

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
 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.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 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 SAINT JOSEPH HOSPITAL (14-0224) (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		1,532,525	-1,277,921		1
2 SUBPROVIDER - IPF		210,912			2
3 SUBPROVIDER - IRF		8,132			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		5,563			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		1,757,132	-1,277,921		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: 2900 NORTH LAKE SHORE DRIVE
 2 CITY: CHICAGO STATE: IL

P.O.BOX: 1
 ZIP CODE: 60657 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	14-0224	16974	1	07/01/1966	N	P	O 3
4	SUBPROVIDER - IPF	14-S224	16974	4	07/01/1985	N	P	O 4
5	SUBPROVIDER - IRF	14-T224	16974	5	07/01/1985	N	P	O 5
6	SUBPROVIDER - (OTHER)							6
7	SWING BEDS - SNF							7
8	SWING BEDS - NF							8
9	HOSPITAL-BASED SNF	14-5568	16974		01/28/1987	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

		1	2
22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.	Y	N 22
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.	2	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	7,065	1,895				24
25						25
26				1		26
27				1		27
35						35
36			BEGINNING:		ENDING:	36
37						37
38			BEGINNING:		ENDING:	38

	V 1	XVIII 2	XIX 3
45	N	Y	N 45
46	N	N	N 46
47	N	N	N 47
48	N	N	N 48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

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

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

	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)	8.12	29.85	0.213853	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)					

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))		
PROGRAM NAME	PROGRAM CODE				
1	2	3	4	5	
65 FAMILY MEDICINE	1350	0.57	16.24	0.033908	65
65.01 INTERNAL MEDICINE	1400	2.88	62.28	0.044199	65.01

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

	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)	9.23	33.94	0.213806	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/5)	(COL.3+COL.4)					
67 FAMILY MEDICINE	1350	0.97	17.01	0.053949	67					
67.01 INTERNAL MEDICINE	1400		74.45		67.01					
INPATIENT PSYCHIATRIC FACILITY PPS										
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y	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.				N	N	71			
INPATIENT REHABILITATION FACILITY PPS										
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y	75				
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N		76			
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	80				
TEFRA PROVIDERS										
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	85				
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N	86				
TITLE V AND XIX INPATIENT SERVICES										
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				N	Y	90			
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N	91			
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.					N	92			
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N	93			
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N	94			
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.						95			
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N	96			
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.						97			
RURAL PROVIDERS										
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				N		105			
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.						106			
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.						107			
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N		108			
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.				PHY- N	OCCUP- N	RESPI- N	SPEECH N	RATORY N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1 N	2 115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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.	1 Y	2 14H082 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: RESURRECTION HEALTHCARE	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 131	141
142	STREET: 100 NORTH RIVER ROAD	P.O. BOX:		142
143	CITY: DES PLAINES	STATE: WI	ZIP CODE: 53201	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

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

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

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		2
		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.	1	2	3
		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.	Y		5
APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1	2
			N	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
PS&R REPORT DATA					
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	01/01/2012	Y	01/01/2012
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	63,437,483	4,836,999	68,274,482	2,425,536.00	28.15
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	702,672		702,672	12,070.00	58.22	4
5	PHYSICIAN-PART B						4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	565,798	4,596,064	5,161,862	249,014.00	20.73
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44	1,549,617		1,549,617	53,200.00	29.13
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		6,288,723	206,778	6,495,501	238,333.00	27.25
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,007,690		2,007,690	34,561.00	58.09
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A						12
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	9,188,283			9,188,283	306,805.00	29.95
15	HOME OFFICE: PHYSICIAN-PART A						13
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						14
	WAGE-RELATED COSTS						15
17	WAGE-RELATED COSTS (CORE)		13,624,838		13,624,838		16
18	WAGE-RELATED COSTS (OTHER)						17
19	EXCLUDED AREAS		2,544,946		2,544,946		18
20	NON-PHYSICIAN ANESTHETIST PART A						19
21	NON-PHYSICIAN ANESTHETIST PART B						20
22	PHYSICIAN PART A						21
23	PHYSICIAN PART B						22
24	WAGE-RELATED COSTS (RHC/FQHC)						23
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		1,402,867		1,402,867		24
	OVERHEAD COSTS - DIRECT SALARIES						25
26	EMPLOYEE BENEFITS		64,037		64,037		26
27	ADMINISTRATIVE & GENERAL		4,137,129	34,157	4,171,286	208,103.00	20.04
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						27
29	MAINTENANCE & REPAIRS		507,786		507,786	16,701.00	30.40
30	OPERATION OF PLANT		660,237		660,237	18,760.00	35.19
31	LAUNDRY & LINEN SERVICE						28
32	HOUSEKEEPING		1,526,232		1,526,232	113,927.00	30.40
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						32
34	DIETARY		1,837,276	-643,582	1,193,694	61,866.00	13.40
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						33
36	CAFETERIA			643,582	643,582	53,952.00	19.29
37	MAINTENANCE OF PERSONNEL						34
38	NURSING ADMINISTRATION		1,834,982		1,834,982	45,297.00	35
39	CENTRAL SERVICES AND SUPPLY						36
40	PHARMACY		2,365,728		2,365,728	61,528.00	11.93
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		887,130		887,130	42,212.00	37
42	SOCIAL SERVICE		1,170,329		1,170,329	31,823.00	40.51
43	OTHER GENERAL SERVICE						38

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	62,169,013	240,935	62,409,948	2,164,452.0	28.83	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	7,838,340	206,778	8,045,118	291,533.00	27.60	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	54,330,673	34,157	54,364,830	1,872,919.0	29.03	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,195,973		11,195,973	341,366.00	32.80	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	13,624,838		13,624,838		25.06%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	79,151,484	34,157	79,185,641	2,214,285.0	35.76	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	14,990,866	34,157	15,025,023	654,169.00	22.97	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	3,907,943	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)	6,961,115	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	224,842	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	106,077	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	322,833	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	951,158	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	4,707,726	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	187,189	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	140,913	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	17,509,796	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	62,855	25

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/30/2012 16:34

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			3
4	RUL			4
5	RVX	21		5
6	RVL	66		6
7	RHX	65		7
8	RHL	159		8
9	RMX	405		9
10	RML	598		10
11	RLX			11
12	RUC			12
13	RUB	14		13
14	RUA	17		14
15	RVC	41		15
16	RVB	242		16
17	RVA	208		17
18	RHC	526		18
19	RHB	605		19
20	RHA	495		20
21	RMC	227		21
22	RMB	267		22
23	RMA	313		23
24	RLB	3		24
25	RLA	4		25
26	ES3			26
27	ES2	9		27
28	ES1	40		28
29	HE2			29
30	HE1			30
31	HD2	26		31
32	HD1	28		32
33	HC2			33
34	HC1			34
35	HB2	19		35
36	HB1	3		36
37	LE2	7		37
38	LE1	63		38
39	LD2	2		39
40	LD1	74		40
41	LC2			41
42	LC1	6		42
43	LB2			43
44	LB1	47		44
45	CE2			45
46	CE1	30		46
47	CD2	22		47
48	CD1	19		48
49	CC2			49
50	CC1	26		50
51	CB2	1		51
52	CB1	77		52
53	CA2	15		53
54	CA1	133		54
55	SE3	55		55
56	SE2	62		56
57	SE1	9		57
58	SSC			58
59	SSB			59
60	SSA	54		60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP		SNF	SWING BED	TOTAL
1		DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
69	PE2			69
70	PE1	32		32 70
71	PD2			71
72	PD1	8		8 72
73	PC2			73
74	PC1	5		5 74
75	PB2			75
76	PB1	12		12 76
77	PA2			77
78	PA1			78
199	AAA	16		16 199
200	TOTAL	5,176		5,176 200

SNF SERVICES		CBSA AT	CBSA	
		BEGINNING	ON/AFTER	
		OF THE COST	OF THE COST	
		REPORTING	REPORTING	
		PERIOD	PERIOD (IF	
		1	APPLICABLE)	
			2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	01600	00004	201

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

		EXPENSES	PERCENTAGE	ASSOCIATED
		1	2	WITH
				DIRECT
				PATIENT
				CARE AND
				RELATED
				EXPENSES?
				3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	4,923,183		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)				0.259747	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				15,393,662	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				78,120,566	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				20,291,583	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				4,897,921	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				13,637	9
10	STAND-ALONE SCHIP CHARGES				69,208	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				17,977	11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)				4,340	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				17,008	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				4,902,260	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	2,476,945	242,165	2,719,110		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	643,379	62,902	706,281		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	44,571	4,840	49,411		22
23	COST OF CHARITY CARE	598,808	58,062	656,870		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				6,220,179	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,214,280	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				5,005,899	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,300,267	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				1,957,137	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				6,859,397	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4
GENERAL SERVICE COST CENTERS					
1	00100		10,499,090	10,499,090	1
2	00200				2
3	00300				3
4	00400	64,037		64,037	4
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591	4,137,129	40,825,739	44,962,868	-724,997
6	00600	507,786	543,400	1,051,186	-129,446
7	00700	660,237	5,301,846	5,962,083	-167,875
8	00800		822,200	822,200	-205
9	00900	1,526,232	1,282,448	2,808,680	-748,727
10	01000	1,837,276	1,845,842	3,683,118	-1,913,825
11	01100				1,141,120
12	01200				
13	01300	1,834,982	534,276	2,369,258	-389,183
14	01400		-50,657	-50,657	-338,696
15	01500	2,365,728	7,948,705	10,314,433	-10,247,961
16	01600	887,130	1,044,219	1,931,349	-295,590
17	01700	1,170,329	308,585	1,478,914	-260,206
19	01900				
20	02000				
21	02100	565,798		565,798	4,577,705
22	02200		15,448,573	15,448,573	-6,607,293
23	02300				
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	14,714,406	7,561,649	22,276,055	-4,731,935
31	03100	2,664,366	1,207,477	3,871,843	-741,497
32	03200				
40	04000	2,689,217	845,926	3,535,143	-483,184
41	04100	1,274,846	393,981	1,668,827	-340,663
43	04300	1,770,668	499,254	2,269,922	-475,940
44	04400	1,549,617	576,469	2,126,086	-453,035
46	04600				
ANCILLARY SERVICE COST CENTERS					
50	05000	5,715,122	12,220,253	17,935,375	-8,340,774
51	05100	647,624	179,536	827,160	-171,371
53	05300	153,700	764,539	918,239	-330,193
54	05400	3,222,898	2,606,133	5,829,031	-1,306,399
55	05500	779,246	570,153	1,349,399	-203,018
60	06000	2,617,493	4,550,047	7,167,540	-888,410
62.30	06250				
65	06500	1,232,582	783,293	2,015,875	-442,841
66	06600	2,910,059	1,131,337	4,041,396	-686,685
67	06700				
68	06800				
69	06900	1,426,370	3,743,048	5,169,418	-2,877,252
70	07000	92,707	36,350	129,057	-31,778
71	07100				6,348,105
72	07200				5,268,108
73	07300				11,045,309
73.01	07301				
74	07400		379,389	379,389	-4,870
76	03140				
76.97	07697	75,954	20,558	96,512	-17,333
76.98	07698				
76.99	07699				
OUTPATIENT SERVICE COST CENTERS					
90	09000	291,273	100,393	391,666	-92,361
91	09100	1,630,217	754,236	2,384,453	-552,175
91.01	04950	97,794	70,662	168,456	-28,585
92	09200				
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				
99.20	09920				
99.30	09930				
99.40	09940				
SPECIAL PURPOSE COST CENTERS					
118		61,112,823	125,348,949	186,461,772	1,162,752
NONREIMBURSABLE COST CENTERS					
192	19200	51,862	36,117	87,979	-16,259
194	07950	2,272,798	5,354,059	7,626,857	-1,146,493
194.01	07951				
200		63,437,483	130,739,125	194,176,608	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	10,499,090	-378,150	10,120,940	1
2	00200	CAP REL COSTS-MVBLE EQUIP				2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	17,638,686	501,178	18,139,864	4
5.01	00540	NONPATIENT TELEPHONES	228,592		228,592	5.01
5.02	00550	DATA PROCESSING		4,136,754	4,136,754	5.02
5.03	00560	PURCHASING,RECEIVING&STORES		754,064	754,064	5.03
5.04	00570	ADMITTING	3,467	967,569	971,036	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE		3,589,599	3,589,599	5.05
5.06	00591	ADMINISTRATION & GENERAL	44,237,871	-20,549,285	23,688,586	5.06
6	00600	MAINTENANCE & REPAIRS	921,740		921,740	6
7	00700	OPERATION OF PLANT	5,794,208	360,796	6,155,004	7
8	00800	LAUNDRY & LINEN SERVICE	821,995		821,995	8
9	00900	HOUSEKEEPING	2,059,953		2,059,953	9
10	01000	DIETARY	1,769,293		1,769,293	10
11	01100	CAFETERIA	1,141,120	-1,141,120		11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,980,075		1,980,075	13
14	01400	CENTRAL SERVICES & SUPPLY	-389,353	677,065	287,712	14
15	01500	PHARMACY	66,472		66,472	15
16	01600	MEDICAL RECORDS & LIBRARY	1,635,759	-4,921	1,630,838	16
17	01700	SOCIAL SERVICE	1,218,708		1,218,708	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,143,503	-25,898	5,117,605	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	8,841,280	-66,125	8,775,155	22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	17,544,120	-33,536	17,510,584	30
31	03100	INTENSIVE CARE UNIT	3,130,346	517,959	3,648,305	31
32	03200	CORONARY CARE UNIT				32
40	04000	SUBPROVIDER - IPF	3,051,959		3,051,959	40
41	04100	SUBPROVIDER - IRF	1,328,164		1,328,164	41
43	04300	NURSERY	1,793,982		1,793,982	43
44	04400	SKILLED NURSING FACILITY	1,673,051	-350	1,672,701	44
46	04600	OTHER LONG TERM CARE				46
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	9,594,601	-178,463	9,416,138	50
51	05100	RECOVERY ROOM	655,789		655,789	51
53	05300	ANESTHESIOLOGY	588,046	-300,000	288,046	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,522,632	-604,307	3,918,325	54
55	05500	RADIOLOGY-THERAPEUTIC	1,146,381	-61	1,146,320	55
60	06000	LABORATORY	6,279,130		6,279,130	60
62.30	06250	BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65	06500	RESPIRATORY THERAPY	1,573,034		1,573,034	65
66	06600	PHYSICAL THERAPY	3,354,711		3,354,711	66
67	06700	OCCUPATIONAL THERAPY				67
68	06800	SPEECH PATHOLOGY				68
69	06900	ELECTROCARDIOLOGY	2,292,166	-440,895	1,851,271	69
70	07000	ELECTROENCEPHALOGRAPHY	97,279	-11,736	85,543	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,348,105		6,348,105	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	5,268,108		5,268,108	72
73	07300	DRUGS CHARGED TO PATIENTS	11,045,309		11,045,309	73
73.01	07301	DRUGS CHARGED				73.01
74	07400	RENAL DIALYSIS	374,519		374,519	74
76	03140	CARDIAC REHAB				76
76.97	07697	CARDIAC REHABILITATION	79,179	-336	78,843	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	299,305		299,305	90
91	09100	EMERGENCY	1,832,278		1,832,278	91
91.01	04950	PARTIAL HOSPITALIZATION	139,871		139,871	91.01
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	187,624,524	-12,230,199	175,394,325	118
NONREIMBURSABLE COST CENTERS						
192	19200	PHYSICIANS' PRIVATE OFFICES	71,720		71,720	192
194	07950	OTHER	6,480,364	-1,620,232	4,860,132	194
194.01	07951	LAKESHORE GUEST UNIT				194.01
200		TOTAL (SUM OF LINES 118-199)	194,176,608	-13,850,431	180,326,177	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1						1
2						2
3	DRUGS RECLASS	A	DRUGS CHARGED TO PATIENTS	73	11,045,309	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
500	TOTAL RECLASSIFICATIONS				11,045,309	500
	CODE LETTER -					
1	IMPLANTABLES AND DEVICES	B	IMPL. DEV. CHARGED TO PATIENT	72	5,268,108	1
2						2
3						3
4						4
5						5
6						6
500	TOTAL RECLASSIFICATIONS				5,268,108	500
	CODE LETTER - B					
1	CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHRGED TO PA	71	6,348,105	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
500	TOTAL RECLASSIFICATIONS				6,348,105	500
	CODE LETTER - C					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CAFETERIA	E	CAFETERIA	11	643,582	497,538	1
500 TOTAL RECLASSIFICATIONS				643,582	497,538	500
CODE LETTER - E						
1 PHYSICIAN DEPARTMENT CHAIRMAN	F	SUBPROVIDER - IPF	40	206,778	15,756	1
500 TOTAL RECLASSIFICATIONS				206,778	15,756	500
CODE LETTER - F						
1 ADMIN PORTION OF TEACHING PHYSICIAN	G	ADMINISTRATION & GENERAL	5.06	34,157	2,603	1
500 TOTAL RECLASSIFICATIONS				34,157	2,603	500
CODE LETTER - G						
1 INTERNS IN SPECIALISTS	H	I&R SRVCES-SALARY & FRINGES A	21	4,836,999		1
500 TOTAL RECLASSIFICATIONS				4,836,999		500
CODE LETTER - H						
1 RECLASS PHONES TO OWN LINE	I	NONPATIENT TELEPHONES	5.01		228,592	1
500 TOTAL RECLASSIFICATIONS					228,592	500
CODE LETTER - I						
1		ADMITTING	5.04		3,467	1
500 TOTAL RECLASSIFICATIONS					3,467	500
CODE LETTER -						
1 RECLASSIFY EMPLOYEE BENEFITS	K	EMPLOYEE BENEFITS	4		17,574,649	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
500 TOTAL RECLASSIFICATIONS					17,574,649	500
CODE LETTER - K						
GRAND TOTAL (INCREASES)				5,721,516	40,984,127	

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		ADMINISTRATION & GENERAL	5.06		4,738	1
2		I&R SRVCES-OTHER PRGM COSTS A	22		222	2
3	A	PHARMACY	15		9,719,843	3
4		ADULTS & PEDIATRICS	30		205,413	4
5		INTENSIVE CARE UNIT	31		27,204	5
6		SUBPROVIDER - IPF	40		240	6
7		SUBPROVIDER - IRF	41		1,548	7
8		NURSERY	43		22,850	8
9		SKILLED NURSING FACILITY	44		8,111	9
10		OPERATING ROOM	50		141,519	10
11		RECOVERY ROOM	51		11,244	11
12		ANESTHESIOLOGY	53		57,601	12
13		RADIOLOGY-DIAGNOSTIC	54		425,174	13
14		RADIOLOGY-THERAPEUTIC	55		12,962	14
15		LABORATORY	60		25,375	15
16		RESPIRATORY THERAPY	65		1,177	16
17		ELECTROCARDIOLOGY	69		57,727	17
18		RENAL DIALYSIS	74		931	18
19		CLINIC	90		11,935	19
20		EMERGENCY	91		58,976	20
21		OTHER	194		250,519	21
500		TOTAL RECLASSIFICATIONS			11,045,309	500
		CODE LETTER -				
1	B	CENTRAL SERVICES & SUPPLY	14		1,587	1
2		ADULTS & PEDIATRICS	30		5,600	2
3		NURSERY	43		3,044	3
4		OPERATING ROOM	50		3,397,884	4
5		PHYSICAL THERAPY	66		1,096	5
6		ELECTROCARDIOLOGY	69		1,858,897	6
500		TOTAL RECLASSIFICATIONS			5,268,108	500
		CODE LETTER - B				
1	C	ADMINISTRATION & GENERAL	5.06		518	1
2		MAINTENANCE & REPAIRS	6		61	2
3		OPERATION OF PLANT	7		14,878	3
4		LAUNDRY & LINEN SERVICE	8		205	4
5		HOUSEKEEPING	9		6,800	5
6		DIETARY	10		185	6
7		NURSING ADMINISTRATION	13		446	7
8		CENTRAL SERVICES & SUPPLY	14		337,109	8
9		PHARMACY	15		12,572	9
10		MEDICAL RECORDS & LIBRARY	16		266	10
11		I&R SRVCES-OTHER PRGM COSTS A	22		517	11
12		ADULTS & PEDIATRICS	30		766,484	12
13		INTENSIVE CARE UNIT	31		122,537	13
14		SUBPROVIDER - IPF	40		18,775	14
15		SUBPROVIDER - IRF	41		22,525	15
16		NURSERY	43		61,101	16
17		SKILLED NURSING FACILITY	44		44,911	17
18		OPERATING ROOM	50		3,388,497	18
19		RECOVERY ROOM	51		19,809	19
20		ANESTHESIOLOGY	53		222,876	20
21		RADIOLOGY-DIAGNOSTIC	54		140,644	21
22		RADIOLOGY-THERAPEUTIC	55		18,979	22
23		LABORATORY	60		117,994	23
24						24
25						25
26		RESPIRATORY THERAPY	65		120,448	26
27		PHYSICAL THERAPY	66		47,182	27
28		ELECTROCARDIOLOGY	69		673,246	28
29		ELECTROENCEPHALOGRAPHY	70		3,146	29
30		RENAL DIALYSIS	74		3,939	30
31		CARDIAC REHABILITATION	76.97		403	31
32		CLINIC	90		4,905	32
33		EMERGENCY	91		94,421	33
34		PHYSICIANS' PRIVATE OFFICES	192		253	34
35		OTHER	194		81,473	35
500		TOTAL RECLASSIFICATIONS			6,348,105	500
		CODE LETTER - C				

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	
1 CAFETERIA	E	DIETARY	10	643,582	497,538	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				643,582	497,538	500
1 PHYSICIAN DEPARTMENT CHAIRMAN	F	I&R SRVCES-SALARY & FRINGES A	21	206,778	15,756	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				206,778	15,756	500
1 ADMIN PORTION OF TEACHING PHYSICIAN	G	I&R SRVCES-SALARY & FRINGES A	21	34,157	2,603	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				34,157	2,603	500
1 INTERNS IN SPECIALISTS	H	I&R SRVCES-OTHER PRGM COSTS A	22		4,836,999	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					4,836,999	500
1 RECLASS PHONES TO OWN LINE	I	ADMINISTRATION & GENERAL	5.06		228,592	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					228,592	500
1		ADMINISTRATION & GENERAL	5.06		3,467	1
500 TOTAL RECLASSIFICATIONS CODE LETTER -					3,467	500
1 RECLASSIFY EMPLOYEE BENEFITS	K					1
2		ADMINISTRATION & GENERAL	5.06		524,442	2
3		MAINTENANCE & REPAIRS	6		129,385	3
4		OPERATION OF PLANT	7		152,997	4
5		HOUSEKEEPING	9		741,927	5
6		DIETARY	10		772,520	6
7		NURSING ADMINISTRATION	13		388,737	7
8		PHARMACY	15		515,546	8
9		MEDICAL RECORDS & LIBRARY	16		295,324	9
10		SOCIAL SERVICE	17		260,206	10
11		I&R SRVCES-OTHER PRGM COSTS A	22		1,769,555	11
12		ADULTS & PEDIATRICS	30		3,754,438	12
13		INTENSIVE CARE UNIT	31		591,756	13
14		SUBPROVIDER - IPF	40		686,703	14
15		SUBPROVIDER - IRF	41		316,590	15
16		NURSERY	43		388,945	16
17		SKILLED NURSING FACILITY	44		400,013	17
18		OPERATING ROOM	50		1,412,874	18
19		RECOVERY ROOM	51		140,318	19
20		ANESTHESIOLOGY	53		49,716	20
21		RADIOLOGY-DIAGNOSTIC	54		740,581	21
22		RADIOLOGY-THERAPEUTIC	55		171,077	22
23		LABORATORY	60		745,041	23
24		RESPIRATORY THERAPY	65		321,216	24
25		PHYSICAL THERAPY	66		638,407	25
26		ELECTROCARDIOLOGY	69		287,382	26
27		ELECTROENCEPHALOGRAPHY	70		28,632	27
28		CARDIAC REHABILITATION	76.97		16,930	28
29		PARTIAL HOSPITALIZATION	91.01		28,585	29
30		CLINIC	90		75,521	30
31		EMERGENCY	91		398,778	31
32		PHYSICIANS' PRIVATE OFFICES	192		16,006	32
33		OTHER	194		814,501	33
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					17,574,649	500
GRAND TOTAL (DECREASES)				884,517	45,821,126	

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	7,327,665					7,327,665		1
2 LAND IMPROVEMENTS	11,980,239					11,980,239		2
3 BUILDINGS AND FIXTURES	53,794,998					53,794,998		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	193,901,061	6,095,572		6,095,572	122,631	199,874,002		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	267,003,963	6,095,572		6,095,572	122,631	272,976,904		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	267,003,963	6,095,572		6,095,572	122,631	272,976,904		10

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

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	SUMMARY OF CAPITAL			
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15		
1 CAP REL COSTS-BLDG & FIXT	10,499,090							10,499,090	1
2 CAP REL COSTS-MVBLE EQUIP									2
3 TOTAL (SUM OF LINES 1-2)	10,499,090							10,499,090	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	SUMMARY OF CAPITAL			
						OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15		
1 CAP REL COSTS-BLDG & FIXT	9,098,485		1,022,455					10,120,940	1
2 CAP REL COSTS-MVBLE EQUIP									2
3 TOTAL	9,098,485		1,022,455					10,120,940	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
DESCRIPTION	BASIS	AMOUNT	COST CENTER	LINE NO.	WKST A-7 REF	
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B		CAP REL COSTS-BLDG & FIXT	1	11 1	
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2	
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3	
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4	
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5	
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6	
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7	
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8	
9 PARKING LOT (CHAPTER 21)					9	
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,630,552			10 11	
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11	
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-345,527			12 13	
13 LAUNDRY AND LINEN SERVICE					13	
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,141,120	CAFETERIA	11	14	
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15	
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16	
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17	
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,921	MEDICAL RECORDS & LIBRARY	16	18	
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19	
20 VENDING MACHINES					20	
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21	
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22	
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23	
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24	
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25	
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26	
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27	
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28	
29 PHYSICIANS' ASSISTANT					29	
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30	
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31	
32 CAH HIT ADJ FOR DEPRECIATION AND					32	
33					33	
34 MISC REVENUE	B	-4,307	RADIOLOGY-DIAGNOSTIC	54	34	
35					35	
35.01 MISC REVENUE & PKG GARAGE	B	-1,497,768	ADMINISTRATION & GENERAL	5.06	35.01	
36					36	
37					37	
38 ASBESTOS AMORTIZATION	A	360,796	OPERATION OF PLANT	7	38	
39 MOONLIGHTERS	A	-25,898	I&R SRVCES-SALARY & FRINGES APP	21	39	
40 MEDICARE TO BOOK DEPRECIATION	A	-1,400,605	CAP REL COSTS-BLDG & FIXT	1	9 40	
41					41	
42 PHYS FEES	A	-1,475,486	OTHER	194	42	
43 JV PENSION REIMB	B	-234,529	EMPLOYEE BENEFITS	4	43	
43.10 AHA DUES	A	-6,981	ADMINISTRATION & GENERAL	5.06	43.10	
44 MISC INCOME	B	-66,125	I&R SRVCES-OTHER PRGM COSTS APP	22	44	
45 MISC INCOME	B	-350	SKILLED NURSING FACILITY	44	45	
46 MISC INCOME	B	-61	RADIOLOGY-THERAPEUTIC	55	46	
47 MISC INCOME	B	-11,736	ELECTROENCEPHALOGRAPHY	70	47	
48 MISC INCOME	B	-336	CARDIAC REHABILITATION	76.97	48	
49 MISC INCOME	B	-144,746	OTHER	194	49	
49.10 REMOVE BAD DEBT EXP	A	-6,220,179	ADMINISTRATION & GENERAL	5.06	49.10	
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,850,431			50	
TRANSFER TO WKST A, COL. 6, LINE 200)						

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	4	EMPLOYEE BENEFITS	735,707		735,707	1
2	5.02	DATA PROCESSING	4,136,754		4,136,754	2
3	5.03	PURCHASING,RECEIVING&STORES	754,064		754,064	3
4	5.04	ADMITTING	967,569		967,569	4
4.01	5.05	CASHIERING/ACCTS RECEIVABLE	3,589,599		3,589,599	4.01
4.02	5.06	ADMINISTRATION & GENERAL	6,117,699	18,864,398	-12,746,699	4.02
4.03	14	CENTRAL SERVICES & SUPPLY	677,065		677,065	4.03
4.04	31	INTENSIVE CARE UNIT	517,959		517,959	4.04
4.05	1	CAP REL COSTS-BLDG & FIXT	1,022,455		1,022,455	11
5		TOTALS (SUM OF LINES 1-4)	18,518,871	18,864,398	-345,527	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
6	B		RESURRECTION HEALTH CARE		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		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	5.06	ADMINISTRATION & GENERAL	77,658	77,658		177,200				1
2	40	SUBPROVIDER - IPF	130,778		130,778	177,200	1,660	141,419	7,071	2
3	41	SUBPROVIDER - IRF	34,157		34,157	177,200	631	53,756	2,688	3
4	55	RADIOLOGY-THERAPEUTIC	39,686		39,686	177,200	521	44,385	2,219	4
5	69	ELECTROCARDIOLOGY	440,895	440,895		154,100				5
6	53	ANESTHESIOLOGY	300,000	300,000		177,200				6
7	91.01	PARTIAL HOSPITALIZATION	26,404		26,404	177,200	626	53,330	2,667	7
8	50	OPERATING ROOM	196,268	170,268	26,000	177,200	209	17,805	890	8
9	54	RADIOLOGY-DIAGNOSTIC	600,000	600,000		177,200				9
10	30	ADULTS & PEDIATRICS	109,536		76,000	177,200	991	84,426	4,221	10
200		TOTAL	1,955,382	1,588,821	333,025		4,638	395,121	19,756	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	
10	11	12	13	14	15	16	17	18	
1	5.06 ADMINISTRATION & GENERAL	AGGREGATE						77,658	1
2	40 SUBPROVIDER - IPF	DR G				141,419			2
3	41 SUBPROVIDER - IRF	DR F				53,756			3
4	55 RADIOLOGY-THERAPEUTIC	DR H				44,385			4
5	69 ELECTROCARDIOLOGY	AGGREGATE						440,895	5
6	53 ANESTHESIOLOGY	AGGREGATE						300,000	6
7	91.01 PARTIAL HOSPITALIZATION	DR C				53,330			7
8	50 OPERATING ROOM	NEURO DR E				17,805	8,195	178,463	8
9	54 RADIOLOGY-DIAGNOSTIC	INTERV						600,000	9
10	30 ADULTS & PEDIATRICS	DR B				84,426		33,536	10
200	TOTAL					395,121	8,195	1,630,552	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	DATA PROCESSING 5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	10,120,940	10,120,940				1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	18,139,864	72,333	18,212,197			4
5.01 NONPATIENT TELEPHONES	228,592	11,015		239,607		5.01
5.02 DATA PROCESSING	4,136,754	103,141			4,239,895	5.02
5.03 PURCHASING,RECEIVING&STORES	754,064			3,875		5.03
5.04 ADMITTING	971,036			6,889		5.04
5.05 CASHIERING/ACCTS RECEIVABLE	3,589,599			10,764		5.05
5.06 ADMINISTRATION & GENERAL	23,688,586	2,844,625	1,113,733	29,278	4,239,895	5.06
6 MAINTENANCE & REPAIRS	921,740		135,579			6
7 OPERATION OF PLANT	6,155,004	643,303	176,283	9,903		7
8 LAUNDRY & LINEN SERVICE	821,995	17,886		861		8
9 HOUSEKEEPING	2,059,953	326,994	407,504	1,292		9
10 DIETARY	1,769,293	301,370	318,716	1,722		10
11 CAFETERIA			171,836	2,583		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,980,075	45,149	489,940	10,333		13
14 CENTRAL SERVICES & SUPPLY	287,712	278,299		1,076		14
15 PHARMACY	66,472	58,134	631,649	4,306		15
16 MEDICAL RECORDS & LIBRARY	1,630,838	119,956	236,864	8,181		16
17 SOCIAL SERVICE	1,218,708		312,478	3,229		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,117,605		1,378,217	11,410		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	8,775,155	269,727				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,510,584	1,688,029	3,928,753	29,278		30
31 INTENSIVE CARE UNIT	3,648,305	225,303	711,386	8,396		31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	3,051,959	230,219	773,231	7,320		40
41 SUBPROVIDER - IRF	1,328,164	105,000	340,384	4,951		41
43 NURSERY	1,793,982	14,845	472,768	1,722		43
44 SKILLED NURSING FACILITY	1,672,701	249,067	413,748	2,583		44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,416,138	683,031	1,525,938	17,653		50
51 RECOVERY ROOM	655,789	32,605	172,916			51
53 ANESTHESIOLOGY	288,046	17,508	41,038	431		53
54 RADIOLOGY-DIAGNOSTIC	3,918,325	446,209	860,514	17,438		54
55 RADIOLOGY-THERAPEUTIC	1,146,320	122,761	208,059			55
60 LABORATORY	6,279,130	272,027	698,871	12,486		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	1,573,034	50,617	329,099	3,014		65
66 PHYSICAL THERAPY	3,354,711	103,283	776,986	6,028		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,851,271	155,129	380,841	3,444		69
70 ELECTROENCEPHALOGRAPHY	85,543	599	24,753	2,799		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,348,105					71
72 IMPL. DEV. CHARGED TO PATIENT	5,268,108					72
73 DRUGS CHARGED TO PATIENTS	11,045,309					73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	374,519			1,292		74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	78,843		20,280	646		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	299,305	113,384	77,770	9,042		90
91 EMERGENCY	1,832,278	131,585	435,268	5,382		91
91.01 PARTIAL HOSPITALIZATION	139,871	33,566	26,111			91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	175,394,325	9,766,699	17,591,513	239,607	4,239,895	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	71,720		13,847			192
194 OTHER	4,860,132	354,241	606,837			194
194.01 LAKESHORE GUEST UNIT						194.01

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/30/2012 16:34

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	DATA PROCESSING 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	180,326,177	10,120,940	18,212,197	239,607	4,239,895	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS. 0-4) 4A	ADMINIST. &GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES	757,939					5.03
5.04 ADMITTING		977,925				5.04
5.05 CASHIERING/ACCTS RECEIVABLE			3,600,363			5.05
5.06 ADMINISTRATION & GENERAL	10,583			31,926,700	31,926,700	5.06
6 MAINTENANCE & REPAIRS	180			1,057,499	227,510	6
7 OPERATION OF PLANT	1,080			6,985,573	1,502,876	7
8 LAUNDRY & LINEN SERVICE	14			840,756	180,880	8
9 HOUSEKEEPING	11,651			2,807,394	603,983	9
10 DIETARY	14,865			2,405,966	517,620	10
11 CAFETERIA				174,419	37,525	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,538			2,527,035	543,666	13
14 CENTRAL SERVICES & SUPPLY	23,603			590,690	127,081	14
15 PHARMACY	1,595			762,156	163,970	15
16 MEDICAL RECORDS & LIBRARY	1,735			1,997,574	429,758	16
17 SOCIAL SERVICE	60			1,534,475	330,127	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				6,507,232	1,399,966	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	28,108			9,072,990	1,951,963	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	66,705	199,571	509,945	23,932,865	5,148,955	30
31 INTENSIVE CARE UNIT	10,317	28,871	70,283	4,702,861	1,011,774	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	3,042	42,780	104,145	4,212,696	906,319	40
41 SUBPROVIDER - IRF	2,675	13,609	33,130	1,827,913	393,257	41
43 NURSERY	5,090	22,345	54,396	2,365,148	508,838	43
44 SKILLED NURSING FACILITY	4,565	12,160	29,603	2,384,427	512,986	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	335,148	57,690	369,805	12,405,403	2,668,898	50
51 RECOVERY ROOM	1,595	11,367	65,188	939,460	202,115	51
53 ANESTHESIOLOGY	16,499	10,520	61,453	435,495	93,692	53
54 RADIOLOGY-DIAGNOSTIC	40,449	65,196	398,082	5,746,213	1,236,240	54
55 RADIOLOGY-THERAPEUTIC	1,403	1,740	50,269	1,530,552	329,283	55
60 LABORATORY	79,378	110,779	403,348	7,856,019	1,690,144	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	12,804	44,906	116,452	2,129,926	458,232	65
66 PHYSICAL THERAPY	3,808	19,338	83,733	4,347,887	935,404	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	51,232	46,596	193,995	2,682,508	577,115	69
70 ELECTROENCEPHALOGRAPHY	255	1,064	7,143	122,156	26,281	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		45,831	150,762	6,544,698	1,408,026	71
72 IMPL. DEV. CHARGED TO PATIENT		29,430	101,075	5,398,613	1,161,458	72
73 DRUGS CHARGED TO PATIENTS		182,507	621,595	11,849,411	2,549,282	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	270	4,979	12,385	393,445	84,646	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	87	24	1,079	100,959	21,720	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,310	3,928	17,501	522,240	112,355	90
91 EMERGENCY	10,561	22,694	139,569	2,577,337	554,488	91
91.01 PARTIAL HOSPITALIZATION	87		5,427	205,062	44,117	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	742,292	977,925	3,600,363	174,403,753	30,652,550	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	160			85,727	18,443	192
194 OTHER	15,487			5,836,697	1,255,707	194
194.01 LAKESHORE GUEST UNIT						194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION		PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4) 4A	ADMINIST. &GENERAL 5.06	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	757,939	977,925	3,600,363	180,326,177	31,926,700	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND 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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS	1,285,009					6
7 OPERATION OF PLANT	116,597	8,605,046				7
8 LAUNDRY & LINEN SERVICE	3,242	23,875	1,048,753			8
9 HOUSEKEEPING	59,267	436,483	1,876	3,909,003		9
10 DIETARY	54,622	402,280		193,072	3,573,560	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,183	60,266		28,924		13
14 CENTRAL SERVICES & SUPPLY	50,441	371,484	8,736	178,292		14
15 PHARMACY	10,537	77,599		37,243		15
16 MEDICAL RECORDS & LIBRARY	21,742	160,121		76,849		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	48,887	360,041		172,800		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	305,947	2,253,242	382,256	1,081,433	2,374,241	30
31 INTENSIVE CARE UNIT	40,835	300,742	70,777	144,340	108,468	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	41,727	307,305	45,313	147,490	516,293	40
41 SUBPROVIDER - IRF	19,031	140,158	47,963	67,268	200,241	41
43 NURSERY	2,691	19,815	73,010	9,510		43
44 SKILLED NURSING FACILITY	45,143	332,463	72,645	159,564	331,682	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	123,797	911,734	149,816	437,582	6,594	50
51 RECOVERY ROOM	5,910	43,522	18,083	20,888		51
53 ANESTHESIOLOGY	3,173	23,370		11,216		53
54 RADIOLOGY-DIAGNOSTIC	80,874	595,615	59,730	285,863		54
55 RADIOLOGY-THERAPEUTIC	22,250	163,865	7,501	78,646		55
60 LABORATORY	49,304	363,112	5,516	174,274		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	9,174	67,565	59	32,428		65
66 PHYSICAL THERAPY	18,720	137,866	5,494	66,168		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	28,117	207,072	30,387	99,383	4,181	69
70 ELECTROENCEPHALOGRAPHY	109	799	844	384		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION			261			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	20,551	151,349	12,828	72,639		90
91 EMERGENCY	23,849	175,645	52,756	84,300	31,860	91
91.01 PARTIAL HOSPITALIZATION	6,084	44,805		21,504		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,220,804	8,132,193	1,045,851	3,682,060	3,573,560	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER	64,205	472,853	2,902	226,943		194
194.01 LAKESHORE GUEST UNIT						194.01

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COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,285,009	8,605,046	1,048,753	3,909,003	3,573,560	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	211,944					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,918	3,172,992				13
14 CENTRAL SERVICES & SUPPLY			1,326,724			14
15 PHARMACY	6,680			1,058,185		15
16 MEDICAL RECORDS & LIBRARY	4,583				2,690,627	16
17 SOCIAL SERVICE	3,455					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	27,034					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	54,061	1,506,467			381,123	30
31 INTENSIVE CARE UNIT	7,734	215,524			52,528	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	9,515	265,138			77,836	40
41 SUBPROVIDER - IRF	4,377	121,982			24,761	41
43 NURSERY	5,080	141,550			40,654	43
44 SKILLED NURSING FACILITY	5,776	160,945			22,125	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,210	535,316			276,385	50
51 RECOVERY ROOM	1,693	47,170			48,720	51
53 ANESTHESIOLOGY	758	21,135			45,929	53
54 RADIOLOGY-DIAGNOSTIC	9,831				297,519	54
55 RADIOLOGY-THERAPEUTIC	2,238				37,570	55
60 LABORATORY	9,074				301,455	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	4,565				87,034	65
66 PHYSICAL THERAPY	8,297				62,580	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	3,514				144,988	69
70 ELECTROENCEPHALOGRAPHY	441				5,338	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			725,038		112,676	71
72 IMPL. DEV. CHARGED TO PATIENT			601,686		75,541	72
73 DRUGS CHARGED TO PATIENTS				1,058,185	464,355	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS					9,256	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	231	6,447			807	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,078				13,080	90
91 EMERGENCY	5,430	151,318			104,311	91
91.01 PARTIAL HOSPITALIZATION	388				4,056	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	199,961	3,172,992	1,326,724	1,058,185	2,690,627	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	238					192
194 OTHER	11,745					194
194.01 LAKESHORE GUEST UNIT						194.01

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COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11	13	14	15	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	211,944	3,172,992	1,326,724	1,058,185	2,690,627	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	I/R-OTHER 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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	1,868,057					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		7,934,232				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			11,606,681			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,072,023	5,471,359	8,003,841	51,967,813	-13,475,200	30
31 INTENSIVE CARE UNIT	97,029	1,310,829	1,917,561	9,981,002	-3,228,390	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	275,094			6,804,726		40
41 SUBPROVIDER - IRF	100,211			2,947,162		41
43 NURSERY	155,340			3,321,636		43
44 SKILLED NURSING FACILITY	168,360			4,196,116		44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		317,572	464,564	18,316,871	-782,136	50
51 RECOVERY ROOM				1,327,561		51
53 ANESTHESIOLOGY				634,768		53
54 RADIOLOGY-DIAGNOSTIC		172,300	252,051	8,736,236	-424,351	54
55 RADIOLOGY-THERAPEUTIC				2,171,905		55
60 LABORATORY		69,258	101,314	10,619,470	-170,572	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		137,671	201,393	3,128,047	-339,064	65
66 PHYSICAL THERAPY		137,671	201,393	5,921,480	-339,064	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY				3,777,265		69
70 ELECTROENCEPHALOGRAPHY		317,572	464,564	938,488	-782,136	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				8,790,438		71
72 IMPL. DEV. CHARGED TO PATIENT				7,237,298		72
73 DRUGS CHARGED TO PATIENTS				15,921,233		73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS				487,347		74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION				130,425		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				906,120		90
91 EMERGENCY				3,761,294		91
91.01 PARTIAL HOSPITALIZATION				326,016		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,868,057	7,934,232	11,606,681	172,350,717	-19,540,913	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES				104,408		192
194 OTHER				7,871,052		194
194.01 LAKESHORE GUEST UNIT						194.01

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COST CENTER DESCRIPTION		SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		17	21	22	24	25	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,868,057	7,934,232	11,606,681	180,326,177	-19,540,913	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL	
	26	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS		4
5.01 NONPATIENT TELEPHONES		5.01
5.02 DATA PROCESSING		5.02
5.03 PURCHASING,RECEIVING&STORES		5.03
5.04 ADMITTING		5.04
5.05 CASHIERING/ACCTS RECEIVABLE		5.05
5.06 ADMINISTRATION & GENERAL		5.06
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	38,492,613	30
31 INTENSIVE CARE UNIT	6,752,612	31
32 CORONARY CARE UNIT		32
40 SUBPROVIDER - IPF	6,804,726	40
41 SUBPROVIDER - IRF	2,947,162	41
43 NURSERY	3,321,636	43
44 SKILLED NURSING FACILITY	4,196,116	44
46 OTHER LONG TERM CARE		46
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM	17,534,735	50
51 RECOVERY ROOM	1,327,561	51
53 ANESTHESIOLOGY	634,768	53
54 RADIOLOGY-DIAGNOSTIC	8,311,885	54
55 RADIOLOGY-THERAPEUTIC	2,171,905	55
60 LABORATORY	10,448,898	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65 RESPIRATORY THERAPY	2,788,983	65
66 PHYSICAL THERAPY	5,582,416	66
67 OCCUPATIONAL THERAPY		67
68 SPEECH PATHOLOGY		68
69 ELECTROCARDIOLOGY	3,777,265	69
70 ELECTROENCEPHALOGRAPHY	156,352	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	8,790,438	71
72 IMPL. DEV. CHARGED TO PATIENT	7,237,298	72
73 DRUGS CHARGED TO PATIENTS	15,921,233	73
73.01 DRUGS CHARGED		73.01
74 RENAL DIALYSIS	487,347	74
76 CARDIAC REHAB		76
76.97 CARDIAC REHABILITATION	130,425	76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC	906,120	90
91 EMERGENCY	3,761,294	91
91.01 PARTIAL HOSPITALIZATION	326,016	91.01
92 OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS		
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS		
118 SUBTOTALS (SUM OF LINES 1-117)	152,809,804	118
NONREIMBURSABLE COST CENTERS		
192 PHYSICIANS' PRIVATE OFFICES	104,408	192
194 OTHER	7,871,052	194
194.01 LAKESHORE GUEST UNIT		194.01

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COST CENTER DESCRIPTION		TOTAL	
		26	
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	160,785,264	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	628	72,333	72,961	72,961		4
5.01 NONPATIENT TELEPHONES		11,015	11,015		11,015	5.01
5.02 DATA PROCESSING	249,685	103,141	352,826			5.02
5.03 PURCHASING,RECEIVING&STORES	394		394		178	5.03
5.04 ADMITTING	2,458		2,458		317	5.04
5.05 CASHIERING/ACCTS RECEIVABLE					495	5.05
5.06 ADMINISTRATION & GENERAL	58,934	2,844,625	2,903,559	4,463	1,345	5.06
6 MAINTENANCE & REPAIRS				543		6
7 OPERATION OF PLANT	12,095	643,303	655,398	706	455	7
8 LAUNDRY & LINEN SERVICE	91	17,886	17,977		40	8
9 HOUSEKEEPING	2,658	326,994	329,652	1,633	59	9
10 DIETARY	1,987	301,370	303,357	1,277	79	10
11 CAFETERIA	3,244		3,244	689	119	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,191	45,149	47,340	1,963	475	13
14 CENTRAL SERVICES & SUPPLY	216,600	278,299	494,899		49	14
15 PHARMACY	27,776	58,134	85,910	2,531	198	15
16 MEDICAL RECORDS & LIBRARY	30,342	119,956	150,298	949	376	16
17 SOCIAL SERVICE	2,250		2,250	1,252	148	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				5,523	525	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	45,255	269,727	314,982			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	46,047	1,688,029	1,734,076	15,722	1,346	30
31 INTENSIVE CARE UNIT	3,677	225,303	228,980	2,851	386	31
32 CORONARY CARE UNIT	-261		-261			32
40 SUBPROVIDER - IPF	8,778	230,219	238,997	3,099	336	40
41 SUBPROVIDER - IRF		105,000	105,000	1,364	228	41
43 NURSERY	4,796	14,845	19,641	1,895	79	43
44 SKILLED NURSING FACILITY	13,669	249,067	262,736	1,658	119	44
46 OTHER LONG TERM CARE	2,212		2,212			46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	108,157	683,031	791,188	6,115	812	50
51 RECOVERY ROOM	104	32,605	32,709	693		51
53 ANESTHESIOLOGY	516	17,508	18,024	164	20	53
54 RADIOLOGY-DIAGNOSTIC	135,169	446,209	581,378	3,449	802	54
55 RADIOLOGY-THERAPEUTIC		122,761	122,761	834		55
60 LABORATORY	7,523	272,027	279,550	2,801	574	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	5,433	50,617	56,050	1,319	139	65
66 PHYSICAL THERAPY	3,534	103,283	106,817	3,114	277	66
67 OCCUPATIONAL THERAPY	247		247			67
68 SPEECH PATHOLOGY	97		97			68
69 ELECTROCARDIOLOGY	1,857	155,129	156,986	1,526	158	69
70 ELECTROENCEPHALOGRAPHY	405	599	1,004	99	129	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS					59	74
76 CARDIAC REHAB	130		130			76
76.97 CARDIAC REHABILITATION				81	30	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,405	113,384	114,789	312	416	90
91 EMERGENCY	3,936	131,585	135,521	1,744	247	91
91.01 PARTIAL HOSPITALIZATION		33,566	33,566	105		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,004,019	9,766,699	10,770,718	70,474	11,015	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	114,788		114,788	55		192
194 OTHER		354,241	354,241	2,432		194
194.01 LAKESHORE GUEST UNIT						194.01

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COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,118,807	10,120,940	11,239,747	72,961	11,015	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	CASHIERING ACCOUNTS RECEIVABLE 5.05	ADMINIST. & GENERAL 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING	352,826					5.02
5.03 PURCHASING,RECEIVING&STORES		572				5.03
5.04 ADMITTING			2,775			5.04
5.05 CASHIERING/ACCTS RECEIVABLE				495		5.05
5.06 ADMINISTRATION & GENERAL	352,826	8			3,262,201	5.06
6 MAINTENANCE & REPAIRS					23,247	6
7 OPERATION OF PLANT		1			153,564	7
8 LAUNDRY & LINEN SERVICE					18,482	8
9 HOUSEKEEPING		9			61,715	9
10 DIETARY		11			52,890	10
11 CAFETERIA					3,834	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1			55,552	13
14 CENTRAL SERVICES & SUPPLY		18			12,985	14
15 PHARMACY		1			16,754	15
16 MEDICAL RECORDS & LIBRARY		1			43,913	16
17 SOCIAL SERVICE					33,732	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					143,048	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		21			199,452	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		51	571	85	526,052	30
31 INTENSIVE CARE UNIT		8	82	12	103,383	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF		2	121	17	92,608	40
41 SUBPROVIDER - IRF		2	39	6	40,183	41
43 NURSERY		4	63	9	51,993	43
44 SKILLED NURSING FACILITY		3	34	5	52,417	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		252	163	62	272,708	50
51 RECOVERY ROOM		1	32	11	20,652	51
53 ANESTHESIOLOGY		13	30	10	9,573	53
54 RADIOLOGY-DIAGNOSTIC		31	185	66	126,319	54
55 RADIOLOGY-THERAPEUTIC		1	5	8	33,646	55
60 LABORATORY		60	314	67	172,699	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY		10	127	19	46,822	65
66 PHYSICAL THERAPY		3	55	14	95,580	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		39	132	32	58,970	69
70 ELECTROENCEPHALOGRAPHY			3	1	2,685	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			130	25	143,872	71
72 IMPL. DEV. CHARGED TO PATIENT			83	17	118,678	72
73 DRUGS CHARGED TO PATIENTS			517		260,486	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS			14	2	8,649	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION					2,219	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		1	11	3	11,480	90
91 EMERGENCY		8	64	23	56,658	91
91.01 PARTIAL HOSPITALIZATION				1	4,508	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	352,826	560	2,775	495	3,132,008	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES					1,885	192
194 OTHER		12			128,308	194
194.01 LAKESHORE GUEST UNIT						194.01

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200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	352,826	572	2,775	495	3,262,201	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND 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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS	23,790					6
7 OPERATION OF PLANT	2,159	812,283				7
8 LAUNDRY & LINEN SERVICE	60	2,254	38,813			8
9 HOUSEKEEPING	1,097	41,202	69	435,436		9
10 DIETARY	1,011	37,974		21,507	418,106	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	151	5,689		3,222		13
14 CENTRAL SERVICES & SUPPLY	934	35,067	323	19,860		14
15 PHARMACY	195	7,325		4,149		15
16 MEDICAL RECORDS & LIBRARY	403	15,115		8,560		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	905	33,986		19,249		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,662	212,700	14,147	120,465	277,786	30
31 INTENSIVE CARE UNIT	756	28,389	2,619	16,078	12,691	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	773	29,008	1,677	16,429	60,406	40
41 SUBPROVIDER - IRF	352	13,230	1,775	7,493	23,428	41
43 NURSERY	50	1,870	2,702	1,059		43
44 SKILLED NURSING FACILITY	836	31,383	2,689	17,774	38,807	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,292	86,064	5,545	48,744	771	50
51 RECOVERY ROOM	109	4,108	669	2,327		51
53 ANESTHESIOLOGY	59	2,206		1,249		53
54 RADIOLOGY-DIAGNOSTIC	1,497	56,224	2,211	31,843		54
55 RADIOLOGY-THERAPEUTIC	412	15,468	278	8,761		55
60 LABORATORY	913	34,276	204	19,413		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	170	6,378	2	3,612		65
66 PHYSICAL THERAPY	347	13,014	203	7,371		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	521	19,547	1,125	11,071	489	69
70 ELECTROENCEPHALOGRAPHY	2	75	31	43		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION			10			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	380	14,287	475	8,092		90
91 EMERGENCY	442	16,580	1,952	9,390	3,728	91
91.01 PARTIAL HOSPITALIZATION	113	4,229		2,395		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	22,601	767,648	38,706	410,156	418,106	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER	1,189	44,635	107	25,280		194
194.01 LAKESHORE GUEST UNIT						194.01

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COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	23,790	812,283	38,813	435,436	418,106	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	11	ADMINI- STRATION 13	SERVICES & SUPPLY 14	15	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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	7,886					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	183	114,576				13
14 CENTRAL SERVICES & SUPPLY			564,135			14
15 PHARMACY	249			117,312		15
16 MEDICAL RECORDS & LIBRARY	170				219,785	16
17 SOCIAL SERVICE	129					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,006					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,010	54,398			31,124	30
31 INTENSIVE CARE UNIT	288	7,783			4,290	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	354	9,574			6,356	40
41 SUBPROVIDER - IRF	163	4,405			2,022	41
43 NURSERY	189	5,111			3,320	43
44 SKILLED NURSING FACILITY	215	5,812			1,807	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	715	19,330			22,571	50
51 RECOVERY ROOM	63	1,703			3,979	51
53 ANESTHESIOLOGY	28	763			3,751	53
54 RADIOLOGY-DIAGNOSTIC	366				24,297	54
55 RADIOLOGY-THERAPEUTIC	83				3,068	55
60 LABORATORY	338				24,618	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	170				7,108	65
66 PHYSICAL THERAPY	309				5,111	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	131				11,840	69
70 ELECTROENCEPHALOGRAPHY	16				436	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			308,295		9,202	71
72 IMPL. DEV. CHARGED TO PATIENT			255,840		6,169	72
73 DRUGS CHARGED TO PATIENTS				117,312	37,976	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS					756	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	9	233			66	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	40				1,068	90
91 EMERGENCY	202	5,464			8,519	91
91.01 PARTIAL HOSPITALIZATION	14				331	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	7,440	114,576	564,135	117,312	219,785	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER	437					194
194.01 LAKESHORE GUEST UNIT						194.01

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COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11	13	14	15	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	7,886	114,576	564,135	117,312	219,785	202

ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	17	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
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING,RECEIVING&STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCTS RECEIVABLE					5.05
5.06 ADMINISTRATION & GENERAL					5.06
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	37,511				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		150,102			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			568,595		22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	21,527			3,017,722	30
31 INTENSIVE CARE UNIT	1,948			410,544	31
32 CORONARY CARE UNIT				-261	32
40 SUBPROVIDER - IPF	5,524			465,281	40
41 SUBPROVIDER - IRF	2,012			201,702	41
43 NURSERY	3,119			91,104	43
44 SKILLED NURSING FACILITY	3,381			419,676	44
46 OTHER LONG TERM CARE				2,212	46
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				1,257,332	50
51 RECOVERY ROOM				67,056	51
53 ANESTHESIOLOGY				35,890	53
54 RADIOLOGY-DIAGNOSTIC				828,668	54
55 RADIOLOGY-THERAPEUTIC				185,325	55
60 LABORATORY				535,827	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY				121,926	65
66 PHYSICAL THERAPY				232,215	66
67 OCCUPATIONAL THERAPY				247	67
68 SPEECH PATHOLOGY				97	68
69 ELECTROCARDIOLOGY				262,567	69
70 ELECTROENCEPHALOGRAPHY				4,524	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				461,524	71
72 IMPL. DEV. CHARGED TO PATIENT				380,787	72
73 DRUGS CHARGED TO PATIENTS				416,291	73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS				9,480	74
76 CARDIAC REHAB				130	76
76.97 CARDIAC REHABILITATION				2,648	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				151,354	90
91 EMERGENCY				240,542	91
91.01 PARTIAL HOSPITALIZATION				45,262	91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	37,511			9,847,672	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES				116,737	192
194 OTHER				556,641	194
194.01 LAKESHORE GUEST UNIT					194.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
		17	21	22	24	25
200	CROSS FOOT ADJUSTMENTS		150,102	568,595	718,697	200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	37,511	150,102	568,595	11,239,747	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS		4
5.01 NONPATIENT TELEPHONES		5.01
5.02 DATA PROCESSING		5.02
5.03 PURCHASING,RECEIVING&STORES		5.03
5.04 ADMITTING		5.04
5.05 CASHIERING/ACCTS RECEIVABLE		5.05
5.06 ADMINISTRATION & GENERAL		5.06
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	3,017,722	30
31 INTENSIVE CARE UNIT	410,544	31
32 CORONARY CARE UNIT	-261	32
40 SUBPROVIDER - IPF	465,281	40
41 SUBPROVIDER - IRF	201,702	41
43 NURSERY	91,104	43
44 SKILLED NURSING FACILITY	419,676	44
46 OTHER LONG TERM CARE	2,212	46
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM	1,257,332	50
51 RECOVERY ROOM	67,056	51
53 ANESTHESIOLOGY	35,890	53
54 RADIOLOGY-DIAGNOSTIC	828,668	54
55 RADIOLOGY-THERAPEUTIC	185,325	55
60 LABORATORY	535,827	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS		62.30
65 RESPIRATORY THERAPY	121,926	65
66 PHYSICAL THERAPY	232,215	66
67 OCCUPATIONAL THERAPY	247	67
68 SPEECH PATHOLOGY	97	68
69 ELECTROCARDIOLOGY	262,567	69
70 ELECTROENCEPHALOGRAPHY	4,524	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	461,524	71
72 IMPL. DEV. CHARGED TO PATIENT	380,787	72
73 DRUGS CHARGED TO PATIENTS	416,291	73
73.01 DRUGS CHARGED		73.01
74 RENAL DIALYSIS	9,480	74
76 CARDIAC REHAB	130	76
76.97 CARDIAC REHABILITATION	2,648	76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90 CLINIC	151,354	90
91 EMERGENCY	240,542	91
91.01 PARTIAL HOSPITALIZATION	45,262	91.01
92 OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS		
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS		
118 SUBTOTALS (SUM OF LINES 1-117)	9,847,672	118
NONREIMBURSABLE COST CENTERS		
192 PHYSICIANS' PRIVATE OFFICES	116,737	192
194 OTHER	556,641	194
194.01 LAKESHORE GUEST UNIT		194.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
200	CROSS FOOT ADJUSTMENTS	718,697	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	11,239,747	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONES NUMBER OF PHONES	DATA PROCESSING TIME SPENT	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	642,243					1
2 CAP REL COSTS-MVBLE EQUIP		642,243				2
4 EMPLOYEE BENEFITS	4,590	4,590	68,210,445			4
5.01 NONPATIENT TELEPHONES	699	699		1,113		5.01
5.02 DATA PROCESSING	6,545	6,545			100	5.02
5.03 PURCHASING,RECEIVING&STORES				18		5.03
5.04 ADMITTING				32		5.04
5.05 CASHIERING/ACCTS RECEIVABLE				50		5.05
5.06 ADMINISTRATION & GENERAL	180,511	180,511	4,171,286	136	100	5.06
6 MAINTENANCE & REPAIRS			507,786			6
7 OPERATION OF PLANT	40,822	40,822	660,237	46		7
8 LAUNDRY & LINEN SERVICE	1,135	1,135		4		8
9 HOUSEKEEPING	20,750	20,750	1,526,232	6		9
10 DIETARY	19,124	19,124	1,193,694	8		10
11 CAFETERIA			643,582	12		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,865	2,865	1,834,982	48		13
14 CENTRAL SERVICES & SUPPLY	17,660	17,660		5		14
15 PHARMACY	3,689	3,689	2,365,728	20		15
16 MEDICAL RECORDS & LIBRARY	7,612	7,612	887,130	38		16
17 SOCIAL SERVICE			1,170,329	15		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			5,161,862	53		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	17,116	17,116				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	107,117	107,117	14,714,406	136		30
31 INTENSIVE CARE UNIT	14,297	14,297	2,664,366	39		31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	14,609	14,609	2,895,995	34		40
41 SUBPROVIDER - IRF	6,663	6,663	1,274,846	23		41
43 NURSERY	942	942	1,770,668	8		43
44 SKILLED NURSING FACILITY	15,805	15,805	1,549,617	12		44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,343	43,343	5,715,122	82		50
51 RECOVERY ROOM	2,069	2,069	647,624			51
53 ANESTHESIOLOGY	1,111	1,111	153,700	2		53
54 RADIOLOGY-DIAGNOSTIC	28,315	28,315	3,222,898	81		54
55 RADIOLOGY-THERAPEUTIC	7,790	7,790	779,246			55
60 LABORATORY	17,262	17,262	2,617,493	58		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	3,212	3,212	1,232,582	14		65
66 PHYSICAL THERAPY	6,554	6,554	2,910,059	28		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	9,844	9,844	1,426,370	16		69
70 ELECTROENCEPHALOGRAPHY	38	38	92,707	13		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS				6		74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION			75,954	3		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,195	7,195	291,273	42		90
91 EMERGENCY	8,350	8,350	1,630,217	25		91
91.01 PARTIAL HOSPITALIZATION	2,130	2,130	97,794			91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	619,764	619,764	65,885,785	1,113	100	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES			51,862			192
194 OTHER	22,479	22,479	2,272,798			194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET 1	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NONPATIENT TELEPHONES NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	10,120,940		18,212,197	239,607	4,239,895	202
203 UNIT COST MULT-WS B PT I	15.758739		0.267000	215.280323	42,398.950000	203
204 COST TO BE ALLOC PER B PT II			72,961	11,015	352,826	204
205 UNIT COST MULT-WS B PT II			0.001070	9.896676	3,528.260000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING RECEIVING STORES SUPPLY EXPENSE 5.03	ADMITTING INPATIENT REVENUE 5.04	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.05	RECON- CILIATION 5A.06	ADMINIST. &GENERAL ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES	11,054,669					5.03
5.04 ADMITTING		395,865,938				5.04
5.05 CASHIERING/ACCTS RECEIVABLE			598,728,986			5.05
5.06 ADMINISTRATION & GENERAL	154,357			-31,926,700	148,399,477	5.06
6 MAINTENANCE & REPAIRS	2,630				1,057,499	6
7 OPERATION OF PLANT	15,753				6,985,573	7
8 LAUNDRY & LINEN SERVICE	205				840,756	8
9 HOUSEKEEPING	169,925				2,807,394	9
10 DIETARY	216,805				2,405,966	10
11 CAFETERIA					174,419	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	22,435				2,527,035	13
14 CENTRAL SERVICES & SUPPLY	344,251				590,690	14
15 PHARMACY	23,265				762,156	15
16 MEDICAL RECORDS & LIBRARY	25,309				1,997,574	16
17 SOCIAL SERVICE	873				1,534,475	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					6,507,232	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	409,962				9,072,990	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	972,906	80,743,539	84,807,118		23,932,865	30
31 INTENSIVE CARE UNIT	150,478	11,688,498	11,688,498		4,702,861	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	44,362	17,319,916	17,319,916		4,212,696	40
41 SUBPROVIDER - IRF	39,016	5,509,704	5,509,704		1,827,913	41
43 NURSERY	74,243	9,046,385	9,046,385		2,365,148	43
44 SKILLED NURSING FACILITY	66,586	4,923,183	4,923,183		2,384,427	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,888,194	23,356,192	61,500,866		12,405,403	50
51 RECOVERY ROOM	23,266	4,601,999	10,841,189		939,460	51
53 ANESTHESIOLOGY	240,637	4,259,258	10,220,103		435,495	53
54 RADIOLOGY-DIAGNOSTIC	589,956	26,395,072	66,203,592		5,746,213	54
55 RADIOLOGY-THERAPEUTIC	20,459	704,342	8,360,136		1,530,552	55
60 LABORATORY	1,157,734	44,849,708	67,079,359		7,856,019	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	186,751	18,180,420	19,366,658		2,129,926	65
66 PHYSICAL THERAPY	55,534	7,828,963	13,925,287		4,347,887	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	747,226	18,864,834	32,262,614		2,682,508	69
70 ELECTROENCEPHALOGRAPHY	3,712	430,863	1,187,887		122,156	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		18,554,874	25,072,623		6,544,698	71
72 IMPL. DEV. CHARGED TO PATIENT		11,914,980	16,809,339		5,398,613	72
73 DRUGS CHARGED TO PATIENTS		73,889,569	103,341,075		11,849,411	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	3,939	2,015,934	2,059,705		393,445	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	1,269	9,667	179,491		100,959	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	19,108	1,590,229	2,910,491		522,240	90
91 EMERGENCY	154,035	9,187,809	23,211,191		2,577,337	91
91.01 PARTIAL HOSPITALIZATION	1,263		902,576		205,062	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	10,826,444	395,865,938	598,728,986	-31,926,700	142,477,053	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	2,339				85,727	192
194 OTHER	225,886				5,836,697	194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING RECEIVING STORES SUPPLY EXPENSE 5.03	ADMITTING INPATIENT REVENUE 5.04	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.05	RECON- CILIATION 5A.06	ADMINIST. &GENERAL ACCUM COST 5.06	
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	757,939	977,925	3,600,363		31,926,700	202
203 UNIT COST MULT-WS B PT I	0.068563	0.002470	0.006013		0.215140	203
204 COST TO BE ALLOC PER B PT II	572	2,775	495		3,262,201	204
205 UNIT COST MULT-WS B PT II	0.000052	0.000007	0.000001		0.021983	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE LAUNDRY POUNDS 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS	449,898					6
7 OPERATION OF PLANT	40,822	409,076				7
8 LAUNDRY & LINEN SERVICE	1,135	1,135	1,612,398			8
9 HOUSEKEEPING	20,750	20,750	2,885	387,191		9
10 DIETARY	19,124	19,124		19,124	238,462	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,865	2,865		2,865		13
14 CENTRAL SERVICES & SUPPLY	17,660	17,660	13,431	17,660		14
15 PHARMACY	3,689	3,689		3,689		15
16 MEDICAL RECORDS & LIBRARY	7,612	7,612		7,612		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	17,116	17,116		17,116		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	107,117	107,117	587,695	107,117	158,432	30
31 INTENSIVE CARE UNIT	14,297	14,297	108,815	14,297	7,238	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	14,609	14,609	69,666	14,609	34,452	40
41 SUBPROVIDER - IRF	6,663	6,663	73,741	6,663	13,362	41
43 NURSERY	942	942	112,248	942		43
44 SKILLED NURSING FACILITY	15,805	15,805	111,688	15,805	22,133	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,343	43,343	230,334	43,343	440	50
51 RECOVERY ROOM	2,069	2,069	27,802	2,069		51
53 ANESTHESIOLOGY	1,111	1,111		1,111		53
54 RADIOLOGY-DIAGNOSTIC	28,315	28,315	91,831	28,315		54
55 RADIOLOGY-THERAPEUTIC	7,790	7,790	11,533	7,790		55
60 LABORATORY	17,262	17,262	8,480	17,262		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	3,212	3,212	91	3,212		65
66 PHYSICAL THERAPY	6,554	6,554	8,446	6,554		66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	9,844	9,844	46,718	9,844	279	69
70 ELECTROENCEPHALOGRAPHY	38	38	1,298	38		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION			401			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,195	7,195	19,723	7,195		90
91 EMERGENCY	8,350	8,350	81,110	8,350	2,126	91
91.01 PARTIAL HOSPITALIZATION	2,130	2,130		2,130		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	427,419	386,597	1,607,936	364,712	238,462	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER	22,479	22,479	4,462	22,479		194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY AND LINEN SERVICE LAUNDRY POUNDS 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,285,009	8,605,046	1,048,753	3,909,003	3,573,560	202
203 UNIT COST MULT-WS B PT I	2.856223	21.035324	0.650431	10.095800	14.985868	203
204 COST TO BE ALLOC PER B PT II	23,790	812,283	38,813	435,436	418,106	204
205 UNIT COST MULT-WS B PT II	0.052879	1.985653	0.024072	1.124603	1.753344	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	(MEALS SERVED) 11	ADMINI-STRATION (DIRECT NRSNG HRS) 13	SERVICES & SUPPLY SUPPLY EXPENSE 14	(COSTED REQUIS) 15	RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,952,227					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	45,297	1,048,828				13
14 CENTRAL SERVICES & SUPPLY			11,616,213			14
15 PHARMACY	61,528			11,045,318		15
16 MEDICAL RECORDS & LIBRARY	42,212				598,728,986	16
17 SOCIAL SERVICE	31,823					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	249,014					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	497,961	497,961			84,807,118	30
31 INTENSIVE CARE UNIT	71,241	71,241			11,688,498	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	87,641	87,641			17,319,916	40
41 SUBPROVIDER - IRF	40,321	40,321			5,509,704	41
43 NURSERY	46,789	46,789			9,046,385	43
44 SKILLED NURSING FACILITY	53,200	53,200			4,923,183	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	176,948	176,948			61,500,866	50
51 RECOVERY ROOM	15,592	15,592			10,841,189	51
53 ANESTHESIOLOGY	6,986	6,986			10,220,103	53
54 RADIOLOGY-DIAGNOSTIC	90,558				66,203,592	54
55 RADIOLOGY-THERAPEUTIC	20,618				8,360,136	55
60 LABORATORY	83,582				67,079,359	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	42,045				19,366,658	65
66 PHYSICAL THERAPY	76,422				13,925,287	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	32,370				32,262,614	69
70 ELECTROENCEPHALOGRAPHY	4,061				1,187,887	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			6,348,105		25,072,623	71
72 IMPL. DEV. CHARGED TO PATIENT			5,268,108		16,809,339	72
73 DRUGS CHARGED TO PATIENTS				11,045,318	103,341,075	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS					2,059,705	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	2,131	2,131			179,491	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,927				2,910,491	90
91 EMERGENCY	50,018	50,018			23,211,191	91
91.01 PARTIAL HOSPITALIZATION	3,571				902,576	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
118 SUBTOTALS (SUM OF LINES 1-117)	1,841,856	1,048,828	11,616,213	11,045,318	598,728,986	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	2,190					192
194 OTHER	108,181					194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED) 11	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	211,944	3,172,992	1,326,724	1,058,185	2,690,627	202
203 UNIT COST MULT-WS B PT I	0.108565	3.025274	0.114213	0.095804	0.004494	203
204 COST TO BE ALLOC PER B PT II	7,886	114,576	564,135	117,312	219,785	204
205 UNIT COST MULT-WS B PT II	0.004039	0.109242	0.048564	0.010621	0.000367	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE PATIENT DAYS	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	17	21	22	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING,RECEIVING&STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCTS RECEIVABLE				5.05
5.06 ADMINISTRATION & GENERAL				5.06
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	71,023			17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		9,394		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			9,394	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	40,758	6,478	6,478	30
31 INTENSIVE CARE UNIT	3,689	1,552	1,552	31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF	10,459			40
41 SUBPROVIDER - IRF	3,810			41
43 NURSERY	5,906			43
44 SKILLED NURSING FACILITY	6,401			44
46 OTHER LONG TERM CARE				46
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		376	376	50
51 RECOVERY ROOM				51
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC		204	204	54
55 RADIOLOGY-THERAPEUTIC				55
60 LABORATORY		82	82	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS				62.30
65 RESPIRATORY THERAPY		163	163	65
66 PHYSICAL THERAPY		163	163	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY				69
70 ELECTROENCEPHALOGRAPHY		376	376	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS				74
76 CARDIAC REHAB				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
91.01 PARTIAL HOSPITALIZATION				91.01
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	71,023	9,394	9,394	118
NONREIMBURSABLE COST CENTERS				
192 PHYSICIANS' PRIVATE OFFICES				192
194 OTHER				194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE PATIENT DAYS	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	17	21	22	
194.01 LAKESHORE GUEST UNIT				194.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	1,868,057	7,934,232	11,606,681	202
203 UNIT COST MULT-WS B PT I	26.302142	844.606344	1,235.541942	203
204 COST TO BE ALLOC PER B PT II	37,511	150,102	568,595	204
205 UNIT COST MULT-WS B PT II	0.528153	15.978497	60.527464	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,492,613		38,492,613		38,492,613	30
31 INTENSIVE CARE UNIT	6,752,612		6,752,612		6,752,612	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	6,804,726		6,804,726		6,804,726	40
41 SUBPROVIDER - IRF	2,947,162		2,947,162		2,947,162	41
43 NURSERY	3,321,636		3,321,636		3,321,636	43
44 SKILLED NURSING FACILITY	4,196,116		4,196,116		4,196,116	44
46 OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,534,735		17,534,735	8,195	17,542,930	50
51 RECOVERY ROOM	1,327,561		1,327,561		1,327,561	51
53 ANESTHESIOLOGY	634,768		634,768		634,768	53
54 RADIOLOGY-DIAGNOSTIC	8,311,885		8,311,885		8,311,885	54
55 RADIOLOGY-THERAPEUTIC	2,171,905		2,171,905		2,171,905	55
60 LABORATORY	10,448,898		10,448,898		10,448,898	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	2,788,983		2,788,983		2,788,983	65
66 PHYSICAL THERAPY	5,582,416		5,582,416		5,582,416	66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	3,777,265		3,777,265		3,777,265	69
70 ELECTROENCEPHALOGRAPHY	156,352		156,352		156,352	70
71 MEDICAL SUPPLIES CHRGED TO	8,790,438		8,790,438		8,790,438	71
72 IMPL. DEV. CHARGED TO PATIE	7,237,298		7,237,298		7,237,298	72
73 DRUGS CHARGED TO PATIENTS	15,921,233		15,921,233		15,921,233	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	487,347		487,347		487,347	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	130,425		130,425		130,425	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	906,120		906,120		906,120	90
91 EMERGENCY	3,761,294		3,761,294		3,761,294	91
91.01 PARTIAL HOSPITALIZATION	326,016		326,016		326,016	91.01
92 OBSERVATION BEDS	2,708,507		2,708,507		2,708,507	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	155,518,311		155,518,311	8,195	155,526,506	200
201 LESS OBSERVATION BEDS	2,708,507		2,708,507		2,708,507	201
202 TOTAL (SEE INSTRUCTIONS)	152,809,804		152,809,804	8,195	152,817,999	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	80,743,539		80,743,539				30
31 INTENSIVE CARE UNIT	11,688,498		11,688,498				31
32 CORONARY CARE UNIT							32
40 SUBPROVIDER - IPF	17,319,916		17,319,916				40
41 SUBPROVIDER - IRF	5,509,704		5,509,704				41
43 NURSERY	9,046,385		9,046,385				43
44 SKILLED NURSING FACILITY	4,923,183		4,923,183				44
46 OTHER LONG TERM CARE							46
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	23,356,192	38,144,674	61,500,866	0.285114	0.285114	0.285247	50
51 RECOVERY ROOM	4,601,999	6,239,190	10,841,189	0.122455	0.122455	0.122455	51
53 ANESTHESIOLOGY	4,259,258	5,960,845	10,220,103	0.062110	0.062110	0.062110	53
54 RADIOLOGY-DIAGNOSTIC	26,395,072	39,808,520	66,203,592	0.125550	0.125550	0.125550	54
55 RADIOLOGY-THERAPEUTIC	704,342	7,655,794	8,360,136	0.259793	0.259793	0.259793	55
60 LABORATORY	44,849,708	22,229,651	67,079,359	0.155769	0.155769	0.155769	60
62.30 BLOOD CLOTTING FACTORS ADMI							62.30
65 RESPIRATORY THERAPY	18,180,420	1,186,238	19,366,658	0.144010	0.144010	0.144010	65
66 PHYSICAL THERAPY	7,828,963	6,096,324	13,925,287	0.400883	0.400883	0.400883	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	18,864,834	13,397,780	32,262,614	0.117079	0.117079	0.117079	69
70 ELECTROENCEPHALOGRAPHY	430,863	757,024	1,187,887	0.131622	0.131622	0.131622	70
71 MEDICAL SUPPLIES CHRGED TO	18,554,874	6,517,749	25,072,623	0.350599	0.350599	0.350599	71
72 IMPL. DEV. CHARGED TO PATIE	11,914,980	4,894,359	16,809,339	0.430552	0.430552	0.430552	72
73 DRUGS CHARGED TO PATIENTS	73,889,569	29,451,506	103,341,075	0.154065	0.154065	0.154065	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	2,015,934	43,771	2,059,705	0.236610	0.236610	0.236610	74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	9,667	169,824	179,491	0.726638	0.726638	0.726638	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1,590,229	1,320,262	2,910,491	0.311329	0.311329	0.311329	90
91 EMERGENCY	9,187,809	14,023,382	23,211,191	0.162047	0.162047	0.162047	91
91.01 PARTIAL HOSPITALIZATION		902,576	902,576	0.361206	0.361206	0.361206	91.01
92 OBSERVATION BEDS		4,063,579	4,063,579	0.666532	0.666532	0.666532	92
OTHER REIMBURSABLE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THE							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	395,865,938	202,863,048	598,728,986				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	395,865,938	202,863,048	598,728,986				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	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	3,017,722		3,017,722	43,843	68.83	16,783	1,155,174	30
31 INTENSIVE CARE UNIT	410,544		410,544	3,689	111.29	2,251	250,514	31
32 CORONARY CARE UNIT	-261		-261					32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	465,281		465,281	10,459	44.49	5,294	235,530	40
41 SUBPROVIDER - IRF	201,702		201,702	3,810	52.94	2,640	139,762	41
42 SUBPROVIDER I								42
43 NURSERY	91,104		91,104	5,906	15.43			43
44 SKILLED NURSING FACILITY	419,676		419,676	6,401	65.56	5,176	339,339	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,607,980		4,607,980	74,108		32,144	2,120,319	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 (14-0224) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 × COL.4)	
	COST CENTER DESCRIPTION	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,257,332	61,500,866	0.020444	9,361,510	191,387	50
51	RECOVERY ROOM	67,056	10,841,189	0.006185	1,677,663	10,376	51
53	ANESTHESIOLOGY	35,890	10,220,103	0.003512	1,546,816	5,432	53
54	RADIOLOGY-DIAGNOSTIC	828,668	66,203,592	0.012517	11,480,859	143,706	54
55	RADIOLOGY-THERAPEUTIC	185,325	8,360,136	0.022168	114,191	2,531	55
60	LABORATORY	535,827	67,079,359	0.007988	21,386,701	170,837	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	121,926	19,366,658	0.006296	8,400,099	52,887	65
66	PHYSICAL THERAPY	232,215	13,925,287	0.016676	1,506,874	25,129	66
67	OCCUPATIONAL THERAPY	247					67
68	SPEECH PATHOLOGY	97					68
69	ELECTROCARDIOLOGY	262,567	32,262,614	0.008138	11,654,841	94,847	69
70	ELECTROENCEPHALOGRAPHY	4,524	1,187,887	0.003808	246,595	939	70
71	MEDICAL SUPPLIES CHRGD TO PA	461,524	25,072,623	0.018407	9,051,080	166,603	71
72	IMPL. DEV. CHARGED TO PATIENT	380,787	16,809,339	0.022653	5,865,009	132,860	72
73	DRUGS CHARGED TO PATIENTS	416,291	103,341,075	0.004028	27,743,324	111,750	73
73.01	DRUGS CHARGED						73.01
74	RENAL DIALYSIS	9,480	2,059,705	0.004603	1,323,335	6,091	74
76	CARDIAC REHAB	130					76
76.97	CARDIAC REHABILITATION	2,648	179,491	0.014753	4,864	72	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	151,354	2,910,491	0.052003	12,089	629	90
91	EMERGENCY	240,542	23,211,191	0.010363	4,646,616	48,153	91
91.01	PARTIAL HOSPITALIZATION	45,262	902,576	0.050148			91.01
92	OBSERVATION BEDS	212,339	4,063,579	0.052254			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	5,452,031	469,497,761	469,497,761	116,022,466	1,164,229	200

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

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

WORKSHEET D
 PART III

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

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

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	43,843		16,783		30
31 INTENSIVE CARE UNIT	3,689		2,251		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	10,459		5,294		40
41 SUBPROVIDER - IRF	3,810		2,640		41
42 SUBPROVIDER I					42
43 NURSERY	5,906				43
44 SKILLED NURSING FACILITY	6,401		5,176		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	74,108		32,144		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES (FROM WKST C, PT. I, COL. 8) 7	COST TO CHARGES (COL. 5 ÷ COL. 7) 8	OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9				
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	61,500,866			9,361,510		7,351,489	50
51 RECOVERY ROOM	10,841,189			1,677,663		1,520,143	51
53 ANESTHESIOLOGY	10,220,103			1,546,816		1,204,485	53
54 RADIOLOGY-DIAGNOSTIC	66,203,592			11,480,859		10,759,605	54
55 RADIOLOGY-THERAPEUTIC	8,360,136			114,191		3,010,584	55
60 LABORATORY	67,079,359			21,386,701		1,762,015	60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	19,366,658			8,400,099		313,114	65
66 PHYSICAL THERAPY	13,925,287			1,506,874		83,904	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	32,262,614			11,654,841		5,558,277	69
70 ELECTROENCEPHALOGRAPHY	1,187,887			246,595		226,474	70
71 MEDICAL SUPPLIES CHRGD TO P	25,072,623			9,051,080		1,768,248	71
72 IMPL. DEV. CHARGED TO PATIEN	16,809,339			5,865,009		1,901,608	72
73 DRUGS CHARGED TO PATIENTS	103,341,075			27,743,324		10,576,128	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	2,059,705			1,323,335		19,610	74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	179,491			4,864		79,341	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,910,491			12,089		721,523	90
91 EMERGENCY	23,211,191			4,646,616		3,025,582	91
91.01 PARTIAL HOSPITALIZATION	902,576					65,152	91.01
92 OBSERVATION BEDS	4,063,579					1,508,297	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	469,497,761			116,022,466		51,455,579	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	PPS	COST SERVICES	COST SVCES NOT
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.285114	7,351,489			2,096,012		50
51 RECOVERY ROOM	0.122455	1,520,143			186,149		51
53 ANESTHESIOLOGY	0.062110	1,204,485			74,811		53
54 RADIOLOGY-DIAGNOSTIC	0.125550	10,759,605			1,350,868		54
55 RADIOLOGY-THERAPEUTIC	0.259793	3,010,584			782,129		55
60 LABORATORY	0.155769	1,762,015			274,467		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.144010	313,114			45,092		65
66 PHYSICAL THERAPY	0.400883	83,904			33,636		66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.117079	5,558,277			650,758		69
70 ELECTROENCEPHALOGRAPHY	0.131622	226,474			29,809		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.350599	1,768,248			619,946		71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552	1,901,608			818,741		72
73 DRUGS CHARGED TO PATIENTS	0.154065	10,576,128		59,980	1,629,411		73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.236610	19,610			4,640		74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.726638	79,341			57,652		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.311329	721,523			224,631		90
91 EMERGENCY	0.162047	3,025,582			490,286		91
91.01 PARTIAL HOSPITALIZATION	0.361206	65,152			23,533		91.01
92 OBSERVATION BEDS	0.666532	1,508,297			1,005,328		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		51,455,579		59,980	10,397,899		9,241 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		51,455,579		59,980	10,397,899		9,241 202

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 [XX] IPF (14-S224) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S224) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	CHARGES	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	61,500,866						50
51 RECOVERY ROOM	10,841,189			104,000			51
53 ANESTHESIOLOGY	10,220,103			99,020			53
54 RADIOLOGY-DIAGNOSTIC	66,203,592			120,425		3,154	54
55 RADIOLOGY-THERAPEUTIC	8,360,136						55
60 LABORATORY	67,079,359			874,951		650	60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	19,366,658			246,064			65
66 PHYSICAL THERAPY	13,925,287			69,156			66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	32,262,614			55,958		2,500	69
70 ELECTROENCEPHALOGRAPHY	1,187,887			13,000			70
71 MEDICAL SUPPLIES CHRGD TO P	25,072,623			70,864			71
72 IMPL. DEV. CHARGED TO PATIEN	16,809,339						72
73 DRUGS CHARGED TO PATIENTS	103,341,075			1,897,698		8,653	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	2,059,705			45,422			74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	179,491						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,910,491			116,580			90
91 EMERGENCY	23,211,191			547,175			91
91.01 PARTIAL HOSPITALIZATION	902,576						91.01
92 OBSERVATION BEDS	4,063,579						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	469,497,761			4,260,313		14,957	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 [XX] IPF (14-S224) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.285114							50
51 RECOVERY ROOM	0.122455							51
53 ANESTHESIOLOGY	0.062110							53
54 RADIOLOGY-DIAGNOSTIC	0.125550	3,154			396			54
55 RADIOLOGY-THERAPEUTIC	0.259793							55
60 LABORATORY	0.155769	650			101			60
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.144010							65
66 PHYSICAL THERAPY	0.400883							66
67 OCCUPATIONAL THERAPY								67
68 SPEECH PATHOLOGY								68
69 ELECTROCARDIOLOGY	0.117079	2,500			293			69
70 ELECTROENCEPHALOGRAPHY	0.131622							70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.350599							71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552							72
73 DRUGS CHARGED TO PATIENTS	0.154065	8,653			1,333			73
73.01 DRUGS CHARGED								73.01
74 RENAL DIALYSIS	0.236610							74
76 CARDIAC REHAB								76
76.97 CARDIAC REHABILITATION	0.726638							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.311329							90
91 EMERGENCY	0.162047							91
91.01 PARTIAL HOSPITALIZATION	0.361206							91.01
92 OBSERVATION BEDS	0.666532							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		14,957			2,123			200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		14,957			2,123			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-T224)	[] SUB (OTHER)	[XX] PPS [] TEFRA				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,257,332	61,500,866	0.020444	45,263	925		50
51	RECOVERY ROOM	67,056	10,841,189	0.006185	10,600	66		51
53	ANESTHESIOLOGY	35,890	10,220,103	0.003512	5,296	19		53
54	RADIOLOGY-DIAGNOSTIC	828,668	66,203,592	0.012517	120,141	1,504		54
55	RADIOLOGY-THERAPEUTIC	185,325	8,360,136	0.022168	1,820	40		55
60	LABORATORY	535,827	67,079,359	0.007988	623,281	4,979		60
62.30	BLOOD CLOTTING FACTORS ADMIN							62.30
65	RESPIRATORY THERAPY	121,926	19,366,658	0.006296	264,004	1,662		65
66	PHYSICAL THERAPY	232,215	13,925,287	0.016676	2,107,328	35,142		66
67	OCCUPATIONAL THERAPY	247						67
68	SPEECH PATHOLOGY	97						68
69	ELECTROCARDIOLOGY	262,567	32,262,614	0.008138	203,587	1,657		69
70	ELECTROENCEPHALOGRAPHY	4,524	1,187,887	0.003808	1,300	5		70
71	MEDICAL SUPPLIES CHRGD TO PA	461,524	25,072,623	0.018407	240,149	4,420		71
72	IMPL. DEV. CHARGED TO PATIENT	380,787	16,809,339	0.022653	3,993	90		72
73	DRUGS CHARGED TO PATIENTS	416,291	103,341,075	0.004028	1,104,058	4,447		73
73.01	DRUGS CHARGED							73.01
74	RENAL DIALYSIS	9,480	2,059,705	0.004603	158,977	732		74
76	CARDIAC REHAB	130						76
76.97	CARDIAC REHABILITATION	2,648	179,491	0.014753				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	151,354	2,910,491	0.052003	123	6		90
91	EMERGENCY	240,542	23,211,191	0.010363	1,477	15		91
91.01	PARTIAL HOSPITALIZATION	45,262	902,576	0.050148				91.01
92	OBSERVATION BEDS	212,339	4,063,579	0.052254				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	5,452,031	469,497,761	469,497,761	4,891,397	55,709		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-T224) [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T224) [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	CHARGES	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	61,500,866			45,263			50
51 RECOVERY ROOM	10,841,189			10,600			51
53 ANESTHESIOLOGY	10,220,103			5,296			53
54 RADIOLOGY-DIAGNOSTIC	66,203,592			120,141		15,638	54
55 RADIOLOGY-THERAPEUTIC	8,360,136			1,820			55
60 LABORATORY	67,079,359			623,281		1,107	60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	19,366,658			264,004			65
66 PHYSICAL THERAPY	13,925,287			2,107,328			66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	32,262,614			203,587		4,970	69
70 ELECTROENCEPHALOGRAPHY	1,187,887			1,300		1,300	70
71 MEDICAL SUPPLIES CHRGD TO P	25,072,623			240,149			71
72 IMPL. DEV. CHARGED TO PATIEN	16,809,339			3,993			72
73 DRUGS CHARGED TO PATIENTS	103,341,075			1,104,058		24,312	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	2,059,705			158,977			74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	179,491						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,910,491			123			90
91 EMERGENCY	23,211,191			1,477			91
91.01 PARTIAL HOSPITALIZATION	902,576						91.01
92 OBSERVATION BEDS	4,063,579						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	469,497,761			4,891,397		47,327	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-T224) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SUBJECT TO	SUBJECT TO	SUBJECT TO	SVCES NOT	
FROM WKST C,	REIMBURSED	DED & COINS	DED & COINS	PPS	DED & COINS	DED & COINS	
PT I, COL. 9	SERVICES	3	4	5	6	7	
1	2						
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.285114						50
51 RECOVERY ROOM	0.122455						51
53 ANESTHESIOLOGY	0.062110						53
54 RADIOLOGY-DIAGNOSTIC	0.125550	15,638			1,963		54
55 RADIOLOGY-THERAPEUTIC	0.259793						55
60 LABORATORY	0.155769	1,107			172		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.144010						65
66 PHYSICAL THERAPY	0.400883						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.117079	4,970			582		69
70 ELECTROENCEPHALOGRAPHY	0.131622	1,300			171		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.350599						71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552						72
73 DRUGS CHARGED TO PATIENTS	0.154065	24,312			3,746		73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.236610						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.726638						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.311329						90
91 EMERGENCY	0.162047						91
91.01 PARTIAL HOSPITALIZATION	0.361206						91.01
92 OBSERVATION BEDS	0.666532						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		47,327			6,634		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		47,327			6,634		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 (14-5568) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5568) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	10	COL. 10)	12	COL. 12)
	7	8	9		11		13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	61,500,866			6,800			50
51 RECOVERY ROOM	10,841,189						51
53 ANESTHESIOLOGY	10,220,103						53
54 RADIOLOGY-DIAGNOSTIC	66,203,592			108,490			54
55 RADIOLOGY-THERAPEUTIC	8,360,136			51,330			55
60 LABORATORY	67,079,359			1,201,536			60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	19,366,658			601,811			65
66 PHYSICAL THERAPY	13,925,287			1,768,330			66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	32,262,614			39,917			69
70 ELECTROENCEPHALOGRAPHY	1,187,887						70
71 MEDICAL SUPPLIES CHRGD TO P	25,072,623			1,091,165			71
72 IMPL. DEV. CHARGED TO PATIEN	16,809,339						72
73 DRUGS CHARGED TO PATIENTS	103,341,075			2,910,781			73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	2,059,705						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	179,491						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,910,491			403			90
91 EMERGENCY	23,211,191						91
91.01 PARTIAL HOSPITALIZATION	902,576						91.01
92 OBSERVATION BEDS	4,063,579						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	469,497,761			7,780,563			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 (14-5568) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	PPS	COST SERVICES	COST SVCES NOT
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.285114						50
51 RECOVERY ROOM	0.122455						51
53 ANESTHESIOLOGY	0.062110						53
54 RADIOLOGY-DIAGNOSTIC	0.125550						54
55 RADIOLOGY-THERAPEUTIC	0.259793						55
60 LABORATORY	0.155769						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.144010						65
66 PHYSICAL THERAPY	0.400883						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.117079						69
70 ELECTROENCEPHALOGRAPHY	0.131622						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.350599						71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552						72
73 DRUGS CHARGED TO PATIENTS	0.154065						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.236610						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.726638						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.311329						90
91 EMERGENCY	0.162047						91
91.01 PARTIAL HOSPITALIZATION	0.361206						91.01
92 OBSERVATION BEDS	0.666532						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/30/2012 16:34

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							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 (14-0224) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS					74
76 CARDIAC REHAB					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
91.01 PARTIAL HOSPITALIZATION					91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

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: 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT 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	
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					31
33 CORONARY CARE UNIT					32
34 BURN INTENSIVE CARE UNIT					33
35 SURGICAL INTENSIVE CARE UNIT					34
40 OTHER SPECIAL CARE (SPECIFY)					35
41 SUBPROVIDER - IPF					40
42 SUBPROVIDER - IRF					41
43 SUBPROVIDER I					42
44 NURSERY					43
45 SKILLED NURSING FACILITY					44
200 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 (14-0224) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	61,500,866							50	
51 RECOVERY ROOM	10,841,189							51	
53 ANESTHESIOLOGY	10,220,103							53	
54 RADIOLOGY-DIAGNOSTIC	66,203,592							54	
55 RADIOLOGY-THERAPEUTIC	8,360,136							55	
60 LABORATORY	67,079,359							60	
62.30 BLOOD CLOTTING FACTORS ADMIN								62.30	
65 RESPIRATORY THERAPY	19,366,658							65	
66 PHYSICAL THERAPY	13,925,287							66	
67 OCCUPATIONAL THERAPY								67	
68 SPEECH PATHOLOGY								68	
69 ELECTROCARDIOLOGY	32,262,614							69	
70 ELECTROENCEPHALOGRAPHY	1,187,887							70	
71 MEDICAL SUPPLIES CHRGED TO P	25,072,623							71	
72 IMPL. DEV. CHARGED TO PATIEN	16,809,339							72	
73 DRUGS CHARGED TO PATIENTS	103,341,075							73	
73.01 DRUGS CHARGED								73.01	
74 RENAL DIALYSIS	2,059,705							74	
76 CARDIAC REHAB								76	
76.97 CARDIAC REHABILITATION	179,491							76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	2,910,491							90	
91 EMERGENCY	23,211,191							91	
91.01 PARTIAL HOSPITALIZATION	902,576							91.01	
92 OBSERVATION BEDS	4,063,579							92	
OTHER REIMBURSABLE COST CENTERS									
200 TOTAL (SUM OF LINES 50-199)	469,497,761							200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S224) [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS					74
76 CARDIAC REHAB					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
91.01 PARTIAL HOSPITALIZATION					91.01
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 [XX] IPF (14-S224) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						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
91.01 PARTIAL HOSPITALIZATION						91.01
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 [XX] IPF (14-S224) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	61,500,866						50
51 RECOVERY ROOM	10,841,189						51
53 ANESTHESIOLOGY	10,220,103						53
54 RADIOLOGY-DIAGNOSTIC	66,203,592						54
55 RADIOLOGY-THERAPEUTIC	8,360,136						55
60 LABORATORY	67,079,359						60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	19,366,658						65
66 PHYSICAL THERAPY	13,925,287						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	32,262,614						69
70 ELECTROENCEPHALOGRAPHY	1,187,887						70
71 MEDICAL SUPPLIES CHRGD TO P	25,072,623						71
72 IMPL. DEV. CHARGED TO PATIEN	16,809,339						72
73 DRUGS CHARGED TO PATIENTS	103,341,075						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	2,059,705						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	179,491						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,910,491						90
91 EMERGENCY	23,211,191						91
91.01 PARTIAL HOSPITALIZATION	902,576						91.01
92 OBSERVATION BEDS	4,063,579						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	469,497,761						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T224) [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
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS					74
76 CARDIAC REHAB					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
91.01 PARTIAL HOSPITALIZATION					91.01
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-T224) [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						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
91.01 PARTIAL HOSPITALIZATION						91.01
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-T224) [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	61,500,866						50
51 RECOVERY ROOM	10,841,189						51
53 ANESTHESIOLOGY	10,220,103						53
54 RADIOLOGY-DIAGNOSTIC	66,203,592						54
55 RADIOLOGY-THERAPEUTIC	8,360,136						55
60 LABORATORY	67,079,359						60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	19,366,658						65
66 PHYSICAL THERAPY	13,925,287						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	32,262,614						69
70 ELECTROENCEPHALOGRAPHY	1,187,887						70
71 MEDICAL SUPPLIES CHRGED TO P	25,072,623						71
72 IMPL. DEV. CHARGED TO PATIEN	16,809,339						72
73 DRUGS CHARGED TO PATIENTS	103,341,075						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	2,059,705						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	179,491						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,910,491						90
91 EMERGENCY	23,211,191						91
91.01 PARTIAL HOSPITALIZATION	902,576						91.01
92 OBSERVATION BEDS	4,063,579						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	469,497,761						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-T224) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SUBJECT TO	SVCES NOT	SUBJECT TO	SVCES NOT	
FROM WKST C,	REIMBURSED	DED & COINS	DED & COINS	PPS	DED & COINS	DED & COINS	
PT I, COL. 9	SERVICES	3	4	SERVICES	6	7	
1	2			5			
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.285114						50
51 RECOVERY ROOM	0.122455						51
53 ANESTHESIOLOGY	0.062110						53
54 RADIOLOGY-DIAGNOSTIC	0.125550						54
55 RADIOLOGY-THERAPEUTIC	0.259793						55
60 LABORATORY	0.155769						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.144010						65
66 PHYSICAL THERAPY	0.400883						66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	0.117079						69
70 ELECTROENCEPHALOGRAPHY	0.131622						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.350599						71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552						72
73 DRUGS CHARGED TO PATIENTS	0.154065						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.236610						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.726638						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.311329						90
91 EMERGENCY	0.162047						91
91.01 PARTIAL HOSPITALIZATION	0.361206						91.01
92 OBSERVATION BEDS	0.666532						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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0224)	[]	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)	43,843	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	43,843	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43,843	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)	16,783	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)	38,492,613	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	38,492,613	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	91,681,905	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	91,681,905	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.419850	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)	2,091.14	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)	38,492,613	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0224) [] 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) 877.96 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 14,734,803 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) 14,734,803 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	6,752,612	3,689	1,830.47	2,251	4,120,388	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)					22,031,247	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					40,886,438	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,405,688 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,164,229 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,569,917 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 38,316,521 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,085 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 877.96 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,708,507 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,017,722	38,492,613	0.078397	2,708,507	212,339	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S224)	[]	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)	10,459	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,459	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,459	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)	5,294	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)	6,804,726	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	6,804,726	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,319,916	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,319,916	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.392884	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,655.98	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)	6,804,726	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	[XX]	IPF (14-S224)			[]	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)	650.61 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,444,329 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)	3,444,329 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	694,640 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,138,969 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	235,530 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	33,584 51
52	TOTAL PROGRAM EXCLUDABLE COST	269,114 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,869,855 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

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-T224)			[]	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)	773.53 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,042,119 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,042,119 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,327,906 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,370,025 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	139,762 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	55,709 51
52	TOTAL PROGRAM EXCLUDABLE COST	195,471 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,174,554 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

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 (14-5568)			[]	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)	6,401	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,401	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,401	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)	5,176	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,196,116	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	4,196,116	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,923,183	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,923,183	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.852318	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)	769.13	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)	4,196,116	37							

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input checked="" type="checkbox"/>	SNF (14-5568)			<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF			<input type="checkbox"/>	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)	4,196,116	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	655.54	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	3,393,075	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)	3,393,075	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)	3,393,075	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,847,425	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,240,500	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0224) [] 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)	43,843	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	43,843	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43,843	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)	5,824	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)	5,906	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,257	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)	38,492,613	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	38,492,613	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	91,681,905	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	91,681,905	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.419850	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)	2,091.14	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)	38,492,613	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0224) [] 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) 877.96 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,113,239 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 5,113,239 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)	3,321,636	5,906	562.42	3,257	1,831,802 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,752,612	3,689	1,830.47	364	666,291 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)					7,611,332 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,085 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS	
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S224)	[]	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)	10,459	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,459	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,459	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,284	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	6,804,726	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	6,804,726	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,319,916	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,319,916	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.392884	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,655.98	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)	6,804,726	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S224)			[]	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)	650.61 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,136,603 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,136,603 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,136,603 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

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-T224)			[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)	773.53	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	225,097	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)	225,097	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	225,097	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)		50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST		52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		31,073,185		30
31 INTENSIVE CARE UNIT		7,144,768		31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.285247	9,361,510	2,670,343	50
51 RECOVERY ROOM	0.122455	1,677,663	205,438	51
53 ANESTHESIOLOGY	0.062110	1,546,816	96,073	53
54 RADIOLOGY-DIAGNOSTIC	0.125550	11,480,859	1,441,422	54
55 RADIOLOGY-THERAPEUTIC	0.259793	114,191	29,666	55
60 LABORATORY	0.155769	21,386,701	3,331,385	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.144010	8,400,099	1,209,698	65
66 PHYSICAL THERAPY	0.400883	1,506,874	604,080	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.117079	11,654,841	1,364,537	69
70 ELECTROENCEPHALOGRAPHY	0.131622	246,595	32,457	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.350599	9,051,080	3,173,300	71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552	5,865,009	2,525,191	72
73 DRUGS CHARGED TO PATIENTS	0.154065	27,743,324	4,274,275	73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS	0.236610	1,323,335	313,114	74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION	0.726638	4,864	3,534	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.311329	12,089	3,764	90
91 EMERGENCY	0.162047	4,646,616	752,970	91
91.01 PARTIAL HOSPITALIZATION	0.361206			91.01
92 OBSERVATION BEDS	0.666532			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		116,022,466	22,031,247	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		116,022,466		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 [XX] IPF (14-S224) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF		8,760,284		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.285247			50
51 RECOVERY ROOM	0.122455	104,000	12,735	51
53 ANESTHESIOLOGY	0.062110	99,020	6,150	53
54 RADIOLOGY-DIAGNOSTIC	0.125550	120,425	15,119	54
55 RADIOLOGY-THERAPEUTIC	0.259793			55
60 LABORATORY	0.155769	874,951	136,290	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.144010	246,064	35,436	65
66 PHYSICAL THERAPY	0.400883	69,156	27,723	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.117079	55,958	6,552	69
70 ELECTROENCEPHALOGRAPHY	0.131622	13,000	1,711	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.350599	70,864	24,845	71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552			72
73 DRUGS CHARGED TO PATIENTS	0.154065	1,897,698	292,369	73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS	0.236610	45,422	10,747	74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION	0.726638			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.311329	116,580	36,295	90
91 EMERGENCY	0.162047	547,175	88,668	91
91.01 PARTIAL HOSPITALIZATION	0.361206			91.01
92 OBSERVATION BEDS	0.666532			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,260,313	694,640	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,260,313		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-T224) [] 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
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		3,812,549		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.285247	45,263	12,911	50
51 RECOVERY ROOM	0.122455	10,600	1,298	51
53 ANESTHESIOLOGY	0.062110	5,296	329	53
54 RADIOLOGY-DIAGNOSTIC	0.125550	120,141	15,084	54
55 RADIOLOGY-THERAPEUTIC	0.259793	1,820	473	55
60 LABORATORY	0.155769	623,281	97,088	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.144010	264,004	38,019	65
66 PHYSICAL THERAPY	0.400883	2,107,328	844,792	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.117079	203,587	23,836	69
70 ELECTROENCEPHALOGRAPHY	0.131622	1,300	171	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.350599	240,149	84,196	71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552	3,993	1,719	72
73 DRUGS CHARGED TO PATIENTS	0.154065	1,104,058	170,097	73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS	0.236610	158,977	37,616	74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION	0.726638			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.311329	123	38	90
91 EMERGENCY	0.162047	1,477	239	91
91.01 PARTIAL HOSPITALIZATION	0.361206			91.01
92 OBSERVATION BEDS	0.666532			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,891,397	1,327,906	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,891,397		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 (14-5568)	[]	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
32 CORONARY CARE UNIT				32
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.285114	6,800	1,939	50
51 RECOVERY ROOM	0.122455			51
53 ANESTHESIOLOGY	0.062110			53
54 RADIOLOGY-DIAGNOSTIC	0.125550	108,490	13,621	54
55 RADIOLOGY-THERAPEUTIC	0.259793	51,330	13,335	55
60 LABORATORY	0.155769	1,201,536	187,162	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.144010	601,811	86,667	65
66 PHYSICAL THERAPY	0.400883	1,768,330	708,893	66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY	0.117079	39,917	4,673	69
70 ELECTROENCEPHALOGRAPHY	0.131622			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.350599	1,091,165	382,561	71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552			72
73 DRUGS CHARGED TO PATIENTS	0.154065	2,910,781	448,449	73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS	0.236610			74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION	0.726638			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.311329	403	125	90
91 EMERGENCY	0.162047			91
91.01 PARTIAL HOSPITALIZATION	0.361206			91.01
92 OBSERVATION BEDS	0.666532			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		7,780,563	1,847,425	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		7,780,563		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] 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
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.285114		50
51 RECOVERY ROOM	0.122455		51
53 ANESTHESIOLOGY	0.062110		53
54 RADIOLOGY-DIAGNOSTIC	0.125550		54
55 RADIOLOGY-THERAPEUTIC	0.259793		55
60 LABORATORY	0.155769		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.144010		65
66 PHYSICAL THERAPY	0.400883		66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	0.117079		69
70 ELECTROENCEPHALOGRAPHY	0.131622		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.350599		71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552		72
73 DRUGS CHARGED TO PATIENTS	0.154065		73
73.01 DRUGS CHARGED			73.01
74 RENAL DIALYSIS	0.236610		74
76 CARDIAC REHAB			76
76.97 CARDIAC REHABILITATION	0.726638		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.311329		90
91 EMERGENCY	0.162047		91
91.01 PARTIAL HOSPITALIZATION	0.361206		91.01
92 OBSERVATION BEDS	0.666532		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S224) [] 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
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.285114		50
51 RECOVERY ROOM	0.122455		51
53 ANESTHESIOLOGY	0.062110		53
54 RADIOLOGY-DIAGNOSTIC	0.125550		54
55 RADIOLOGY-THERAPEUTIC	0.259793		55
60 LABORATORY	0.155769		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.144010		65
66 PHYSICAL THERAPY	0.400883		66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	0.117079		69
70 ELECTROENCEPHALOGRAPHY	0.131622		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.350599		71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552		72
73 DRUGS CHARGED TO PATIENTS	0.154065		73
73.01 DRUGS CHARGED			73.01
74 RENAL DIALYSIS	0.236610		74
76 CARDIAC REHAB			76
76.97 CARDIAC REHABILITATION	0.726638		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.311329		90
91 EMERGENCY	0.162047		91
91.01 PARTIAL HOSPITALIZATION	0.361206		91.01
92 OBSERVATION BEDS	0.666532		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	IRF (14-T224)	[]	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
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.285114		50
51 RECOVERY ROOM	0.122455		51
53 ANESTHESIOLOGY	0.062110		53
54 RADIOLOGY-DIAGNOSTIC	0.125550		54
55 RADIOLOGY-THERAPEUTIC	0.259793		55
60 LABORATORY	0.155769		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.144010		65
66 PHYSICAL THERAPY	0.400883		66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	0.117079		69
70 ELECTROENCEPHALOGRAPHY	0.131622		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.350599		71
72 IMPL. DEV. CHARGED TO PATIENT	0.430552		72
73 DRUGS CHARGED TO PATIENTS	0.154065		73
73.01 DRUGS CHARGED			73.01
74 RENAL DIALYSIS	0.236610		74
76 CARDIAC REHAB			76
76.97 CARDIAC REHABILITATION	0.726638		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.311329		90
91 EMERGENCY	0.162047		91
91.01 PARTIAL HOSPITALIZATION	0.361206		91.01
92 OBSERVATION BEDS	0.666532		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 (14-0224)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	29,695,812	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	843,820	2
3	MANAGED CARE SIMULATED PAYMENTS	1,174,789	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	246.55	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)	139.15	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)	139.15	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	118.39	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	15.01	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	133.40	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	126.37	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	119.48	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	126.42	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	126.42	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.512756	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.458870	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.458870	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	6,887,694	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)	-20.76	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)	6,887,694	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0661	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1779	31
32	SUM OF LINES 30 AND 31	0.2440	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1015	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,014,125	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)	40,441,451	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)	40,441,451	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,484,016	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0224)
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)	5,988,737	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	49,914,204	59
60	PRIMARY PAYER PAYMENTS	15,275	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	49,898,929	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,665,404	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	232,962	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	881,403	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	616,982	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	767,218	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	47,617,545	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)	47,617,545	71
72	INTERIM PAYMENTS	46,085,020	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	1,532,525	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0224) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,241	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	10,397,899	2
3	PPS PAYMENTS	10,011,509	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	48,981	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)	9,241	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	59,980	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)	59,980	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)	59,980	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	50,739	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)	9,241	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)	10,060,490	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	2,413,232	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	7,656,499	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	1,152,802	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	8,809,301	30
31	PRIMARY PAYER PAYMENTS	6,054	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	8,803,247	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)	536,852	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	375,796	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	496,825	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	9,179,043	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)	9,179,043	40
41	INTERIM PAYMENTS	10,456,964	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-1,277,921	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 [XX] IPF (14-S224) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	2,123	2
3	PPS PAYMENTS	2,362	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	2,362	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	437	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	1,925	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)	1,925	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,925	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)	1,925	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)	1,925	40
41	INTERIM PAYMENTS	1,925	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [XX] IRF (14-T224)
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	6,634	2
3	PPS PAYMENTS	3,360	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	3,360	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	892	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	2,468	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)	2,468	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,468	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)	2,468	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)	2,468	40
41	INTERIM PAYMENTS	2,468	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0224) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		40,649,016		7,641,204	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		4,940,529		2,692,031	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 06/24/2011	495,475	06/24/2011	123,729	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	495,475		123,729	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		46,085,020		10,456,964	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01				6.01
	PROVIDER PROVIDER TO .02	-46,085,020		-1,277,921	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				9,179,043	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 [XX] IPF (14-S224) [] SNF
 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		3,850,032		1,925	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)		3,850,032		1,925	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	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	210,912			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		4,060,944		1,925	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-T224) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,142,677		2,468	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 02/12/2010	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		4,142,677		2,468	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01	8,132			6.01
	PROVIDER PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		4,150,809		2,468	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 (14-5568)
 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		2,205,426			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.					
PROGRAM .01		NONE		NONE	3.01
TO .02					3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
.06					3.06
.07					3.07
.08					3.08
.09					3.09
.50		NONE		NONE	3.50
.51					3.51
PROVIDER .52					3.52
TO .53					3.53
PROGRAM .54					3.54
.55					3.55
.56					3.56
.57					3.57
.58					3.58
.59					3.59
.99					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,205,426			4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01		NONE		NONE	5.01
TO .02					5.02
PROVIDER .03					5.03
.04					5.04
.05					5.05
.06					5.06
.07					5.07
.08					5.08
.09					5.09
PROVIDER .50		NONE		NONE	5.50
TO .51					5.51
PROGRAM .52					5.52
.53					5.53
.54					5.54
.55					5.55
.56					5.56
.57					5.57
.58					5.58
.59					5.59
.99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
PROGRAM TO .01		5,563			6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,210,989			7

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

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/30/2012 16:34

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0224) [] 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	10,033	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	19,034	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	916	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	44,447	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	598,728,986	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	2,719,110	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 II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S224)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	4,187,349	1
2	NET IPF PPS OUTLIER PAYMENT	61,080	2
3	NET IPF PPS ECT PAYMENT	34,426	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	28.654795	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	4,282,855	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	4,282,855	16
17	PRIMARY PAYER PAYMENTS	1,187	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	4,281,668	18
19	DEDUCTIBLES	295,852	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	3,985,816	20
21	COINSURANCE	135,784	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	3,850,032	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	301,303	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	210,912	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	297,301	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	4,060,944	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,060,944	31
32	INTERIM PAYMENTS	3,850,032	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	210,912	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

CHECK HOSPITAL
 APPLICABLE BOX: IRF (14-T224)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	3,962,055	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.133500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	235,778	3
4	OUTLIER PAYMENTS	8,953	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)	10.438356	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)	4,206,786	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)	4,206,786	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	4,206,786	19
20	DEDUCTIBLES	26,656	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,180,130	21
22	COINSURANCE	34,348	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,145,782	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	7,182	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	5,027	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	7,182	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,150,809	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,150,809	32
33	INTERIM PAYMENTS	4,142,677	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	8,132	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT			
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,306,324	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	2,306,324	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	100,898	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	7,947	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	5,563	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,210,989	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (LOSS ON SALE OF ASSETS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,210,989	15
16	INTERIM PAYMENTS	2,205,426	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	5,563	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	7,611,332 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	7,611,332 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7,611,332 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	7,611,332 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	7,611,332 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	7,611,332 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	7,611,332 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 + LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S224) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	2,136,603 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,136,603 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,136,603 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	2,136,603 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	2,136,603 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	2,136,603 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	2,136,603 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 + LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [XX] IRF (14-T224) [] 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 225,097 1
2	MEDICAL AND OTHER SERVICES 2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) 3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3) 225,097 4
5	INPATIENT PRIMARY PAYER PAYMENTS 5
6	OUTPATIENT PRIMARY PAYER PAYMENTS 6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6) 225,097 7
COMPUTATION OF LESSER OF COST OR CHARGES	
REASONABLE CHARGES	
8	ROUTINE SERVICE CHARGES 8
9	ANCILLARY SERVICE CHARGES 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE 10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION 11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) 12
CUSTOMARY CHARGES	
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS 13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) 14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000) 1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS)) 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS)) 225,097 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS) 19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) 20
21	COST OF COVERED SERVICES (LINE 7) 225,097 21
PROSPECTIVE PAYMENT AMOUNT	
22	OTHER THAN OUTLIER PAYMENTS 22
23	OUTLIER PAYMENTS 23
24	PROGRAM CAPITAL PAYMENTS 24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) 25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS 26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6) 27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) 28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21 225,097 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
30	EXCESS OF REASONABLE COST (FROM LINE 18) 225,097 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30) 31
32	DEDUCTIBLES 32
33	COINSURANCE 33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 34
35	UTILIZATION REVIEW 35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 37
38	SUBTOTAL (LINE 36 + LINE 37) 38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 40
41	INTERIM PAYMENTS 41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	142.44	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)	142.44	5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	118.39	6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6	118.39	7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	95.45	19.96	115.41
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	95.45	19.96	115.41
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		15.01	10
11	TOTAL WEIGHTED FTE COUNT	95.45	34.97	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	92.94	25.19	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	90.00	25.32	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	92.80	28.49	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	92.80	28.49	17
18	PER RESIDENT AMOUNT	125,446.00	120,916.00	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	11,641,389	3,444,897	15,086,286
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)			15,086,286
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	26,968	963	26
27	TOTAL INPATIENT DAYS	58,716	58,716	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.459296	0.016401	28
29	PROGRAM DIRECT GME AMOUNT	6,929,071	247,430	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		34,962	30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			7,141,539
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)			2,059,705
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)			54,094,831
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)			16,462
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			54,078,369
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			10,415,897
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			6,054
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			10,409,843
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			64,488,212
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.838578
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.161422
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			7,141,539
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			5,988,737
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,152,802

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
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR		TOTAL 3
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		8
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		9
11	TOTAL WEIGHTED FTE COUNT		10
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		11
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		12
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)		13
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		14
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		15
17	ADJUSTED ROLLING AVERAGE FTE COUNT		16
18	PER RESIDENT AMOUNT		17
19	APPROVED AMOUNT FOR RESIDENT COSTS		18
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		19
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		20
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		21
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		22
24	MULTIPLY LINE 22 TIMES LINE 23		23
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		24
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	9,763	75
27	TOTAL INPATIENT DAYS	58,716	58,716
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.166275	0.001277
29	PROGRAM DIRECT GME AMOUNT		26
30	REDUCTION FOR NURSING/ALLIED HEALTH		27
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		28
31	NET PROGRAM DIRECT GME AMOUNT		29
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		30
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		31
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		32
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		33
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		34
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME		35
	PART A REASONABLE COST		36
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
42	REASONABLE COST (SEE INSTRUCTIONS)		43
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		44
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		45
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		46
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		47
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		48
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		49
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		49
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		50
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				1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	19,284,474			4
5	OTHER RECEIVABLES	1,587,710			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4,132,742			7
8	PREPAID EXPENSES	167,388			8
9	OTHER CURRENT ASSETS	349,204			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	25,521,518			11
FIXED ASSETS					
12	LAND	7,327,666			12
13	LAND IMPROVEMENTS	11,980,239			13
14	ACCUMULATED DEPRECIATION	-3,082,131			14
15	BUILDINGS	56,186,429			15
16	ACCUMULATED DEPRECIATION	-21,408,786			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	45,614,517			23
24	ACCUMULATED DEPRECIATION	-27,557,396			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)	69,060,538			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)				35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	94,582,056			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	1,680,018			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME	29,560,488			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	31,240,506			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	24,794,817			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	24,794,817			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	56,035,323			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	38,546,733			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)	38,546,733			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	94,582,056			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		30,587,920							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		7,362,081							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		37,950,001							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 RELEASED FROM RESTRICTIONS									6
7 TRANSFER FROM TEMP RESTRICTE	596,732								7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		596,732							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		38,546,733							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER TO AFFILIATE									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)		38,546,733							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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	80,743,539		80,743,539	1
2 SUBPROVIDER IPF	17,319,916		17,319,916	2
3 SUBPROVIDER IRF	5,509,704		5,509,704	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	4,923,183		4,923,183	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	108,496,342		108,496,342	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	11,688,498		11,688,498	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	11,688,498		11,688,498	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	120,184,840		120,184,840	17
18 ANCILLARY SERVICES	276,318,880	217,901,279	494,220,159	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	396,503,720	217,901,279	614,404,999	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		194,176,608	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)		194,176,608	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	614,404,999	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	416,734,008	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	197,670,991	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	194,176,608	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	3,494,383	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		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 (NET ASSETS RELEASED)	269,402	24
24.01	OTHER (OTHER INCOME)	3,598,296	24.01
24.02	OTHER (NON OPERATING)		24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	3,867,698	25
26	TOTAL (LINE 5 PLUS LINE 25)	7,362,081	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	7,362,081	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-022)) [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	2,421,882	1
2 CAPITAL DRG OUTLIER PAYMENTS	114,936	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	121.77	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	126.42	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.3404	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	824,409	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0661	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1779	8
9 SUM OF LINES 7 AND 8	0.2440	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0507	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	122,789	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,484,016	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
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING,RECEIVING&STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCTS RECEIVABLE					5.05
5.06 ADMINISTRATION & GENERAL					5.06
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
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
46 OTHER LONG TERM CARE					46
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS					74
76 CARDIAC REHAB					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
91.01 PARTIAL HOSPITALIZATION					91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES					192
194 OTHER					194
194.01 LAKESHORE GUEST UNIT					194.01

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	38.28		13.28				51.56 30
31 INTENSIVE CARE UNIT	61.02		9.87				70.89 31
43 NURSERY			55.15				55.15 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	15.22	11.95					27.17 50
51 RECOVERY ROOM	15.47	14.02					29.49 51
53 ANESTHESIOLOGY	15.14	11.79					26.93 53
54 RADIOLOGY-DIAGNOSTIC	17.34	16.25					33.59 54
55 RADIOLOGY-THERAPEUTIC	1.37	36.01					37.38 55
60 LABORATORY	31.88	2.63					34.51 60
65 RESPIRATORY THERAPY	43.37	1.62					44.99 65
66 PHYSICAL THERAPY	10.82	0.60					11.42 66
69 ELECTROCARDIOLOGY	36.12	17.23					53.35 69
70 ELECTROENCEPHALOGRAPHY	20.76	19.07					39.83 70
71 MEDICAL SUPPLIES CHRGED TO PATI	36.10	7.05					43.15 71
72 IMPL. DEV. CHARGED TO PATIENT	34.89	11.31					46.20 72
73 DRUGS CHARGED TO PATIENTS	26.85	10.23					37.08 73
74 RENAL DIALYSIS	64.25	0.95					65.20 74
76.97 CARDIAC REHABILITATION	2.71	44.20					46.91 76.97
90 CLINIC	0.42	24.79					25.21 90
91 EMERGENCY	20.02	13.04					33.06 91
91.01 PARTIAL HOSPITALIZATION		7.22					7.22 91.01
92 OBSERVATION BEDS		37.12					37.12 92
200 TOTAL CHARGES	24.71	10.96					35.67 200

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

SUBPROVIDER-IPF

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							
40 SUBPROVIDER - IPF	50.62		31.40				82.02 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
51 RECOVERY ROOM	0.96						0.96 51
53 ANESTHESIOLOGY	0.97						0.97 53
54 RADIOLOGY-DIAGNOSTIC	0.18						0.18 54
60 LABORATORY	1.30						1.30 60
65 RESPIRATORY THERAPY	1.27						1.27 65
66 PHYSICAL THERAPY	0.50						0.50 66
69 ELECTROCARDIOLOGY	0.17	0.01					0.18 69
70 ELECTROENCEPHALOGRAPHY	1.09						1.09 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.28						0.28 71
73 DRUGS CHARGED TO PATIENTS	1.84	0.01					1.85 73
74 RENAL DIALYSIS	2.21						2.21 74
90 CLINIC	4.01						4.01 90
91 EMERGENCY	2.36						2.36 91
200 TOTAL CHARGES	0.91						0.91 200

***** 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	69.29		7.64				76.93 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.07						0.07 50
51 RECOVERY ROOM	0.10						0.10 51
53 ANESTHESIOLOGY	0.05						0.05 53
54 RADIOLOGY-DIAGNOSTIC	0.18	0.02					0.20 54
55 RADIOLOGY-THERAPEUTIC	0.02						0.02 55
60 LABORATORY	0.93						0.93 60
65 RESPIRATORY THERAPY	1.36						1.36 65
66 PHYSICAL THERAPY	15.13						15.13 66
69 ELECTROCARDIOLOGY	0.63	0.02					0.65 69
70 ELECTROENCEPHALOGRAPHY	0.11	0.11					0.22 70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.96						0.96 71
72 IMPL. DEV. CHARGED TO PATIENT	0.02						0.02 72
73 DRUGS CHARGED TO PATIENTS	1.07	0.02					1.09 73
74 RENAL DIALYSIS	7.72						7.72 74
91 EMERGENCY	0.01						0.01 91
200 TOTAL CHARGES	1.04	0.01					1.05 200

***** 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	80.86						80.86 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
54 RADIOLOGY-DIAGNOSTIC	0.16						0.16 54
55 RADIOLOGY-THERAPEUTIC	0.61						0.61 55
60 LABORATORY	1.79						1.79 60
65 RESPIRATORY THERAPY	3.11						3.11 65
66 PHYSICAL THERAPY	12.70						12.70 66
69 ELECTROCARDIOLOGY	0.12						0.12 69
71 MEDICAL SUPPLIES CHRGED TO PATI	4.35						4.35 71
73 DRUGS CHARGED TO PATIENTS	2.82						2.82 73
90 CLINIC	0.01						0.01 90
200 TOTAL CHARGES	1.66						1.66 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	10,120,940	5.61	-10,120,940	-10.95			1
2 CAP REL COSTS-MVBLE EQUIP							2
3 OTHER CAPITAL RELATED COSTS							3
4 EMPLOYEE BENEFITS	18,139,864	10.06	-18,139,864	-19.62			4
5.01 NONPATIENT TELEPHONES	228,592	0.13	-228,592	-0.25			5.01
5.02 DATA PROCESSING	4,136,754	2.29	-4,136,754	-4.48			5.02
5.03 PURCHASING,RECEIVING&STORES	754,064	0.42	-754,064	-0.82			5.03
5.04 ADMITTING	971,036	0.54	-971,036	-1.05			5.04
5.05 CASHIERING/ACCTS RECEIVABLE	3,589,599	1.99	-3,589,599	-3.88			5.05
5.06 ADMINISTRATION & GENERAL	23,688,586	13.14	-23,688,586	-25.63			5.06
6 MAINTENANCE & REPAIRS	921,740	0.51	-921,740	-1.00			6
7 OPERATION OF PLANT	6,155,004	3.41	-6,155,004	-6.66			7
8 LAUNDRY & LINEN SERVICE	821,995	0.46	-821,995	-0.89			8
9 HOUSEKEEPING	2,059,953	1.14	-2,059,953	-2.23			9
10 DIETARY	1,769,293	0.98	-1,769,293	-1.91			10
11 CAFETERIA							11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	1,980,075	1.10	-1,980,075	-2.14			13
14 CENTRAL SERVICES & SUPPLY	287,712	0.16	-287,712	-0.31			14
15 PHARMACY	66,472	0.04	-66,472	-0.07			15
16 MEDICAL RECORDS & LIBRARY	1,630,838	0.90	-1,630,838	-1.76			16
17 SOCIAL SERVICE	1,218,708	0.68	-1,218,708	-1.32			17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SRVCES-SALARY & FRINGES APP	5,117,605	2.84	-5,117,605	-5.54			21
22 I&R SRVCES-OTHER PRGM COSTS APP	8,775,155	4.87	-8,775,155	-9.49			22
23 PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	17,510,584	9.71	34,457,229	37.28	51,967,813	28.82	30
31 INTENSIVE CARE UNIT	3,648,305	2.02	6,332,697	6.85	9,981,002	5.53	31
32 CORONARY CARE UNIT							32
40 SUBPROVIDER - IPF	3,051,959	1.69	3,752,767	4.06	6,804,726	3.77	40
41 SUBPROVIDER - IRF	1,328,164	0.74	1,618,998	1.75	2,947,162	1.63	41
43 NURSERY	1,793,982	0.99	1,527,654	1.65	3,321,636	1.84	43
44 SKILLED NURSING FACILITY	1,672,701	0.93	2,523,415	2.73	4,196,116	2.33	44
46 OTHER LONG TERM CARE							46
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	9,416,138	5.22	8,900,733	9.63	18,316,871	10.16	50
51 RECOVERY ROOM	655,789	0.36	671,772	0.73	1,327,561	0.74	51
53 ANESTHESIOLOGY	288,046	0.16	346,722	0.38	634,768	0.35	53
54 RADIOLOGY-DIAGNOSTIC	3,918,325	2.17	4,817,911	5.21	8,736,236	4.84	54
55 RADIOLOGY-THERAPEUTIC	1,146,320	0.64	1,025,585	1.11	2,171,905	1.20	55
60 LABORATORY	6,279,130	3.48	4,340,340	4.70	10,619,470	5.89	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	1,573,034	0.87	1,555,013	1.68	3,128,047	1.73	65
66 PHYSICAL THERAPY	3,354,711	1.86	2,566,769	2.78	5,921,480	3.28	66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY	1,851,271	1.03	1,925,994	2.08	3,777,265	2.09	69
70 ELECTROENCEPHALOGRAPHY	85,543	0.05	852,945	0.92	938,488	0.52	70
71 MEDICAL SUPPLIES CHRGD TO PATI	6,348,105	3.52	2,442,333	2.64	8,790,438	4.87	71
72 IMPL. DEV. CHARGED TO PATIENT	5,268,108	2.92	1,969,190	2.13	7,237,298	4.01	72
73 DRUGS CHARGED TO PATIENTS	11,045,309	6.13	4,875,924	5.28	15,921,233	8.83	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	374,519	0.21	112,828	0.12	487,347	0.27	74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	78,843	0.04	51,582	0.06	130,425	0.07	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
90 CLINIC	299,305	0.17	606,815	0.66	906,120	0.50	90
91 EMERGENCY	1,832,278	1.02	1,929,016	2.09	3,761,294	2.09	91
91.01 PARTIAL HOSPITALIZATION	139,871	0.08	186,145	0.20	326,016	0.18	91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
192 PHYSICIANS' PRIVATE OFFICES	71,720	0.04	32,688	0.04	104,408	0.06	192
194 OTHER	4,860,132	2.70	3,010,920	3.26	7,871,052	4.36	194
194.01 LAKESHORE GUEST UNIT							194.01
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	180,326,177	100.00			180,326,177	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		COST TO		PROGRAM	
	COSTS	CHARGES	CHARGES	CHARGES	PPS CAPITAL	
	1	2	3	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,257,332	61,500,866	0.020444	9,361,510	191,387	50
51 RECOVERY ROOM	67,056	10,841,189	0.006185	1,677,663	10,376	51
53 ANESTHESIOLOGY	35,890	10,220,103	0.003512	1,546,816	5,432	53
54 RADIOLOGY-DIAGNOSTIC	828,668	66,203,592	0.012517	11,480,859	143,706	54
55 RADIOLOGY-THERAPEUTIC	185,325	8,360,136	0.022168	114,191	2,531	55
60 LABORATORY	535,827	67,079,359	0.007988	21,386,701	170,837	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	121,926	19,366,658	0.006296	8,400,099	52,887	65
66 PHYSICAL THERAPY	232,215	13,925,287	0.016676	1,506,874	25,129	66
67 OCCUPATIONAL THERAPY	247					67
68 SPEECH PATHOLOGY	97					68
69 ELECTROCARDIOLOGY	262,567	32,262,614	0.008138	11,654,841	94,847	69
70 ELECTROENCEPHALOGRAPHY	4,524	1,187,887	0.003808	246,595	939	70
71 MEDICAL SUPPLIES CHRGD TO PATI	461,524	25,072,623	0.018407	9,051,080	166,603	71
72 IMPL. DEV. CHARGED TO PATIENT	380,787	16,809,339	0.022653	5,865,009	132,860	72
73 DRUGS CHARGED TO PATIENTS	416,291	103,341,075	0.004028	27,743,324	111,750	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	9,480	2,059,705	0.004603	1,323,335	6,091	74
76 CARDIAC REHAB	130					76
76.97 CARDIAC REHABILITATION	2,648	179,491	0.014753	4,864	72	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	151,354	2,910,491	0.052003	12,089	629	90
91 EMERGENCY	240,542	23,211,191	0.010363	4,646,616	48,153	91
91.01 PARTIAL HOSPITALIZATION	45,262	902,576	0.050148			91.01
92 OBSERVATION BEDS	212,339	4,063,579	0.052254			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	5,452,031	469,497,761		116,022,466	1,164,229	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE	
	RELATED	ADJUSTMENT	CAPITAL	PATIENT				
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT	
	1	2	COST	4	5	DAYS	PPS CAPITAL	
			3			6	COSTS	
						7		
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	3,017,722		3,017,722	43,843	68.83	16,783	1,155,174	30
31 INTENSIVE CARE UNIT	410,544		410,544	3,689	111.29	2,251	250,514	31
32 CORONARY CARE UNIT	-261		-261					32
200 TOTAL	3,428,005		3,428,005	47,532		19,034	1,405,688	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,405,688	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,164,229	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2,569,917	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							3,876	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							19,034	
PER DISCHARGE CAPITAL COSTS							663.03	
PER DIEM CAPITAL COSTS							135.02	

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)	38,316,521
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	154,240,419
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.248

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))	3,370,025
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	8,709,127
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.387

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	4,138,969
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	13,020,597
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.318

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)	2,569,917
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	10,359,623
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	51,352,065
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.202