004966				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	73,137	91,631,748	0.000798				57
58	MAGNETIC RESONANCE IMAGING (M	17,115	18,167,041	0.000942				58
59	CARDIAC CATHETERIZATION	81,149	40,109,384	0.002023				59
60	LABORATORY	672,115	93,858,854	0.007161				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	134,404	33,179,173	0.004051				65
65.01	SLEEP LAB	51,066	2,396,514	0.021308				65.01
66	PHYSICAL THERAPY	168,597	10,514,253	0.016035				66
66.01	OP PHYSICAL THERAPY	7,610	5,447,589	0.001397				66.01
66.02	OP THERAPY SERVICES	19,040	13,307,586	0.001431				66.02
67	OCCUPATIONAL THERAPY	234,101	6,325,914	0.037007				67
68	SPEECH PATHOLOGY	8,978	2,379,841	0.003773				68
69	ELECTROCARDIOLOGY	395,250	34,322,560	0.011516				69
69.01	EP LAB	162,478	25,427,479	0.006390				69.01
70	ELECTROENCEPHALOGRAPHY	44,437	1,412,309	0.031464				70
71	MEDICAL SUPPLIES CHRGD TO PA	126,479	31,675,141	0.003993				71
72	IMPL. DEV. CHARGED TO PATIENT	63,286	26,978,159	0.002346				72
73	DRUGS CHARGED TO PATIENTS	262,737	92,291,626	0.002847				73
74	RENAL DIALYSIS	7,696	5,657,530	0.001360				74
75	ASC (NON-DISTINCT PART)	755,820	7,553,419	0.100063				75
76	WOUND CARE	90,273	1,190,120	0.075852				76
76.01	OP ONCOLOGY	19,654	5,689,435	0.003454				76.01
76.97	CARDIAC REHABILITATION	12,337	2,631,868	0.004688				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	DIABETES CENTER							90.01
91	EMERGENCY	904,521	96,250,750	0.009398				91
92	OBSERVATION BEDS	248,904	7,956,351	0.031284				92
OTHER REIMBURSABLE COST CENTERS								
94	HOME PROGRAM DIALYSIS							94
200	TOTAL (SUM OF LINES 50-199)	8,050,066	859,334,447	859,334,447				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS	
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA	
BOXES	[XX] TITLE XIX	[XX] IRF (14-T172)	[ ] NF		[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER					50.02
51	RECOVERY ROOM					51
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	BREAST DIAGNOSIS CENTER					54.01
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
65.01	SLEEP LAB					65.01
66	PHYSICAL THERAPY					66
66.01	OP PHYSICAL THERAPY					66.01
66.02	OP THERAPY SERVICES					66.02
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
69.01	EP LAB					69.01
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
75	ASC (NON-DISTINCT PART)					75
76	WOUND CARE					76
76.01	OP ONCOLOGY					76.01
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	DIABETES CENTER					90.01
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T172)	[ ] NF		[XX] OTHER		
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	53,747,971					50
50.01	SURGICENTER	27,162,799					50.01
50.02	SURGERY RECOVERY CENTER	3,697,301					50.02
51	RECOVERY ROOM	6,773,863					51
53	ANESTHESIOLOGY	22,095,431					53
54	RADIOLOGY-DIAGNOSTIC	43,477,059					54
54.01	BREAST DIAGNOSIS CENTER	8,750,966					54.01
55	RADIOLOGY-THERAPEUTIC	14,553,425					55
56	RADIOISOTOPE	22,720,988					56
57	COMPUTED TOMOGRAPHY (CT) SCA	91,631,748					57
58	MAGNETIC RESONANCE IMAGING (	18,167,041					58
59	CARDIAC CATHETERIZATION	40,109,384					59
60	LABORATORY	93,858,854					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	33,179,173					65
65.01	SLEEP LAB	2,396,514					65.01
66	PHYSICAL THERAPY	10,514,253					66
66.01	OP PHYSICAL THERAPY	5,447,589					66.01
66.02	OP THERAPY SERVICES	13,307,586					66.02
67	OCCUPATIONAL THERAPY	6,325,914					67
68	SPEECH PATHOLOGY	2,379,841					68
69	ELECTROCARDIOLOGY	34,322,560					69
69.01	EP LAB	25,427,479					69.01
70	ELECTROENCEPHALOGRAPHY	1,412,309					70
71	MEDICAL SUPPLIES CHRGD TO P	31,675,141					71
72	IMPL. DEV. CHARGED TO PATIEN	26,978,159					72
73	DRUGS CHARGED TO PATIENTS	92,291,626					73
74	RENAL DIALYSIS	5,657,530					74
75	ASC (NON-DISTINCT PART)	7,553,419					75
76	WOUND CARE	1,190,120					76
76.01	OP ONCOLOGY	5,689,435					76.01
76.97	CARDIAC REHABILITATION	2,631,868					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER						90.01
91	EMERGENCY	96,250,750					91
92	OBSERVATION BEDS	7,956,351					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	859,334,447					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T172) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.346101						50
50.01 SURGICENTER	0.385067						50.01
50.02 SURGERY RECOVERY CENTER	0.480482						50.02
51 RECOVERY ROOM	0.231122						51
53 ANESTHESIOLOGY	0.058742						53
54 RADIOLOGY-DIAGNOSTIC	0.178873						54
54.01 BREAST DIAGNOSIS CENTER	0.239196						54.01
55 RADIOLOGY-THERAPEUTIC	0.215466						55
56 RADIOISOTOPE	0.122469						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.027904						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082777						58
59 CARDIAC CATHETERIZATION	0.118646						59
60 LABORATORY	0.176228						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.173996						65
65.01 SLEEP LAB	0.212965						65.01
66 PHYSICAL THERAPY	0.312226						66
66.01 OP PHYSICAL THERAPY	0.268398						66.01
66.02 OP THERAPY SERVICES	0.262606						66.02
67 OCCUPATIONAL THERAPY	0.355833						67
68 SPEECH PATHOLOGY	0.278875						68
69 ELECTROCARDIOLOGY	0.135045						69
69.01 EP LAB	0.099562						69.01
70 ELECTROENCEPHALOGRAPHY	0.187831						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.124718						71
72 IMPL. DEV. CHARGED TO PATIENT	0.495154						72
73 DRUGS CHARGED TO PATIENTS	0.273502						73
74 RENAL DIALYSIS	0.248505						74
75 ASC (NON-DISTINCT PART)	0.716150						75
76 WOUND CARE	0.916259						76
76.01 OP ONCOLOGY	0.115181						76.01
76.97 CARDIAC REHABILITATION	0.517559						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 DIABETES CENTER							90.01
91 EMERGENCY	0.196510						91
92 OBSERVATION BEDS	0.527985						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0172) [ ] 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)	83,791	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	83,791	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	83,791	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)	44,478	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)	65,341,186	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	65,341,186	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	4.584500	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)	170.10	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)	65,341,186	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0172) [ ] 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) 779.81 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 34,684,389 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) 34,684,389 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	17,960,531	10,975	1,636.49	7,107	11,630,534	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)					47,968,739	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					94,283,662	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,566,091 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,918,902 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,484,993 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 89,798,669 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) 5,387 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 779.81 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,200,836 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,871,530	65,341,186	0.059251	4,200,836	248,904	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T172) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,352	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,352	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,352	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,839	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)	4,180,464	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	4,180,464	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.675393	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,156.52	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)	4,180,464	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T172) [ ] 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)	781.10 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,998,643 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,998,643 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,012,239 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,010,882 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	176,748 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	115,181 51
52	TOTAL PROGRAM EXCLUDABLE COST	291,929 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,718,953 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0172) [ ] 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)	83,791	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	83,791	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	83,791	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)	10,059	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,740	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,412	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)	65,326,517	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	65,326,517	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	4.583470	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)	170.10	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)	65,326,517	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0172) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 779.64 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,842,399 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 7,842,399 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)	2,655,242	3,740	709.96	2,412	1,712,424	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	17,940,161	10,975	1,634.64	1,133	1,852,047	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)					11,406,870	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 635,781 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 635,781 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) 5,387 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)	
	1	2	3	4	5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T172) [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,352	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,352	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,352	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)	168	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)	4,171,998	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	4,171,998	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.674025	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,156.52	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)	4,171,998	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T172) [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)	779.52 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	130,959 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)	130,959 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	130,959 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	7,735 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	7,735 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0172) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		63,795,030		30
31 INTENSIVE CARE UNIT		19,325,391		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.352250	15,849,724	5,583,065	50
50.01 SURGICENTER	0.385067			50.01
50.02 SURGERY RECOVERY CENTER	0.480482			50.02
51 RECOVERY ROOM	0.231122	1,806,673	417,562	51
53 ANESTHESIOLOGY	0.058742	3,038,870	178,509	53
54 RADIOLOGY-DIAGNOSTIC	0.178873	10,730,246	1,919,351	54
54.01 BREAST DIAGNOSIS CENTER	0.240001			54.01
55 RADIOLOGY-THERAPEUTIC	0.215466	388,447	83,697	55
56 RADIOISOTOPE	0.122469	4,596,836	562,970	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.027904	21,027,808	586,760	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082777	4,421,480	365,997	58
59 CARDIAC CATHETERIZATION	0.118646	15,516,521	1,840,973	59
60 LABORATORY	0.176535	34,839,166	6,150,332	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.173996	19,489,593	3,391,111	65
65.01 SLEEP LAB	0.214154	6,097	1,306	65.01
66 PHYSICAL THERAPY	0.312226	2,952,465	921,836	66
66.01 OP PHYSICAL THERAPY	0.268398			66.01
66.02 OP THERAPY SERVICES	0.262606			66.02
67 OCCUPATIONAL THERAPY	0.355833	1,894,993	674,301	67
68 SPEECH PATHOLOGY	0.278875	612,112	170,703	68
69 ELECTROCARDIOLOGY	0.135979	11,504,538	1,564,376	69
69.01 EP LAB	0.099562	10,037,145	999,318	69.01
70 ELECTROENCEPHALOGRAPHY	0.187831	377,490	70,904	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.124718	11,863,218	1,479,557	71
72 IMPL. DEV. CHARGED TO PATIENT	0.495154	11,932,931	5,908,639	72
73 DRUGS CHARGED TO PATIENTS	0.273502	36,419,956	9,960,931	73
74 RENAL DIALYSIS	0.248505	3,916,448	973,257	74
75 ASC (NON-DISTINCT PART)	0.716150	268,097	191,998	75
76 WOUND CARE	0.976686	3,893	3,802	76
76.01 OP ONCOLOGY	0.115181			76.01
76.97 CARDIAC REHABILITATION	0.520775			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 DIABETES CENTER				90.01
91 EMERGENCY	0.199354	17,508,519	3,490,393	91
92 OBSERVATION BEDS	0.527985	903,607	477,091	92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		241,906,873	47,968,739	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		241,906,873		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T172) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		5,497,233		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.352250	36,223	12,760	50
50.01 SURGICENTER	0.385067			50.01
50.02 SURGERY RECOVERY CENTER	0.480482			50.02
51 RECOVERY ROOM	0.231122	6,072	1,403	51
53 ANESTHESIOLOGY	0.058742	180	11	53
54 RADIOLOGY-DIAGNOSTIC	0.178873	184,174	32,944	54
54.01 BREAST DIAGNOSIS CENTER	0.240001			54.01
55 RADIOLOGY-THERAPEUTIC	0.215466	23,707	5,108	55
56 RADIOISOTOPE	0.122469	16,705	2,046	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.027904	107,969	3,013	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082777	21,489	1,779	58
59 CARDIAC CATHETERIZATION	0.118646			59
60 LABORATORY	0.176535	756,184	133,493	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.173996	279,145	48,570	65
65.01 SLEEP LAB	0.214154			65.01
66 PHYSICAL THERAPY	0.312226	1,874,926	585,401	66
66.01 OP PHYSICAL THERAPY	0.268398			66.01
66.02 OP THERAPY SERVICES	0.262606			66.02
67 OCCUPATIONAL THERAPY	0.355833	1,768,832	629,409	67
68 SPEECH PATHOLOGY	0.278875	697,990	194,652	68
69 ELECTROCARDIOLOGY	0.135979	25,662	3,489	69
69.01 EP LAB	0.099562	57	6	69.01
70 ELECTROENCEPHALOGRAPHY	0.187831	3,774	709	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.124718	263,406	32,851	71
72 IMPL. DEV. CHARGED TO PATIENT	0.495154	302	150	72
73 DRUGS CHARGED TO PATIENTS	0.273502	1,104,610	302,113	73
74 RENAL DIALYSIS	0.248505	89,820	22,321	74
75 ASC (NON-DISTINCT PART)	0.716150			75
76 WOUND CARE	0.976686			76
76.01 OP ONCOLOGY	0.115181			76.01
76.97 CARDIAC REHABILITATION	0.520775			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 DIABETES CENTER				90.01
91 EMERGENCY	0.199354	57	11	91
92 OBSERVATION BEDS	0.527985			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		7,261,284	2,012,239	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		7,261,284		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0172) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.346101				50
50.01 SURGICENTER	0.385067				50.01
50.02 SURGERY RECOVERY CENTER	0.480482				50.02
51 RECOVERY ROOM	0.231122				51
53 ANESTHESIOLOGY	0.058742				53
54 RADIOLOGY-DIAGNOSTIC	0.178873				54
54.01 BREAST DIAGNOSIS CENTER	0.239196				54.01
55 RADIOLOGY-THERAPEUTIC	0.215466				55
56 RADIOISOTOPE	0.122469				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.027904				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082777				58
59 CARDIAC CATHETERIZATION	0.118646				59
60 LABORATORY	0.176228				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.173996				65
65.01 SLEEP LAB	0.212965				65.01
66 PHYSICAL THERAPY	0.312226				66
66.01 OP PHYSICAL THERAPY	0.268398				66.01
66.02 OP THERAPY SERVICES	0.262606				66.02
67 OCCUPATIONAL THERAPY	0.355833				67
68 SPEECH PATHOLOGY	0.278875				68
69 ELECTROCARDIOLOGY	0.135045				69
69.01 EP LAB	0.099562				69.01
70 ELECTROENCEPHALOGRAPHY	0.187831				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.124718				71
72 IMPL. DEV. CHARGED TO PATIENT	0.495154				72
73 DRUGS CHARGED TO PATIENTS	0.273502				73
74 RENAL DIALYSIS	0.248505				74
75 ASC (NON-DISTINCT PART)	0.716150				75
76 WOUND CARE	0.916259				76
76.01 OP ONCOLOGY	0.115181				76.01
76.97 CARDIAC REHABILITATION	0.517559				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 DIABETES CENTER					90.01
91 EMERGENCY	0.196510				91
92 OBSERVATION BEDS	0.527985				92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
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	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	IRF (14-T172)	[ ]	NF	[ ]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.346101			50
50.01 SURGICENTER	0.385067			50.01
50.02 SURGERY RECOVERY CENTER	0.480482			50.02
51 RECOVERY ROOM	0.231122			51
53 ANESTHESIOLOGY	0.058742			53
54 RADIOLOGY-DIAGNOSTIC	0.178873			54
54.01 BREAST DIAGNOSIS CENTER	0.239196			54.01
55 RADIOLOGY-THERAPEUTIC	0.215466			55
56 RADIOISOTOPE	0.122469			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.027904			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.082777			58
59 CARDIAC CATHETERIZATION	0.118646			59
60 LABORATORY	0.176228			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.173996			65
65.01 SLEEP LAB	0.212965			65.01
66 PHYSICAL THERAPY	0.312226			66
66.01 OP PHYSICAL THERAPY	0.268398			66.01
66.02 OP THERAPY SERVICES	0.262606			66.02
67 OCCUPATIONAL THERAPY	0.355833			67
68 SPEECH PATHOLOGY	0.278875			68
69 ELECTROCARDIOLOGY	0.135045			69
69.01 EP LAB	0.099562			69.01
70 ELECTROENCEPHALOGRAPHY	0.187831			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.124718			71
72 IMPL. DEV. CHARGED TO PATIENT	0.495154			72
73 DRUGS CHARGED TO PATIENTS	0.273502			73
74 RENAL DIALYSIS	0.248505			74
75 ASC (NON-DISTINCT PART)	0.716150			75
76 WOUND CARE	0.916259			76
76.01 OP ONCOLOGY	0.115181			76.01
76.97 CARDIAC REHABILITATION	0.517559			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 DIABETES CENTER				90.01
91 EMERGENCY	0.196510			91
92 OBSERVATION BEDS	0.527985			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
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 (14-0172)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	71,602,603	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,585,268	2
3	MANAGED CARE SIMULATED PAYMENTS	3,543,054	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	340.24	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)	124.92	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)	9.24	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.	-32.70	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)	82.98	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	78.63	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	78.63	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	80.11	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	78.38	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	79.04	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	79.04	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.232307	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.234500	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.232307	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	8,955,784	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)	-4.35	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)	8,955,784	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0538	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2112	31
32	SUM OF LINES 30 AND 31	0.2650	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1108	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	7,933,568	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)	90,077,223	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)	90,077,223	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,834,330	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 (14-0172)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,717,630	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)	100,629,183	59
60	PRIMARY PAYER PAYMENTS	30,170	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	100,599,013	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,990,256	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	903,259	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,441,473	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,709,031	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,634,927	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	94,414,529	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)	94,414,529	71
72	INTERIM PAYMENTS	94,703,604	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-289,075	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	780,468	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:             HOSPITAL (14-0172)             IPF             IRF  
    SUB (OTHER)                             SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	14,935	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	21,728,048	2
3	PPS PAYMENTS	21,408,789	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	77,832	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)	14,935	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	54,605	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)	54,605	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	54,605	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	39,670	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	14,935	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)	21,486,621	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,762,245	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	16,739,311	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	814,225	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	17,553,536	30
31	PRIMARY PAYER PAYMENTS	2,385	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	17,551,151	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)	934,642	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	654,249	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	653,797	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	18,205,400	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	90	38
39	OTHER ADJUSTMENTS (FDO EFFECT)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	18,205,310	40
41	INTERIM PAYMENTS	17,963,684	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	241,626	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL                                 IPF                                 IRF (14-T172)  
                                   SUB (OTHER)                                 SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS	247	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.850	5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	247	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	9	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	238	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	238	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	238	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)	238	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)	238	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)	238	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0172) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		94,221,335		18,069,332	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 08/02/2011	482,269		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE			3.50
	.51				3.51
	PROVIDER .52		08/02/2011	105,648	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	482,269		-105,648	3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		482,269		-105,648	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		94,703,604		17,963,684	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			241,626	6.01
	TO .01				
	PROVIDER .02				
	TO .02				
	PROGRAM .02	-289,075			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		94,414,529		18,205,310	7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK APPLICABLE BOX:	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T172)	[ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF	INPATIENT		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
DESCRIPTION						
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			4,928,698		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		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		3.01
		PROGRAM .01				3.02
		TO .02				3.03
		PROVIDER .03				3.04
		TO .04				3.05
		PROVIDER .05				3.06
		.06				3.07
		.07				3.08
		.08				3.09
		.09				3.50
		.50			NONE	3.51
		.51	08/13/2010	30,720		3.52
		PROVIDER .52				3.53
		TO .53				3.54
		PROGRAM .54				3.55
		.55				3.56
		.56				3.57
		.57				3.58
		.58				3.59
		.59				3.99
		.99		-30,720		
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)			4,897,978		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.			NONE		5.01
		PROGRAM .01				5.02
		TO .02				5.03
		PROVIDER .03				5.04
		.04				5.05
		.05				5.06
		.06				5.07
		.07				5.08
		.08				5.09
		.09				5.50
		PROVIDER .50		NONE		5.51
		TO .51				5.52
		PROGRAM .52				5.53
		.53				5.54
		.54				5.55
		.55				5.56
		.56				5.57
		.57				5.58
		.58				5.59
		.59				5.99
		.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			228,502	238	6.01
		PROGRAM .01				
		TO .02				
		PROVIDER .03				
		PROVIDER .04				
		TO .05				
		PROGRAM .06				
		.07				
		.08				
		.09				
		.50				
		PROVIDER .51				
		TO .52				
		PROGRAM .53				
		.54				
		.55				
		.56				
		.57				
		.58				
		.59				
		.99				
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			5,126,480	238	7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
05/31/2012 14:10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0172) [ ] CAH  
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	21,099 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	51,585 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,552 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	89,379 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,028,747,989 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	28,332,623 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

CHECK [ ] HOSPITAL  
 APPLICABLE BOX: [XX] IRF (14-T172)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,738,610	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.024300	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	207,494	3
4	OUTLIER PAYMENTS	13,989	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	0.92	5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	1.30	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	0.92	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.663014	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.042730	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	202,481	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	5,162,574	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	5,162,574	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,162,574	19
20	DEDUCTIBLES	10,341	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,152,233	21
22	COINSURANCE	25,753	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	5,126,480	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	5,126,480	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,126,480	32
33	INTERIM PAYMENTS	4,897,978	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	228,502	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0172) [ ] 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	11,406,870	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	11,406,870	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	11,406,870	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	2,459,906	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)	2,459,906	12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,459,906	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))	8,946,964	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)	2,459,906	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	2,459,906	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)	2,459,906	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)	2,459,906	36
37	OTHER ADJUSTMENTS (REMOVE IP COSTS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	2,459,906	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)	2,459,906	40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	2,459,906	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [XX] IRF (14-T172) [ ] 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	130,959 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	130,959 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	130,959 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))	130,959 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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			128.25 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			9.00 3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			-32.70 4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			86.55 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			79.55 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			79.55 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	12.92	62.22	75.14 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	12.92	62.22	75.14 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	12.92	62.22	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	18.33	57.42	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	9.95	62.60	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	13.73	60.75	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	13.73	60.75	17
18	PER RESIDENT AMOUNT	102,034.02	99,254.87	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,400,927	6,029,733	7,430,660 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			7,430,660 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	55,424	2,738	26
27	TOTAL INPATIENT DAYS	94,731	94,731	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.585067	0.028903	28
29	PROGRAM DIRECT GME AMOUNT	4,347,434	214,768	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		30,347	30
31	NET PROGRAM DIRECT GME AMOUNT			4,531,855 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			5,657,530 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			99,294,544 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			30,170 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			99,264,374 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			21,742,983 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,385 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			21,740,598 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			121,004,972 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.820333 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.179667 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,531,855 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,717,630 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			814,225 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS	11,360	6,063	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	94,731	94,731	27
29	PROGRAM DIRECT GME AMOUNT	0.119919	0.064002	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,369,057			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	85,468,420			4
5	OTHER RECEIVABLES	577,908			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-28,715,320			6
7	INVENTORY	7,061,524			7
8	PREPAID EXPENSES	2,505,748			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	73,267,337			11
FIXED ASSETS					
12	LAND	7,320,500			12
13	LAND IMPROVEMENTS	4,037,806			13
14	ACCUMULATED DEPRECIATION	-2,690,223			14
15	BUILDINGS	116,607,472			15
16	ACCUMULATED DEPRECIATION	-43,767,208			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	89,381,790			19
20	ACCUMULATED DEPRECIATION	-39,871,970			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	79,536,948			23
24	ACCUMULATED DEPRECIATION	-60,575,365			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	149,979,750			30
OTHER ASSETS					
31	INVESTMENTS		2,878,685		31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	9,692,476			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	9,692,476	2,878,685		35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	232,939,563	2,878,685		36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	15,120,013			37
38	SALARIES, WAGES & FEES PAYABLE	8,428,260			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	217,563			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	26,386,287			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	50,152,123			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	373,168			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	4,848,609			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	5,221,777			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	55,373,900			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	177,565,663			52
53	SPECIFIC PURPOSE FUND BALANCE		2,878,685		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)	177,565,663	2,878,685		59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	232,939,563	2,878,685		60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	184,766,154			1,897,528					1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	-8,684,090								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	176,082,064			1,897,528					3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS FROM AFFILIATES	1,270,409								5
6 NET ASSETS RELEASED FROM OPE			981,157						6
7 OTHER	213,190								7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	1,483,599			981,157					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	177,565,663			2,878,685					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)	177,565,663			2,878,685					19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	138,537,251		138,537,251	1
3 SUBPROVIDER IPF				2
5 SUBPROVIDER IRF	7,774,716		7,774,716	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
11 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	146,311,967		146,311,967	10
12 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
13 INTENSIVE CARE UNIT	31,057,926		31,057,926	11
14 CORONARY CARE UNIT				12
15 BURN INTENSIVE CARE UNIT				13
16 SURGICAL INTENSIVE CARE UNIT				14
17 OTHER SPECIAL CARE (SPECIFY)				15
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	31,057,926		31,057,926	16
19 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	177,369,893		177,369,893	17
20 ANCILLARY SERVICES	442,444,781	410,145,977	852,590,758	18
21 OUTPATIENT SERVICES		13,155,883	13,155,883	19
22 RHC				20
23 FQHC				21
24 HOME HEALTH AGENCY		6,696,969	6,696,969	22
25 AMBULANCE				23
26 ASC				25
27 HOSPICE				26
28 PHYSICIANS REVENUE		7,618,297	7,618,297	27
29.01 CAPITATED REVENUE		10,117,728	10,117,728	27.01
30 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	619,814,674	447,734,854	1,067,549,528	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		327,578,093	29
30 BAD DEBTS	14,975,055		30
31 LOSS ON DISPOSAL OF ASSETS			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		14,975,055	36
37 OTHER NON-OPER EXPENSES	-531		37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-531		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		342,552,617	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,067,549,528	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	744,561,072	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	322,988,456	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	342,552,617	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-19,564,161	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	90,071	6
7	INCOME FROM INVESTMENTS	456,036	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	83,032	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	1,774,006	11
12	PARKING LOT RECEIPTS	109,634	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,289,091	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	31,330	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	407,453	20
21	RENTAL OF VENDING MACHINES	30,773	21
22	RENTAL OF HOSPITAL SPACE	1,949,730	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (LOSS ON DISPOSAL OF ASSETS)	37,503	24
24.01	OTHER (EMERGENCY MEDICAL TECHNICIAN REVENUE)	11,173	24.01
24.02	OTHER (BILLING SERVICES)	211,615	24.02
24.03	OTHER (DIABETES CENTER)	10,317	24.03
24.04	OTHER (RESEARCH)	642	24.04
24.05	OTHER (RADIOLOGY REVENUE)	3,680	24.05
24.06	OTHER (HOSPICE REVENUE)	271,176	24.06
24.07	OTHER (OB/NURSERY OTHER REVENUES)	6,394	24.07
24.09	OTHER (DIETARY SPECIAL FUNCTIONS)	24,648	24.09
24.10	OTHER (RETAIL PHARMACY)	920,213	24.10
24.11	OTHER (FITNESS CENTER)	2,852,876	24.11
24.12	OTHER (THIRD PARTY AUDIT FEES)		24.12
24.13	OTHER (EKG OTHER REVENUE)	14,580	24.13
24.14	OTHER (SENIOR SERVICES)	46,917	24.14
24.15	OTHER (PRINT SHOP FEES)	1,706	24.15
24.16	OTHER (UNREALIZED GAIN ON INVESTMENTS)	16,856	24.16
24.18	OTHER (ASSETS RELEASED FROM REST OR OPERAT)	558,551	24.18
24.19	OTHER (OTHER MISCELLANEOUS REVENUE, NET)	197,044	24.19
24.23	OTHER (OTHER REVENUE, NET)		24.23
24.24	OTHER (CT SCAN OTHER REVENUE)		24.24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	11,407,047	25
26	TOTAL (LINE 5 PLUS LINE 25)	-8,157,114	26
27			27
27.01	OTHER EXPENSES (OTHER NON-OPERATING EXPENSES/LOSSES)	526,976	27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	526,976	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-8,684,090	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	802,374	224,665	1,349		181,209	1,209,597
6 SKILLED NURSING CARE	1,806,494	505,818	78,665			2,390,977
7 PHYSICAL THERAPY				756,962		756,962
8 OCCUPATIONAL THERAPY				189,961		189,961
9 SPEECH PATHOLOGY				26,566		26,566
10 MEDICAL SOCIAL SERVICES				21,670		21,670
11 HOME HEALTH AIDE	221,201	61,936	18,924			302,061
12 SUPPLIES (SEE INSTRUCTIONS)					130,042	130,042
13 DRUGS						13
14 DME						14
15 HHA NONREIMBURSABLE SERVICES						15
16 HOME DIALYSIS AIDE SERVICES						16
17 RESPIRATORY THERAPY						17
18 PRIVATE DUTY NURSING						18
19 CLINIC						19
20 HEALTH PROMOTION ACTIVITIES						20
21 DAY CARE PROGRAM						21
22 HOME DELIVERED MEALS PROGRAM						22
23 HOMEMAKER SERVICE						23
24 ALL OTHERS						24
TOTAL (SUM OF LINES 1-23)	2,830,069	792,419	98,938	995,159	311,251	5,027,836

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-306,194	903,403		903,403	5
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24	-306,194	4,721,642		4,721,642	24



COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-903,403	3,818,239	5
6 SKILLED NURSING CARE						2,390,977	6
7 PHYSICAL THERAPY						756,962	7
8 OCCUPATIONAL THERAPY						189,961	8
9 SPEECH PATHOLOGY						26,566	9
10 MEDICAL SOCIAL SERVICES						21,670	10
11 HOME HEALTH AIDE						302,061	11
12 SUPPLIES (SEE INSTRUCTIONS)						130,042	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-903,403	3,818,239	24
25 COST TO BE ALLOC (PER W/S H)						903,403	25
26 UNIT COST MULTIPLIER						0.236602	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7267

WORKSHEET H-2  
 PART I

HHA COST CENTER	RADIOLOGY PARAMEDICA 23.01	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL		34,946		34,946			1
2 SKILLED NURSING CARE		3,886,749		3,886,749	21,909	3,908,658	2
3 PHYSICAL THERAPY		1,204,111		1,204,111	6,786	1,210,897	3
4 OCCUPATIONAL THERAPY		302,174		302,174	1,703	303,877	4
5 SPEECH PATHOLOGY		42,259		42,259	238	42,497	5
6 MEDICAL SOCIAL SERVICES		34,471		34,471	194	34,665	6
7 HOME HEALTH AIDE		500,182		500,182	2,819	503,001	7
8 SUPPLIES		230,133		230,133	1,297	231,430	8
9 DRUGS							9
10 DME							10
11 HOME DIALYSIS AIDE SERVICES							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIES							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGRAM							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
20 TOTAL (SUM OF LINES 1-19)		6,235,025		6,235,025	34,946	6,235,025	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.					0.005636		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET
	1	2	3	4	4A	5	6	7
1 ADMINISTRATIVE AND GENERAL				563,160		1,655		1
2 SKILLED NURSING CARE				1,806,494		2,961,997		2
3 PHYSICAL THERAPY						936,061		3
4 OCCUPATIONAL THERAPY						234,906		4
5 SPEECH PATHOLOGY						32,852		5
6 MEDICAL SOCIAL SERVICES						26,797		6
7 HOME HEALTH AIDE				221,201		374,179		7
8 SUPPLIES						160,810		8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)				2,590,855		4,729,257		20
21 TOTAL COST TO BE ALLOCATED				7,615		1,354,270		21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER				0.002939		0.286360		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-2  
 PART II

HHA COST CENTER	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY COSTED REQUI	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL				20,019				1,848	1
2 SKILLED NURSING CARE				47,549					2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE				11,710					7
8 SUPPLIES							130,223		8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)				79,278			130,223	1,848	20
21 TOTAL COST TO BE ALLOCATED				127,639			23,273	586	21
22 UNIT COST MULTIPLIER							0.178717		22
22 UNIT COST MULTIPLIER				1.610018				0.317100	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7267

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	
			1	2	3		5	
1	SKILLED NURSING CARE	2	3,908,658		3,908,658	19,653	198.88	1
2	PHYSICAL THERAPY	3	1,210,897		1,210,897	9,454	128.08	2
3	OCCUPATIONAL THERAPY	4	303,877		303,877	2,385	127.41	3
4	SPEECH PATHOLOGY	5	42,497		42,497	273	155.67	4
5	MEDICAL SOCIAL SERVICES	6	34,665		34,665	217	159.75	5
6	HOME HEALTH AIDE	7	503,001		503,001	5,074	99.13	6
7	TOTAL (SUM OF LINES 1-6)		6,003,595		6,003,595	37,056		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	5	
			1	2	3			
15	COST OF MEDICAL SUPPLIES	8	231,430		231,430	241,258	0.959264	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7267

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	8,783	5,129		1,746,763	1,020,056		2,766,819
2 PHYSICAL THERAPY	5,517	1,790		706,617	229,263		935,880
3 OCCUPATIONAL THERAPY	1,457	541		185,636	68,929		254,565
4 SPEECH PATHOLOGY	172	44		26,775	6,849		33,624
5 MEDICAL SOCIAL SERVICES	126	76		20,129	12,141		32,270
6 HOME HEALTH AIDE	2,539	2,464		251,691	244,256		495,947
7 TOTAL (SUM OF LINES 1-6)	18,594	10,044		2,937,611	1,581,494		4,519,105

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		2	3	4	
8 SKILLED NURSING CARE	16974	8,783	5,129		8
9 PHYSICAL THERAPY	16974	5,517	1,790		9
10 OCCUPATIONAL THERAPY	16974	1,457	541		10
11 SPEECH PATHOLOGY	16974	172	44		11
12 MEDICAL SOCIAL SERVICES	16974	126	76		12
13 HOME HEALTH AIDE	16974	2,539	2,464		13
14 TOTAL (SUM OF LINES 8-13)		18,594	10,044		14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
			2	3		
1 PHYSICAL THERAPY	66	0.312226			COL 2, LINE 2	1
1.01 OP PHYSICAL THERAPY	66.01	0.268398			COL 2, LINE 2	1.01
1.02 OP THERAPY SERVICES	66.02	0.262606			COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67	0.355833			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.278875			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.124718			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.273502			COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7267

WORKSHEET H-4  
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	3,438,971			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 AMOUNT 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(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,438,971			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	3,438,971			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		PART B		
	SERVICES 1	SERVICES 2	SERVICES 1	SERVICES 2	
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)					10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,090,886		1,458,036		11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	11,642		24,195		12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	45,110		31,002		13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	14,656		18,559		14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS					15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES					16
18 TOTAL OTHER PAYMENTS					17
19 DME PAYMENTS					18
20 OXYGEN PAYMENTS					19
21 PROSTHETIC AND ORTHOTIC PAYMENTS					20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)					21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	3,162,294		1,531,792		22
24 EXCESS REASONABLE COST (FROM LINE 8)					23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	3,162,294		1,531,792		24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)					25
27 NET COST (LINE 24 MINUS LINE 25)	3,162,294		1,531,792		26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)					27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	3,162,294		1,531,792		29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)					30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,162,294		1,531,792		31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,162,294		1,531,792		32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)					33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)					34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					35

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7267

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,162,294		1,531,792	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		3,162,294		1,531,792	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,162,294		1,531,792	7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		DATE:		

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-017) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	5,813,866	1
2	CAPITAL DRG OUTLIER PAYMENTS	145,477	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	244.87	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	79.04	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0954	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	554,643	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0538	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2112	8
9	SUM OF LINES 7 AND 8	0.2650	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0551	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	320,344	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,834,330	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
19					19
20					20
21					21
22					22
23					23
23.01					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30					30
31					31
41					41
43					43
ANCILLARY SERVICE COST CENTERS					
50					50
50.01					50.01
50.02					50.02
51					51
53					53
54					54
54.01					54.01
55					55
56					56
57					57
58					58
59					59
60					60
62.30					62.30
65					65
65.01					65.01
66					66
66.01					66.01
66.02					66.02
67					67
68					68
69					69
69.01					69.01
70					70
71					71
72					72
73					73
74					74
75					75
76					76
76.01					76.01
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01					90.01
91					91
92					92
OTHER REIMBURSABLE COST CENTERS					
94					94
101					101
SPECIAL PURPOSE COST CENTERS					
113					113
116					116
118					118
NONREIMBURSABLE COST CENTERS					
190					190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10  
 05/31/2012 14:10

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CEN						194.02
194.03 OTHER NONREIMBURSABLE COST CEN						194.03
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	53.08		12.00				65.08 30
31 INTENSIVE CARE UNIT	64.76		10.32				75.08 31
43 NURSERY			64.49				64.49 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	29.49	11.70					41.19 50
50.01 SURGICENTER		32.68					32.68 50.01
51 RECOVERY ROOM	26.67	9.69					36.36 51
53 ANESTHESIOLOGY	13.75	6.26					20.01 53
54 RADIOLOGY-DIAGNOSTIC	24.68	8.71					33.39 54
54.01 BREAST DIAGNOSIS CENTER		11.65					11.65 54.01
55 RADIOLOGY-THERAPEUTIC	2.67	44.26					46.93 55
56 RADIOISOTOPE	20.23	24.70					44.93 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22.95	11.26					34.21 57
58 MAGNETIC RESONANCE IMAGING (MRI)	24.34	13.33					37.67 58
59 CARDIAC CATHETERIZATION	38.69	17.30					55.99 59
60 LABORATORY	37.12	1.87					38.99 60
65 RESPIRATORY THERAPY	58.74	1.66					60.40 65
65.01 SLEEP LAB	0.25	23.48					23.73 65.01
66 PHYSICAL THERAPY	28.08	0.02					28.10 66
67 OCCUPATIONAL THERAPY	29.96						29.96 67
68 SPEECH PATHOLOGY	25.72						25.72 68
69 ELECTROCARDIOLOGY	33.52	14.52					48.04 69
69.01 EP LAB	39.47	30.20					69.67 69.01
70 ELECTROENCEPHALOGRAPHY	26.73	10.01					36.74 70
71 MEDICAL SUPPLIES CHRGED TO PATI	37.45	6.36					43.81 71
72 IMPL. DEV. CHARGED TO PATIENT	44.23	12.72					56.95 72
73 DRUGS CHARGED TO PATIENTS	39.46	10.84					50.30 73
74 RENAL DIALYSIS	69.23	6.77					76.00 74
75 ASC (NON-DISTINCT PART)	3.55	27.26					30.81 75
76 WOUND CARE	0.33	68.96					69.29 76
76.01 OP ONCOLOGY		43.79					43.79 76.01
76.97 CARDIAC REHABILITATION		26.69					26.69 76.97
91 EMERGENCY	18.19	7.21					25.40 91
92 OBSERVATION BEDS	11.36	14.15					25.51 92
200 TOTAL CHARGES	28.15	11.57					39.72 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	71.73		3.14				74.87 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.07						0.07 50
51 RECOVERY ROOM	0.09						0.09 51
54 RADIOLOGY-DIAGNOSTIC	0.42						0.42 54
55 RADIOLOGY-THERAPEUTIC	0.16						0.16 55
56 RADIOISOTOPE	0.07						0.07 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.12						0.12 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.12						0.12 58
60 LABORATORY	0.81						0.81 60
65 RESPIRATORY THERAPY	0.84						0.84 65
66 PHYSICAL THERAPY	17.83						17.83 66
67 OCCUPATIONAL THERAPY	27.96						27.96 67
68 SPEECH PATHOLOGY	29.33						29.33 68
69 ELECTROCARDIOLOGY	0.07						0.07 69
70 ELECTROENCEPHALOGRAPHY	0.27						0.27 70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.83						0.83 71
73 DRUGS CHARGED TO PATIENTS	1.20						1.20 73
74 RENAL DIALYSIS	1.59						1.59 74
200 TOTAL CHARGES	0.84						0.84 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	5,914,366	1.99	-5,914,366	-4.81			1
2 CAP REL COSTS-MVBLE EQUIP	8,992,234	3.03	-8,992,234	-7.31			2
3 OTHER CAPITAL RELATED COSTS							3
4 EMPLOYEE BENEFITS	63,646	0.02	-63,646	-0.05			4
5 ADMINISTRATIVE & GENERAL	64,870,605	21.83	-64,870,605	-52.73			5
6 MAINTENANCE & REPAIRS							6
7 OPERATION OF PLANT	13,724,630	4.62	-13,724,630	-11.16			7
8 LAUNDRY & LINEN SERVICE	2,414,739	0.81	-2,414,739	-1.96			8
9 HOUSEKEEPING	4,599,525	1.55	-4,599,525	-3.74			9
10 DIETARY	1,608,276	0.54	-1,608,276	-1.31			10
11 CAFETERIA	2,246,713	0.76	-2,246,713	-1.83			11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	2,985,311	1.00	-2,985,311	-2.43			13
14 CENTRAL SERVICES & SUPPLY	1,077,487	0.36	-1,077,487	-0.88			14
15 PHARMACY	3,548,968	1.19	-3,548,968	-2.88			15
16 MEDICAL RECORDS & LIBRARY	3,038,124	1.02	-3,038,124	-2.47			16
17 SOCIAL SERVICE	813,139	0.27	-813,139	-0.66			17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SRVCES-SALARY & FRINGES APP	7,129,297	2.40	-7,129,297	-5.79			21
22 I&R SRVCES-OTHER PRGM COSTS APP							22
23 PARAMED ED PRGM-(SPECIFY)							23
23.01 RADIOLOGY PARAMEDICAL							23.01
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	36,029,084	12.12	38,913,323	31.63	74,942,407	25.22	30
31 INTENSIVE CARE UNIT	11,130,405	3.75	6,809,756	5.54	17,940,161	6.04	31
41 SUBPROVIDER - IRF	2,281,079	0.77	2,040,132	1.66	4,321,211	1.45	41
43 NURSERY	1,661,766	0.56	993,476	0.81	2,655,242	0.89	43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	9,626,566	3.24	8,975,657	7.30	18,602,223	6.26	50
50.01 SURGICENTER	7,846,466	2.64	2,613,029	2.12	10,459,495	3.52	50.01
50.02 SURGERY RECOVERY CENTER	1,367,987	0.46	408,498	0.33	1,776,485	0.60	50.02
51 RECOVERY ROOM	1,118,453	0.38	447,136	0.36	1,565,589	0.53	51
53 ANESTHESIOLOGY	576,530	0.19	721,403	0.59	1,297,933	0.44	53
54 RADIOLOGY-DIAGNOSTIC	3,911,823	1.32	3,865,034	3.14	7,776,857	2.62	54
54.01 BREAST DIAGNOSIS CENTER	1,512,365	0.51	580,830	0.47	2,093,195	0.70	54.01
55 RADIOLOGY-THERAPEUTIC	1,412,772	0.48	1,722,997	1.40	3,135,769	1.06	55
56 RADIOISOTOPE	1,793,609	0.60	989,007	0.80	2,782,616	0.94	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,498,561	0.50	1,058,328	0.86	2,556,889	0.86	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,058,765	0.36	445,051	0.36	1,503,816	0.51	58
59 CARDIAC CATHETERIZATION	3,301,155	1.11	1,457,643	1.18	4,758,798	1.60	59
60 LABORATORY	11,064,831	3.72	5,475,724	4.45	16,540,555	5.57	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	3,863,422	1.30	1,909,618	1.55	5,773,040	1.94	65
65.01 SLEEP LAB	268,577	0.09	241,796	0.20	510,373	0.17	65.01
66 PHYSICAL THERAPY	2,153,283	0.72	1,129,544	0.92	3,282,827	1.10	66
66.01 OP PHYSICAL THERAPY	1,116,751	0.38	345,371	0.28	1,462,122	0.49	66.01
66.02 OP THERAPY SERVICES	2,663,093	0.90	831,553	0.68	3,494,646	1.18	66.02
67 OCCUPATIONAL THERAPY	1,203,264	0.40	1,047,705	0.85	2,250,969	0.76	67
68 SPEECH PATHOLOGY	488,679	0.16	174,999	0.14	663,678	0.22	68
69 ELECTROCARDIOLOGY	2,442,354	0.82	2,192,722	1.78	4,635,076	1.56	69
69.01 EP LAB	1,467,110	0.49	1,064,497	0.87	2,531,607	0.85	69.01
70 ELECTROENCEPHALOGRAPHY	91,302	0.03	173,974	0.14	265,276	0.09	70
71 MEDICAL SUPPLIES CHRGD TO PATI	2,499,116	0.84	1,451,352	1.18	3,950,468	1.33	71
72 IMPL. DEV. CHARGED TO PATIENT	10,289,707	3.46	3,068,636	2.49	13,358,343	4.49	72
73 DRUGS CHARGED TO PATIENTS	15,608,958	5.25	9,633,023	7.83	25,241,981	8.49	73
74 RENAL DIALYSIS	1,071,054	0.36	334,869	0.27	1,405,923	0.47	74
75 ASC (NON-DISTINCT PART)	2,340,507	0.79	3,068,875	2.49	5,409,382	1.82	75
76 WOUND CARE	627,082	0.21	463,376	0.38	1,090,458	0.37	76
76.01 OP ONCOLOGY	428,446	0.14	226,871	0.18	655,317	0.22	76.01
76.97 CARDIAC REHABILITATION	1,017,928	0.34	344,218	0.28	1,362,146	0.46	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
90.01 DIABETES CENTER							90.01
91 EMERGENCY	11,733,310	3.95	7,180,954	5.84	18,914,264	6.36	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
OUTPATIENT SERVICE COST CENTERS							
101 HOME HEALTH AGENCY	4,721,642	1.59	1,513,383	1.23	6,235,025	2.10	101
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE	246,143	0.08	929,138	0.76	1,175,281	0.40	116
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN	436,858	0.15	261,309	0.21	698,167	0.23	190
191 RESEARCH	55,935	0.02	482,243	0.39	538,178	0.18	191
192 PHYSICIANS' PRIVATE OFFICES	10,131,530	3.41	7,436,162	6.04	17,567,692	5.91	192

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH  
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
CMS-2552-10 - SUMMARY REPORT 98

VERSION: 2011.10  
05/31/2012 14:10

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	--	TOTAL COSTS	---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%		
193	NONPAID WORKERS	13,382		3,848		17,230	0.01	193	
194	DEVELOPMENT							194	
194.01	SENIOR FRIENDS							194.01	
194.02	OTHER NONREIMBURSABLE COST CENT							194.02	
194.03	OTHER NONREIMBURSABLE COST CENT							194.03	
200	CROSS FOOT ADJUSTMENTS							200	
201	NEGATIVE COST CENTER							201	
202	TOTAL	297,198,710	100.00			297,198,710	100.00	202	

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,817,301	53,747,971	0.033812	15,849,724	535,911	50
50.01 SURGICENTER	85,968	27,162,799	0.003165			50.01
50.02 SURGERY RECOVERY CENTER	8,440	3,697,301	0.002283			50.02
51 RECOVERY ROOM	17,187	6,773,863	0.002537	1,806,673	4,584	51
53 ANESTHESIOLOGY	142,581	22,095,431	0.006453	3,038,870	19,610	53
54 RADIOLOGY-DIAGNOSTIC	855,865	43,477,059	0.019685	10,730,246	211,225	54
54.01 BREAST DIAGNOSIS CENTER	27,216	8,750,966	0.003110			54.01
55 RADIOLOGY-THERAPEUTIC	421,499	14,553,425	0.028962	388,447	11,250	55
56 RADIOISOTOPE	112,825	22,720,988	0.004966	4,596,836	22,828	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	73,137	91,631,748	0.000798	21,027,808	16,780	57
58 MAGNETIC RESONANCE IMAGING (MRI)	17,115	18,167,041	0.000942	4,421,480	4,165	58
59 CARDIAC CATHETERIZATION	81,149	40,109,384	0.002023	15,516,521	31,390	59
60 LABORATORY	672,115	93,858,854	0.007161	34,839,166	249,483	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	134,404	33,179,173	0.004051	19,489,593	78,952	65
65.01 SLEEP LAB	51,066	2,396,514	0.021308	6,097	130	65.01
66 PHYSICAL THERAPY	168,597	10,514,253	0.016035	2,952,465	47,343	66
66.01 OP PHYSICAL THERAPY	7,610	5,447,589	0.001397			66.01
66.02 OP THERAPY SERVICES	19,040	13,307,586	0.001431			66.02
67 OCCUPATIONAL THERAPY	234,101	6,325,914	0.037007	1,894,993	70,128	67
68 SPEECH PATHOLOGY	8,978	2,379,841	0.003773	612,112	2,309	68
69 ELECTROCARDIOLOGY	395,250	34,322,560	0.011516	11,504,538	132,486	69
69.01 EP LAB	162,478	25,427,479	0.006390	10,037,145	64,137	69.01
70 ELECTROENCEPHALOGRAPHY	44,437	1,412,309	0.031464	377,490	11,877	70
71 MEDICAL SUPPLIES CHRGD TO PATI	126,479	31,675,141	0.003993	11,863,218	47,370	71
72 IMPL. DEV. CHARGED TO PATIENT	63,286	26,978,159	0.002346	11,932,931	27,995	72
73 DRUGS CHARGED TO PATIENTS	262,737	92,291,626	0.002847	36,419,956	103,688	73
74 RENAL DIALYSIS	7,696	5,657,530	0.001360	3,916,448	5,326	74
75 ASC (NON-DISTINCT PART)	755,820	7,553,419	0.100063	268,097	26,827	75
76 WOUND CARE	90,273	1,190,120	0.075852	3,893	295	76
76.01 OP ONCOLOGY	19,654	5,689,435	0.003454			76.01
76.97 CARDIAC REHABILITATION	12,337	2,631,868	0.004688			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
91 EMERGENCY	904,521	96,250,750	0.009398	17,508,519	164,545	91
92 OBSERVATION BEDS	248,904	7,956,351	0.031284	903,607	28,268	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	8,050,066	859,334,447		241,906,873	1,918,902	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	3,871,530		3,871,530	83,791	46.20	44,478	2,054,884 30
31	INTENSIVE CARE UNIT	789,444		789,444	10,975	71.93	7,107	511,207 31
200	TOTAL	4,660,974		4,660,974	94,766		51,585	2,566,091 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2,566,091	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,918,902	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4,484,993	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							9,917	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							51,585	
PER DISCHARGE CAPITAL COSTS							452.25	
PER DIEM CAPITAL COSTS							86.94	

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)	89,798,669
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	325,027,294
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.276

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	5,010,882
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	12,849,397
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.390

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)	4,484,993
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.014

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)	21,632,251
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)	98,953,093
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.219