

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 SAINTS MARY AND ELIZABETH MED CTR (14-0180) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		629,950	173,609		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		82,090	-4,321		3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		80,492	1,354		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		792,532	170,642		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: 2233 WEST DIVISION STREET
 2 CITY: CHICAGO STATE: IL

P.O. BOX: 1
 ZIP CODE: 60622 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0180	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T180	16974	5	01/01/1984	N	P	O	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5541	16974		01/28/1986	N	P	N	9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19

20 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2010 TO: 06/30/2011 20
 21 TYPE OF CONTROL 1 21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	62,465	1,806		15	1,924	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

	V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
46	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	45
47	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	46
48	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
49	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 21248? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	40.48		64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY
 CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE
 INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
INPATIENT PSYCHIATRIC FACILITY PPS					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				71
INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N	76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 2 N Y	XIX 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	Y 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 N	2 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N	108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.			PHY- OCCUP- SICAL ATIONAL N	RESPI- RATORY 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

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

TRANSPLANT CENTER INFORMATION

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

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

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

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
		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.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	Y	Y	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	Y		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.	Y		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
BED COMPLEMENT					
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	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	01/04/2012	Y	01/04/2012
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 RELIEVED 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	96,184,260	10,869,708	107,053,968	3,924,498.00	27.28
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A						3
4.01	PHYSICIANS-PART A - DIRECT TEACHING		1,867,466		1,867,466	40,028.00	46.65
5	PHYSICIAN-PART B						4
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	496,511	4,022,418	4,518,929	60,814.50	74.31
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7
8	HOME OFFICE PERSONNEL						8
9	SNF	44	1,471,944	12,000	1,483,944	60,865.00	24.38
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,336,037	62,914	4,398,951	138,038.00	31.87
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)						11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		11,253,788		11,253,788	462,516.00	24.33
15	HOME OFFICE: PHYSICIAN-PART A						14
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						15
	WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		23,682,232		23,682,232		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		809,506		809,506		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A		225,630		225,630		22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		810,785		810,785		25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		91,456		91,456	2,328.00	39.29
27	ADMINISTRATIVE & GENERAL		4,416,767	167,223	4,583,990	195,742.00	23.42
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						27
29	MAINTENANCE & REPAIRS						28
30	OPERATION OF PLANT		2,534,647	-13,164	2,521,483	92,159.00	27.36
31	LAUNDRY & LINEN SERVICE						29
32	HOUSEKEEPING		2,037,821		2,037,821	168,255.00	12.11
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						30
34	DIETARY		2,219,738	-656,225	1,563,513	87,718.00	17.82
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						31
36	CAFETERIA		386,116	656,225	1,042,341	58,479.00	17.82
37	MAINTENANCE OF PERSONNEL						32
38	NURSING ADMINISTRATION		4,059,937	241,733	4,301,670	114,083.00	37.71
39	CENTRAL SERVICES AND SUPPLY						33
40	PHARMACY		3,439,597		3,439,597	96,109.00	35.79
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,030,466	1,017	2,031,483	105,242.00	19.30
42	SOCIAL SERVICE						34
43	OTHER GENERAL SERVICE						35

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	93,820,283	6,847,290	100,667,573	3,823,655.5	26.33	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	5,807,981	74,914	5,882,895	198,903.00	29.58	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	88,012,302	6,772,376	94,784,678	3,624,752.5	26.15	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,253,788		11,253,788	462,516.00	24.33	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	23,907,862		23,907,862		25.22%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	123,173,952	6,772,376	129,946,328	4,087,268.5	31.79	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	21,216,545	396,809	21,613,354	920,115.00	23.49	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	5,923,615	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)	9,517,765	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	311,181	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	147,125	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	450,959	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,316,230	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	6,663,018	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	262,126	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	195,844	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	24,787,863	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	740,289	25

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 12:27

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX	41		41 3
4	RUL	150		150 4
5	RVX	71		71 5
6	RVL	394		394 6
7	RHX			7 7
8	RHL	7		7 8
9	RMX	95		95 9
10	RML	172		172 10
11	RLX	3		3 11
12	RUC	50		50 12
13	RUB	251		251 13
14	RUA	567		567 14
15	RVC	191		191 15
16	RVB	469		469 16
17	RVA	543		543 17
18	RHC	133		133 18
19	RHB	164		164 19
20	RHA	114		114 20
21	RMC	104		104 21
22	RMB	144		144 22
23	RMA	146		146 23
24	RLB			24 24
25	RLA			25 25
26	ES3			26 26
27	ES2	30		30 27
28	ES1	155		155 28
29	HE2			29 29
30	HE1	25		25 30
31	HD2			31 31
32	HD1	245		245 32
33	HC2			33 33
34	HC1	90		90 34
35	HB2			35 35
36	HB1	131		131 36
37	LE2			37 37
38	LE1			38 38
39	LD2			39 39
40	LD1	47		47 40
41	LC2			41 41
42	LC1	17		17 42
43	LB2			43 43
44	LB1	9		9 44
45	CE2			45 45
46	CE1			46 46
47	CD2	14		14 47
48	CD1	12		12 48
49	CC2			49 49
50	CC1	5		5 50
51	CB2			51 51
52	CB1	35		35 52
53	CA2			53 53
54	CA1	241		241 54
55	SE3	161		161 55
56	SE2	145		145 56
57	SE1			57 57
58	SSC			58 58
59	SSB			59 59
60	SSA	100		100 60
61	IB2			61 61
62	IB1			62 62
63	IA1			63 63
64	IA2			64 64
65	BB2			65 65
66	BB1			66 66
67	BA2			67 67
68	BA1			68 68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		SNF	SWING BED	TOTAL
		DAYS	SNF DAYS	(COLS.
GROUP	1	2	3	2 + 3)
		4		
69	PE2			69
70	PE1	14		14 70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1	4		4 74
75	PB2			75
76	PB1			76
77	PA2			77
78	PA1	3		3 78
199	AAA	59		59 199
200	TOTAL	5,351		5,351 200

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

SNF SERVICES

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

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

ASSOCIATED
 WITH
 DIRECT
 PATIENT
 CARE AND
 RELATED
 EXPENSES PERCENTAGE EXPENSES?
 1 2 3

202	STAFFING	1,471,944		202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)			207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.277016	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				24,471,513	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				265,167,447	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				73,455,625	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				48,984,112	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)				48,984,112	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	8,229,792	570,796	8,800,588		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,279,784	158,120	2,437,904		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE					22
23	COST OF CHARITY CARE	2,279,784	158,120	2,437,904		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)				30,313,527	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				3,188,748	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				27,124,779	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				7,513,998	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				9,951,902	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				58,936,014	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100 CAP REL COSTS-BLDG & FIXT				4,566,496	1
2	00200 CAP REL COSTS-MVBLE EQUIP		9,192,928	9,192,928		2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	91,456	-30,556	60,900	25,632,736	4
5	00500 ADMINISTRATIVE & GENERAL	4,416,767	84,559,378	88,976,145	-2,021,500	5
6	00600 MAINTENANCE & REPAIRS					6
7	00700 OPERATION OF PLANT	2,534,647	7,932,075	10,466,722	-700,906	7
8	00800 LAUNDRY & LINEN SERVICE		1,349,297	1,349,297		8
9	00900 HOUSEKEEPING	2,037,821	2,084,167	4,121,988	-1,018,132	9
10	01000 DIETARY	2,219,738	3,247,209	5,466,947	-2,812,584	10
11	01100 CAFETERIA	386,116	185,121	571,237	1,660,656	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	4,059,937	1,725,043	5,784,980	-780,472	13
14	01400 CENTRAL SERVICES & SUPPLY		491,612	491,612	-455,702	14
15	01500 PHARMACY	3,439,597	8,318,952	11,758,549	-8,237,013	15
16	01600 MEDICAL RECORDS & LIBRARY	2,030,466	1,503,843	3,534,309	-701,400	16
17	01700 SOCIAL SERVICE					17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL	3,365,538	2,490,151	5,855,689	-572,662	20
21	02100 I&R SRVCES-SALARY & FRINGES APPRVD	496,511	7,265,522	7,762,033	-2,905,490	21
22	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD				1,867,466	22
23	02300 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS					23
30	03000 ADULTS & PEDIATRICS	30,557,595	16,514,344	47,071,939	-8,763,232	30
31	03100 INTENSIVE CARE UNIT	4,776,334	2,122,830	6,899,164	-1,398,114	31
41	04100 SUBPROVIDER - IRF	966,113	282,841	1,248,954	-254,323	41
43	04300 NURSERY	814,516	488,134	1,302,650	-191,108	43
44	04400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	1,471,944	542,623	2,014,567	-503,064	44
50	05000 OPERATING ROOM	4,555,873	11,485,915	16,041,788	-8,551,875	50
51	05100 RECOVERY ROOM	838,492	226,202	1,064,694	-199,140	51
52	05200 DELIVERY ROOM & LABOR ROOM	3,550,884	2,581,672	6,132,556	-1,524,356	52
53	05300 ANESTHESIOLOGY	139,478	1,488,088	1,627,566	-462,020	53
54	05400 RADIOLOGY-DIAGNOSTIC	4,777,930	3,804,650	8,582,580	-1,284,412	54
55	05500 RADIOLOGY-THERAPEUTIC	103,136	218,684	321,820	-30,195	55
59	05900 CARDIAC CATHETERIZATION	709,687	2,193,134	2,902,821	-1,614,191	59
60	06000 LABORATORY	2,326,919	4,752,269	7,079,188	-696,837	60
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	06300 BLOOD STORING, PROCESSING & TRANS.	1,313,071	1,606,832	2,919,903	-615,468	63
65	06500 RESPIRATORY THERAPY	1,646,308	692,851	2,339,159	-574,697	65
66	06600 PHYSICAL THERAPY	1,723,363	431,999	2,155,362	-405,453	66
67	06700 OCCUPATIONAL THERAPY	696,976	190,447	887,423	-152,350	67
68	06800 SPEECH PATHOLOGY	177,598	59,576	237,174	-38,093	68
69	06900 ELECTROCARDIOLOGY	965,324	681,405	1,646,729	-277,872	69
70	07000 ELECTROENCEPHALOGRAPHY	194,142	1,104,630	1,298,772	-51,867	70
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				7,307,463	71
72	07200 IMPL. DEV. CHARGED TO PATIENT				5,691,552	72
73	07300 DRUGS CHARGED TO PATIENTS				8,477,972	73
74	07400 RENAL DIALYSIS	522,870	318,187	841,057	-275,453	74
75	07500 ASC (NON-DISTINCT PART)	1,099,059	1,003,977	2,103,036	-763,688	75
76	03550 MENTAL HEALTH OUTPATIENT		3,217,719	3,217,719	-121	76
76.97	07697 CARDIAC REHABILITATION	167,917	48,212	216,129	-34,578	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS					76.99
90	09000 CLINIC	1,185,700	1,181,370	2,367,070	-367,439	90
91	09100 EMERGENCY	5,820,051	3,914,559	9,734,610	-2,296,552	91
92	09200 OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS					92
113	11300 INTEREST EXPENSE		3,404,154	3,404,154	-3,740,735	113
114	11400 UTILIZATION REVIEW-SNF				12,000	114
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	96,179,874	194,872,046	291,051,920	-56,753	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192	19200 PHYSICIANS' PRIVATE OFFICES					192
193	19300 NONPAID WORKERS		13,464	13,464		193
194	07950 CONVENT	4,386	13,848	18,234	56,753	194
194.01	07951 OUTPATIENT PHARMACY		264	264		194.01
194.02	07952 FUND DEVELOPMENT		1,836	1,836		194.02
194.03	07953 NURSING EDUC BLD UNUSED SPACE		70	70		194.03
200	TOTAL (SUM OF LINES 118-199)	96,184,260	194,901,528	291,085,788		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	4,566,496	-563,855	4,002,641	1
2	00200	9,192,928	-2,633,433	6,559,495	2
3	00300				3
4	00400	25,693,636		25,693,636	4
5	00500	86,954,645	-7,113,770	79,840,875	5
6	00600				6
7	00700	9,765,816		9,765,816	7
8	00800	1,349,297		1,349,297	8
9	00900	3,103,856		3,103,856	9
10	01000	2,654,363		2,654,363	10
11	01100	2,231,893		2,231,893	11
12	01200				12
13	01300	5,004,508	-35,833	4,968,675	13
14	01400	35,910	2,030,339	2,066,249	14
15	01500	3,521,536		3,521,536	15
16	01600	2,832,909	-1,017	2,831,892	16
17	01700				17
19	01900				19
20	02000	5,283,027	-5,868,463	-585,436	20
21	02100	4,856,543		4,856,543	21
22	02200	1,867,466		1,867,466	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	38,308,707	-55,900	38,252,807	30
31	03100	5,501,050	676,356	6,177,406	31
41	04100	994,631	-5,000	989,631	41
43	04300	1,111,542		1,111,542	43
44	04400	1,511,503		1,511,503	44
ANCILLARY SERVICE COST CENTERS					
50	05000	7,489,913	-38,835	7,451,078	50
51	05100	865,554		865,554	51
52	05200	4,608,200	-192,298	4,415,902	52
53	05300	1,165,546	-866,667	298,879	53
54	05400	7,298,168	-54,000	7,244,168	54
55	05500	291,625		291,625	55
59	05900	1,288,630	-15,911	1,272,719	59
60	06000	6,382,351		6,382,351	60
62.30	06250				62.30
63	06300	2,304,435		2,304,435	63
65	06500	1,764,462	-7,500	1,756,962	65
66	06600	1,749,909		1,749,909	66
67	06700	735,073		735,073	67
68	06800	199,081		199,081	68
69	06900	1,368,857	-112,905	1,255,952	69
70	07000	1,246,905	-769,139	477,766	70
71	07100	7,307,463		7,307,463	71
72	07200	5,691,552		5,691,552	72
73	07300	8,477,972		8,477,972	73
74	07400	565,604	-1,800	563,804	74
75	07500	1,339,348		1,339,348	75
76	03550	3,217,598		3,217,598	76
76.97	07697	181,551	-9,996	171,555	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,999,631	-138,309	1,861,322	90
91	09100	7,438,058	-241,666	7,196,392	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300	-336,581	336,581		113
114	11400	12,000	-12,000		114
118		290,995,167	-15,695,021	275,300,146	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
192	19200				192
193	19300	13,464		13,464	193
194	07950	74,987		74,987	194
194.01	07951	264		264	194.01
194.02	07952	1,836		1,836	194.02
194.03	07953	70		70	194.03
200		291,085,788	-15,695,021	275,390,767	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE	-----		
		COST	CENTER		LINE #	SALARY	
	1	2	2	3	4	5	
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS		4		25,632,736	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
500 TOTAL RECLASSIFICATIONS						25,632,736	500
CODE LETTER - A							

1 DRUGS SOLD TO PATIENTS	B	DRUGS CHARGED TO PATIENTS		73		8,477,972	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
500 TOTAL RECLASSIFICATIONS						8,477,972	500
CODE LETTER - B							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST CENTER	LINE #	SALARY	OTHER		
	1	2	3	4	5		
1 SUPPLIES SOLD TO PATIENTS	C	MEDICAL SUPPLIES CHRGED TO PA	71		7,307,463	1	
2						2	
3						3	
4						4	
5						5	
6						6	
7						7	
8						8	
9						9	
10						10	
11						11	
12						12	
13						13	
14						14	
15						15	
16						16	
17						17	
18						18	
19						19	
20						20	
21						21	
22						22	
23						23	
24						24	
25						25	
26						26	
27						27	
28						28	
29						29	
500 TOTAL RECLASSIFICATIONS					7,307,463	500	
CODE LETTER - C							
1 IMPLANTABLE DEVICES	D	IMPL. DEV. CHARGED TO PATIENT	72		5,691,552	1	
2						2	
3						3	
4						4	
5						5	
6						6	
7						7	
8						8	
9						9	
10						10	
500 TOTAL RECLASSIFICATIONS					5,691,552	500	
CODE LETTER - D							
1 CAFETERIA	E	CAFETERIA	11	656,225	1,187,811	1	
500 TOTAL RECLASSIFICATIONS				656,225	1,187,811	500	
CODE LETTER - E							
1 I&R STAFFING	F	I&R SRVCES-OTHER PRGM COSTS A	22	1,867,466		1	
500 TOTAL RECLASSIFICATIONS				1,867,466		500	
CODE LETTER - F							
1 CONVENT MAINTENANCE	G	CONVENT	194	13,164	45,829	1	
500 TOTAL RECLASSIFICATIONS				13,164	45,829	500	
CODE LETTER - G							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1	1	2	3	4	5	
1 SALARIED PHYSICIANS	H	ADMINISTRATIVE & GENERAL	5		167,223	1
2		NURSING ADMINISTRATION	13		241,733	2
3		MEDICAL RECORDS & LIBRARY	16		1,017	3
4		NURSING SCHOOL	20		44,750	4
5		I&R SRVCES-SALARY & FRINGES A	21		5,889,884	5
6		ADULTS & PEDIATRICS	30		101,900	6
7		INTENSIVE CARE UNIT	31		493,294	7
8		SUBPROVIDER - IRF	41		5,000	8
9		NURSERY	43		220,000	9
10		SKILLED NURSING FACILITY	44		12,000	10
11		OPERATING ROOM	50		38,835	11
12		DELIVERY ROOM & LABOR ROOM	52		812,248	12
13		ANESTHESIOLOGY	53		866,667	13
14		RADIOLOGY-DIAGNOSTIC	54		18,000	14
15		CARDIAC CATHETERIZATION	59		65,132	15
16		LABORATORY	60		38,000	16
17		RESPIRATORY THERAPY	65		7,500	17
18		ELECTROCARDIOLOGY	69		115,718	18
19		ELECTROENCEPHALOGRAPHY	70		867,276	19
20		RENAL DIALYSIS	74		1,800	20
21		CARDIAC REHABILITATION	76.97		9,996	21
22		CLINIC	90		221,735	22
23		EMERGENCY	91		630,000	23
500 TOTAL RECLASSIFICATIONS					10,869,708	500
CODE LETTER - H						
1 BUILDING INSURANCE	I	CAP REL COSTS-BLDG & FIXT	1			825,761 1
500 TOTAL RECLASSIFICATIONS						825,761 500
CODE LETTER - I						
1 SNF UTILIZATION REVIEW	J	UTILIZATION REVIEW-SNF	114			12,000 1
500 TOTAL RECLASSIFICATIONS						12,000 500
CODE LETTER - J						
1 MORTGAGE INTEREST	K	CAP REL COSTS-BLDG & FIXT	1			3,740,735 1
500 TOTAL RECLASSIFICATIONS						3,740,735 500
CODE LETTER - K						
GRAND TOTAL (INCREASES)					13,406,563	52,921,859

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 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	5		1,195,739	1
2		OPERATION OF PLANT	7		641,913	2
3		HOUSEKEEPING	9		1,018,132	3
4		DIETARY	10		968,548	4
5		CAFETERIA	11		183,380	5
6		NURSING ADMINISTRATION	13		780,472	6
7		PHARMACY	15		744,465	7
8		MEDICAL RECORDS & LIBRARY	16		701,353	8
9		NURSING SCHOOL	20		570,954	9
10		I&R SRVCES-SALARY & FRINGES A	21		1,038,024	10
11		ADULTS & PEDIATRICS	30		7,769,942	11
12		INTENSIVE CARE UNIT	31		1,124,162	12
13		SUBPROVIDER - IRF	41		234,702	13
14		NURSERY	43		132,786	14
15		SKILLED NURSING FACILITY	44		388,966	15
16		OPERATING ROOM	50		1,117,068	16
17		RECOVERY ROOM	51		173,870	17
18		DELIVERY ROOM & LABOR ROOM	52		992,962	18
19		ANESTHESIOLOGY	53		41,956	19
20		RADIOLOGY-DIAGNOSTIC	54		1,097,362	20
21		RADIOLOGY-THERAPEUTIC	55		29,328	21
22		CARDIAC CATHETERIZATION	59		151,941	22
23		LABORATORY	60		623,098	23
24		BLOOD STORING, PROCESSING & T	63		463,638	24
25		RESPIRATORY THERAPY	65		429,981	25
26		PHYSICAL THERAPY	66		392,838	26
27		OCCUPATIONAL THERAPY	67		150,822	27
28		SPEECH PATHOLOGY	68		38,093	28
29		ELECTROCARDIOLOGY	69		255,801	29
30		ELECTROENCEPHALOGRAPHY	70		46,885	30
31		RENAL DIALYSIS	74		118,511	31
32		ASC (NON-DISTINCT PART)	75		261,804	32
33		CARDIAC REHABILITATION	76.97		34,113	33
34		CLINIC	90		324,702	34
35		EMERGENCY	91		1,392,185	35
36		CONVENT	194		2,240	36
500 TOTAL RECLASSIFICATIONS					25,632,736	500
CODE LETTER - A						

1 DRUGS SOLD TO PATIENTS	B	CENTRAL SERVICES & SUPPLY	14		47,470	1
2		PHARMACY	15		7,298,794	2
3		NURSING SCHOOL	20		1,381	3
4		ADULTS & PEDIATRICS	30		255,624	4
5		INTENSIVE CARE UNIT	31		61,724	5
6		SUBPROVIDER - IRF	41		2,512	6
7		NURSERY	43		7,398	7
8		SKILLED NURSING FACILITY	44		20,074	8
9		OPERATING ROOM	50		133,827	9
10		RECOVERY ROOM	51		8,267	10
11		DELIVERY ROOM & LABOR ROOM	52		43,035	11
12		ANESTHESIOLOGY	53		146,864	12
13		RADIOLOGY-DIAGNOSTIC	54		19,962	13
14		CARDIAC CATHETERIZATION	59		9,908	14
15		LABORATORY	60		82	15
16		BLOOD STORING, PROCESSING & T	63		26,278	16
17		RESPIRATORY THERAPY	65		21,934	17
18		ELECTROCARDIOLOGY	69		1,020	18
19		RENAL DIALYSIS	74		25,077	19
20		ASC (NON-DISTINCT PART)	75		35,199	20
21		CLINIC	90		14,137	21
22		EMERGENCY	91		297,405	22
500 TOTAL RECLASSIFICATIONS					8,477,972	500
CODE LETTER - B						

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 SUPPLIES SOLD TO PATIENTS	C	CENTRAL SERVICES & SUPPLY	14		406,486	1
2		PHARMACY	15		193,754	2
3		MEDICAL RECORDS & LIBRARY	16		47	3
4		NURSING SCHOOL	20		327	4
5		ADULTS & PEDIATRICS	30		737,585	5
6		INTENSIVE CARE UNIT	31		210,653	6
7		SUBPROVIDER - IRF	41		17,109	7
8		NURSERY	43		50,924	8
9		SKILLED NURSING FACILITY	44		82,024	9
10		OPERATING ROOM	50		2,723,357	10
11		RECOVERY ROOM	51		17,003	11
12		DELIVERY ROOM & LABOR ROOM	52		488,359	12
13		ANESTHESIOLOGY	53		270,540	13
14		RADIOLOGY-DIAGNOSTIC	54		166,426	14
15		RADIOLOGY-THERAPEUTIC	55		867	15
16		CARDIAC CATHETERIZATION	59		358,704	16
17		LABORATORY	60		73,657	17
18		BLOOD STORING, PROCESSING & T	63		125,552	18
19		RESPIRATORY THERAPY	65		122,782	19
20		PHYSICAL THERAPY	66		12,615	20
21		OCCUPATIONAL THERAPY	67		1,528	21
22		ELECTROCARDIOLOGY	69		21,051	22
23		ELECTROENCEPHALOGRAPHY	70		4,982	23
24		RENAL DIALYSIS	74		131,865	24
25		ASC (NON-DISTINCT PART)	75		455,627	25
26		MENTAL HEALTH OUTPATIENT	76		121	26
27		CARDIAC REHABILITATION	76.97		465	27
28		CLINIC	90		27,086	28
29		EMERGENCY	91		605,967	29
500 TOTAL RECLASSIFICATIONS					7,307,463	500
CODE LETTER - C						
1 IMPLANTABLE DEVICES	D	CENTRAL SERVICES & SUPPLY	14		1,746	1
2		ADULTS & PEDIATRICS	30		81	2
3		INTENSIVE CARE UNIT	31		1,575	3
4		OPERATING ROOM	50		4,577,623	4
5		ANESTHESIOLOGY	53		2,660	5
6		RADIOLOGY-DIAGNOSTIC	54		662	6
7		CARDIAC CATHETERIZATION	59		1,093,638	7
8		ASC (NON-DISTINCT PART)	75		11,058	8
9		CLINIC	90		1,514	9
10		EMERGENCY	91		995	10
500 TOTAL RECLASSIFICATIONS					5,691,552	500
CODE LETTER - D						
1 CAFETERIA	E	DIETARY	10	656,225	1,187,811	1
500 TOTAL RECLASSIFICATIONS				656,225	1,187,811	500
CODE LETTER - E						
1 I&R STAFFING	F	I&R SRVCS-SALARY & FRINGES A	21	1,867,466		1
500 TOTAL RECLASSIFICATIONS				1,867,466		500
CODE LETTER - F						
1 CONVENT MAINTENANCE	G	OPERATION OF PLANT	7	13,164	45,829	1
500 TOTAL RECLASSIFICATIONS				13,164	45,829	500
CODE LETTER - G						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 SALARIED PHYSICIANS	H	ADMINISTRATIVE & GENERAL	5		167,223	1
2		NURSING ADMINISTRATION	13		241,733	2
3		MEDICAL RECORDS & LIBRARY	16		1,017	3
4		NURSING SCHOOL	20		44,750	4
5		I&R SRVCES-SALARY & FRINGES A	21		5,889,884	5
6		ADULTS & PEDIATRICS	30		101,900	6
7		INTENSIVE CARE UNIT	31		493,294	7
8		SUBPROVIDER - IRF	41		5,000	8
9		NURSERY	43		220,000	9
10		SKILLED NURSING FACILITY	44		12,000	10
11		OPERATING ROOM	50		38,835	11
12		DELIVERY ROOM & LABOR ROOM	52		812,248	12
13		ANESTHESIOLOGY	53		866,667	13
14		RADIOLOGY-DIAGNOSTIC	54		18,000	14
15		CARDIAC CATHETERIZATION	59		65,132	15
16		LABORATORY	60		38,000	16
17		RESPIRATORY THERAPY	65		7,500	17
18		ELECTROCARDIOLOGY	69		115,718	18
19		ELECTROENCEPHALOGRAPHY	70		867,276	19
20		RENAL DIALYSIS	74		1,800	20
21		CARDIAC REHABILITATION	76.97		9,996	21
22		CLINIC	90		221,735	22
23		EMERGENCY	91		630,000	23
500 TOTAL RECLASSIFICATIONS					10,869,708	500
CODE LETTER - H						
1 BUILDING INSURANCE	I	ADMINISTRATIVE & GENERAL	5		825,761	12 1
500 TOTAL RECLASSIFICATIONS					825,761	500
CODE LETTER - I						
1 SNF UTILIZATION REVIEW	J	SKILLED NURSING FACILITY	44		12,000	1
500 TOTAL RECLASSIFICATIONS					12,000	500
CODE LETTER - J						
1 MORTGAGE INTEREST	K	INTEREST EXPENSE	113		3,740,735	11 1
500 TOTAL RECLASSIFICATIONS					3,740,735	500
CODE LETTER - K						
GRAND TOTAL (DECREASES)					2,536,855	63,791,567

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	4,774,770				283,000	4,491,770		1
2 LAND IMPROVEMENTS	1,075,036				316,747	758,289		2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	118,972,084				11,478,619	107,493,465		4
5 FIXED EQUIPMENT	74,797,659	4,056,407		4,056,407	20,510,688	58,343,378		5
6 MOVABLE EQUIPMENT								6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	199,619,549	4,056,407		4,056,407	32,589,054	171,086,902		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	199,619,549	4,056,407		4,056,407	32,589,054	171,086,902		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP	9,192,928						9,192,928	2
3 TOTAL (SUM OF LINES 1-2)	9,192,928						9,192,928	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	107,493,465		107,493,465	0.648188					1
2 CAP REL COSTS-MVBLE EQUIP	58,343,378		58,343,378	0.351812					2
3 TOTAL (SUM OF LINES 1-2)	165,836,843		165,836,843	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT			3,740,735	261,906			4,002,641	1
2 CAP REL COSTS-MVBLE EQUIP	8,629,073		-2,069,578				6,559,495	2
3 TOTAL	8,629,073		1,671,157	261,906			10,562,136	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-3,578,382	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-802	ADMINISTRATIVE & GENERAL	5	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,808,117			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,023,437			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-5,825,713	NURSING SCHOOL	20	19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	A	-12,000	UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-563,855	CAP REL COSTS-BLDG & FIXT	1	12 26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 NON-OPERATING REV	B	-149,469	ADMINISTRATIVE & GENERAL	5	33
34 NON-OPERATING EXPENSE	A	-83,267	CAP REL COSTS-MVBLE EQUIP	2	9 34
35 NON-OPERATING EXPENSE	A	-480,588	CAP REL COSTS-MVBLE EQUIP	2	9 35
36 NON-OPERATING EXPENSE	A	-158,976	ADMINISTRATIVE & GENERAL	5	36
37 LOBBYING EXPENSE	A	-10,415	ADMINISTRATIVE & GENERAL	5	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 TOTAL (SUM OF LINES 1 THRU 49)		-15,695,021			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2	2	CAP REL COSTS-MVBLE EQUIP	INTEREST HOME OFFICE	1,508,804	1,508,804	11 2
3	5	ADMINISTRATIVE & GENERAL	HOME OFFICE	24,278,728	30,967,160	-6,688,432 3
4	14	CENTRAL SERVICES & SUPPLY	HOME OFFICE	2,030,339	2,030,339	4
4.01	31	INTENSIVE CARE UNIT	HOME OFFICE	789,271	789,271	4.01
4.02	113	INTEREST EXPENSE	HOME OFFICE	336,581	336,581	4.02
5		TOTALS (SUM OF LINES 1-4)		28,943,723	30,967,160	-2,023,437 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		RESURRECTION HEALTHCARE		SOLE CORPORATE MEMBER	6
7						7
8						8
9						9
10						10

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	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	240,280	97,500	142,780	177,200	1,580	134,604	6,730	1
2	13	NURSING ADMINISTRATION	161,436	35,833	125,603	177,200	1,600	136,308	6,815	2
4	31	INTENSIVE CARE UNIT	371,900	37,500	334,400	177,200	3,040	258,985	12,949	4
5	52	DELIVERY ROOM & LABOR RO	720,382	192,298	528,084	177,200	12,791	1,089,695	54,485	5
6	90	CLINIC	188,988	122,488	66,500	138,700	760	50,679	2,534	6
8	16	MEDICAL RECORDS & LIBRAR	1,017	1,017		177,200				8
9	20	NURSING SCHOOL	42,750	42,750		177,200				9
10	30	ADULTS & PEDIATRICS	55,900	55,900		177,200				10
12	41	SUBPROVIDER - IRF	5,000	5,000		177,200				12
14	50	OPERATING ROOM	38,835	38,835		208,000				14
16	53	ANESTHESIOLOGY	866,667	866,667		200,300				16
17	54	RADIOLOGY-DIAGNOSTIC	54,000	54,000		225,300				17
18	59	CARDIAC CATHETERIZATION	15,911	15,911		177,200				18
19	65	RESPIRATORY THERAPY	7,500	7,500		177,200				19
20	69	ELECTROCARDIOLOGY	112,905	112,905		177,200				20
21	70	ELECTROENCEPHALOGRAPHY	769,139	769,139		177,200				21
23	74	RENAL DIALYSIS	1,800	1,800		177,200				23
24	76.97	CARDIAC REHABILITATION	9,996	9,996		177,200				24
25	91	EMERGENCY	241,666	241,666		177,200				25
200		TOTAL	3,906,072	2,708,705	1,197,367		19,771	1,670,271	83,513	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				134,604	8,176	105,676	1
2	13 NURSING ADMINISTRATION	AGGREGATE				136,308		35,833	2
4	31 INTENSIVE CARE UNIT	AGGREGATE				258,985	75,415	112,915	4
5	52 DELIVERY ROOM & LABOR RO	AGGREGATE				1,089,695		192,298	5
6	90 CLINIC	AGGREGATE				50,679	15,821	138,309	6
8	16 MEDICAL RECORDS & LIBRAR	AGGREGATE						1,017	8
9	20 NURSING SCHOOL	AGGREGATE						42,750	9
10	30 ADULTS & PEDIATRICS	AGGREGATE						55,900	10
12	41 SUBPROVIDER - IRF	AGGREGATE						5,000	12
14	50 OPERATING ROOM	AGGREGATE						38,835	14
16	53 ANESTHESIOLOGY	AGGREGATE						866,667	16
17	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						54,000	17
18	59 CARDIAC CATHETERIZATION	AGGREGATE						15,911	18
19	65 RESPIRATORY THERAPY	AGGREGATE						7,500	19
20	69 ELECTROCARDIOLOGY	AGGREGATE						112,905	20
21	70 ELECTROENCEPHALOGRAPHY	AGGREGATE						769,139	21
23	74 RENAL DIALYSIS	AGGREGATE						1,800	23
24	76.97 CARDIAC REHABILITATION	AGGREGATE						9,996	24
25	91 EMERGENCY	AGGREGATE						241,666	25
200	TOTAL					1,670,271	99,412	2,808,117	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	4,002,641	4,002,641				1
2 CAP REL COSTS-MVBLE EQUIP	6,559,495		6,559,495			2
4 EMPLOYEE BENEFITS	25,693,636	26,655	43,682	25,763,973		4
5 ADMINISTRATIVE & GENERAL	79,840,875	216,743	355,197	1,104,141	81,516,956	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	9,765,816	991,060	1,624,141	607,347	12,988,364	7
8 LAUNDRY & LINEN SERVICE	1,349,297	57,730	94,607		1,501,634	8
9 HOUSEKEEPING	3,103,856	80,886	132,556	490,848	3,808,146	9
10 DIETARY	2,654,363	93,913	153,903	376,602	3,278,781	10
11 CAFETERIA	2,231,893	50,343	82,502	251,068	2,615,806	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,968,675	36,117	59,189	1,036,139	6,100,120	13
14 CENTRAL SERVICES & SUPPLY	2,066,249	126,309	206,994		2,399,552	14
15 PHARMACY	3,521,536	34,320	56,243	828,492	4,440,591	15
16 MEDICAL RECORDS & LIBRARY	2,831,892	67,708	110,960	489,321	3,499,881	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	-585,436			821,433	235,997	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,856,543	6,880	11,275	1,088,470	5,963,168	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,867,466	6,880	11,275	449,815	2,335,436	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,252,807	1,091,468	1,788,682	7,384,940	48,517,897	30
31 INTENSIVE CARE UNIT	6,177,406	50,343	82,502	1,269,290	7,579,541	31
41 SUBPROVIDER - IRF	989,631	40,086	65,693	233,911	1,329,321	41
43 NURSERY	1,111,542	9,386	15,382	249,183	1,385,493	43
44 SKILLED NURSING FACILITY	1,511,503	44,992	73,733	357,436	1,987,664	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,451,078	198,411	325,155	1,106,723	9,081,367	50
51 RECOVERY ROOM	865,554	17,314	28,375	201,967	1,113,210	51
52 DELIVERY ROOM & LABOR ROOM	4,415,902	116,902	191,579	1,050,943	5,775,326	52
53 ANESTHESIOLOGY	298,879	2,602	4,264	242,349	548,094	53
54 RADIOLOGY-DIAGNOSTIC	7,244,168	127,534	209,002	1,155,191	8,735,895	54
55 RADIOLOGY-THERAPEUTIC	291,625	3,989	6,538	24,842	326,994	55
59 CARDIAC CATHETERIZATION	1,272,719			186,630	1,459,349	59
60 LABORATORY	6,382,351	94,176	154,335	569,636	7,200,498	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,304,435	7,923	12,984	316,278	2,641,620	63
65 RESPIRATORY THERAPY	1,756,962	13,745	22,525	398,351	2,191,583	65
66 PHYSICAL THERAPY	1,749,909	39,033	63,967	415,105	2,268,014	66
67 OCCUPATIONAL THERAPY	735,073	5,706	9,350	167,880	918,009	67
68 SPEECH PATHOLOGY	199,081	2,572	4,215	42,778	248,646	68
69 ELECTROCARDIOLOGY	1,255,952	51,295	84,062	260,390	1,651,699	69
70 ELECTROENCEPHALOGRAPHY	477,766	7,857	12,876	255,663	754,162	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,307,463				7,307,463	71
72 IMPL. DEV. CHARGED TO PATIENT	5,691,552				5,691,552	72
73 DRUGS CHARGED TO PATIENTS	8,477,972				8,477,972	73
74 RENAL DIALYSIS	563,804	10,343	16,950	126,377	717,474	74
75 ASC (NON-DISTINCT PART)	1,339,348	55,350	90,708	264,729	1,750,135	75
76 MENTAL HEALTH OUTPATIENT	3,217,598				3,217,598	76
76.97 CARDIAC REHABILITATION	171,555	19,567	32,067	42,854	266,043	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,861,322	45,655	74,819	339,007	2,320,803	90
91 EMERGENCY	7,196,392	146,003	239,268	1,553,617	9,135,280	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	275,300,146	3,997,796	6,551,555	25,759,746	275,283,134	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,458	5,667		9,125	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	13,464				13,464	193
194 CONVENT	74,987			4,227	79,214	194
194.01 OUTPATIENT PHARMACY	264				264	194.01
194.02 FUND DEVELOPMENT	1,836	1,387	2,273		5,496	194.02
194.03 NURSING EDUC BLD UNUSED SPACE	70				70	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	275,390,767	4,002,641	6,559,495	25,763,973	275,390,767	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	81,516,956					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,461,139	18,449,503				7
8 LAUNDRY & LINEN SERVICE	631,383	384,760	2,517,777			8
9 HOUSEKEEPING	1,601,188	539,095	149,002	6,097,431		9
10 DIETARY	1,378,609	625,914		217,765	5,501,069	10
11 CAFETERIA	1,099,852	335,530		116,736		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,564,881	240,715	1,697	83,748		13
14 CENTRAL SERVICES & SUPPLY	1,008,925	841,828	85	292,885		14
15 PHARMACY	1,867,109	228,737		79,581		15
16 MEDICAL RECORDS & LIBRARY	1,471,574	451,265		157,002		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	99,228					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,507,297	45,855		15,954		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	981,967	45,855		15,954		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,400,027	7,274,431	1,088,625	2,530,880	4,619,008	30
31 INTENSIVE CARE UNIT	3,186,924	335,530	170,424	116,736	282,394	31
41 SUBPROVIDER - IRF	558,932	267,169	130,633	92,952	141,096	41
43 NURSERY	582,550	62,558	65,441	21,765	198,807	43
44 SKILLED NURSING FACILITY	835,741	299,865	85,001	104,327	259,764	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,818,388	1,322,382	202,235	460,076		50
51 RECOVERY ROOM	468,065	115,398		40,149		51
52 DELIVERY ROOM & LABOR ROOM	2,428,317	779,136	73,005	271,073		52
53 ANESTHESIOLOGY	230,454	17,343		6,034		53
54 RADIOLOGY-DIAGNOSTIC	3,673,129	849,994	94,577	295,725		54
55 RADIOLOGY-THERAPEUTIC	137,489	26,589	2,808	9,251		55
59 CARDIAC CATHETERIZATION	613,604		8,540			59
60 LABORATORY	3,027,550	627,668		218,375		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,110,706	52,806		18,372		63
65 RESPIRATORY THERAPY	921,482	91,609		31,872		65
66 PHYSICAL THERAPY	953,618	260,151	40,507	90,510		66
67 OCCUPATIONAL THERAPY	385,990	38,027	4,880	13,230		67
68 SPEECH PATHOLOGY	104,547	17,141		5,964		68
69 ELECTROCARDIOLOGY	694,480	341,874	12,234	118,943		69
70 ELECTROENCEPHALOGRAPHY	317,098	52,368	736	18,219		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,072,525					71
72 IMPL. DEV. CHARGED TO PATIENT	2,393,093					72
73 DRUGS CHARGED TO PATIENTS	3,564,682					73
74 RENAL DIALYSIS	301,672	68,935	8,101	23,983		74
75 ASC (NON-DISTINCT PART)	735,869	368,901		128,346		75
76 MENTAL HEALTH OUTPATIENT	1,352,884					76
76.97 CARDIAC REHABILITATION	111,862	130,413	321	45,373		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	975,814	304,285	6,381	105,865		90
91 EMERGENCY	3,841,056	973,085	368,172	338,551		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	81,471,700	18,417,212	2,513,405	6,086,196	5,501,069	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,837	23,046		8,018		190
192 PHYSICIANS' PRIVATE OFFICES			4,372			192
193 NONPAID WORKERS	5,661					193
194 CONVENT	33,307					194
194.01 OUTPATIENT PHARMACY	111					194.01
194.02 FUND DEVELOPMENT	2,311	9,245		3,217		194.02
194.03 NURSING EDUC BLD UNUSED SPACE	29					194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	81,516,956	18,449,503	2,517,777	6,097,431	5,501,069	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	4,167,924					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	188,306	9,179,467				13
14 CENTRAL SERVICES & SUPPLY			4,543,275			14
15 PHARMACY	150,568	15,056		6,781,642		15
16 MEDICAL RECORDS & LIBRARY	88,928	461			5,669,111	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	149,285	56,965				20
21 I&R SRVCES-SALARY & FRINGES APPRVD	197,816					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	81,748					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,342,081	4,876,589	1,362,731	2,034,238	4,760,106	30
31 INTENSIVE CARE UNIT	230,678	797,168	150,061	223,987	291,020	31
41 SUBPROVIDER - IRF	42,510	210,000	39,009	58,226	145,406	41
43 NURSERY	45,286	166,473	45,238	67,525	204,880	43
44 SKILLED NURSING FACILITY	64,960	282,687	33,512	50,021	267,699	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	201,133	591,452	204,315	304,969		50
51 RECOVERY ROOM	36,705	148,114	48,112	71,814		51
52 DELIVERY ROOM & LABOR ROOM	190,996	641,934	114,319	170,637		52
53 ANESTHESIOLOGY	44,044		48,415	72,266		53
54 RADIOLOGY-DIAGNOSTIC	209,942	19,317	207,508	309,735		54
55 RADIOLOGY-THERAPEUTIC	4,515	46	776	1,158		55
59 CARDIAC CATHETERIZATION	33,918	134,516	112,178	167,441		59
60 LABORATORY	103,524		507,129	756,960		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	57,480	91	57,229	85,422		63
65 RESPIRATORY THERAPY	72,395		252,825	377,376		65
66 PHYSICAL THERAPY	75,440	279	31,921	47,646		66
67 OCCUPATIONAL THERAPY	30,510		23,170	34,584		67
68 SPEECH PATHOLOGY	7,774		6,219	9,283		68
69 ELECTROCARDIOLOGY	47,323	22,290	93,116	138,989		69
70 ELECTROENCEPHALOGRAPHY	46,464		3,052	4,556		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			81,544	121,715		71
72 IMPL. DEV. CHARGED TO PATIENT			123,777	184,754		72
73 DRUGS CHARGED TO PATIENTS			772,025	1,152,354		73
74 RENAL DIALYSIS	22,967	92,021	30,773	45,933		74
75 ASC (NON-DISTINCT PART)	48,111	175,422	24,464	36,517		75
76 MENTAL HEALTH OUTPATIENT			11	17		76
76.97 CARDIAC REHABILITATION	7,788	11,849	278	415		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	61,610	137,985	233	348		90
91 EMERGENCY	282,351	798,752	169,335	252,756		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	4,167,156	9,179,467	4,543,275	6,781,642	5,669,111	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT	768					194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT						194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,167,924	9,179,467	4,543,275	6,781,642	5,669,111	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING SCHOOL 20	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 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	541,475					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		8,730,090				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			3,460,960			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	192,437	2,817,353	1,116,912	102,933,315	-3,934,265	30
31 INTENSIVE CARE UNIT	41,631	630,198	249,836	14,286,128	-880,034	31
41 SUBPROVIDER - IRF				3,015,254		41
43 NURSERY	30,775	463,381	183,703	3,523,875	-647,084	43
44 SKILLED NURSING FACILITY	81,971			4,353,212		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	118,972	1,538,424	609,893	18,453,606	-2,148,317	50
51 RECOVERY ROOM				2,041,567		51
52 DELIVERY ROOM & LABOR ROOM		315,099	124,918	10,884,760	-440,017	52
53 ANESTHESIOLOGY				966,650		53
54 RADIOLOGY-DIAGNOSTIC		18,535	7,348	14,421,705	-25,883	54
55 RADIOLOGY-THERAPEUTIC	4,445			514,071		55
59 CARDIAC CATHETERIZATION	29,608			2,559,154		59
60 LABORATORY				12,441,704		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				4,023,726		63
65 RESPIRATORY THERAPY		18,535	7,348	3,965,025	-25,883	65
66 PHYSICAL THERAPY				3,768,086		66
67 OCCUPATIONAL THERAPY				1,448,400		67
68 SPEECH PATHOLOGY				399,574		68
69 ELECTROCARDIOLOGY		352,169	139,614	3,612,731	-491,783	69
70 ELECTROENCEPHALOGRAPHY				1,196,655		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				10,583,247		71
72 IMPL. DEV. CHARGED TO PATIENT				8,393,176		72
73 DRUGS CHARGED TO PATIENTS				13,967,033		73
74 RENAL DIALYSIS				1,311,859		74
75 ASC (NON-DISTINCT PART)				3,267,765		75
76 MENTAL HEALTH OUTPATIENT				4,570,510		76
76.97 CARDIAC REHABILITATION				574,342		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		2,131,551	845,033	6,889,908	-2,976,584	90
91 EMERGENCY	41,636	444,845	176,355	16,822,174	-621,200	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	541,475	8,730,090	3,460,960	275,189,212	-12,191,050	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				44,026		190
192 PHYSICIANS' PRIVATE OFFICES				4,372		192
193 NONPAID WORKERS				19,125		193
194 CONVENT				113,289		194
194.01 OUTPATIENT PHARMACY				375		194.01
194.02 FUND DEVELOPMENT				20,269		194.02
194.03 NURSING EDUC BLD UNUSED SPACE				99		194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	541,475	8,730,090	3,460,960	275,390,767	-12,191,050	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	98,999,050	30
31	INTENSIVE CARE UNIT	13,406,094	31
41	SUBPROVIDER - IRF	3,015,254	41
43	NURSERY	2,876,791	43
44	SKILLED NURSING FACILITY	4,353,212	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	16,305,289	50
51	RECOVERY ROOM	2,041,567	51
52	DELIVERY ROOM & LABOR ROOM	10,444,743	52
53	ANESTHESIOLOGY	966,650	53
54	RADIOLOGY-DIAGNOSTIC	14,395,822	54
55	RADIOLOGY-THERAPEUTIC	514,071	55
59	CARDIAC CATHETERIZATION	2,559,154	59
60	LABORATORY	12,441,704	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	4,023,726	63
65	RESPIRATORY THERAPY	3,939,142	65
66	PHYSICAL THERAPY	3,768,086	66
67	OCCUPATIONAL THERAPY	1,448,400	67
68	SPEECH PATHOLOGY	399,574	68
69	ELECTROCARDIOLOGY	3,120,948	69
70	ELECTROENCEPHALOGRAPHY	1,196,655	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	10,583,247	71
72	IMPL. DEV. CHARGED TO PATIENT	8,393,176	72
73	DRUGS CHARGED TO PATIENTS	13,967,033	73
74	RENAL DIALYSIS	1,311,859	74
75	ASC (NON-DISTINCT PART)	3,267,765	75
76	MENTAL HEALTH OUTPATIENT	4,570,510	76
76.97	CARDIAC REHABILITATION	574,342	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	3,913,324	90
91	EMERGENCY	16,200,974	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
114	UTILIZATION REVIEW-SNF		114
118	SUBTOTALS (SUM OF LINES 1-117)	262,998,162	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,026	190
192	PHYSICIANS' PRIVATE OFFICES	4,372	192
193	NONPAID WORKERS	19,125	193
194	CONVENT	113,289	194
194.01	OUTPATIENT PHARMACY	375	194.01
194.02	FUND DEVELOPMENT	20,269	194.02
194.03	NURSING EDUC BLD UNUSED SPACE	99	194.03
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	263,199,717	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		26,655	43,682	70,337	70,337	4
5 ADMINISTRATIVE & GENERAL		216,743	355,197	571,940	3,016	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		991,060	1,624,141	2,615,201	1,659	7
8 LAUNDRY & LINEN SERVICE		57,730	94,607	152,337		8
9 HOUSEKEEPING		80,886	132,556	213,442	1,341	9
10 DIETARY		93,913	153,903	247,816	1,029	10
11 CAFETERIA		50,343	82,502	132,845	686	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		36,117	59,189	95,306	2,830	13
14 CENTRAL SERVICES & SUPPLY		126,309	206,994	333,303		14
15 PHARMACY		34,320	56,243	90,563	2,263	15
16 MEDICAL RECORDS & LIBRARY		67,708	110,960	178,668	1,337	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL					2,244	20
21 I&R SRVCES-SALARY & FRINGES APPRVD		6,880	11,275	18,155	2,973	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		6,880	11,275	18,155	1,229	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,091,468	1,788,682	2,880,150	20,131	30
31 INTENSIVE CARE UNIT		50,343	82,502	132,845	3,467	31
41 SUBPROVIDER - IRF		40,086	65,693	105,779	639	41
43 NURSERY		9,386	15,382	24,768	681	43
44 SKILLED NURSING FACILITY		44,992	73,733	118,725	976	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		198,411	325,155	523,566	3,023	50
51 RECOVERY ROOM		17,314	28,375	45,689	552	51
52 DELIVERY ROOM & LABOR ROOM		116,902	191,579	308,481	2,871	52
53 ANESTHESIOLOGY		2,602	4,264	6,866	662	53
54 RADIOLOGY-DIAGNOSTIC		127,534	209,002	336,536	3,156	54
55 RADIOLOGY-THERAPEUTIC		3,989	6,538	10,527	68	55
59 CARDIAC CATHETERIZATION					510	59
60 LABORATORY		94,176	154,335	248,511	1,556	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,923	12,984	20,907	864	63
65 RESPIRATORY THERAPY		13,745	22,525	36,270	1,088	65
66 PHYSICAL THERAPY		39,033	63,967	103,000	1,134	66
67 OCCUPATIONAL THERAPY		5,706	9,350	15,056	459	67
68 SPEECH PATHOLOGY		2,572	4,215	6,787	117	68
69 ELECTROCARDIOLOGY		51,295	84,062	135,357	711	69
70 ELECTROENCEPHALOGRAPHY		7,857	12,876	20,733	698	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		10,343	16,950	27,293	345	74
75 ASC (NON-DISTINCT PART)		55,350	90,708	146,058	723	75
76 MENTAL HEALTH OUTPATIENT						76
76.97 CARDIAC REHABILITATION		19,567	32,067	51,634	117	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		45,655	74,819	120,474	926	90
91 EMERGENCY		146,003	239,268	385,271	4,244	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)		3,997,796	6,551,555	10,549,351	70,325	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,458	5,667	9,125		190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT					12	194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT		1,387	2,273	3,660		194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		4,002,641	6,559,495	10,562,136	70,337	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	574,956					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	38,523	2,655,383				7
8 LAUNDRY & LINEN SERVICE	4,454	55,377	212,168			8
9 HOUSEKEEPING	11,295	77,590	12,556	316,224		9
10 DIETARY	9,725	90,086		11,294	359,950	10
11 CAFETERIA	7,758	48,292		6,054		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	18,093	34,645	143	4,343		13
14 CENTRAL SERVICES & SUPPLY	7,117	121,162	7	15,190		14
15 PHARMACY	13,171	32,921		4,127		15
16 MEDICAL RECORDS & LIBRARY	10,381	64,949		8,142		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	700					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	17,687	6,600		827		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	6,927	6,600		827		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	143,830	1,046,987	91,736	131,257	302,234	30
31 INTENSIVE CARE UNIT	22,481	48,292	14,361	6,054	18,478	31
41 SUBPROVIDER - IRF	3,943	38,453	11,008	4,821	9,232	41
43 NURSERY	4,109	9,004	5,515	1,129	13,009	43
44 SKILLED NURSING FACILITY	5,895	43,159	7,163	5,411	16,997	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	26,935	190,327	17,042	23,860		50
51 RECOVERY ROOM	3,302	16,609		2,082		51
52 DELIVERY ROOM & LABOR ROOM	17,130	112,139	6,152	14,058		52
53 ANESTHESIOLOGY	1,626	2,496		313		53
54 RADIOLOGY-DIAGNOSTIC	25,911	122,337	7,970	15,337		54
55 RADIOLOGY-THERAPEUTIC	970	3,827	237	480		55
59 CARDIAC CATHETERIZATION	4,328		720			59
60 LABORATORY	21,357	90,338		11,325		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,835	7,600		953		63
65 RESPIRATORY THERAPY	6,500	13,185		1,653		65
66 PHYSICAL THERAPY	6,727	37,443	3,413	4,694		66
67 OCCUPATIONAL THERAPY	2,723	5,473	411	686		67
68 SPEECH PATHOLOGY	737	2,467		309		68
69 ELECTROCARDIOLOGY	4,899	49,205	1,031	6,169		69
70 ELECTROENCEPHALOGRAPHY	2,237	7,537	62	945		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	21,674					71
72 IMPL. DEV. CHARGED TO PATIENT	16,881					72
73 DRUGS CHARGED TO PATIENTS	25,146					73
74 RENAL DIALYSIS	2,128	9,922	683	1,244		74
75 ASC (NON-DISTINCT PART)	5,191	53,095		6,656		75
76 MENTAL HEALTH OUTPATIENT	9,543					76
76.97 CARDIAC REHABILITATION	789	18,770	27	2,353		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,884	43,795	538	5,490		90
91 EMERGENCY	27,095	140,053	31,025	17,558		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	574,637	2,650,735	211,800	315,641	359,950	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	3,317		416		190
192 PHYSICIANS' PRIVATE OFFICES			368			192
193 NONPAID WORKERS	40					193
194 CONVENT	235					194
194.01 OUTPATIENT PHARMACY	1					194.01
194.02 FUND DEVELOPMENT	16	1,331		167		194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	574,956	2,655,383	212,168	316,224	359,950	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	195,635					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,840	164,200				13
14 CENTRAL SERVICES & SUPPLY			476,779			14
15 PHARMACY	7,068	269		150,382		15
16 MEDICAL RECORDS & LIBRARY	4,175	8			267,660	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	7,008	1,019				20
21 I&R SRVCES-SALARY & FRINGES APPRVD	9,286					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,838					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	62,975	87,230	142,899	45,021	224,743	30
31 INTENSIVE CARE UNIT	10,829	14,260	15,753	4,971	13,740	31
41 SUBPROVIDER - IRF	1,996	3,756	4,095	1,292	6,865	41
43 NURSERY	2,126	2,978	4,749	1,499	9,673	43
44 SKILLED NURSING FACILITY	3,050	5,057	3,518	1,110	12,639	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,442	10,580	21,448	6,768		50
51 RECOVERY ROOM	1,723	2,649	5,051	1,594		51
52 DELIVERY ROOM & LABOR ROOM	8,966	11,483	12,001	3,787		52
53 ANESTHESIOLOGY	2,068		5,082	1,604		53
54 RADIOLOGY-DIAGNOSTIC	9,856	346	21,783	6,874		54
55 RADIOLOGY-THERAPEUTIC	212	1	81	26		55
59 CARDIAC CATHETERIZATION	1,592	2,406	11,776	3,716		59
60 LABORATORY	4,860		53,237	16,800		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,698	2	6,008	1,896		63
65 RESPIRATORY THERAPY	3,399		26,541	8,375		65
66 PHYSICAL THERAPY	3,542	5	3,351	1,057		66
67 OCCUPATIONAL THERAPY	1,432		2,432	768		67
68 SPEECH PATHOLOGY	365		653	206		68
69 ELECTROCARDIOLOGY	2,222	399	9,775	3,085		69
70 ELECTROENCEPHALOGRAPHY	2,181		320	101		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			8,560	2,701		71
72 IMPL. DEV. CHARGED TO PATIENT			12,994	4,100		72
73 DRUGS CHARGED TO PATIENTS			81,044	25,575		73
74 RENAL DIALYSIS	1,078	1,646	3,230	1,019		74
75 ASC (NON-DISTINCT PART)	2,259	3,138	2,568	810		75
76 MENTAL HEALTH OUTPATIENT			1			76
76.97 CARDIAC REHABILITATION	366	212	29	9		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,892	2,468	24	8		90
91 EMERGENCY	13,255	14,288	17,776	5,610		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
118 SUBTOTALS (SUM OF LINES 1-117)	195,599	164,200	476,779	150,382	267,660	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT	36					194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT						194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	195,635	164,200	476,779	150,382	267,660	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	20	21	22	24	25
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	5,271				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		55,528			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			37,576		22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS				5,179,193	30
31 INTENSIVE CARE UNIT				305,531	31
41 SUBPROVIDER - IRF				191,879	41
43 NURSERY				79,240	43
44 SKILLED NURSING FACILITY				223,700	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				832,991	50
51 RECOVERY ROOM				79,251	51
52 DELIVERY ROOM & LABOR ROOM				497,068	52
53 ANESTHESIOLOGY				20,717	53
54 RADIOLOGY-DIAGNOSTIC				550,106	54
55 RADIOLOGY-THERAPEUTIC				16,429	55
59 CARDIAC CATHETERIZATION				25,048	59
60 LABORATORY				447,984	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.				48,763	63
65 RESPIRATORY THERAPY				97,011	65
66 PHYSICAL THERAPY				164,366	66
67 OCCUPATIONAL THERAPY				29,440	67
68 SPEECH PATHOLOGY				11,641	68
69 ELECTROCARDIOLOGY				212,853	69
70 ELECTROENCEPHALOGRAPHY				34,814	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				32,935	71
72 IMPL. DEV. CHARGED TO PATIENT				33,975	72
73 DRUGS CHARGED TO PATIENTS				131,765	73
74 RENAL DIALYSIS				48,588	74
75 ASC (NON-DISTINCT PART)				220,498	75
76 MENTAL HEALTH OUTPATIENT				9,544	76
76.97 CARDIAC REHABILITATION				74,306	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				183,499	90
91 EMERGENCY				656,175	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
114 UTILIZATION REVIEW-SNF					114
118 SUBTOTALS (SUM OF LINES 1-117)				10,439,310	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				12,885	190
192 PHYSICIANS' PRIVATE OFFICES				368	192
193 NONPAID WORKERS				40	193
194 CONVENT				283	194
194.01 OUTPATIENT PHARMACY				1	194.01
194.02 FUND DEVELOPMENT				5,174	194.02
194.03 NURSING EDUC BLD UNUSED SPACE					194.03
200 CROSS FOOT ADJUSTMENTS	5,271	55,528	37,576	98,375	200
201 NEGATIVE COST CENTER	5,700			5,700	201
202 TOTAL (SUM OF LINES 118-201)	10,971	55,528	37,576	10,562,136	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
	GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
	INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	5,179,193	30
31	INTENSIVE CARE UNIT	305,531	31
41	SUBPROVIDER - IRF	191,879	41
43	NURSERY	79,240	43
44	SKILLED NURSING FACILITY	223,700	44
	ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	832,991	50
51	RECOVERY ROOM	79,251	51
52	DELIVERY ROOM & LABOR ROOM	497,068	52
53	ANESTHESIOLOGY	20,717	53
54	RADIOLOGY-DIAGNOSTIC	550,106	54
55	RADIOLOGY-THERAPEUTIC	16,429	55
59	CARDIAC CATHETERIZATION	25,048	59
60	LABORATORY	447,984	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	48,763	63
65	RESPIRATORY THERAPY	97,011	65
66	PHYSICAL THERAPY	164,366	66
67	OCCUPATIONAL THERAPY	29,440	67
68	SPEECH PATHOLOGY	11,641	68
69	ELECTROCARDIOLOGY	212,853	69
70	ELECTROENCEPHALOGRAPHY	34,814	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	32,935	71
72	IMPL. DEV. CHARGED TO PATIENT	33,975	72
73	DRUGS CHARGED TO PATIENTS	131,765	73
74	RENAL DIALYSIS	48,588	74
75	ASC (NON-DISTINCT PART)	220,498	75
76	MENTAL HEALTH OUTPATIENT	9,544	76
76.97	CARDIAC REHABILITATION	74,306	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
	OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	183,499	90
91	EMERGENCY	656,175	91
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
	SPECIAL PURPOSE COST CENTERS		
113	INTEREST EXPENSE		113
114	UTILIZATION REVIEW-SNF		114
118	SUBTOTALS (SUM OF LINES 1-117)	10,439,310	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,885	190
192	PHYSICIANS' PRIVATE OFFICES	368	192
193	NONPAID WORKERS	40	193
194	CONVENT	283	194
194.01	OUTPATIENT PHARMACY	1	194.01
194.02	FUND DEVELOPMENT	5,174	194.02
194.03	NURSING EDUC BLD UNUSED SPACE		194.03
200	CROSS FOOT ADJUSTMENTS	98,375	200
201	NEGATIVE COST CENTER	5,700	201
202	TOTAL (SUM OF LINES 118-201)	10,562,136	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	790,617					1
2 CAP REL COSTS-MVBLE EQUIP		790,617				2
4 EMPLOYEE BENEFITS	5,265	5,265	106,962,512			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	42,812	42,812	4,583,990	-81,516,956	193,873,811	5
7 OPERATION OF PLANT	195,758	195,758	2,521,483		12,988,364	7
8 LAUNDRY & LINEN SERVICE	11,403	11,403			1,501,634	8
9 HOUSEKEEPING	15,977	15,977	2,037,821		3,808,146	9
10 DIETARY	18,550	18,550	1,563,513		3,278,781	10
11 CAFETERIA	9,944	9,944	1,042,341		2,615,806	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,134	7,134	4,301,670		6,100,120	13
14 CENTRAL SERVICES & SUPPLY	24,949	24,949			2,399,552	14
15 PHARMACY	6,779	6,779	3,439,597		4,440,591	15
16 MEDICAL RECORDS & LIBRARY	13,374	13,374	2,031,483		3,499,881	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			3,410,288		235,997	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,359	1,359	4,518,929		5,963,168	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,359	1,359	1,867,466		2,335,436	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	215,590	215,590	30,659,495		48,517,897	30
31 INTENSIVE CARE UNIT	9,944	9,944	5,269,628		7,579,541	31
41 SUBPROVIDER - IRF	7,918	7,918	971,113		1,329,321	41
43 NURSERY	1,854	1,854	1,034,516		1,385,493	43
44 SKILLED NURSING FACILITY	8,887	8,887	1,483,944		1,987,664	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,191	39,191	4,594,708		9,081,367	50
51 RECOVERY ROOM	3,420	3,420	838,492		1,113,210	51
52 DELIVERY ROOM & LABOR ROOM	23,091	23,091	4,363,132		5,775,326	52
53 ANESTHESIOLOGY	514	514	1,006,145		548,094	53
54 RADIOLOGY-DIAGNOSTIC	25,191	25,191	4,795,930		8,735,895	54
55 RADIOLOGY-THERAPEUTIC	788	788	103,136		326,994	55
59 CARDIAC CATHETERIZATION			774,819		1,459,349	59
60 LABORATORY	18,602	18,602	2,364,919		7,200,498	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	1,313,071		2,641,620	63
65 RESPIRATORY THERAPY	2,715	2,715	1,653,808		2,191,583	65
66 PHYSICAL THERAPY	7,710	7,710	1,723,363		2,268,014	66
67 OCCUPATIONAL THERAPY	1,127	1,127	696,976		918,009	67
68 SPEECH PATHOLOGY	508	508	177,598		248,646	68
69 ELECTROCARDIOLOGY	10,132	10,132	1,081,042		1,651,699	69
70 ELECTROENCEPHALOGRAPHY	1,552	1,552	1,061,418		754,162	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					7,307,463	71
72 IMPL. DEV. CHARGED TO PATIENT					5,691,552	72
73 DRUGS CHARGED TO PATIENTS					8,477,972	73
74 RENAL DIALYSIS	2,043	2,043	524,670		717,474	74
75 ASC (NON-DISTINCT PART)	10,933	10,933	1,099,059		1,750,135	75
76 MENTAL HEALTH OUTPATIENT					3,217,598	76
76.97 CARDIAC REHABILITATION	3,865	3,865	177,913		266,043	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,018	9,018	1,407,435		2,320,803	90
91 EMERGENCY	28,839	28,839	6,450,051		9,135,280	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	789,660	789,660	106,944,962	-81,516,956	193,766,178	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	683	683			9,125	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS					13,464	193
194 CONVENT			17,550		79,214	194
194.01 OUTPATIENT PHARMACY					264	194.01
194.02 FUND DEVELOPMENT	274	274			5,496	194.02
194.03 NURSING EDUC BLD UNUSED SPACE					70	194.03

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 12:27

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,002,641	6,559,495	25,763,973		81,516,956	202
203	UNIT COST MULT-WS B PT I	5.062680	8.296678	0.240869		0.420464	203
204	COST TO BE ALLOC PER B PT II			70,337		574,956	204
205	UNIT COST MULT-WS B PT II			0.000658		0.002966	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	PATIENT	GROSS	
	FEET	POUNDS OF	FEET	DAYS	SALARIES	
	7	LAUNDRY	9	10	11	
		8				
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	546,782					7
8 LAUNDRY & LINEN SERVICE	11,403	2,609,618				8
9 HOUSEKEEPING	15,977	154,437	519,402			9
10 DIETARY	18,550		18,550	135,640		10
11 CAFETERIA	9,944		9,944		95,213,364	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	7,134	1,759	7,134		4,301,670	13
14 CENTRAL SERVICES & SUPPLY	24,949	88	24,949			14
15 PHARMACY	6,779		6,779		3,439,597	15
16 MEDICAL RECORDS & LIBRARY	13,374		13,374		2,031,483	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL					3,410,288	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,359		1,359		4,518,929	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,359		1,359		1,867,466	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	215,590	1,128,334	215,590	113,891	30,659,495	30
31 INTENSIVE CARE UNIT	9,944	176,641	9,944	6,963	5,269,628	31
41 SUBPROVIDER - IRF	7,918	135,398	7,918	3,479	971,113	41
43 NURSERY	1,854	67,828	1,854	4,902	1,034,516	43
44 SKILLED NURSING FACILITY	8,887	88,102	8,887	6,405	1,483,944	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,191	209,612	39,191		4,594,708	50
51 RECOVERY ROOM	3,420		3,420		838,492	51
52 DELIVERY ROOM & LABOR ROOM	23,091	75,668	23,091		4,363,132	52
53 ANESTHESIOLOGY	514		514		1,006,145	53
54 RADIOLOGY-DIAGNOSTIC	25,191	98,027	25,191		4,795,930	54
55 RADIOLOGY-THERAPEUTIC	788	2,910	788		103,136	55
59 CARDIAC CATHETERIZATION		8,851			774,819	59
60 LABORATORY	18,602		18,602		2,364,919	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,565		1,565		1,313,071	63
65 RESPIRATORY THERAPY	2,715		2,715		1,653,808	65
66 PHYSICAL THERAPY	7,710	41,985	7,710		1,723,363	66
67 OCCUPATIONAL THERAPY	1,127	5,058	1,127		696,976	67
68 SPEECH PATHOLOGY	508		508		177,598	68
69 ELECTROCARDIOLOGY	10,132	12,680	10,132		1,081,042	69
70 ELECTROENCEPHALOGRAPHY	1,552	763	1,552		1,061,418	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	2,043	8,397	2,043		524,670	74
75 ASC (NON-DISTINCT PART)	10,933		10,933		1,099,059	75
76 MENTAL HEALTH OUTPATIENT						76
76.97 CARDIAC REHABILITATION	3,865	333	3,865		177,913	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,018	6,614	9,018		1,407,435	90
91 EMERGENCY	28,839	381,602	28,839		6,450,051	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	545,825	2,605,087	518,445	135,640	95,195,814	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	683		683			190
192 PHYSICIANS' PRIVATE OFFICES		4,531				192
193 NONPAID WORKERS						193
194 CONVENT					17,550	194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT	274		274			194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 12:27

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	PATIENT DAYS 10	GROSS SALARIES 11	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	18,449,503	2,517,777	6,097,431	5,501,069	4,167,924	202
203 UNIT COST MULT-WS B PT I	33.741972	0.964807	11.739329	40.556392	0.043775	203
204 COST TO BE ALLOC PER B PT II	2,655,383	212,168	316,224	359,950	195,635	204
205 UNIT COST MULT-WS B PT II	4.856383	0.081302	0.608823	2.653716	0.002055	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION PATIENT DAYS	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE	PHARMACY INPATIENT REVENUE	MEDICAL RECORDS & LIBRARY PATIENT DAYS	NURSING SCHOOL PATIENT DAYS	
	13	14	15	16	20	
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 MAINTENANCE & REPAIRS						5
6 OPERATION OF PLANT						6
7 LAUNDRY & LINEN SERVICE						7
8 HOUSEKEEPING						8
9 DIETARY						9
10 CAFETERIA						10
11 MAINTENANCE OF PERSONNEL						11
12 NURSING ADMINISTRATION	1,611,434					12
13 CENTRAL SERVICES & SUPPLY		668,899,955				13
14 PHARMACY	2,643		668,899,955			14
15 MEDICAL RECORDS & LIBRARY	81			135,640		15
16 SOCIAL SERVICE						16
17 NONPHYSICIAN ANESTHETISTS						17
19 NURSING SCHOOL	10,000				91,476	19
20 I&R SRVCES-SALARY & FRINGES APPRVD						20
21 I&R SRVCES-OTHER PRGM COSTS APPRVD						21
22 PARAMED ED PRGM-(SPECIFY)						22
23 INPATIENT ROUTINE SERV COST CENTERS						23
30 ADULTS & PEDIATRICS	856,074	200,622,101	200,622,101	113,891	32,510	30
31 INTENSIVE CARE UNIT	139,941	22,093,768	22,093,768	6,963	7,033	31
41 SUBPROVIDER - IRF	36,865	5,743,366	5,743,366	3,479		41
43 NURSERY	29,224	6,660,545	6,660,545	4,902	5,199	43
44 SKILLED NURSING FACILITY	49,625	4,933,993	4,933,993	6,405	13,848	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	103,828	30,081,749	30,081,749		20,099	50
51 RECOVERY ROOM	26,001	7,083,627	7,083,627			51
52 DELIVERY ROOM & LABOR ROOM	112,690	16,831,400	16,831,400			52
53 ANESTHESIOLOGY		7,128,277	7,128,277			53
54 RADIOLOGY-DIAGNOSTIC	3,391	30,551,847	30,551,847			54
55 RADIOLOGY-THERAPEUTIC	8	114,260	114,260		751	55
59 CARDIAC CATHETERIZATION	23,614	16,516,211	16,516,211		5,002	59
60 LABORATORY		74,665,585	74,665,585			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	16	8,425,920	8,425,920			63
65 RESPIRATORY THERAPY		37,223,874	37,223,874			65
66 PHYSICAL THERAPY	49	4,699,776	4,699,776			66
67 OCCUPATIONAL THERAPY		3,411,322	3,411,322			67
68 SPEECH PATHOLOGY		915,666	915,666			68
69 ELECTROCARDIOLOGY	3,913	13,709,694	13,709,694			69
70 ELECTROENCEPHALOGRAPHY		449,382	449,382			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		12,005,861	12,005,861			71
72 IMPL. DEV. CHARGED TO PATIENT		18,223,896	18,223,896			72
73 DRUGS CHARGED TO PATIENTS		113,666,757	113,666,757			73
74 RENAL DIALYSIS	16,154	4,530,748	4,530,748			74
75 ASC (NON-DISTINCT PART)	30,795	3,601,952	3,601,952			75
76 MENTAL HEALTH OUTPATIENT		1,657	1,657			76
76.97 CARDIAC REHABILITATION	2,080	40,902	40,902			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	24,223	34,299	34,299			90
91 EMERGENCY	140,219	24,931,520	24,931,520		7,034	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,611,434	668,899,955	668,899,955	135,640	91,476	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 CONVENT						194
194.01 OUTPATIENT PHARMACY						194.01
194.02 FUND DEVELOPMENT						194.02
194.03 NURSING EDUC BLD UNUSED SPACE						194.03

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 12:27

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION PATIENT DAYS 13	CENTRAL SERVICES & SUPPLY INPATIENT REVENUE 14	PHARMACY INPATIENT REVENUE 15	MEDICAL RECORDS & LIBRARY PATIENT DAYS 16	NURSING SCHOOL PATIENT DAYS 20	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	9,179,467	4,543,275	6,781,642	5,669,111	541,475	202
203	UNIT COST MULT-WS B PT I	5.696459	0.006792	0.010138	41.795274	5.919312	203
204	COST TO BE ALLOC PER B PT II	164,200	476,779	150,382	267,660	5,271	204
205	UNIT COST MULT-WS B PT II	0.101897	0.000713	0.000225	1.973312	0.057622	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	
	SALARY & FRINGES PATIENT DAYS	PROGRAM COSTS PATIENT DAYS	
	21	22	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 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	471		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		471	22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	152	152	30
31 INTENSIVE CARE UNIT	34	34	31
41 SUBPROVIDER - IRF			41
43 NURSERY	25	25	43
44 SKILLED NURSING FACILITY			44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	83	83	50
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM	17	17	52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	1	1	54
55 RADIOLOGY-THERAPEUTIC			55
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY	1	1	65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	19	19	69
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
75 ASC (NON-DISTINCT PART)			75
76 MENTAL HEALTH OUTPATIENT			76
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	115	115	90
91 EMERGENCY	24	24	91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	471	471	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
193 NONPAID WORKERS			193
194 CONVENT			194
194.01 OUTPATIENT PHARMACY			194.01
194.02 FUND DEVELOPMENT			194.02
194.03 NURSING EDUC BLD UNUSED SPACE			194.03

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 12:27

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		I&R SALARY & FRINGES PATIENT DAYS 21	I&R PROGRAM COSTS PATIENT DAYS 22	
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	COST TO BE ALLOC PER B PT I	8,730,090	3,460,960	202
203	UNIT COST MULT-WS B PT I	18,535.222930	7,348.110403	203
204	COST TO BE ALLOC PER B PT II	55,528	37,576	204
205	UNIT COST MULT-WS B PT II	117.893843	79.779193	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	98,999,050		98,999,050		98,999,050	30
31 INTENSIVE CARE UNIT	13,406,094		13,406,094	75,415	13,481,509	31
41 SUBPROVIDER - IRF	3,015,254		3,015,254		3,015,254	41
43 NURSERY	2,876,791		2,876,791		2,876,791	43
44 SKILLED NURSING FACILITY	4,353,212		4,353,212		4,353,212	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,305,289		16,305,289		16,305,289	50
51 RECOVERY ROOM	2,041,567		2,041,567		2,041,567	51
52 DELIVERY ROOM & LABOR ROOM	10,444,743		10,444,743		10,444,743	52
53 ANESTHESIOLOGY	966,650		966,650		966,650	53
54 RADIOLOGY-DIAGNOSTIC	14,395,822		14,395,822		14,395,822	54
55 RADIOLOGY-THERAPEUTIC	514,071		514,071		514,071	55
59 CARDIAC CATHETERIZATION	2,559,154		2,559,154		2,559,154	59
60 LABORATORY	12,441,704		12,441,704		12,441,704	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	4,023,726		4,023,726		4,023,726	63
65 RESPIRATORY THERAPY	3,939,142		3,939,142		3,939,142	65
66 PHYSICAL THERAPY	3,768,086		3,768,086		3,768,086	66
67 OCCUPATIONAL THERAPY	1,448,400		1,448,400		1,448,400	67
68 SPEECH PATHOLOGY	399,574		399,574		399,574	68
69 ELECTROCARDIOLOGY	3,120,948		3,120,948		3,120,948	69
70 ELECTROENCEPHALOGRAPHY	1,196,655		1,196,655		1,196,655	70
71 MEDICAL SUPPLIES CHRGD TO	10,583,247		10,583,247		10,583,247	71
72 IMPL. DEV. CHARGED TO PATIE	8,393,176		8,393,176		8,393,176	72
73 DRUGS CHARGED TO PATIENTS	13,967,033		13,967,033		13,967,033	73
74 RENAL DIALYSIS	1,311,859		1,311,859		1,311,859	74
75 ASC (NON-DISTINCT PART)	3,267,765		3,267,765		3,267,765	75
76 MENTAL HEALTH OUTPATIENT	4,570,510		4,570,510		4,570,510	76
76.97 CARDIAC REHABILITATION	574,342		574,342		574,342	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,913,324		3,913,324	15,821	3,929,145	90
91 EMERGENCY	16,200,974		16,200,974		16,200,974	91
92 OBSERVATION BEDS	4,661,729		4,661,729		4,661,729	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
200 SUBTOTAL (SEE INSTRUCTIONS)	267,659,891		267,659,891	91,236	267,751,127	200
201 LESS OBSERVATION BEDS	4,661,729		4,661,729		4,661,729	201
202 TOTAL (SEE INSTRUCTIONS)	262,998,162		262,998,162	91,236	263,089,398	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	200,622,101		200,622,101			30
31 INTENSIVE CARE UNIT	22,093,768		22,093,768			31
41 SUBPROVIDER - IRF	5,743,366		5,743,366			41
43 NURSERY	6,660,545		6,660,545			43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	4,933,993		4,933,993			44
50 OPERATING ROOM	30,081,749	30,018,577	60,100,326	0.271301	0.271301	0.271301 50
51 RECOVERY ROOM	7,083,627	6,132,600	13,216,227	0.154474	0.154474	0.154474 51
52 DELIVERY ROOM & LABOR ROOM	16,831,400	2,376,801	19,208,201	0.543765	0.543765	0.543765 52
53 ANESTHESIOLOGY	7,128,277	4,307,443	11,435,720	0.084529	0.084529	0.084529 53
54 RADIOLOGY-DIAGNOSTIC	30,551,847	66,530,863	97,082,710	0.148284	0.148284	0.148284 54
55 RADIOLOGY-THERAPEUTIC	114,260	1,094,513	1,208,773	0.425283	0.425283	0.425283 55
59 CARDIAC CATHETERIZATION	16,516,211	10,463,869	26,980,080	0.094853	0.094853	0.094853 59
60 LABORATORY	74,665,585	42,002,151	116,667,736	0.106642	0.106642	0.106642 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	8,425,920	847,258	9,273,178	0.433910	0.433910	0.433910 63
65 RESPIRATORY THERAPY	37,223,874	3,486,710	40,710,584	0.096760	0.096760	0.096760 65
66 PHYSICAL THERAPY	4,699,776	3,876,210	8,575,986	0.439376	0.439376	0.439376 66
67 OCCUPATIONAL THERAPY	3,411,322	518,284	3,929,606	0.368587	0.368587	0.368587 67
68 SPEECH PATHOLOGY	915,666	85,063	1,000,729	0.399283	0.399283	0.399283 68
69 ELECTROCARDIOLOGY	13,709,694	13,990,988	27,700,682	0.112667	0.112667	0.112667 69
70 ELECTROENCEPHALOGRAPHY	449,382	1,516,509	1,965,891	0.608709	0.608709	0.608709 70
71 MEDICAL SUPPLIES CHRGD TO	12,005,861	1,831,154	13,837,015	0.764850	0.764850	0.764850 71
72 IMPL. DEV. CHARGED TO PATIE	18,223,896	1,328,842	19,552,738	0.429258	0.429258	0.429258 72
73 DRUGS CHARGED TO PATIENTS	113,666,757	18,901,913	132,568,670	0.105357	0.105357	0.105357 73
74 RENAL DIALYSIS	4,530,748	189,417	4,720,165	0.277927	0.277927	0.277927 74
75 ASC (NON-DISTINCT PART)	3,601,952	9,399,602	13,001,554	0.251336	0.251336	0.251336 75
76 MENTAL HEALTH OUTPATIENT	1,657	4,672,970	4,674,627	0.977727	0.977727	0.977727 76
76.97 CARDIAC REHABILITATION	40,902	208,916	249,818	2.299042	2.299042	2.299042 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	34,299	3,412,845	3,447,144	1.135237	1.135237	1.139826 90
91 EMERGENCY	24,931,520	55,848,755	80,780,275	0.200556	0.200556	0.200556 91
92 OBSERVATION BEDS		14,282,456	14,282,456	0.326395	0.326395	0.326395 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
114 UTILIZATION REVIEW-SNF						114
200 SUBTOTAL (SEE INSTRUCTIONS)	668,899,955	297,324,709	966,224,664			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	668,899,955	297,324,709	966,224,664			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	5,179,193		5,179,193	43.33	36,689	1,589,734	30
31 INTENSIVE CARE UNIT	305,531		305,531	43.88	3,525	154,677	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	191,879		191,879	55.15	2,031	112,010	41
42 SUBPROVIDER I							42
43 NURSERY	79,240		79,240	16.16			43
44 SKILLED NURSING FACILITY	223,700		223,700	34.93	5,351	186,910	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,979,543		5,979,543		47,596	2,043,331	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 (14-0180) IPF IRF	[] [] []	SUB (OTHER)	[XX] []	PPS TEFRA
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	832,991	60,100,326	0.013860	11,385,664	157,805	50
51	RECOVERY ROOM	79,251	13,216,227	0.005996	1,994,272	11,958	51
52	DELIVERY ROOM & LABOR ROOM	497,068	19,208,201	0.025878	32,594	843	52
53	ANESTHESIOLOGY	20,717	11,435,720	0.001812	2,939,153	5,326	53
54	RADIOLOGY-DIAGNOSTIC	550,106	97,082,710	0.005666	14,542,065	82,395	54
55	RADIOLOGY-THERAPEUTIC	16,429	1,208,773	0.013591	43,904	597	55
59	CARDIAC CATHETERIZATION	25,048	26,980,080	0.000928	7,512,368	6,971	59
60	LABORATORY	447,984	116,667,736	0.003840	30,745,798	118,064	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	48,763	9,273,178	0.005258	2,105,323	11,070	63
65	RESPIRATORY THERAPY	97,011	40,710,584	0.002383	8,994,957	21,435	65
66	PHYSICAL THERAPY	164,366	8,575,986	0.019166	893,669	17,128	66
67	OCCUPATIONAL THERAPY	29,440	3,929,606	0.007492	298,054	2,233	67
68	SPEECH PATHOLOGY	11,641	1,000,729	0.011633	435,930	5,071	68
69	ELECTROCARDIOLOGY	212,853	27,700,682	0.007684	7,009,276	53,859	69
70	ELECTROENCEPHALOGRAPHY	34,814	1,965,891	0.017709	224,509	3,976	70
71	MEDICAL SUPPLIES CHRGD TO PA	32,935	13,837,015	0.002380	9,438,746	22,464	71
72	IMPL. DEV. CHARGED TO PATIENT	33,975	19,552,738	0.001738	11,279,120	19,603	72
73	DRUGS CHARGED TO PATIENTS	131,765	132,568,670	0.000994	48,648,365	48,356	73
74	RENAL DIALYSIS	48,588	4,720,165	0.010294	2,454,309	25,265	74
75	ASC (NON-DISTINCT PART)	220,498	13,001,554	0.016959	1,643,334	27,869	75
76	MENTAL HEALTH OUTPATIENT	9,544	4,674,627	0.002042	1,418	3	76
76.97	CARDIAC REHABILITATION	74,306	249,818	0.297441	17,984	5,349	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	183,499	3,447,144	0.053232	20,217	1,076	90
91	EMERGENCY	656,175	80,780,275	0.008123	7,684,509	62,421	91
92	OBSERVATION BEDS	243,883	14,282,456	0.017076			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	4,703,650	726,170,891	726,170,891	170,345,538	711,137	200

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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APPORIONMENT 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			192,437		192,437	31
32 INTENSIVE CARE UNIT			41,631		41,631	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			30,775		30,775	44
45 SKILLED NURSING FACILITY			81,971		81,971	45
200 NURSING FACILITY						200
TOTAL (SUM OF LINES 30-199)			346,814		346,814	

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	119,519	1.61	36,689	59,069	30
31 INTENSIVE CARE UNIT	6,963	5.98	3,525	21,080	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	3,479		2,031		41
42 SUBPROVIDER I					42
43 NURSERY	4,902	6.28			43
44 SKILLED NURSING FACILITY	6,405	12.80	5,351	68,493	44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	141,268		47,596	148,642	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM				118,972	118,972	118,972	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC				4,445	4,445	4,445	55
59 CARDIAC CATHETERIZATION				29,608	29,608	29,608	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 MENTAL HEALTH OUTPATIENT							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY				41,636	41,636	41,636	91
92 OBSERVATION BEDS		9,062			9,062	9,062	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)		9,062		194,661	203,723	203,723	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0180)	[] SUB (OTHER)	[] ICF/MR	[] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA				
BOXES	[] TITLE XIX	[] IRF	[] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	60,100,326	0.001980	0.001980	11,385,664	22,544	5,169,286	10,235	50
51	RECOVERY ROOM	13,216,227			1,994,272		1,492,300		51
52	DELIVERY ROOM & LABOR ROOM	19,208,201			32,594		1,701		52
53	ANESTHESIOLOGY	11,435,720			2,939,153		936,372		53
54	RADIOLOGY-DIAGNOSTIC	97,082,710			14,542,065		13,263,022		54
55	RADIOLOGY-THERAPEUTIC	1,208,773	0.003677	0.003677	43,904	161	492,567	1,811	55
59	CARDIAC CATHETERIZATION	26,980,080	0.001097	0.001097	7,512,368	8,241	3,443,423	3,777	59
60	LABORATORY	116,667,736			30,745,798		1,604,611		60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	9,273,178			2,105,323		70,512		63
65	RESPIRATORY THERAPY	40,710,584			8,994,957		312,989		65
66	PHYSICAL THERAPY	8,575,986			893,669				66
67	OCCUPATIONAL THERAPY	3,929,606			298,054				67
68	SPEECH PATHOLOGY	1,000,729			435,930				68
69	ELECTROCARDIOLOGY	27,700,682			7,009,276		4,220,190		69
70	ELECTROENCEPHALOGRAPHY	1,965,891			224,509		320,603		70
71	MEDICAL SUPPLIES CHRGD TO P	13,837,015			9,438,746		1,831,154		71
72	IMPL. DEV. CHARGED TO PATIEN	19,552,738			11,279,120		1,328,842		72
73	DRUGS CHARGED TO PATIENTS	132,568,670			48,648,365		8,939,365		73
74	RENAL DIALYSIS	4,720,165			2,454,309		56,389		74
75	ASC (NON-DISTINCT PART)	13,001,554			1,643,334		3,114,440		75
76	MENTAL HEALTH OUTPATIENT	4,674,627			1,418		1,242,717		76
76.97	CARDIAC REHABILITATION	249,818			17,984		97,532		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	3,447,144			20,217		408,811		90
91	EMERGENCY	80,780,275	0.000515	0.000515	7,684,509	3,958	5,836,317	3,006	91
92	OBSERVATION BEDS	14,282,456	0.000634	0.000634			2,765,366	1,753	92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	726,170,891			170,345,538	34,904	56,948,509	20,582	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0180) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.271301	5,169,286			1,402,432		50
51 RECOVERY ROOM	0.154474	1,492,300			230,522		51
52 DELIVERY ROOM & LABOR ROOM	0.543765	1,701			925		52
53 ANESTHESIOLOGY	0.084529	936,372			79,151		53
54 RADIOLOGY-DIAGNOSTIC	0.148284	13,263,022			1,966,694		54
55 RADIOLOGY-THERAPEUTIC	0.425283	492,567			209,480		55
59 CARDIAC CATHETERIZATION	0.094853	3,443,423			326,619		59
60 LABORATORY	0.106642	1,604,611			171,119		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910	70,512			30,596		63
65 RESPIRATORY THERAPY	0.096760	312,989			30,285		65
66 PHYSICAL THERAPY	0.439376						66
67 OCCUPATIONAL THERAPY	0.368587						67
68 SPEECH PATHOLOGY	0.399283						68
69 ELECTROCARDIOLOGY	0.112667	4,220,190			475,476		69
70 ELECTROENCEPHALOGRAPHY	0.608709	320,603			195,154		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.764850	1,831,154			1,400,558		71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258	1,328,842			570,416		72
73 DRUGS CHARGED TO PATIENTS	0.105357	8,939,365		152,819	941,825	16,101	73
74 RENAL DIALYSIS	0.277927	56,389			15,672		74
75 ASC (NON-DISTINCT PART)	0.251336	3,114,440			782,771		75
76 MENTAL HEALTH OUTPATIENT	0.977727	1,242,717			1,215,038		76
76.97 CARDIAC REHABILITATION	2.299042	97,532			224,230		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.135237	408,811			464,097		90
91 EMERGENCY	0.200556	5,836,317			1,170,508		91
92 OBSERVATION BEDS	0.326395	2,765,366			902,602		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		56,948,509		152,819	12,806,170	16,101	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		56,948,509		152,819	12,806,170	16,101	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-T180)	[] 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	832,991	60,100,326	0.013860	1,500	50
51	RECOVERY ROOM	79,251	13,216,227	0.005996		51
52	DELIVERY ROOM & LABOR ROOM	497,068	19,208,201	0.025878		52
53	ANESTHESIOLOGY	20,717	11,435,720	0.001812	7,307	53
54	RADIOLOGY-DIAGNOSTIC	550,106	97,082,710	0.005666	118,193	54
55	RADIOLOGY-THERAPEUTIC	16,429	1,208,773	0.013591		55
59	CARDIAC CATHETERIZATION	25,048	26,980,080	0.000928	164	59
60	LABORATORY	447,984	116,667,736	0.003840	453,319	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T	48,763	9,273,178	0.005258	15,223	63
65	RESPIRATORY THERAPY	97,011	40,710,584	0.002383	85,035	65
66	PHYSICAL THERAPY	164,366	8,575,986	0.019166	1,006,581	66
67	OCCUPATIONAL THERAPY	29,440	3,929,606	0.007492	939,320	67
68	SPEECH PATHOLOGY	11,641	1,000,729	0.011633	112,026	68
69	ELECTROCARDIOLOGY	212,853	27,700,682	0.007684	34,825	69
70	ELECTROENCEPHALOGRAPHY	34,814	1,965,891	0.017709		70
71	MEDICAL SUPPLIES CHRGD TO PA	32,935	13,837,015	0.002380	315,922	71
72	IMPL. DEV. CHARGED TO PATIENT	33,975	19,552,738	0.001738		72
73	DRUGS CHARGED TO PATIENTS	131,765	132,568,670	0.000994	1,242,852	73
74	RENAL DIALYSIS	48,588	4,720,165	0.010294	55,500	74
75	ASC (NON-DISTINCT PART)	220,498	13,001,554	0.016959		75
76	MENTAL HEALTH OUTPATIENT	9,544	4,674,627	0.002042		76
76.97	CARDIAC REHABILITATION	74,306	249,818	0.297441		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	183,499	3,447,144	0.053232		90
91	EMERGENCY	656,175	80,780,275	0.008123	274	91
92	OBSERVATION BEDS	243,883	14,282,456	0.017076		92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	4,703,650	726,170,891	726,170,891	4,388,041	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-T180) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM				118,972	118,972	118,972	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC				4,445	4,445	4,445	55
59 CARDIAC CATHETERIZATION				29,608	29,608	29,608	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 MENTAL HEALTH OUTPATIENT							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY				41,636	41,636	41,636	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				194,661	194,661	194,661	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS			
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA			
BOXES	[] TITLE XIX	[XX] IRF (14-T180)	[] NF					
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	60,100,326	0.001980	0.001980	1,500	3	50	
51	RECOVERY ROOM	13,216,227					51	
52	DELIVERY ROOM & LABOR ROOM	19,208,201					52	
53	ANESTHESIOLOGY	11,435,720			7,307		53	
54	RADIOLOGY-DIAGNOSTIC	97,082,710			118,193	12,460	54	
55	RADIOLOGY-THERAPEUTIC	1,208,773	0.003677	0.003677			55	
59	CARDIAC CATHETERIZATION	26,980,080	0.001097	0.001097	164		59	
60	LABORATORY	116,667,736			453,319		60	
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30	
63	BLOOD STORING, PROCESSING &	9,273,178			15,223		63	
65	RESPIRATORY THERAPY	40,710,584			85,035		65	
66	PHYSICAL THERAPY	8,575,986			1,006,581		66	
67	OCCUPATIONAL THERAPY	3,929,606			939,320		67	
68	SPEECH PATHOLOGY	1,000,729			112,026		68	
69	ELECTROCARDIOLOGY	27,700,682			34,825	2,750	69	
70	ELECTROENCEPHALOGRAPHY	1,965,891					70	
71	MEDICAL SUPPLIES CHRGED TO P	13,837,015			315,922		71	
72	IMPL. DEV. CHARGED TO PATIEN	19,552,738					72	
73	DRUGS CHARGED TO PATIENTS	132,568,670			1,242,852	39,693	73	
74	RENAL DIALYSIS	4,720,165			55,500		74	
75	ASC (NON-DISTINCT PART)	13,001,554					75	
76	MENTAL HEALTH OUTPATIENT	4,674,627					76	
76.97	CARDIAC REHABILITATION	249,818					76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	3,447,144					90	
91	EMERGENCY	80,780,275	0.000515	0.000515	274	28	91	
92	OBSERVATION BEDS	14,282,456					92	
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	726,170,891			4,388,041	3	54,931	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-T180) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.271301						50
51 RECOVERY ROOM	0.154474						51
52 DELIVERY ROOM & LABOR ROOM	0.543765						52
53 ANESTHESIOLOGY	0.084529						53
54 RADIOLOGY-DIAGNOSTIC	0.148284	12,460			1,848		54
55 RADIOLOGY-THERAPEUTIC	0.425283						55
59 CARDIAC CATHETERIZATION	0.094853						59
60 LABORATORY	0.106642						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910						63
65 RESPIRATORY THERAPY	0.096760						65
66 PHYSICAL THERAPY	0.439376						66
67 OCCUPATIONAL THERAPY	0.368587						67
68 SPEECH PATHOLOGY	0.399283						68
69 ELECTROCARDIOLOGY	0.112667	2,750			310		69
70 ELECTROENCEPHALOGRAPHY	0.608709						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.764850						71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258						72
73 DRUGS CHARGED TO PATIENTS	0.105357	39,693	297		4,182	31	73
74 RENAL DIALYSIS	0.277927						74
75 ASC (NON-DISTINCT PART)	0.251336						75
76 MENTAL HEALTH OUTPATIENT	0.977727						76
76.97 CARDIAC REHABILITATION	2.299042						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.135237						90
91 EMERGENCY	0.200556	28			6		91
92 OBSERVATION BEDS	0.326395						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		54,931	297		6,346	31	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		54,931	297		6,346	31	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5541) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM				118,972	118,972	118,972	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC				4,445	4,445	4,445	55
59 CARDIAC CATHETERIZATION				29,608	29,608	29,608	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 MENTAL HEALTH OUTPATIENT							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY				41,636	41,636	41,636	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				194,661	194,661	194,661	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[XX] SNF (14-5541)		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	60,100,326	0.001980	0.001980			50
51	RECOVERY ROOM	13,216,227					51
52	DELIVERY ROOM & LABOR ROOM	19,208,201					52
53	ANESTHESIOLOGY	11,435,720			8,470		53
54	RADIOLOGY-DIAGNOSTIC	97,082,710			170,087		54
55	RADIOLOGY-THERAPEUTIC	1,208,773	0.003677	0.003677			55
59	CARDIAC CATHETERIZATION	26,980,080	0.001097	0.001097			59
60	LABORATORY	116,667,736			1,138,335		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	9,273,178			53,590		63
65	RESPIRATORY THERAPY	40,710,584			936,050		65
66	PHYSICAL THERAPY	8,575,986			1,158,485		66
67	OCCUPATIONAL THERAPY	3,929,606			1,072,019		67
68	SPEECH PATHOLOGY	1,000,729			16,833		68
69	ELECTROCARDIOLOGY	27,700,682			33,942		69
70	ELECTROENCEPHALOGRAPHY	1,965,891			1,065		70
71	MEDICAL SUPPLIES CHRGED TO P	13,837,015			2,251,193		71
72	IMPL. DEV. CHARGED TO PATIEN	19,552,738					72
73	DRUGS CHARGED TO PATIENTS	132,568,670			5,085,448		73
74	RENAL DIALYSIS	4,720,165			286,500		74
75	ASC (NON-DISTINCT PART)	13,001,554					75
76	MENTAL HEALTH OUTPATIENT	4,674,627					76
76.97	CARDIAC REHABILITATION	249,818					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,447,144			4,791		90
91	EMERGENCY	80,780,275	0.000515	0.000515	456		91
92	OBSERVATION BEDS	14,282,456					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	726,170,891			12,217,264		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5541) [] 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	DED & COINS	DED & COINS	PPS	SERVICES	DED & COINS	SERVICES	DED & COINS
	PT I, COL. 9								
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.271301							50
51	RECOVERY ROOM	0.154474							51
52	DELIVERY ROOM & LABOR ROOM	0.543765							52
53	ANESTHESIOLOGY	0.084529							53
54	RADIOLOGY-DIAGNOSTIC	0.148284							54
55	RADIOLOGY-THERAPEUTIC	0.425283							55
59	CARDIAC CATHETERIZATION	0.094853							59
60	LABORATORY	0.106642							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRA	0.433910							63
65	RESPIRATORY THERAPY	0.096760							65
66	PHYSICAL THERAPY	0.439376							66
67	OCCUPATIONAL THERAPY	0.368587							67
68	SPEECH PATHOLOGY	0.399283							68
69	ELECTROCARDIOLOGY	0.112667							69
70	ELECTROENCEPHALOGRAPHY	0.608709							70
71	MEDICAL SUPPLIES CHRGD TO PATI	0.764850							71
72	IMPL. DEV. CHARGED TO PATIENT	0.429258							72
73	DRUGS CHARGED TO PATIENTS	0.105357		9,950	1,453		1,048		153 73
74	RENAL DIALYSIS	0.277927							74
75	ASC (NON-DISTINCT PART)	0.251336							75
76	MENTAL HEALTH OUTPATIENT	0.977727							76
76.97	CARDIAC REHABILITATION	2.299042							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	1.135237							90
91	EMERGENCY	0.200556							91
92	OBSERVATION BEDS	0.326395							92
OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (SEE INSTRUCTIONS)			9,950	1,453		1,048		153 200
201	LESS PBP CLINIC LAB SERVICES								201
202	NET CHARGES (LINE 200 - LINE 201)			9,950	1,453		1,048		153 202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL	REDUCED	TOTAL	PER	INPAT	INPAT PGM
	COST	CAP-REL	PATIENT	DIEM	PGM	CAP COST
	(FROM WKST	COST	DAYS	(COL. 3 +	DAYS	(COL.5 x
	B, PT. II,	(COL.1 MINUS		COL. 4)		COL.6)
	COL. 26)	COL.2)				
	1	3	4	5	6	7
	2					
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (LINES 30-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +		COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 MENTAL HEALTH OUTPATIENT					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 12:27

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

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

WORKSHEET D
 PART III

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM				118,972	118,972	118,972	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC				4,445	4,445	4,445	55
59 CARDIAC CATHETERIZATION				29,608	29,608	29,608	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 MENTAL HEALTH OUTPATIENT							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY				41,636	41,636	41,636	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				194,661	194,661	194,661	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0180)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	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	60,100,326	0.001980	0.001980			50
51	RECOVERY ROOM	13,216,227					51
52	DELIVERY ROOM & LABOR ROOM	19,208,201					52
53	ANESTHESIOLOGY	11,435,720					53
54	RADIOLOGY-DIAGNOSTIC	97,082,710					54
55	RADIOLOGY-THERAPEUTIC	1,208,773	0.003677	0.003677			55
59	CARDIAC CATHETERIZATION	26,980,080	0.001097	0.001097			59
60	LABORATORY	116,667,736					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	9,273,178					63
65	RESPIRATORY THERAPY	40,710,584					65
66	PHYSICAL THERAPY	8,575,986					66
67	OCCUPATIONAL THERAPY	3,929,606					67
68	SPEECH PATHOLOGY	1,000,729					68
69	ELECTROCARDIOLOGY	27,700,682					69
70	ELECTROENCEPHALOGRAPHY	1,965,891					70
71	MEDICAL SUPPLIES CHRGED TO P	13,837,015					71
72	IMPL. DEV. CHARGED TO PATIEN	19,552,738					72
73	DRUGS CHARGED TO PATIENTS	132,568,670					73
74	RENAL DIALYSIS	4,720,165					74
75	ASC (NON-DISTINCT PART)	13,001,554					75
76	MENTAL HEALTH OUTPATIENT	4,674,627					76
76.97	CARDIAC REHABILITATION	249,818					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,447,144					90
91	EMERGENCY	80,780,275	0.000515	0.000515			91
92	OBSERVATION BEDS	14,282,456					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	726,170,891					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0180) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.271301						50
51 RECOVERY ROOM	0.154474						51
52 DELIVERY ROOM & LABOR ROOM	0.543765						52
53 ANESTHESIOLOGY	0.084529						53
54 RADIOLOGY-DIAGNOSTIC	0.148284						54
55 RADIOLOGY-THERAPEUTIC	0.425283						55
59 CARDIAC CATHETERIZATION	0.094853						59
60 LABORATORY	0.106642						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910						63
65 RESPIRATORY THERAPY	0.096760						65
66 PHYSICAL THERAPY	0.439376						66
67 OCCUPATIONAL THERAPY	0.368587						67
68 SPEECH PATHOLOGY	0.399283						68
69 ELECTROCARDIOLOGY	0.112667						69
70 ELECTROENCEPHALOGRAPHY	0.608709						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.764850						71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258						72
73 DRUGS CHARGED TO PATIENTS	0.105357						73
74 RENAL DIALYSIS	0.277927						74
75 ASC (NON-DISTINCT PART)	0.251336						75
76 MENTAL HEALTH OUTPATIENT	0.977727						76
76.97 CARDIAC REHABILITATION	2.299042						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.135237						90
91 EMERGENCY	0.200556						91
92 OBSERVATION BEDS	0.326395						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T180)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM				50
51	RECOVERY ROOM				51
52	DELIVERY ROOM & LABOR ROOM				52
53	ANESTHESIOLOGY				53
54	RADIOLOGY-DIAGNOSTIC				54
55	RADIOLOGY-THERAPEUTIC				55
59	CARDIAC CATHETERIZATION				59
60	LABORATORY				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T				63
65	RESPIRATORY THERAPY				65
66	PHYSICAL THERAPY				66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY				69
70	ELECTROENCEPHALOGRAPHY				70
71	MEDICAL SUPPLIES CHRGED TO PA				71
72	IMPL. DEV. CHARGED TO PATIENT				72
73	DRUGS CHARGED TO PATIENTS				73
74	RENAL DIALYSIS				74
75	ASC (NON-DISTINCT PART)				75
76	MENTAL HEALTH OUTPATIENT				76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC				90
91	EMERGENCY				91
92	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T180) [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM				118,972	118,972	118,972	50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
55 RADIOLOGY-THERAPEUTIC				4,445	4,445	4,445	55
59 CARDIAC CATHETERIZATION				29,608	29,608	29,608	59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
75 ASC (NON-DISTINCT PART)							75
76 MENTAL HEALTH OUTPATIENT							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
91 EMERGENCY				41,636	41,636	41,636	91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)				194,661	194,661	194,661	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-T180) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.271301						50
51 RECOVERY ROOM	0.154474						51
52 DELIVERY ROOM & LABOR ROOM	0.543765						52
53 ANESTHESIOLOGY	0.084529						53
54 RADIOLOGY-DIAGNOSTIC	0.148284						54
55 RADIOLOGY-THERAPEUTIC	0.425283						55
59 CARDIAC CATHETERIZATION	0.094853						59
60 LABORATORY	0.106642						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910						63
65 RESPIRATORY THERAPY	0.096760						65
66 PHYSICAL THERAPY	0.439376						66
67 OCCUPATIONAL THERAPY	0.368587						67
68 SPEECH PATHOLOGY	0.399283						68
69 ELECTROCARDIOLOGY	0.112667						69
70 ELECTROENCEPHALOGRAPHY	0.608709						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.764850						71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258						72
73 DRUGS CHARGED TO PATIENTS	0.105357						73
74 RENAL DIALYSIS	0.277927						74
75 ASC (NON-DISTINCT PART)	0.251336						75
76 MENTAL HEALTH OUTPATIENT	0.977727						76
76.97 CARDIAC REHABILITATION	2.299042						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.135237						90
91 EMERGENCY	0.200556						91
92 OBSERVATION BEDS	0.326395						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0180) [] 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)	119,519	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	119,519	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	113,891	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,628	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)	36,689	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)	98,999,050	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	98,999,050	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	98,999,050	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0180) [] 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) 828.31 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 30,389,866 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) 30,389,866 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	13,481,509	6,963	1,936.16	3,525	6,824,964	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)					33,104,808	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					70,319,638	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,824,560 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 746,041 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,570,601 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 67,749,037 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) 5,628 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 828.31 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,661,729 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	5,179,193	98,999,050	0.052316	4,661,729	243,883 90
91 NURSING SCHOOL COST	192,437	98,999,050	0.001944	4,661,729	9,062 91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T180) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,479	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,479	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,479	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,031	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)	2,031	14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,015,254	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,015,254	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,339,776	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,339,776	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,015,254	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-T180) [] 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)	866.70 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,760,268 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,760,268 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,306,942 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,067,210 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	112,010 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	33,191 51
52	TOTAL PROGRAM EXCLUDABLE COST	145,201 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,922,009 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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5541) [] 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)	6,405	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,405	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,405	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		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)	5,351	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)	5,351	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)	4,353,212	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	4,353,212	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,765,366	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,765,366	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,353,212	37

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 12:27

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5541) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	4,353,212	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	679.66	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	3,636,861	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	3,636,861	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	3,636,861	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	3,519,261	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)	12,000	85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	7,168,122	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0180) [] 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)	119,519	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	119,519	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	113,891	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,628	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)	62,384	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)	4,902	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,749	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)	98,999,050	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	98,999,050	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	98,999,050	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0180) [] 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) 828.31 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 51,673,291 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) 51,673,291 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)	2,876,791	4,902	586.86	3,749	2,200,138 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	13,406,094	6,963	1,925.33	1,812	3,488,698 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)					57,362,127 49

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,628 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T180) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,479	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,479	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,479	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		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)	906	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,015,254	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,015,254	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,339,776	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,339,776	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,015,254	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T180)			[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)	866.70	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	785,230	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)	785,230	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	785,230	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)		50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST		52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE 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 (14-0180) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		70,072,428			30
31 INTENSIVE CARE UNIT		11,193,405			31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.271301	11,385,664	3,088,942		50
51 RECOVERY ROOM	0.154474	1,994,272	308,063		51
52 DELIVERY ROOM & LABOR ROOM	0.543765	32,594	17,723		52
53 ANESTHESIOLOGY	0.084529	2,939,153	248,444		53
54 RADIOLOGY-DIAGNOSTIC	0.148284	14,542,065	2,156,356		54
55 RADIOLOGY-THERAPEUTIC	0.425283	43,904	18,672		55
59 CARDIAC CATHETERIZATION	0.094853	7,512,368	712,571		59
60 LABORATORY	0.106642	30,745,798	3,278,793		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910	2,105,323	913,521		63
65 RESPIRATORY THERAPY	0.096760	8,994,957	870,352		65
66 PHYSICAL THERAPY	0.439376	893,669	392,657		66
67 OCCUPATIONAL THERAPY	0.368587	298,054	109,859		67
68 SPEECH PATHOLOGY	0.399283	435,930	174,059		68
69 ELECTROCARDIOLOGY	0.112667	7,009,276	789,714		69
70 ELECTROENCEPHALOGRAPHY	0.608709	224,509	136,661		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.764850	9,438,746	7,219,225		71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258	11,279,120	4,841,652		72
73 DRUGS CHARGED TO PATIENTS	0.105357	48,648,365	5,125,446		73
74 RENAL DIALYSIS	0.277927	2,454,309	682,119		74
75 ASC (NON-DISTINCT PART)	0.251336	1,643,334	413,029		75
76 MENTAL HEALTH OUTPATIENT	0.977727	1,418	1,386		76
76.97 CARDIAC REHABILITATION	2.299042	17,984	41,346		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.139826	20,217	23,044		90
91 EMERGENCY	0.200556	7,684,509	1,541,174		91
92 OBSERVATION BEDS	0.326395				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		170,345,538	33,104,808		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		170,345,538			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-T180) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		3,339,776		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.271301	1,500	407	50
51 RECOVERY ROOM	0.154474			51
52 DELIVERY ROOM & LABOR ROOM	0.543765			52
53 ANESTHESIOLOGY	0.084529	7,307	618	53
54 RADIOLOGY-DIAGNOSTIC	0.148284	118,193	17,526	54
55 RADIOLOGY-THERAPEUTIC	0.425283			55
59 CARDIAC CATHETERIZATION	0.094853	164	16	59
60 LABORATORY	0.106642	453,319	48,343	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910	15,223	6,605	63
65 RESPIRATORY THERAPY	0.096760	85,035	8,228	65
66 PHYSICAL THERAPY	0.439376	1,006,581	442,268	66
67 OCCUPATIONAL THERAPY	0.368587	939,320	346,221	67
68 SPEECH PATHOLOGY	0.399283	112,026	44,730	68
69 ELECTROCARDIOLOGY	0.112667	34,825	3,924	69
70 ELECTROENCEPHALOGRAPHY	0.608709			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.764850	315,922	241,633	71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258			72
73 DRUGS CHARGED TO PATIENTS	0.105357	1,242,852	130,943	73
74 RENAL DIALYSIS	0.277927	55,500	15,425	74
75 ASC (NON-DISTINCT PART)	0.251336			75
76 MENTAL HEALTH OUTPATIENT	0.977727			76
76.97 CARDIAC REHABILITATION	2.299042			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.139826			90
91 EMERGENCY	0.200556	274	55	91
92 OBSERVATION BEDS	0.326395			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,388,041	1,306,942	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,388,041		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5541) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.271301			50
51 RECOVERY ROOM	0.154474			51
52 DELIVERY ROOM & LABOR ROOM	0.543765			52
53 ANESTHESIOLOGY	0.084529	8,470	716	53
54 RADIOLOGY-DIAGNOSTIC	0.148284	170,087	25,221	54
55 RADIOLOGY-THERAPEUTIC	0.425283			55
59 CARDIAC CATHETERIZATION	0.094853			59
60 LABORATORY	0.106642	1,138,335	121,394	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910	53,590	23,253	63
65 RESPIRATORY THERAPY	0.096760	936,050	90,572	65
66 PHYSICAL THERAPY	0.439376	1,158,485	509,011	66
67 OCCUPATIONAL THERAPY	0.368587	1,072,019	395,132	67
68 SPEECH PATHOLOGY	0.399283	16,833	6,721	68
69 ELECTROCARDIOLOGY	0.112667	33,942	3,824	69
70 ELECTROENCEPHALOGRAPHY	0.608709	1,065	648	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.764850	2,251,193	1,721,825	71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258			72
73 DRUGS CHARGED TO PATIENTS	0.105357	5,085,448	535,788	73
74 RENAL DIALYSIS	0.277927	286,500	79,626	74
75 ASC (NON-DISTINCT PART)	0.251336			75
76 MENTAL HEALTH OUTPATIENT	0.977727			76
76.97 CARDIAC REHABILITATION	2.299042			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.135237	4,791	5,439	90
91 EMERGENCY	0.200556	456	91	91
92 OBSERVATION BEDS	0.326395			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		12,217,264	3,519,261	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		12,217,264		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0180) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.271301		50
51 RECOVERY ROOM	0.154474		51
52 DELIVERY ROOM & LABOR ROOM	0.543765		52
53 ANESTHESIOLOGY	0.084529		53
54 RADIOLOGY-DIAGNOSTIC	0.148284		54
55 RADIOLOGY-THERAPEUTIC	0.425283		55
59 CARDIAC CATHETERIZATION	0.094853		59
60 LABORATORY	0.106642		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910		63
65 RESPIRATORY THERAPY	0.096760		65
66 PHYSICAL THERAPY	0.439376		66
67 OCCUPATIONAL THERAPY	0.368587		67
68 SPEECH PATHOLOGY	0.399283		68
69 ELECTROCARDIOLOGY	0.112667		69
70 ELECTROENCEPHALOGRAPHY	0.608709		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.764850		71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258		72
73 DRUGS CHARGED TO PATIENTS	0.105357		73
74 RENAL DIALYSIS	0.277927		74
75 ASC (NON-DISTINCT PART)	0.251336		75
76 MENTAL HEALTH OUTPATIENT	0.977727		76
76.97 CARDIAC REHABILITATION	2.299042		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	1.135237		90
91 EMERGENCY	0.200556		91
92 OBSERVATION BEDS	0.326395		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/31/2012 12:27

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-T180) [] 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	0.271301			50
51 RECOVERY ROOM	0.154474			51
52 DELIVERY ROOM & LABOR ROOM	0.543765			52
53 ANESTHESIOLOGY	0.084529			53
54 RADIOLOGY-DIAGNOSTIC	0.148284			54
55 RADIOLOGY-THERAPEUTIC	0.425283			55
59 CARDIAC CATHETERIZATION	0.094853			59
60 LABORATORY	0.106642			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.433910			63
65 RESPIRATORY THERAPY	0.096760			65
66 PHYSICAL THERAPY	0.439376			66
67 OCCUPATIONAL THERAPY	0.368587			67
68 SPEECH PATHOLOGY	0.399283			68
69 ELECTROCARDIOLOGY	0.112667			69
70 ELECTROENCEPHALOGRAPHY	0.608709			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.764850			71
72 IMPL. DEV. CHARGED TO PATIENT	0.429258			72
73 DRUGS CHARGED TO PATIENTS	0.105357			73
74 RENAL DIALYSIS	0.277927			74
75 ASC (NON-DISTINCT PART)	0.251336			75
76 MENTAL HEALTH OUTPATIENT	0.977727			76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.135237			90
91 EMERGENCY	0.200556			91
92 OBSERVATION BEDS	0.326395			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0180)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	44,465,212	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,499,379	2
3	MANAGED CARE SIMULATED PAYMENTS	1,264,512	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	436.58	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)	40.45	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	40.45	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	34.54	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	1.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	35.54	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	40.48	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	40.45	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	38.82	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	38.82	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.088918	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.085001	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.085001	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	2,073,797	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)	-5.91	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)	2,073,797	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.2058	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.5215	31
32	SUM OF LINES 30 AND 31	0.7273	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.5035	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	22,388,234	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)	70,426,622	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)	70,426,622	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,407,622	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 (14-0180)
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)	1,323,073	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	80,149	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	34,904	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	76,272,370	59
60	PRIMARY PAYER PAYMENTS	21,828	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	76,250,542	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,867,556	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	995,015	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,976,707	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,083,695	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	73,471,666	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)	73,471,666	71
72	INTERIM PAYMENTS	72,841,716	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	629,950	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	3,460,263	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T180)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	31	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	6,346	2
3	PPS PAYMENTS	79	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.809	5
6	LINE 2 TIMES LINE 5	5,134	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.0154	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)	31	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	297	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)	297	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)	297	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	266	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)	31	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)	79	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	110	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)	110	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	110	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)	110	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)	110	40
41	INTERIM PAYMENTS	4,431	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-4,321	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
 [] SUB (OTHER) [XX] SNF (14-5541)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,201	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	1,201	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	11,403	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)	11,403	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)	11,403	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	10,202	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)	1,201	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,201	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)	1,201	30
31	PRIMARY PAYER PAYMENTS	241	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	960	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)	960	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)	960	40
41	INTERIM PAYMENTS	-394	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	1,354	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 (14-0180) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		72,818,970		8,874,021	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 02/04/2011	22,746		76,544	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99	22,746		76,544	3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		22,746		76,544	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		72,841,716		8,950,565	4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T180) [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,138,149		4,431	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
					3.50
	02/04/2011	21,857	02/04/2011	NONE	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)		-21,857			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,116,292		4,431	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.					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					6.01
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5541)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,309,758		-394	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 E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,309,758		-394	4

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 12:27

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0180) [] 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	24,395 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	40,214 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,991 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	120,854 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	966,224,664 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	8,800,588 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-T180)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,698,742	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.450300	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	504,883	3
4	OUTLIER PAYMENTS	3,881	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.531507	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	3,207,506	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)	3,207,506	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,207,506	19
20	DEDUCTIBLES	11,160	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,196,346	21
22	COINSURANCE	19,095	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,177,251	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	30,183	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	21,128	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,198,379	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	3	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,198,382	32
33	INTERIM PAYMENTS	3,116,292	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	82,090	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

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

1	PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,485,914	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	68,493	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	2,554,407	4
5	COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES	176,157	6
7	COINSURANCE		7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
11	UTILIZATION REVIEW	12,000	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,390,250	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,390,250	15
16	INTERIM PAYMENTS	2,309,758	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	80,492	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL (14-0180) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	57,362,127 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	57,362,127 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	57,362,127 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))	57,362,127 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [XX] IRF (14-T180) [] 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	785,230 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	785,230 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	785,230 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))	785,230 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		38.48 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)		38.48 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		35.54 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		35.54 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	34.54	1.00	35.54 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	34.54	1.00	35.54 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	34.54	1.00	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	38.48	2.00	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	40.33		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	37.78	1.00	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	37.78	1.00	17
18	PER RESIDENT AMOUNT	112,222.76	106,265.07	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	4,239,776	106,265	4,346,041 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)			4,346,041 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	42,245	1,991	26
27	TOTAL INPATIENT DAYS	124,333	124,333	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.339773	0.016013	28
29	PROGRAM DIRECT GME AMOUNT	1,476,667	69,593	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		9,833	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			1,536,427 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)			4,720,165 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)			79,578,116 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			21,828 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			79,556,288 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			12,829,849 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			884 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			12,828,965 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			92,385,253 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.861136 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.138864 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			1,536,427 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,323,073 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			213,354 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				
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	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
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 PART A	MANAGED CARE	
26	INPATIENT DAYS	65,102		26
27	TOTAL INPATIENT DAYS	124,333		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.523610		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR NURSING/ALLIED HEALTH			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	194,644				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	27,574,555				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	4,231,098				7
8 PREPAID EXPENSES	361,412				8
9 OTHER CURRENT ASSETS	744,909				9
10 DUE FROM OTHER FUNDS	72,324,983				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	105,431,601				11
FIXED ASSETS					
12 LAND					12
13 LAND IMPROVEMENTS					13
14 ACCUMULATED DEPRECIATION					14
15 BUILDINGS	188,615,923				15
16 ACCUMULATED DEPRECIATION	-103,492,582				16
17 LEASEHOLD IMPROVEMENTS					17
18 ACCUMULATED AMORTIZATION					18
19 FIXED EQUIPMENT					19
20 ACCUMULATED DEPRECIATION					20
21 AUTOMOBILES AND TRUCKS					21
22 ACCUMULATED DEPRECIATION					22
23 MAJOR MOVABLE EQUIPMENT					23
24 ACCUMULATED DEPRECIATION					24
25 MINOR EQUIPMENT DEPRECIABLE					25
26 ACCUMULATED DEPRECIATION					26
27 HIT DESIGNATED ASSETS					27
28 ACCUMULATED DEPRECIATION					28
29 MINOR EQUIPMENT-NONDEPRECIABLE					29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	85,123,341				30
OTHER ASSETS					
31 INVESTMENTS					31
32 DEPOSITS ON LEASES					32
33 DUE FROM OWNERS/OFFICERS					33
34 OTHER ASSETS	1,361,276				34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,361,276				35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	191,916,218				36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
37 ACCOUNTS PAYABLE	3,591,691				37
38 SALARIES, WAGES & FEES PAYABLE					38
39 PAYROLL TAXES PAYABLE					39
40 NOTES & LOANS PAYABLE (SHORT TERM)					40
41 DEFERRED INCOME					41
42 ACCELERATED PAYMENTS					42
43 DUE TO OTHER FUNDS					43
44 OTHER CURRENT LIABILITIES	-41,319,435				44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	-37,727,744				45
LONG-TERM LIABILITIES					
46 MORTGAGE PAYABLE					46
47 NOTES PAYABLE					47
48 UNSECURED LOANS					48
49 OTHER LONG TERM LIABILITIES	33,628,358				49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	33,628,358				50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	-4,099,386				51
CAPITAL ACCOUNTS					
52 GENERAL FUND BALANCE	196,015,604				52
53 SPECIFIC PURPOSE FUND BALANCE					53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL					56
57 PLANT FUND BALANCE - INVESTED IN PLANT					57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	196,015,604				59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	191,916,218				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		163,341,820							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		32,673,784							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		196,015,604							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		196,015,604							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)		196,015,604							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	669,117,244		669,117,244	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	669,117,244		669,117,244	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	669,117,244		669,117,244	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES	297,106,153		297,106,153	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	966,223,397		966,223,397	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		291,085,788	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		291,085,788	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	966,223,397	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	656,202,196	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	310,021,201	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	291,085,788	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	18,935,413	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	316,648	6
7	INCOME FROM INVESTMENTS	2,547,662	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISC)		24
24.01	OTHER (REVENUE FROM OTHER SERVICES)	11,059,023	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	13,923,333	25
26	TOTAL (LINE 5 PLUS LINE 25)	32,858,746	26
27	OTHER EXPENSES (MISC)	184,962	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	184,962	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	32,673,784	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-018) [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	3,626,891	1
2	CAPITAL DRG OUTLIER PAYMENTS	83,279	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	331.11	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	38.82	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0336	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	121,864	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.2058	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.5215	8
9	SUM OF LINES 7 AND 8	0.7273	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1587	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	575,588	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,407,622	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					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 MENTAL HEALTH OUTPATIENT					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
114 UTILIZATION REVIEW-SNF					114
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
194 CONVENT					194
194.01 OUTPATIENT PHARMACY					194.01
194.02 FUND DEVELOPMENT					194.02
194.03 NURSING EDUC BLD UNUSED SPACE					194.03

PROVIDER CCN: 14-0180 SAINTS MARY AND ELIZABETH MED
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/31/2012 12:27

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	30
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	30.70		52.20				82.90	30
31 INTENSIVE CARE UNIT	50.62		26.02				76.64	31
43 NURSERY			76.48				76.48	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	18.94	8.60					27.54	50
51 RECOVERY ROOM	15.09	11.29					26.38	51
52 DELIVERY ROOM & LABOR ROOM	0.17	0.01					0.18	52
53 ANESTHESIOLOGY	25.70	8.19					33.89	53
54 RADIOLOGY-DIAGNOSTIC	14.98	13.66					28.64	54
55 RADIOLOGY-THERAPEUTIC	3.63	40.75					44.38	55
59 CARDIAC CATHETERIZATION	27.84	12.76					40.60	59
60 LABORATORY	26.35	1.38					27.73	60
63 BLOOD STORING, PROCESSING & TRA	22.70	0.76					23.46	63
65 RESPIRATORY THERAPY	22.09	0.77					22.86	65
66 PHYSICAL THERAPY	10.42						10.42	66
67 OCCUPATIONAL THERAPY	7.58						7.58	67
68 SPEECH PATHOLOGY	43.56						43.56	68
69 ELECTROCARDIOLOGY	25.30	15.23					40.53	69
70 ELECTROENCEPHALOGRAPHY	11.42	16.31					27.73	70
71 MEDICAL SUPPLIES CHRGD TO PATI	68.21	13.23					81.44	71
72 IMPL. DEV. CHARGED TO PATIENT	57.69	6.80					64.49	72
73 DRUGS CHARGED TO PATIENTS	36.70	6.74					43.44	73
74 RENAL DIALYSIS	52.00	1.19					53.19	74
75 ASC (NON-DISTINCT PART)	12.64	23.95					36.59	75
76 MENTAL HEALTH OUTPATIENT	0.03	26.58					26.61	76
76.97 CARDIAC REHABILITATION	7.20	39.04					46.24	76.97
90 CLINIC	0.59	11.86					12.45	90
91 EMERGENCY	9.51	7.22					16.73	91
92 OBSERVATION BEDS		19.36					19.36	92
200 TOTAL CHARGES	23.46	7.84					31.30	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	58.38		26.04				84.42 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
53 ANESTHESIOLOGY	0.06						0.06 53
54 RADIOLOGY-DIAGNOSTIC	0.12	0.01					0.13 54
60 LABORATORY	0.39						0.39 60
63 BLOOD STORING, PROCESSING & TRA	0.16						0.16 63
65 RESPIRATORY THERAPY	0.21						0.21 65
66 PHYSICAL THERAPY	11.74						11.74 66
67 OCCUPATIONAL THERAPY	23.90						23.90 67
68 SPEECH PATHOLOGY	11.19						11.19 68
69 ELECTROCARDIOLOGY	0.13	0.01					0.14 69
71 MEDICAL SUPPLIES CHRGED TO PATI	2.28						2.28 71
73 DRUGS CHARGED TO PATIENTS	0.94	0.03					0.97 73
74 RENAL DIALYSIS	1.18						1.18 74
200 TOTAL CHARGES	0.60	0.01					0.61 200

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

SNF / NF

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							
44 SKILLED NURSING FACILITY	83.54						83.54 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
53 ANESTHESIOLOGY	0.07						0.07 53
54 RADIOLOGY-DIAGNOSTIC	0.18						0.18 54
60 LABORATORY	0.98						0.98 60
63 BLOOD STORING, PROCESSING & TRA	0.58						0.58 63
65 RESPIRATORY THERAPY	2.30						2.30 65
66 PHYSICAL THERAPY	13.51						13.51 66
67 OCCUPATIONAL THERAPY	27.28						27.28 67
68 SPEECH PATHOLOGY	1.68						1.68 68
69 ELECTROCARDIOLOGY	0.12						0.12 69
70 ELECTROENCEPHALOGRAPHY	0.05						0.05 70
71 MEDICAL SUPPLIES CHRGED TO PATI	16.27						16.27 71
73 DRUGS CHARGED TO PATIENTS	3.84						3.84 73
74 RENAL DIALYSIS	6.07						6.07 74
90 CLINIC	0.14						0.14 90
200 TOTAL CHARGES	1.68						1.68 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	4,002,641	1.45	-4,002,641	-2.59			1
2	CAP REL COSTS-MVBLE EQUIP	6,559,495	2.38	-6,559,495	-4.24			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	25,693,636	9.33	-25,693,636	-16.61			4
5	ADMINISTRATIVE & GENERAL	79,840,875	28.99	-79,840,875	-51.60			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	9,765,816	3.55	-9,765,816	-6.31			7
8	LAUNDRY & LINEN SERVICE	1,349,297	0.49	-1,349,297	-0.87			8
9	HOUSEKEEPING	3,103,856	1.13	-3,103,856	-2.01			9
10	DIETARY	2,654,363	0.96	-2,654,363	-1.72			10
11	CAFETERIA	2,231,893	0.81	-2,231,893	-1.44			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,968,675	1.80	-4,968,675	-3.21			13
14	CENTRAL SERVICES & SUPPLY	2,066,249	0.75	-2,066,249	-1.34			14
15	PHARMACY	3,521,536	1.28	-3,521,536	-2.28			15
16	MEDICAL RECORDS & LIBRARY	2,831,892	1.03	-2,831,892	-1.83			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	-585,436	-0.21	585,436	0.38			20
21	I&R SRVCES-SALARY & FRINGES APP	4,856,543	1.76	-4,856,543	-3.14			21
22	I&R SRVCES-OTHER PRGM COSTS APP	1,867,466	0.68	-1,867,466	-1.21			22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	38,252,807	13.89	64,680,508	41.80	102,933,315	37.38	30
31	INTENSIVE CARE UNIT	6,177,406	2.24	8,108,722	5.24	14,286,128	5.19	31
41	SUBPROVIDER - IRF	989,631	0.36	2,025,623	1.31	3,015,254	1.09	41
43	NURSERY	1,111,542	0.40	2,412,333	1.56	3,523,875	1.28	43
44	SKILLED NURSING FACILITY	1,511,503	0.55	2,841,709	1.84	4,353,212	1.58	44
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	7,451,078	2.71	11,002,528	7.11	18,453,606	6.70	50
51	RECOVERY ROOM	865,554	0.31	1,176,013	0.76	2,041,567	0.74	51
52	DELIVERY ROOM & LABOR ROOM	4,415,902	1.60	6,468,858	4.18	10,884,760	3.95	52
53	ANESTHESIOLOGY	298,879	0.11	667,771	0.43	966,650	0.35	53
54	RADIOLOGY-DIAGNOSTIC	7,244,168	2.63	7,177,537	4.64	14,421,705	5.24	54
55	RADIOLOGY-THERAPEUTIC	291,625	0.11	222,446	0.14	514,071	0.19	55
59	CARDIAC CATHETERIZATION	1,272,719	0.46	1,286,435	0.83	2,559,154	0.93	59
60	LABORATORY	6,382,351	2.32	6,059,353	3.92	12,441,704	4.52	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRA	2,304,435	0.84	1,719,291	1.11	4,023,726	1.46	63
65	RESPIRATORY THERAPY	1,756,962	0.64	2,208,063	1.43	3,965,025	1.44	65
66	PHYSICAL THERAPY	1,749,909	0.64	2,018,177	1.30	3,768,086	1.37	66
67	OCCUPATIONAL THERAPY	735,073	0.27	713,327	0.46	1,448,400	0.53	67
68	SPEECH PATHOLOGY	199,081	0.07	200,493	0.13	399,574	0.15	68
69	ELECTROCARDIOLOGY	1,255,952	0.46	2,356,779	1.52	3,612,731	1.31	69
70	ELECTROENCEPHALOGRAPHY	477,766	0.17	718,889	0.46	1,196,655	0.43	70
71	MEDICAL SUPPLIES CHRGD TO PATI	7,307,463	2.65	3,275,784	2.12	10,583,247	3.84	71
72	IMPL. DEV. CHARGED TO PATIENT	5,691,552	2.07	2,701,624	1.75	8,393,176	3.05	72
73	DRUGS CHARGED TO PATIENTS	8,477,972	3.08	5,489,061	3.55	13,967,033	5.07	73
74	RENAL DIALYSIS	563,804	0.20	748,055	0.48	1,311,859	0.48	74
75	ASC (NON-DISTINCT PART)	1,339,348	0.49	1,928,417	1.25	3,267,765	1.19	75
76	MENTAL HEALTH OUTPATIENT	3,217,598	1.17	1,352,912	0.87	4,570,510	1.66	76
76.97	CARDIAC REHABILITATION	171,555	0.06	402,787	0.26	574,342	0.21	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	1,861,322	0.68	5,028,586	3.25	6,889,908	2.50	90
91	EMERGENCY	7,196,392	2.61	9,625,782	6.22	16,822,174	6.11	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN			44,026	0.03	44,026	0.02	190
192	PHYSICIANS' PRIVATE OFFICES			4,372		4,372		192
193	NONPAID WORKERS	13,464		5,661		19,125	0.01	193
194	CONVENT	74,987	0.03	38,302	0.02	113,289	0.04	194
194.01	OUTPATIENT PHARMACY	264		111		375		194.01
194.02	FUND DEVELOPMENT	1,836		18,433	0.01	20,269	0.01	194.02
194.03	NURSING EDUC BLD UNUSED SPACE	70		29		99		194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	275,390,767	100.00			275,390,767	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	832,991	60,100,326	0.013860	11,385,664	157,805	50
51 RECOVERY ROOM	79,251	13,216,227	0.005996	1,994,272	11,958	51
52 DELIVERY ROOM & LABOR ROOM	497,068	19,208,201	0.025878	32,594	843	52
53 ANESTHESIOLOGY	20,717	11,435,720	0.001812	2,939,153	5,326	53
54 RADIOLOGY-DIAGNOSTIC	550,106	97,082,710	0.005666	14,542,065	82,395	54
55 RADIOLOGY-THERAPEUTIC	16,429	1,208,773	0.013591	43,904	597	55
59 CARDIAC CATHETERIZATION	25,048	26,980,080	0.000928	7,512,368	6,971	59
60 LABORATORY	447,984	116,667,736	0.003840	30,745,798	118,064	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	48,763	9,273,178	0.005258	2,105,323	11,070	63
65 RESPIRATORY THERAPY	97,011	40,710,584	0.002383	8,994,957	21,435	65
66 PHYSICAL THERAPY	164,366	8,575,986	0.019166	893,669	17,128	66
67 OCCUPATIONAL THERAPY	29,440	3,929,606	0.007492	298,054	2,233	67
68 SPEECH PATHOLOGY	11,641	1,000,729	0.011633	435,930	5,071	68
69 ELECTROCARDIOLOGY	212,853	27,700,682	0.007684	7,009,276	53,859	69
70 ELECTROENCEPHALOGRAPHY	34,814	1,965,891	0.017709	224,509	3,976	70
71 MEDICAL SUPPLIES CHRGED TO PATI	32,935	13,837,015	0.002380	9,438,746	22,464	71
72 IMPL. DEV. CHARGED TO PATIENT	33,975	19,552,738	0.001738	11,279,120	19,603	72
73 DRUGS CHARGED TO PATIENTS	131,765	132,568,670	0.000994	48,648,365	48,356	73
74 RENAL DIALYSIS	48,588	4,720,165	0.010294	2,454,309	25,265	74
75 ASC (NON-DISTINCT PART)	220,498	13,001,554	0.016959	1,643,334	27,869	75
76 MENTAL HEALTH OUTPATIENT	9,544	4,674,627	0.002042	1,418	3	76
76.97 CARDIAC REHABILITATION	74,306	249,818	0.297441	17,984	5,349	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	183,499	3,447,144	0.053232	20,217	1,076	90
91 EMERGENCY	656,175	80,780,275	0.008123	7,684,509	62,421	91
92 OBSERVATION BEDS	243,883	14,282,456	0.017076			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	4,703,650	726,170,891		170,345,538	711,137	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	5,179,193		5,179,193	119,519	43.33	36,689	1,589,734 30
31	INTENSIVE CARE UNIT	305,531		305,531	6,963	43.88	3,525	154,677 31
200	TOTAL	5,484,724		5,484,724	126,482		40,214	1,744,411 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,744,411	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							711,137	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2,455,548	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							6,405	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							40,214	
PER DISCHARGE CAPITAL COSTS							383.38	
PER DIEM CAPITAL COSTS							61.06	

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)	67,749,037
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	251,611,371
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.269

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))	3,067,207
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	7,740,945
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.396

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)	2,455,548
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.010

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	12,769,921
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	56,892,120
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.224