

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

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 04/09/2012 TIME: 09:06  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT ANTHONY MEDICAL CENTER (14-0233) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) Neal (N)  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
Senior Vice President, CFO  
 TITLE  
4/9/2012  
 DATE

ECR Encryption: 04/09/2012 09:06  
 2LwqgW8nBmJ3piGIPCwf01kNSw4se0  
 eAKo00yx0rYRlfpkqfKxjTlioSeyB5  
 ZT5claek:t03prKC

PI Encryption: 04/09/2012 09:06  
 uNaozsrLfoZcmRqL2.z1kom0TanPU0  
 N1YKf0XZZR51IA0Gopea53HhXU6pn  
 GNEB0LYAM30pKS9p

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		371,086	174,364	97,078	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		371,086	174,364	97,078	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.

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10  
 04/09/2012 09:06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5666 EAST STATE STREET  
 2 CITY: ROCKFORD STATE: IL

P.O.BOX:  
 ZIP CODE: 61108-2472 COUNTY: WINNEBAGO

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0233	40420	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								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: 10/01/2010			TO: 09/30/2011				20
21	TYPE OF CONTROL				1				21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	4,305						24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 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)	Y			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	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 1	PROGRAM CODE 2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1	2	
		N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	25,000,000	25,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1	2	
		Y	149006	140

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

141	NAME: OSF HEALTHCARE SYSTEM	CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICE	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 800 N.E. GLEN OAK AVENUE	P.O. BOX:		142
143	CITY: PEORIA	STATE: IL	ZIP CODE: 61603	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?			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.	N		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	1	2	
156	N	N	155
157	N	N	156
158	N	N	157
159	N	N	158
160	N	N	159
161	N	N	160
			161

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3

		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	Y	Y	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		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	
PS&R REPORT DATA		1	2	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N		16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/20/2011	Y	12/20/2011	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- 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

Y/N DATE  
1 2





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	131,762,094	174,299	131,936,393	3,882,158.00	33.99
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A		659,015		659,015	3,522.00	187.11
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B		8,079,166		8,079,166	40,221.00	200.87
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		34,087,496	522,843	34,610,339	565,771.00	61.17
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		501,363		501,363	7,536.00	66.53
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A		4,463,369		4,463,369	79,045.00	56.47
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		13,078,205		13,078,205	201,245.00	64.99
15	HOME OFFICE: PHYSICIAN-PART A						14
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						15
	WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		25,502,814		25,502,814		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		6,892,367		6,892,367		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A		54,462		54,462		22
23	PHYSICIAN PART B		655,973		655,973		23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						26
26	EMPLOYEE BENEFITS						26
27	ADMINISTRATIVE & GENERAL		16,672,469	43,537	16,716,006	581,311.00	28.76
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,895,086		1,895,086	22,442.00	84.44
29	MAINTENANCE & REPAIRS		1,215,631	4,932	1,220,563	50,378.00	24.23
30	OPERATION OF PLANT		654,977	994	655,971	21,645.00	30.31
31	LAUNDRY & LINEN SERVICE		136,265	730	136,995	9,702.00	14.12
32	HOUSEKEEPING		1,502,018	1,458	1,503,476	120,753.00	12.45
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						32
34	DIETARY		1,399,439	-932,419	467,020	38,007.00	12.29
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		245,046		245,046	5,657.00	43.32
36	CAFETERIA		198,333	482,665	680,998	42,843.00	15.90
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,230,582	7,666	2,238,248	54,569.00	41.02
39	CENTRAL SERVICES AND SUPPLY		1,340,882	1,156	1,342,038	54,823.00	24.48
40	PHARMACY		2,993,201	6,832	3,000,033	79,298.00	37.83
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,328,484	23,572	1,352,056	70,157.00	19.27
42	SOCIAL SERVICE		449,380	2,597	451,977	17,078.00	26.47
43	OTHER GENERAL SERVICE						42

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	125,823,060	174,299	125,997,359	3,870,036.0	32.56	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	34,087,496	522,843	34,610,339	565,771.00	61.17	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	91,735,564	-348,544	91,387,020	3,304,265.0	27.66	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	18,042,937		18,042,937	287,826.00	62.69	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	25,557,276		25,557,276		27.97%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	135,335,777	-348,544	134,987,233	3,592,091.0	37.58	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	32,261,793	-356,280	31,905,513	1,168,663.0	27.30	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	5,925,844	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	3,697,000	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	12,887,043	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	106,667	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	212,451	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,488,097	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	8,005,171	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	186,313	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES	40,703	22
23 TUITION REIMBURSEMENT	556,327	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	33,105,616	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10  
04/09/2012 09:06

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	25,831,502	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

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)				0.261489	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				12,905,862	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				76,255,704	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				19,940,028	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				7,034,166	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				7,034,166	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	27,935,480	7,302,394	35,237,874		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,304,821	1,909,496	9,214,317		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	401,320	104,906	506,226		22
23	COST OF CHARITY CARE	6,903,501	1,804,590	8,708,091		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)				12,635,080	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				814,767	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				11,820,313	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				3,090,882	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				11,798,973	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				18,833,139	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		4,089,172	4,089,172	69,534	1
2	00200		5,704,720	5,704,720	97,006	2
3	00300					3
4	00400		30,642,736	30,642,736	2,331,148	4
5	00500	16,672,469	43,877,983	60,550,452	-75,533	5
6	00600	1,215,631	2,633,667	3,849,298	-910,259	6
7	00700	654,977	3,905,605	4,560,582	2,550	7
8	00800	136,265	818,214	954,479	530	8
9	00900	1,502,018	434,588	1,936,606	5,847	9
10	01000	1,399,439	1,553,429	2,952,868	-1,841,737	10
11	01100	198,333	728	199,061	953,885	11
12	01200					12
13	01300	2,230,582	192,478	2,423,060	8,683	13
14	01400	1,340,882	630,791	1,971,673	5,219	14
15	01500	2,993,201	204,535	3,197,736	11,651	15
16	01600	1,328,484	494,186	1,822,670	5,171	16
17	01700	449,380	25,657	475,037	1,749	17
19	01900					19
20	02000	1,901,038	394,913	2,295,951	7,400	20
20.01	02001	109,011	5,914	114,925	424	20.01
20.02	02002	546,208	192,653	738,861	2,126	20.02
21	02100		6,001	6,001		21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	17,480,027	2,232,917	19,712,944	-1,448,297	30
31	03100	6,610,678	1,405,894	8,016,572	25,732	31
43	04300				387,215	43
ANCILLARY SERVICE COST CENTERS						
50	05000	5,853,992	22,699,674	28,553,666	-18,549,675	50
51	05100	903,535	50,249	953,784	3,517	51
52	05200				1,114,961	52
53	05300		1,710,993	1,710,993		53
54	05400	3,089,632	2,608,064	5,697,696	-1,699,273	54
54.01	05401	1,166,293	287,241	1,453,534	229,989	54.01
55	05500	6,323,640	819,461	7,143,101	24,615	55
56	05600	585,815	931,998	1,517,813	588,419	56
57	05700	829,247	1,529,381	2,358,628	720,593	57
58	05800	540,151	1,171,529	1,711,680	823,166	58
59	05900	1,788,426	7,453,744	9,242,170	-6,988,706	59
60	06000	6,017,641	3,198,375	9,216,016	260,549	60
62.30	06250					62.30
63	06300		2,357,853	2,357,853		63
65	06500	1,988,572	401,860	2,390,432	-230,030	65
66	06600	1,910,167	384,273	2,294,440	7,435	66
67	06700	203,275	3,107	206,382	791	67
68	06800	247,702	1,993	249,695	964	68
69	06900	366,470	56,169	422,639	1,426	69
70	07000	569,710	266,954	836,664	2,218	70
71	07100		821,054	821,054	9,148,839	71
72	07200				17,331,540	72
73	07300		21,587,326	21,587,326		73
75.01	07501	2,380,117	738,072	3,118,189	-298,800	75.01
76	03950	190,538	6,925	197,463	742	76
76.01	03340	650,738	528,255	1,178,993	-294,300	76.01
76.97	07697	434,538	121,524	556,062	-643	76.97
76.98	07698					76.98
76.99	07699		60,000	60,000		76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	284,776	851,130	1,135,906	1,108	90
91	09100	7,137,257	4,531,535	11,668,792	-14,597	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	710,421	2,068,837	2,779,258	2,765	95
SPECIAL PURPOSE COST CENTERS						
118		100,941,276	176,694,357	277,635,633	1,827,657	118
NONREIMBURSABLE COST CENTERS						
190	19000		36,626	36,626		190
192	19200	28,473,985	11,197,044	39,671,029	-2,730,864	192
193.01	19301		51,363	51,363		193.01
193.02	19302	2,346,833	-1,754,251	592,582	903,207	193.02
200		131,762,094	186,225,139	317,987,233		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	4,158,706		4,158,706	1
2	00200	5,801,726		5,801,726	2
3	00300				3
4	00400	32,973,884	-475,638	32,498,246	4
5	00500	60,474,919	-4,800,169	55,674,750	5
6	00600	2,939,039	-206,526	2,732,513	6
7	00700	4,563,132	-1,004,397	3,558,735	7
8	00800	955,009	200	955,209	8
9	00900	1,942,453	-270	1,942,183	9
10	01000	1,111,131	1,167	1,112,298	10
11	01100	1,152,946	60	1,153,006	11
12	01200				12
13	01300	2,431,743	-118,631	2,313,112	13
14	01400	1,976,892	-404	1,976,488	14
15	01500	3,209,387	-10,512	3,198,875	15
16	01600	1,827,841	7,350	1,835,191	16
17	01700	476,786	-1,975	474,811	17
19	01900				19
20	02000	2,303,351	-2,290,895	12,456	20
20.01	02001	115,349	-5,166	110,183	20.01
20.02	02002	740,987	-233,455	507,532	20.02
21	02100	6,001		6,001	21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	18,264,647	-106,858	18,157,789	30
31	03100	8,042,304	-80,002	7,962,302	31
43	04300	387,215	-20,284	366,931	43
ANCILLARY SERVICE COST CENTERS					
50	05000	10,003,991	-91,818	9,912,173	50
51	05100	957,301	-7,575	949,726	51
52	05200	1,114,961	-59,332	1,055,629	52
53	05300	1,710,993	-784,780	926,213	53
54	05400	3,998,423	-71,327	3,927,096	54
54.01	05401	1,683,523	400	1,683,923	54.01
55	05500	7,167,716	-4,078,176	3,089,540	55
56	05600	2,106,232	-6,333	2,099,899	56
57	05700	3,079,221	-31,358	3,047,863	57
58	05800	2,534,846	-53,761	2,481,085	58
59	05900	2,253,464	-42,586	2,210,878	59
60	06000	9,476,565	-965,692	8,510,873	60
62.30	06250				62.30
63	06300	2,357,853		2,357,853	63
65	06500	2,160,402	-9,601	2,150,801	65
66	06600	2,301,875	-122,446	2,179,429	66
67	06700	207,173	-1	207,172	67
68	06800	250,659		250,659	68
69	06900	424,065	-650	423,415	69
70	07000	838,882	-1,769	837,113	70
71	07100	9,969,893		9,969,893	71
72	07200	17,331,540		17,331,540	72
73	07300	21,587,326		21,587,326	73
75.01	07501	2,819,389	-10,894	2,808,495	75.01
76	03950	198,205	200	198,405	76
76.01	03340	884,693	3,572	888,265	76.01
76.97	07697	555,419	-1,308	554,111	76.97
76.98	07698				76.98
76.99	07699	60,000		60,000	76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,137,014	2,000	1,139,014	90
91	09100	11,654,195	-4,686,319	6,967,876	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500	2,782,023	-32,871	2,749,152	95
SPECIAL PURPOSE COST CENTERS					
118		279,463,290	-20,398,830	259,064,460	118
NONREIMBURSABLE COST CENTERS					
190	19000	36,626	1,020	37,646	190
192	19200	36,940,165	-60,415	36,879,750	192
193.01	19301	51,363		51,363	193.01
193.02	19302	1,495,789	-438	1,495,351	193.02
200		317,987,233	-20,458,663	297,528,570	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 FIRE INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		69,534 1
2		CAP REL COSTS-MVBLE EQUIP	2		97,006 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					166,540 500
1 CAFETERIA RECLASS	B	CAFETERIA	11	753,150	731,968 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				753,150	731,968 500
1 NURSERY RECLASS	C	NURSERY	43	282,095	105,120 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				282,095	105,120 500
1 LABOR AND DELIVERY RECLASS	D	DELIVERY ROOM & LABOR ROOM	52	812,274	302,687 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				812,274	302,687 500
1 CFH-RCC IMAGING	E	ULTRASOUND	54.01	40,512	68,882 1
2		RADIOISOTOPE	56	146,040	248,312 2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57	255,611	434,617 3
4		MAGNETIC RESONANCE IMAGING (M	58	232,756	395,756 4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				674,919	1,147,567 500
1 EMPLOYEE BENEFIT RECLASS	F	EMPLOYEE BENEFITS	4		2,844,033 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					2,844,033 500
1 PHONE	G	ADMINISTRATIVE & GENERAL	5		31,408 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					31,408 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY OTHER	
	1	2	3	4	5
1 TEAM AWARD	H	ADMINISTRATIVE & GENERAL	5	20,270	1
2		MAINTENANCE & REPAIRS	6	200	2
3		OPERATION OF PLANT	7	3,437	3
4		LAUNDRY & LINEN SERVICE	8	200	4
5		HOUSEKEEPING	9		37 5
6		DIETARY	10	1,300	6
7		CAFETERIA	11	60	7
8		NURSING ADMINISTRATION	13		1,017 8
9		CENTRAL SERVICES & SUPPLY	14		404 9
10		PHARMACY	15	727	10
11		MEDICAL RECORDS & LIBRARY	16	18,401	11
12		SOCIAL SERVICE	17	848	12
13		NURSING SCHOOL	20	3,779	13
14		MEDTECH SCHOOL	20.01		5,166 14
15		PARAMED TRAINING	20.02	8,158	15
16		ADULTS & PEDIATRICS	30		54,013 16
17		INTENSIVE CARE UNIT	31		35,540 17
18		NURSERY	43		1,588 18
19		OPERATING ROOM	50		23,039 19
20		RECOVERY ROOM	51		7,575 20
21		DELIVERY ROOM & LABOR ROOM	52		5,424 21
22		RADIOLOGY-DIAGNOSTIC	54		232 22
23		ULTRASOUND	54.01	400	23
24		RADIOLOGY-THERAPEUTIC	55		14,816 24
25		RADIOISOTOPE	56	399	25
26		COMPUTED TOMOGRAPHY (CT) SCAN	57	200	26
27		MAGNETIC RESONANCE IMAGING (M	58		11,372 27
28		CARDIAC CATHETERIZATION	59		7,588 28
29		LABORATORY	60	17,355	29
30		RESPIRATORY THERAPY	65	236	30
31		PHYSICAL THERAPY	66	1,167	31
32		OCCUPATIONAL THERAPY	67		1 32
33		ELECTROCARDIOLOGY	69		650 33
34		CARDIAC REHABILITATION	76.97		1,203 34
35		ELECTROENCEPHALOGRAPHY	70	201	35
36		SURGERY/CARDIAC AMB DAY CARE	75.01	10,990	36
37		DIABETIC SERVICE	76	200	37
38		GASTRO INTESTINAL SERVICES	76.01	3,572	38
39		CLINIC	90	2,000	39
40		EMERGENCY	91		13,660 40
41		AMBULANCE SERVICES	95		4,551 41
42		GIFT, FLOWER, COFFEE SHOP & C	190	1,020	42
43		PHYSICIANS' PRIVATE OFFICES	192		60,415 43
44		OTHER NON-REIMBURSABLE	193.02		438 44
500 TOTAL RECLASSIFICATIONS				95,120	248,729 500
CODE LETTER - H					
1 VACATION	I	EMPLOYEE BENEFITS	4	512,885	1
500 TOTAL RECLASSIFICATIONS				512,885	500
CODE LETTER - I					
1 CARDIAC REHAB	J	PHYSICIANS' PRIVATE OFFICES	192	1,824	510 1
500 TOTAL RECLASSIFICATIONS				1,824	510 500
CODE LETTER - J					
1 RCA RENT RECLASS	K	LABORATORY	60		30,807 1
2		ULTRASOUND	54.01		82,541 2
3		RADIOISOTOPE	56		70,973 3
500 TOTAL RECLASSIFICATIONS					184,321 500
CODE LETTER - K					
1 CFH RCC RENT RECLASS	L	LABORATORY	60		206,318 1
2		RADIOLOGY-DIAGNOSTIC	54		124,227 2
3		ULTRASOUND	54.01		33,514 3
4		RADIOISOTOPE	56		120,814 4
5		COMPUTED TOMOGRAPHY (CT) SCAN	57		211,458 5
6		MAGNETIC RESONANCE IMAGING (M	58		192,551 6
7		ADMINISTRATIVE & GENERAL	5		26,109 7
500 TOTAL RECLASSIFICATIONS					914,991 500
CODE LETTER - L					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 DIETARY RECLASS	M	OTHER NON-REIMBURSABLE	193.02	453,412	440,660	1
2						2
500 TOTAL RECLASSIFICATIONS				453,412	440,660	500
CODE LETTER - M						

1 VACATION ACCRUAL	N	ADMINISTRATIVE & GENERAL	5	64,898		1
2		MAINTENANCE & REPAIRS	6	4,732		2
3		OPERATION OF PLANT	7	2,550		3
4		LAUNDRY & LINEN SERVICE	8	530		4
5		HOUSEKEEPING	9	5,847		5
6		DIETARY	10	5,447		6
7		CAFETERIA	11	773		7
8		NURSING ADMINISTRATION	13	8,683		8
9		CENTRAL SERVICES & SUPPLY	14	5,219		9
10		PHARMACY	15	11,651		10
11		MEDICAL RECORDS & LIBRARY	16	5,171		11
12		SOCIAL SERVICE	17	1,749		12
13		NURSING SCHOOL	20	7,400		13
14		MEDTECH SCHOOL	20.01	424		14
15		PARAMED TRAINING	20.02	2,126		15
16		ADULTS & PEDIATRICS	30	68,041		16
17		INTENSIVE CARE UNIT	31	25,732		17
18		OPERATING ROOM	50	22,787		18
19		RECOVERY ROOM	51	3,517		19
20		RADIOLOGY-DIAGNOSTIC	54	12,026		20
21		ULTRASOUND	54.01	4,540		21
22		RADIOLOGY-THERAPEUTIC	55	24,615		22
23		RADIOISOTOPE	56	2,280		23
24		COMPUTED TOMOGRAPHY (CT) SCAN	57	3,228		24
25		MAGNETIC RESONANCE IMAGING (M	58	2,103		25
26		CARDIAC CATHETERIZATION	59	6,961		26
27		LABORATORY	60	23,424		27
28		RESPIRATORY THERAPY	65	7,741		28
29		PHYSICAL THERAPY	66	7,435		29
30		OCCUPATIONAL THERAPY	67	791		30
31		SPEECH PATHOLOGY	68	964		31
32		ELECTROCARDIOLOGY	69	1,426		32
33		CARDIAC REHABILITATION	76.97	1,691		33
34		ELECTROENCEPHALOGRAPHY	70	2,218		34
35		SURGERY/CARDIAC AMB DAY CARE	75.01	9,265		35
36		DIABETIC SERVICE	76	742		36
37		GASTRO INTESTINAL SERVICES	76.01	2,533		37
38		CLINIC	90	1,108		38
39		EMERGENCY	91	27,782		39
40		AMBULANCE SERVICES	95	2,765		40
41		PHYSICIANS' PRIVATE OFFICES	192	110,835		41
42		OTHER NON-REIMBURSABLE	193.02	9,135		42
500 TOTAL RECLASSIFICATIONS				512,885		500
CODE LETTER - N						

1 DISABILITY	O	ADMINISTRATIVE & GENERAL	5		10,223	1
2		OPERATION OF PLANT	7		4,993	2
3		HOUSEKEEPING	9		4,352	3
4		DIETARY	10		2,401	4
5		CAFETERIA	11		1,521	5
6		CENTRAL SERVICES & SUPPLY	14		3,659	6
7		PHARMACY	15		5,546	7
8		ADULTS & PEDIATRICS	30		48,030	8
9		INTENSIVE CARE UNIT	31		7,012	9
10		OPERATING ROOM	50		6,104	10
11		RECOVERY ROOM	51		4,726	11
12		RADIOLOGY-DIAGNOSTIC	54		1,636	12
13		RADIOLOGY-THERAPEUTIC	55		23,217	13
14		CARDIAC CATHETERIZATION	59		1,055	14
15		LABORATORY	60		1,986	15
16		RESPIRATORY THERAPY	65		7,443	16
17		ELECTROCARDIOLOGY	69		2,749	17
18		ELECTROENCEPHALOGRAPHY	70		639	18
19		SURGERY/CARDIAC AMB DAY CARE	75.01		6,558	19
20		EMERGENCY	91		2,254	20
21		PHYSICIANS' PRIVATE OFFICES	192		2,209	21
22		OTHER NON-REIMBURSABLE	193.02		5,256	22
500 TOTAL RECLASSIFICATIONS					153,569	500
CODE LETTER - O						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 IMPLANTABLE MEDICAL DEVICES RECLASS	P	IMPL. DEV. CHARGED TO PATIENT	72		17,331,540	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					17,331,540	500
CODE LETTER - P						
1 MEDICAL/SURGICAL SUPPLIES RECLASS	Q	MEDICAL SUPPLIES CHRGED TO PA	71		14,162	1
2		MEDICAL SUPPLIES CHRGED TO PA	71		5,175,738	2
3		MEDICAL SUPPLIES CHRGED TO PA	71		13,040	3
4		MEDICAL SUPPLIES CHRGED TO PA	71		3,114,377	4
5		MEDICAL SUPPLIES CHRGED TO PA	71		237,771	5
6		MEDICAL SUPPLIES CHRGED TO PA	71		308,065	6
7		MEDICAL SUPPLIES CHRGED TO PA	71		243,307	7
8		MEDICAL SUPPLIES CHRGED TO PA	71		42,379	8
500 TOTAL RECLASSIFICATIONS						9,148,839
CODE LETTER - Q						
GRAND TOTAL (INCREASES)					4,098,564	33,752,482

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	5		69,534	12 1
2		ADMINISTRATIVE & GENERAL	5		97,006	12 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					166,540	500
1 CAFETERIA RECLASS	B	DIETARY	10	753,150	731,968	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				753,150	731,968	500
1 NURSERY RECLASS	C	ADULTS & PEDIATRICS	30	282,095	105,120	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				282,095	105,120	500
1 LABOR AND DELIVERY RECLASS	D	ADULTS & PEDIATRICS	30	812,274	302,687	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				812,274	302,687	500
1 CFH-RCC IMAGING	E	RADIOLOGY-DIAGNOSTIC	54	40,512	68,882	1
2		RADIOLOGY-DIAGNOSTIC	54	146,040	248,312	2
3		RADIOLOGY-DIAGNOSTIC	54	255,611	434,617	3
4		RADIOLOGY-DIAGNOSTIC	54	232,756	395,756	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				674,919	1,147,567	500
1 EMPLOYEE BENEFIT RECLASS	F	PHYSICIANS' PRIVATE OFFICES	192		2,844,033	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					2,844,033	500
1 PHONE	G	ADMINISTRATIVE & GENERAL	5	31,408		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				31,408		500

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 TEAM AWARD	H	ADMINISTRATIVE & GENERAL	5		20,270	1
2		MAINTENANCE & REPAIRS	6		200	2
3		OPERATION OF PLANT	7		3,437	3
4		LAUNDRY & LINEN SERVICE	8		200	4
5		HOUSEKEEPING	9	37		5
6		DIETARY	10		1,300	6
7		CAFETERIA	11		60	7
8		NURSING ADMINISTRATION	13	1,017		8
9		CENTRAL SERVICES & SUPPLY	14	404		9
10		PHARMACY	15		727	10
11		MEDICAL RECORDS & LIBRARY	16		18,401	11
12		SOCIAL SERVICE	17		848	12
13		NURSING SCHOOL	20		3,779	13
14		MEDTECH SCHOOL	20.01	5,166		14
15		PARAMED TRAINING	20.02		8,158	15
16		ADULTS & PEDIATRICS	30	54,013		16
17		INTENSIVE CARE UNIT	31	35,540		17
18		NURSERY	43	1,588		18
19		OPERATING ROOM	50	23,039		19
20		RECOVERY ROOM	51	7,575		20
21		DELIVERY ROOM & LABOR ROOM	52	5,424		21
22		RADIOLOGY-DIAGNOSTIC	54	232		22
23		ULTRASOUND	54.01		400	23
24		RADIOLOGY-THERAPEUTIC	55	14,816		24
25		RADIOISOTOPE	56		399	25
26		COMPUTED TOMOGRAPHY (CT) SCAN	57		200	26
27		MAGNETIC RESONANCE IMAGING (M	58	11,372		27
28		CARDIAC CATHETERIZATION	59	7,588		28
29		LABORATORY	60		17,355	29
30		RESPIRATORY THERAPY	65		236	30
31		PHYSICAL THERAPY	66		1,167	31
32		OCCUPATIONAL THERAPY	67	1		32
33		ELECTROCARDIOLOGY	69	650		33
34		CARDIAC REHABILITATION	76.97	1,203		34
35		ELECTROENCEPHALOGRAPHY	70		201	35
36		SURGERY/CARDIAC AMB DAY CARE	75.01		10,990	36
37		DIABETIC SERVICE	76		200	37
38		GASTRO INTESTINAL SERVICES	76.01		3,572	38
39		CLINIC	90		2,000	39
40		EMERGENCY	91	13,660		40
41		AMBULANCE SERVICES	95	4,551		41
42		GIFT, FLOWER, COFFEE SHOP & C	190		1,020	42
43		PHYSICIANS' PRIVATE OFFICES	192	60,415		43
44		OTHER NON-REIMBURSABLE	193.02	438		44
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				248,729	95,120	500
1 VACATION	I	EMPLOYEE BENEFITS	4		512,885	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					512,885	500
1 CARDIAC REHAB	J	CARDIAC REHABILITATION	76.97	1,824	510	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				1,824	510	500
1 RCA RENT RECLASS	K	COMPUTED TOMOGRAPHY (CT) SCAN	57		30,807	1
2		COMPUTED TOMOGRAPHY (CT) SCAN	57		82,541	2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57		70,973	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					184,321	500
1 CFH RCC RENT RECLASS	L	MAINTENANCE & REPAIRS	6		206,318	1
2		MAINTENANCE & REPAIRS	6		124,227	2
3		MAINTENANCE & REPAIRS	6		33,514	3
4		MAINTENANCE & REPAIRS	6		120,814	4
5		MAINTENANCE & REPAIRS	6		211,458	5
6		MAINTENANCE & REPAIRS	6		192,551	6
7		MAINTENANCE & REPAIRS	6		26,109	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					914,991	500

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 DIETARY RECLASS	M	DIETARY	10	183,615	178,451	1
2 CAFETERIA		CAFETERIA	11	269,797	262,209	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				453,412	440,660	500
1 VACATION ACCRUAL	N	EMPLOYEE BENEFITS	4	512,885		1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				512,885		500
1 DISABILITY	O	ADMINISTRATIVE & GENERAL	5	10,223		1
2 OPERATION OF PLANT		OPERATION OF PLANT	7	4,993		2
3 HOUSEKEEPING		HOUSEKEEPING	9	4,352		3
4 DIETARY		DIETARY	10	2,401		4
5 CAFETERIA		CAFETERIA	11	1,521		5
6 CENTRAL SERVICES & SUPPLY		CENTRAL SERVICES & SUPPLY	14	3,659		6
7 PHARMACY		PHARMACY	15	5,546		7
8 ADULTS & PEDIATRICS		ADULTS & PEDIATRICS	30	48,030		8
9 INTENSIVE CARE UNIT		INTENSIVE CARE UNIT	31	7,012		9
10 OPERATING ROOM		OPERATING ROOM	50	6,104		10
11 RECOVERY ROOM		RECOVERY ROOM	51	4,726		11
12 RADIOLOGY-DIAGNOSTIC		RADIOLOGY-DIAGNOSTIC	54	1,636		12
13 RADIOLOGY-THERAPEUTIC		RADIOLOGY-THERAPEUTIC	55	23,217		13
14 CARDIAC CATHETERIZATION		CARDIAC CATHETERIZATION	59	1,055		14
15 LABORATORY		LABORATORY	60	1,986		15
16 RESPIRATORY THERAPY		RESPIRATORY THERAPY	65	7,443		16
17 ELECTROCARDIOLOGY		ELECTROCARDIOLOGY	69	2,749		17
18 ELECTROENCEPHALOGRAPHY		ELECTROENCEPHALOGRAPHY	70	639		18
19 SURGERY/CARDIAC AMB DAY CARE		SURGERY/CARDIAC AMB DAY CARE	75.01	6,558		19
20 EMERGENCY		EMERGENCY	91	2,254		20
21 PHYSICIANS' PRIVATE OFFICES		PHYSICIANS' PRIVATE OFFICES	192	2,209		21
22 OTHER NON-REIMBURSABLE		OTHER NON-REIMBURSABLE	193.02	5,256		22
500 TOTAL RECLASSIFICATIONS CODE LETTER - O				153,569		500

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 IMPLANTABLE MEDICAL DEVICES RECLASS	P	OPERATING ROOM	50		13,396,724	1
2		CARDIAC CATHETERIZATION	59		3,881,290	2
3		GASTRO INTESTINAL SERVICES	76.01		53,526	3
500 TOTAL RECLASSIFICATIONS					17,331,540	500
CODE LETTER - P						
1 MEDICAL/SURGICAL SUPPLIES RECLASS	Q	ADULTS & PEDIATRICS	30		14,162	1
2		OPERATING ROOM	50		5,175,738	2
3		RADIOLOGY-DIAGNOSTIC	54		13,040	3
4		CARDIAC CATHETERIZATION	59		3,114,377	4
5		RESPIRATORY THERAPY	65		237,771	5
6		SURGERY/CARDIAC AMB DAY CARE	75.01		308,065	6
7		GASTRO INTESTINAL SERVICES	76.01		243,307	7
8		EMERGENCY	91		42,379	8
500 TOTAL RECLASSIFICATIONS					9,148,839	500
CODE LETTER - Q						
GRAND TOTAL (DECREASES)				3,924,265	33,926,781	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	3,589,863	870,725		870,725		4,460,588	1
2 LAND IMPROVEMENTS	3,630,102					3,630,102	2
3 BUILDINGS AND FIXTURES	115,484,122	35,305		35,305		115,519,427	3
4 BUILDING IMPROVEMENTS	404,618	236,810		236,810		641,428	4
5 FIXED EQUIPMENT	109,514,039	5,013,401		5,013,401	202,791	114,324,649	5
6 MOVABLE EQUIPMENT	143,559					143,559	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	232,766,303	6,156,241		6,156,241	202,791	238,719,753	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	232,766,303	6,156,241		6,156,241	202,791	238,719,753	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	4,089,172						4,089,172
2 CAP REL COSTS-MVBLE EQUIP	5,704,720						5,704,720
3 TOTAL (SUM OF LINES 1-2)	9,793,892						9,793,892

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	4,089,172			69,534			4,158,706
2 CAP REL COSTS-MVBLE EQUIP	5,704,720			97,006			5,801,726
3 TOTAL	9,793,892			166,540			9,960,432

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-69,039	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-24,544	ADMINISTRATIVE & GENERAL	5	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-10,694,285			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	1,110,485			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-9,801	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-2,201,065	NURSING SCHOOL	20	19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			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 PROFESSIONAL DEVELOPMENT	B	-3,359	ADMINISTRATIVE & GENERAL	5	33
33.01 PRINTING AND DUPLICATING	B	-1,013	ADMINISTRATIVE & GENERAL	5	33.01
33.02 MEDICAL COMMUNICATIONS-DISPATCH	B	-10,305	ADMINISTRATIVE & GENERAL	5	33.02
33.03 GENERAL ACCOUNTING	B	-5,692	ADMINISTRATIVE & GENERAL	5	33.03
33.04 PATIENT ACCOUNTING	B	-227,142	ADMINISTRATIVE & GENERAL	5	33.04
33.05 HOSPITAL ADMINISTRATION	B	-11,001	ADMINISTRATIVE & GENERAL	5	33.05
33.06 PUBLIC RELATIONS	B	-1,000	ADMINISTRATIVE & GENERAL	5	33.06
33.07 PERSONNEL	B	-2,493	ADMINISTRATIVE & GENERAL	5	33.07
33.08 EMPLOYEE HEALTH SERVICES	B	-9,386	ADMINISTRATIVE & GENERAL	5	33.08
33.09 CHAPLAINCY	B	-14,065	ADMINISTRATIVE & GENERAL	5	33.09
33.10 MEDICAL STAFF ADMIN	B	-40,125	ADMINISTRATIVE & GENERAL	5	33.10
33.11 INSERVICE EDUCATION NURSING	B	-3,350	ADMINISTRATIVE & GENERAL	5	33.11
33.12 QUALITY IMPROVEMENT	B	-318	ADMINISTRATIVE & GENERAL	5	33.12
33.13 DISASTER PREPAREDNESS	B	-11,845	ADMINISTRATIVE & GENERAL	5	33.13
33.14 CON LIBRARY	B	-60	ADMINISTRATIVE & GENERAL	5	33.14
33.15 PLANT MAINTENANCE	B	-5,954	MAINTENANCE & REPAIRS	6	33.15
33.16 BIOMED SERVICES	B	-2,303	MAINTENANCE & REPAIRS	6	33.16
33.17 PLANT MAINTENANCE- OFF CAMPUS	B	-198,469	MAINTENANCE & REPAIRS	6	33.17
33.18 PLANT OPERATIONS	B	-67,913	OPERATION OF PLANT	7	33.18
33.19 HOUSEKEEPING	B	-233	HOUSEKEEPING	9	33.19
33.20 PARAMEDICAL EDUCATION	B	-146,418	PARAMED TRAINING	20.02	33.20
33.21 ALTERNATE BIRTHING CENTER	B	-4,480	ADULTS & PEDIATRICS	30	33.21
33.22 ALTERNATE BIRTHING CENTER	B	-1,590	NURSERY	43	33.22
33.23 ALTERNATE BIRTHING CENTER	B	-4,577	DELIVERY ROOM & LABOR ROOM	52	33.23
33.24 SURGERY- GENERAL (MAJOR)	B	-20,160	OPERATING ROOM	50	33.24
33.25 RADIOLOGY - DIAGNOSTIC	B	-3,096	RADIOLOGY-DIAGNOSTIC	54	33.25
33.26 CHEMOTHERAPY	B	-14,653	RADIOLOGY-THERAPEUTIC	55	33.26
33.27 RADIATION THERAPY	B	-750	RADIOLOGY-THERAPEUTIC	55	33.27
33.28 RADIATION THERAPY ADMIN	B	-336,187	RADIOLOGY-THERAPEUTIC	55	33.28

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
33.29 CARDIAC CATH SERVICES	B	-592	CARDIAC CATHETERIZATION	59	33.29
33.30 CARDIAC REHAB	B	-105	CARDIAC REHABILITATION	76.97	33.30
33.31 LAB	B	-525	LABORATORY	60	33.31
33.32 PHYSICAL THERAPY	B	-123,505	PHYSICAL THERAPY	66	33.32
33.33 OTHER AMBULATORY SERVICES	B	-25	SURGERY/CARDIAC AMB DAY CARE	75.01	33.33
33.34 ER PHYSICIANS/SVCS	B	-1,500	EMERGENCY	91	33.34
33.35 TRAMA CENTER	B	-1,709	EMERGENCY	91	33.35
34 INTEREST INCOME-CORP	A	1,885	ADMINISTRATIVE & GENERAL	5	34
35 INTEREST INCOME-SAMC	A	-813	ADMINISTRATIVE & GENERAL	5	35
36 PHYSICIAN RECRUITMENT	A	-100,849	ADMINISTRATIVE & GENERAL	5	36
37 ADVERTISING	A	-987,601	ADMINISTRATIVE & GENERAL	5	37
37.01 ADVERTISING	A	-133	DIETARY	10	37.01
37.02 ADVERTISING	A	-1,250	MEDICAL RECORDS & LIBRARY	16	37.02
37.03 ADVERTISING	A	-2,823	SOCIAL SERVICE	17	37.03
37.04 ADVERTISING	A	-250	RADIOLOGY-DIAGNOSTIC	54	37.04
37.05 ADVERTISING	A	-513	RADIOISOTOPE	56	37.05
37.06 ADVERTISING	A	-188	LABORATORY	60	37.06
37.07 ADVERTISING	A	-108	PHYSICAL THERAPY	66	37.07
37.08 ADVERTISING	A	-210	ELECTROENCEPHALOGRAPHY	70	37.08
37.09 ADVERTISING	A	-692	SURGERY/CARDIAC AMB DAY CARE	75.01	37.09
37.10 ADVERTISING	A	-297	EMERGENCY	91	37.10
37.11 ADVERTISING	A	-93,609	NURSING SCHOOL	20	37.11
38 PRE-EMPLOYMENT PHYSICALS	A	-5,978	EMPLOYEE BENEFITS	4	38
39 PROPERTY TAXES	A	-260,435	ADMINISTRATIVE & GENERAL	5	39
40 LOBBYING EXPENSE	A	-34,856	ADMINISTRATIVE & GENERAL	5	40
41 MEDICAID FEES	A	-5,163,447	ADMINISTRATIVE & GENERAL	5	41
42 OCC MED PORTION OF EE HEALTH SVCS	A	-19,080	ADMINISTRATIVE & GENERAL	5	42
43 UNEMPLOYMENT COMPENSATION	A	186,313	EMPLOYEE BENEFITS	4	43
44 TEAM AWARD	A	20,270	ADMINISTRATIVE & GENERAL	5	44
44.01 TEAM AWARD	A	200	MAINTENANCE & REPAIRS	6	44.01
44.02 TEAM AWARD	A	3,437	OPERATION OF PLANT	7	44.02
44.03 TEAM AWARD	A	200	LAUNDRY & LINEN SERVICE	8	44.03
44.04 TEAM AWARD	A	-37	HOUSEKEEPING	9	44.04
44.05 TEAM AWARD	A	1,300	DIETARY	10	44.05
44.06 TEAM AWARD	A	60	CAFETERIA	11	44.06
44.07 TEAM AWARD	A	-1,017	NURSING ADMINISTRATION	13	44.07
44.08 TEAM AWARD	A	-404	CENTRAL SERVICES & SUPPLY	14	44.08
44.09 TEAM AWARD	A	727	PHARMACY	15	44.09
44.10 TEAM AWARD	A	18,401	MEDICAL RECORDS & LIBRARY	16	44.10
44.11 TEAM AWARD	A	848	SOCIAL SERVICE	17	44.11
44.12 TEAM AWARD	A	3,779	NURSING SCHOOL	20	44.12
44.13 TEAM AWARD	A	-5,166	MEDTECH SCHOOL	20.01	44.13
44.14 TEAM AWARD	A	8,158	PARAMED TRAINING	20.02	44.14
44.15 TEAM AWARD	A	-54,013	ADULTS & PEDIATRICS	30	44.15
44.16 TEAM AWARD	A	-35,540	INTENSIVE CARE UNIT	31	44.16
44.17 TEAM AWARD	A	-1,588	NURSERY	43	44.17
44.18 TEAM AWARD	A	-23,039	OPERATING ROOM	50	44.18
44.19 TEAM AWARD	A	-7,575	RECOVERY ROOM	51	44.19
44.20 TEAM AWARD	A	-5,424	DELIVERY ROOM & LABOR ROOM	52	44.20
44.21 TEAM AWARD	A	-232	RADIOLOGY-DIAGNOSTIC	54	44.21
44.22 TEAM AWARD	A	400	ULTRASOUND	54.01	44.22
44.23 TEAM AWARD	A	-14,816	RADIOLOGY-THERAPEUTIC	55	44.23
44.24 TEAM AWARD	A	399	RADIOISOTOPE	56	44.24
44.25 TEAM AWARD	A	200	COMPUTED TOMOGRAPHY (CT) SCAN	57	44.25
44.26 TEAM AWARD	A	-11,372	MAGNETIC RESONANCE IMAGING (MRI)	58	44.26
44.27 TEAM AWARD	A	-7,588	CARDIAC CATHETERIZATION	59	44.27
44.28 TEAM AWARD	A	17,355	LABORATORY	60	44.28
44.29 TEAM AWARD	A	236	RESPIRATORY THERAPY	65	44.29
44.30 TEAM AWARD	A	1,167	PHYSICAL THERAPY	66	44.30
44.31 TEAM AWARD	A	-1	OCCUPATIONAL THERAPY	67	44.31
44.32 TEAM AWARD	A	-650	ELECTROCARDIOLOGY	69	44.32
44.33 TEAM AWARD	A	-1,203	CARDIAC REHABILITATION	76.97	44.33
44.34 TEAM AWARD	A	201	ELECTROENCEPHALOGRAPHY	70	44.34
44.35 TEAM AWARD	A	10,990	SURGERY/CARDIAC AMB DAY CARE	75.01	44.35
44.36 TEAM AWARD	A	200	DIABETIC SERVICE	76	44.36
44.37 TEAM AWARD	A	3,572	GASTRO INTESTINAL SERVICES	76.01	44.37
44.38 TEAM AWARD	A	2,000	CLINIC	90	44.38
44.39 TEAM AWARD	A	-13,660	EMERGENCY	91	44.39
44.40 TEAM AWARD	A	-4,551	AMBULANCE SERVICES	95	44.40
44.41 TEAM AWARD	A	1,020	GIFT, FLOWER, COFFEE SHOP & CAN	190	44.41
44.42 TEAM AWARD	A	-60,415	PHYSICIANS' PRIVATE OFFICES	192	44.42
44.43 TEAM AWARD	A	-438	OTHER NON-REIMBURSABLE	193.02	44.43
45 EMPLOYED PHYSICIAN BENEFITS	A	-655,973	EMPLOYEE BENEFITS	4	45
46					46
47					47
48					48
49					49

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10  
04/09/2012 09:06

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
				COST CENTER 3	LINE NO. 4	
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-20,458,663			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	SISTER SERVICES	65,036	65,036		1
2	5	ADMINISTRATIVE & GENERAL	A & G	19,949,861	25,705,767	-5,755,906	2
3	7	OPERATION OF PLANT	OPERATION OF PLANT	543,330	1,483,251	-939,921	3
4	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGY- ST FRANCIS INC	562,357	630,106	-67,749	4
4.01	55	RADIOLOGY-THERAPEUTIC	ONCOLOGY- ST FRANCIS INC	264,632	296,514	-31,882	4.01
4.02	56	RADIOISOTOPE	NUC MED- ST FRANCIS INC	51,620	57,839	-6,219	4.02
4.03	57	COMPUTED TOMOGRAPHY (CT) SCAN	CT SCAN-ST FRANCIS INC	261,952	293,510	-31,558	4.03
4.04	58	MAGNETIC RESONANCE IMAGING (MRI)	MRI- ST FRANCIS INC	351,861	394,250	-42,389	4.04
4.05	59	CARDIAC CATHETERIZATION	CARD CATH- ST FRANCIS INC	285,587	319,993	-34,406	4.05
4.06	5	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE INTEREST	8,020,515		8,020,515	4.06
4.07	60	LABORATORY	OSF SYSTEM LAB	675,892	675,892		4.07
5	TOTALS (SUM OF LINES 1-4)			31,032,643	29,922,158	1,110,485	5
	TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.						

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

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

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

		----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
(1)	2	3	4	5	6	
6	B	OSF HEALTHCARE		100.00		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
LINE NO.	2	3	4	5	6	7	8	9
1	5 ADMINISTRATIVE & GENERAL	21,829		21,829	171,400	218	17,964	898
2	13 NURSING ADMINISTRATION	126,019	114,808	11,211	171,400	102	8,405	420
3	20.02 PARAMED TRAINING	181,637		181,637	171,400	1,049	86,442	4,322
4	30 ADULTS & PEDIATRICS	18,659	18,659		171,400			
5	43 NURSERY	6,620	6,620		171,400			
6	52 DELIVERY ROOM & LABOR RO	19,063	19,063		171,400			
7	55 RADIOLOGY-THERAPEUTIC	3,795,438	3,555,954	239,484	231,100	1,040	115,550	5,778
8	60 LABORATORY	982,334	982,334		219,500			
9	91 EMERGENCY	3,529,502	3,381,727	147,775	171,400	763	62,874	3,144
10	95 AMBULANCE SERVICES	57,079		57,079	171,400	349	28,759	1,438
11	31 INTENSIVE CARE UNIT	87,312		87,312	171,400	520	42,850	2,143
12	30 ADULTS & PEDIATRICS	6,649	6,649		171,400			
13	43 NURSERY	2,359	2,359		171,400			
14	52 DELIVERY ROOM & LABOR RO	6,792	6,792		171,400			
15	30 ADULTS & PEDIATRICS	8,849		8,849	171,400	133	10,960	548
16	43 NURSERY	3,140		3,140	171,400	47	3,873	194
17	52 DELIVERY ROOM & LABOR RO	9,040		9,040	171,400	136	11,207	560
18	30 ADULTS & PEDIATRICS	5,470	5,470		171,400			
19	43 NURSERY	1,941	1,941		171,400			
20	52 DELIVERY ROOM & LABOR RO	5,589	5,589		171,400			
21	30 ADULTS & PEDIATRICS	3,703	3,703		171,400			
22	43 NURSERY	1,314	1,314		171,400			
23	52 DELIVERY ROOM & LABOR RO	3,783	3,783		171,400			
24	30 ADULTS & PEDIATRICS	6,060	6,060		171,400			
25	43 NURSERY	2,150	2,150		171,400			
26	52 DELIVERY ROOM & LABOR RO	6,191	6,191		171,400			
27	30 ADULTS & PEDIATRICS	166,216		166,216	171,400	3,686	303,741	15,187
28	43 NURSERY	58,974		58,974	171,400	1,308	107,784	5,389
29	52 DELIVERY ROOM & LABOR RO	169,811		169,811	171,400	3,766	310,333	15,517
30	ADULTS & PEDIATRICS	15,570		15,570	171,400	94	7,746	387
31	43 NURSERY	5,524		5,524	171,400	34	2,802	140
32	52 DELIVERY ROOM & LABOR RO	15,906		15,906	171,400	97	7,993	400
33	91 EMERGENCY	1,554,961		1,554,961	171,400	8,760	721,858	36,093
34	91 EMERGENCY	323,750		323,750	171,400	1,966	162,006	8,100
35	91 EMERGENCY	34,040		34,040	171,400	3,552	292,698	14,635
36	91 EMERGENCY	16,750		16,750	171,400	1,608	132,505	6,625
37	91 EMERGENCY	143,500		143,500	171,400	3,444	283,799	14,190
38	91 EMERGENCY	90,360	10,200	80,160	171,400	8,016	660,549	33,027
39	91 EMERGENCY	5,280		5,280	171,400	528	43,509	2,175
40	91 EMERGENCY	168,300		168,300	171,400	3,672	302,587	15,129
41	91 EMERGENCY	395,123	169,623	225,500	171,400	4,920	405,427	20,271
42	91 EMERGENCY	41,563		41,563	171,400	176	14,503	725
43	91 EMERGENCY	41,800		41,800	171,400	912	75,152	3,758
44	91 EMERGENCY	292,000		292,000	171,400	8,760	721,858	36,093
45	91 EMERGENCY	12,250		12,250	171,400	1,176	96,907	4,845
46	91 EMERGENCY	1,700	300	1,400	171,400	168	13,844	692
47	91 EMERGENCY	10,495	495	10,000	171,400	1,152	94,929	4,746
48	91 EMERGENCY	12,250		12,250	171,400	1,176	96,907	4,845
49	91 EMERGENCY	19,750		19,750	171,400	1,680	138,438	6,922
50	91 EMERGENCY	10,500		10,500	171,400	1,008	83,063	4,153
51	91 EMERGENCY	33,400		33,400	171,400	2,832	233,368	11,668
52	91 EMERGENCY	5,800		5,800	171,400	696	57,353	2,868
53	75.01 SURGERY/CARDIAC AMB DAY	36,000		36,000	171,400	180	14,833	742
54	50 OPERATING ROOM	120,250		120,250	204,100	730	71,631	3,582
55	53 ANESTHESIOLOGY	1,044,400	600,400	444,000	200,300	2,696	259,620	12,981
56	54 RADIOLOGY-DIAGNOSTIC	224,275		224,275	231,100	8,760	973,286	48,664
57	65 RESPIRATORY THERAPY	20,550		20,550	171,400	130	10,713	536
58	76.01 GASTRO INTESTINAL SERVIC	10,000		10,000	171,400	260	21,425	1,071
59	70 ELECTROENCEPHALOGRAPHY	10,000		10,000	171,400	100	8,240	412
60	5 ADMINISTRATIVE & GENERAL	66,000	66,000		171,400			
62	15 PHARMACY	25,000		25,000	171,400	167	13,761	688
63	5 ADMINISTRATIVE & GENERAL	3,000	3,000		171,400			
64	5 ADMINISTRATIVE & GENERAL	3,000	3,000		171,400			
65	5 ADMINISTRATIVE & GENERAL	4,750	4,750		171,400			
66	5 ADMINISTRATIVE & GENERAL	4,500	4,500		171,400			
200	TOTAL	14,115,820	8,993,434	5,122,386		82,567	7,134,052	356,701

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A			17,964	3,865	3,865	1
2	13	NURSING ADMINISTRATION	PALLIATIVE CARE			8,405	2,806	117,614	2
3	20.02	PARAMED TRAINING	PARAMED EDUCATI			86,442	95,195	95,195	3
4	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					18,659	4
5	43	NURSERY	ALTERNATE BIRTH					6,620	5
6	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					19,063	6
7	55	RADIOLOGY-THERAPEUTIC	ONCOLOGY			115,550	123,934	3,679,888	7
8	60	LABORATORY	PATHOLOGY					982,334	8
9	91	EMERGENCY	ER PHYSICIANS			62,874	84,901	3,466,628	9
10	95	AMBULANCE SERVICES	TRAMA HELICOPTRE			28,759	28,320	28,320	10
11	31	INTENSIVE CARE UNIT	MED/SURGICAL IN			42,850	44,462	44,462	11
12	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					6,649	12
13	43	NURSERY	ALTERNATE BIRTH					2,359	13
14	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					6,792	14
15	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH			10,960			15
16	43	NURSERY	ALTERNATE BIRTH			3,873			16
17	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH			11,207			17
18	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					5,470	18
19	43	NURSERY	ALTERNATE BIRTH					1,941	19
20	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					5,589	20
21	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					3,703	21
22	43	NURSERY	ALTERNATE BIRTH					1,314	22
23	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					3,783	23
24	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					6,060	24
25	43	NURSERY	ALTERNATE BIRTH					2,150	25
26	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					6,191	26
27	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH			303,741			27
28	43	NURSERY	ALTERNATE BIRTH			107,784			28
29	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH			310,333			29
30	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH			7,746	7,824	7,824	30
31	43	NURSERY	ALTERNATE BIRTH			2,802	2,722	2,722	31
32	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH			7,993	7,913	7,913	32
33	91	EMERGENCY	TRAMA CENTER			721,858	833,103	833,103	33
34	91	EMERGENCY	TRAMA CENTER			162,006	161,744	161,744	34
35	91	EMERGENCY	TRAMA CENTER			292,698			35
36	91	EMERGENCY	TRAMA CENTER			132,505			36
37	91	EMERGENCY	TRAMA CENTER			283,799			37
38	91	EMERGENCY	TRAMA CENTER			660,549		10,200	38
39	91	EMERGENCY	TRAMA CENTER			43,509			39
40	91	EMERGENCY	TRAMA CENTER			302,587			40
41	91	EMERGENCY	TRAMA CENTER			405,427		169,623	41
42	91	EMERGENCY	TRAMA CENTER			14,503	27,060	27,060	42
43	91	EMERGENCY	TRAMA CENTER			75,152			43
44	91	EMERGENCY	TRAMA CENTER			721,858			44
45	91	EMERGENCY	TRAMA CENTER			96,907			45
46	91	EMERGENCY	TRAMA CENTER			13,844		300	46
47	91	EMERGENCY	TRAMA CENTER			94,929		495	47
48	91	EMERGENCY	TRAMA CENTER			96,907			48
49	91	EMERGENCY	TRAMA CENTER			138,438			49
50	91	EMERGENCY	TRAMA CENTER			83,063			50
51	91	EMERGENCY	TRAMA CENTER			233,368			51
52	91	EMERGENCY	TRAMA CENTER			57,353			52
53	75.01	SURGERY/CARDIAC AMB DAY	OTHER AMBULATOR			14,833	21,167	21,167	53
54	50	OPERATING ROOM	SURGERY			71,631	48,619	48,619	54
55	53	ANESTHESIOLOGY	ANESTHESIOLOGY			259,620	184,380	784,780	55
56	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGY ADMIN			973,286			56
57	65	RESPIRATORY THERAPY	RESPIRATORY THE			10,713	9,837	9,837	57
58	76.01	GASTRO INTESTINAL SERVIC	GASTRO INTESTIN			21,425			58
59	70	ELECTROENCEPHALOGRAPHY	SLEEP LAB			8,240	1,760	1,760	59
60	5	ADMINISTRATIVE & GENERAL	OTHER HEALTH PR					66,000	60
62	15	PHARMACY	PHARMACY			13,761	11,239	11,239	62
63	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					3,000	63
64	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					3,000	64
65	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					4,750	65
66	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					4,500	66
200		TOTAL				7,134,052	1,700,851	10,694,285	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL. 7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,158,706	4,158,706				1
2 CAP REL COSTS-MVBLE EQUIP	5,801,726		5,801,726			2
4 EMPLOYEE BENEFITS	32,498,246			32,498,246		4
5 ADMINISTRATIVE & GENERAL	55,674,750	424,929	1,087,641	4,386,029	61,573,349	5
6 MAINTENANCE & REPAIRS	2,732,513	431,633	63,593	320,257	3,547,996	6
7 OPERATION OF PLANT	3,558,735	90,403	107,364	172,117	3,928,619	7
8 LAUNDRY & LINEN SERVICE	955,209			35,945	991,154	8
9 HOUSEKEEPING	1,942,183	67,103	96	394,490	2,403,872	9
10 DIETARY	1,112,298	61,544	54,760	122,539	1,351,141	10
11 CAFETERIA	1,153,006	68,763		178,684	1,400,453	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,313,112	5,637	53,823	557,159	2,929,731	13
14 CENTRAL SERVICES & SUPPLY	1,976,488	68,361	165,725	352,131	2,562,705	14
15 PHARMACY	3,198,875	57,078	60,782	787,164	4,103,899	15
16 MEDICAL RECORDS & LIBRARY	1,835,191	38,061	5,490	354,759	2,233,501	16
17 SOCIAL SERVICE	474,811	3,810		118,592	597,213	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	12,456	406,349	95,528	501,737	1,016,070	20
20.01 MEDTECH SCHOOL	110,183	2,604		27,359	140,146	20.01
20.02 PARAMED TRAINING	507,532	30,283	29,021	146,015	712,851	20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD	6,001				6,001	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,157,789	545,208	258,590	4,285,533	23,247,120	30
31 INTENSIVE CARE UNIT	7,962,302	200,356	252,280	1,730,129	10,145,067	31
43 NURSERY	366,931	14,857	9,128	71,864	462,780	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,912,173	279,939	683,378	1,534,332	12,409,822	50
51 RECOVERY ROOM	949,726	76,987	684	234,769	1,262,166	51
52 DELIVERY ROOM & LABOR ROOM	1,055,629	42,780	19,526	206,703	1,324,638	52
53 ANESTHESIOLOGY	926,213	1,433	40,987		968,633	53
54 RADIOLOGY-DIAGNOSTIC	3,927,096	109,944	429,747	636,250	5,103,037	54
54.01 ULTRASOUND	1,683,923	25,843	123,650	317,944	2,151,360	54.01
55 RADIOLOGY-THERAPEUTIC	3,089,540	156,465	428,146	722,679	4,396,830	55
56 RADIOISOTOPE	2,099,899	10,820	96,738	192,731	2,400,188	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,047,863	12,996	149,160	285,550	3,495,569	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,481,085	43,925	152,665	200,367	2,878,042	58
59 CARDIAC CATHETERIZATION	2,210,878	71,726	244,479	468,815	2,995,898	59
60 LABORATORY	8,510,873	99,107	369,265	1,331,368	10,310,613	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,357,853				2,357,853	63
65 RESPIRATORY THERAPY	2,150,801	31,305	91,008	521,912	2,795,026	65
66 PHYSICAL THERAPY	2,179,429	96,389	35,102	503,456	2,814,376	66
67 OCCUPATIONAL THERAPY	207,172	12,629	884	53,544	274,229	67
68 SPEECH PATHOLOGY	250,659	2,622	9,024	65,246	327,551	68
69 ELECTROCARDIOLOGY	423,415	10,217	13,878	95,639	543,149	69
70 ELECTROENCEPHALOGRAPHY	837,113	24,620	60,011	149,950	1,071,694	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,969,893		97,517		10,067,410	71
72 IMPL. DEV. CHARGED TO PATIENT	17,331,540				17,331,540	72
73 DRUGS CHARGED TO PATIENTS	21,587,326	1,302	119,636		21,708,264	73
75.01 SURGERY/CARDIAC AMB DAY CARE	2,808,495	41,129	36,880	628,101	3,514,605	75.01
76 DIABETIC SERVICE	198,405	5,847	17	50,241	254,510	76
76.01 GASTRO INTESTINAL SERVICES	888,265	44,240	69,459	172,346	1,174,310	76.01
76.97 CARDIAC REHABILITATION	554,111		13,211	113,666	680,988	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	60,000	5,392			65,392	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,139,014			75,536	1,214,550	90
91 EMERGENCY	6,967,876	138,532	85,465	988,509	8,180,382	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,749,152	13,800	2,446	185,935	2,951,333	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	259,064,460	3,876,968	5,616,784	24,278,092	250,377,626	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,646		30,746	268	68,660	190
192 PHYSICIANS' PRIVATE OFFICES	36,879,750	221,514	147,768	7,484,241	44,733,273	192
193.01 CONVENT	51,363	3,146	117		54,626	193.01
193.02 OTHER NON-REIMBURSABLE	1,495,351	57,078	6,311	735,645	2,294,385	193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	297,528,570	4,158,706	5,801,726	32,498,246	297,528,570	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	61,573,349					5
6 MAINTENANCE & REPAIRS	925,864	4,473,860				6
7 OPERATION OF PLANT	1,025,189	122,481	5,076,289			7
8 LAUNDRY & LINEN SERVICE	258,646			1,249,800		8
9 HOUSEKEEPING	627,300	90,913	106,059		3,228,144	9
10 DIETARY	352,586	83,383	97,273		63,179	10
11 CAFETERIA	365,454	93,163	108,683		70,589	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	764,525	7,637	8,910		5,787	13
14 CENTRAL SERVICES & SUPPLY	668,748	92,618	108,048	29,636	70,177	14
15 PHARMACY	1,070,929	77,332	90,215		58,594	15
16 MEDICAL RECORDS & LIBRARY	582,841	51,566	60,157		39,072	16
17 SOCIAL SERVICE	155,845	5,163	6,023		3,912	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	265,148	550,535	642,251	143	417,139	20
20.01 MEDTECH SCHOOL	36,572	3,529	4,116		2,674	20.01
20.02 PARAMED TRAINING	186,021	41,028	47,863		31,087	20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,566					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,066,429	738,659	861,717	499,217	559,680	30
31 INTENSIVE CARE UNIT	2,647,396	271,449	316,671	124,798	205,676	31
43 NURSERY	120,764	20,129	23,483	6,720	15,252	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,238,393	379,271	442,455	130,928	287,373	50
51 RECOVERY ROOM	329,367	104,305	121,682	16,691	79,032	51
52 DELIVERY ROOM & LABOR ROOM	345,670	57,960	67,616	19,350	43,916	52
53 ANESTHESIOLOGY	252,769	1,942	2,265		1,471	53
54 RADIOLOGY-DIAGNOSTIC	1,331,658	148,957	173,772	20,042	112,864	54
54.01 ULTRASOUND	561,406	35,013	40,846	12,767	26,529	54.01
55 RADIOLOGY-THERAPEUTIC	1,147,370	211,985	247,300	21,165	160,620	55
56 RADIOISOTOPE	626,339	14,659	17,101		11,107	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	912,183	17,607	20,540	17,754	13,341	57
58 MAGNETIC RESONANCE IMAGING (MRI)	751,037	59,512	69,426	11,154	45,092	58
59 CARDIAC CATHETERIZATION	781,792	97,177	113,366	36,155	73,631	59
60 LABORATORY	2,690,596	134,274	156,643	388	101,739	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	615,291					63
65 RESPIRATORY THERAPY	729,373	42,414	49,479	334	32,137	65
66 PHYSICAL THERAPY	734,423	130,592	152,347		98,949	66
67 OCCUPATIONAL THERAPY	71,561	17,110	19,960		12,964	67
68 SPEECH PATHOLOGY	85,476	3,552	4,144		2,692	68
69 ELECTROCARDIOLOGY	141,737	13,842	16,148	6,233	10,488	69
70 ELECTROENCEPHALOGRAPHY	279,663	33,355	38,912	1,983	25,273	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,627,131					71
72 IMPL. DEV. CHARGED TO PATIENT	4,522,735					72
73 DRUGS CHARGED TO PATIENTS	5,664,858	1,764	2,058		1,337	73
75.01 SURGERY/CARDIAC AMB DAY CARE	917,150	55,723	65,006	63,760	42,221	75.01
76 DIABETIC SERVICE	66,415	7,921	9,241		6,002	76
76.01 GASTRO INTESTINAL SERVICES	306,441	59,938	69,923	12,847	45,415	76.01
76.97 CARDIAC REHABILITATION	177,707					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	17,064	7,306	8,523		5,536	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	316,942					90
91 EMERGENCY	2,134,703	187,688	218,955	217,735	142,210	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	770,162	18,697	21,811		14,166	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	49,269,235	4,092,149	4,630,988	1,249,800	2,938,923	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,917					190
192 PHYSICIANS' PRIVATE OFFICES	11,673,213	300,116	350,113		227,397	192
193.01 CONVENT	14,255	4,263	4,973		3,230	193.01
193.02 OTHER NON-REIMBURSABLE	598,729	77,332	90,215		58,594	193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	61,573,349	4,473,860	5,076,289	1,249,800	3,228,144	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,947,562					10
11 CAFETERIA		2,038,342				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		37,965	3,754,555			13
14 CENTRAL SERVICES & SUPPLY		54,791	88,307	3,675,030		14
15 PHARMACY		55,942	129,194	1,157	5,587,262	15
16 MEDICAL RECORDS & LIBRARY		48,607		116		16
17 SOCIAL SERVICE		11,792				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		40,266		3,057	510	20
20.01 MEDTECH SCHOOL		2,157	5,071			20.01
20.02 PARAMED TRAINING		11,361		481	233	20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,627,184	453,143	1,045,496	446,036	9,888	30
31 INTENSIVE CARE UNIT	218,369	158,765	366,103	269,313	1,564	31
43 NURSERY		5,896	13,702	4,643		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,794	150,711	347,792	979,962	3,786	50
51 RECOVERY ROOM		17,401	40,260	12,917		51
52 DELIVERY ROOM & LABOR ROOM		17,113	39,415	13,368		52
53 ANESTHESIOLOGY				159,023	1,493,321	53
54 RADIOLOGY-DIAGNOSTIC		65,720	151,629	38,716	68,506	54
54.01 ULTRASOUND		23,441	53,802	4,059	2,256	54.01
55 RADIOLOGY-THERAPEUTIC	37,206	65,001	113,663	55,132	2,844	55
56 RADIOISOTOPE		14,956	34,641	2,480	2,576	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		25,454	58,725	8,288	61,998	57
58 MAGNETIC RESONANCE IMAGING (MRI)		15,963	36,914	5,098	3,086	58
59 CARDIAC CATHETERIZATION	9,534	41,704	96,176	817,244	3,708	59
60 LABORATORY		141,364	326,092	109,083	5,385	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		47,457	109,423	26,177	12,524	65
66 PHYSICAL THERAPY		45,587	105,185	274		66
67 OCCUPATIONAL THERAPY		4,027	9,334		320	67
68 SPEECH PATHOLOGY		4,746	10,906			68
69 ELECTROCARDIOLOGY		12,080	27,938	9,309	942	69
70 ELECTROENCEPHALOGRAPHY		15,531	35,877	1,833		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				123,221		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS				4,546		73
75.01 SURGERY/CARDIAC AMB DAY CARE	13,272	55,798	128,585	132,912	4,071	75.01
76 DIABETIC SERVICE		4,170	9,539	22		76
76.01 GASTRO INTESTINAL SERVICES		12,368	28,651	138,871	21,608	76.01
76.97 CARDIAC REHABILITATION		10,354	23,776	1,284		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		6,471	14,802	11,488		90
91 EMERGENCY	39,203	101,529	199,737	262,287	6,690	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		15,531	35,708	145		95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,947,562	1,795,162	3,686,443	3,642,542	1,705,816	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		163,366	68,112	32,488	3,866,087	192
193.01 CONVENT					14,218	193.01
193.02 OTHER NON-REIMBURSABLE		79,814			1,141	193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,947,562	2,038,342	3,754,555	3,675,030	5,587,262	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	NURSING SCHOOL 20	MEDTECH SCHOOL 20.01	PARAMED TRAINING 20.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,015,860					16
17 SOCIAL SERVICE		779,948				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			2,935,119			20
20.01 MEDTECH SCHOOL				194,265		20.01
20.02 PARAMED TRAINING					1,030,925	20.02
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	233,662	628,358	1,619,230			30
31 INTENSIVE CARE UNIT	145,049	151,590	573,723			31
43 NURSERY	2,739		96,836			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	145,972		81,377			50
51 RECOVERY ROOM	17,767					51
52 DELIVERY ROOM & LABOR ROOM	7,888		278,695			52
53 ANESTHESIOLOGY	34,089					53
54 RADIOLOGY-DIAGNOSTIC	96,885					54
54.01 ULTRASOUND	85,586					54.01
55 RADIOLOGY-THERAPEUTIC	100,587		21,876			55
56 RADIOISOTOPE	70,315					56
57 COMPUTED TOMOGRAPHY (CT) SCAN	214,655					57
58 MAGNETIC RESONANCE IMAGING (MRI)	84,966					58
59 CARDIAC CATHETERIZATION	132,640		33,251			59
60 LABORATORY	414,092			194,265		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	35,615					63
65 RESPIRATORY THERAPY	50,219					65
66 PHYSICAL THERAPY	32,548					66
67 OCCUPATIONAL THERAPY	4,539					67
68 SPEECH PATHOLOGY	2,823					68
69 ELECTROCARDIOLOGY	21,060					69
70 ELECTROENCEPHALOGRAPHY	20,244					70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	264,069					71
72 IMPL. DEV. CHARGED TO PATIENT	258,135					72
73 DRUGS CHARGED TO PATIENTS	282,724					73
75.01 SURGERY/CARDIAC AMB DAY CARE	22,119		94,502			75.01
76 DIABETIC SERVICE	544					76
76.01 GASTRO INTESTINAL SERVICES	14,878		44,626			76.01
76.97 CARDIAC REHABILITATION	3,458		21,876			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	2,162					76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,740					90
91 EMERGENCY	175,438		69,127		1,030,925	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	26,653					95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,015,860	779,948	2,935,119	194,265	1,030,925	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 CONVENT						193.01
193.02 OTHER NON-REIMBURSABLE						193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,015,860	779,948	2,935,119	194,265	1,030,925	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
20.01 MEDTECH SCHOOL					20.01
20.02 PARAMED TRAINING					20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,567				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		38,035,819		38,035,819	30
31 INTENSIVE CARE UNIT		15,595,533		15,595,533	31
43 NURSERY		772,944		772,944	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		18,600,636		18,600,636	50
51 RECOVERY ROOM		2,001,588		2,001,588	51
52 DELIVERY ROOM & LABOR ROOM		2,215,629		2,215,629	52
53 ANESTHESIOLOGY		2,913,513		2,913,513	53
54 RADIOLOGY-DIAGNOSTIC		7,311,786		7,311,786	54
54.01 ULTRASOUND		2,997,065		2,997,065	54.01
55 RADIOLOGY-THERAPEUTIC		6,581,579		6,581,579	55
56 RADIOISOTOPE		3,194,362		3,194,362	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,846,114		4,846,114	57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,960,290		3,960,290	58
59 CARDIAC CATHETERIZATION		5,232,276		5,232,276	59
60 LABORATORY		14,584,534		14,584,534	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		3,008,759		3,008,759	63
65 RESPIRATORY THERAPY		3,894,563		3,894,563	65
66 PHYSICAL THERAPY		4,114,281		4,114,281	66
67 OCCUPATIONAL THERAPY		414,044		414,044	67
68 SPEECH PATHOLOGY		441,890		441,890	68
69 ELECTROCARDIOLOGY		802,926		802,926	69
70 ELECTROENCEPHALOGRAPHY		1,524,365		1,524,365	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		13,081,831		13,081,831	71
72 IMPL. DEV. CHARGED TO PATIENT		22,112,410		22,112,410	72
73 DRUGS CHARGED TO PATIENTS		27,665,551		27,665,551	73
75.01 SURGERY/CARDIAC AMB DAY CARE		5,109,724		5,109,724	75.01
76 DIABETIC SERVICE		358,364		358,364	76
76.01 GASTRO INTESTINAL SERVICES		1,929,876		1,929,876	76.01
76.97 CARDIAC REHABILITATION		919,443		919,443	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY		105,983		105,983	76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		1,575,993		1,575,993	90
91 EMERGENCY	7,567	12,974,176	-7,567	12,966,609	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		3,854,206		3,854,206	95
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	7,567	232,732,053	-7,567	232,724,486	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		86,577		86,577	190
192 PHYSICIANS' PRIVATE OFFICES		61,414,165		61,414,165	192
193.01 CONVENT		95,565		95,565	193.01
193.02 OTHER NON-REIMBURSABLE		3,200,210		3,200,210	193.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	7,567	297,528,570	-7,567	297,521,003	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	4,161,837	424,929	1,087,641	5,674,407	5,674,407	5
6 MAINTENANCE & REPAIRS	7,336	431,633	63,593	502,562	85,326	6
7 OPERATION OF PLANT		90,403	107,364	197,767	94,479	7
8 LAUNDRY & LINEN SERVICE					23,836	8
9 HOUSEKEEPING		67,103	96	67,199	57,811	9
10 DIETARY	1,216	61,544	54,760	117,520	32,494	10
11 CAFETERIA		68,763		68,763	33,679	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		5,637	53,823	59,460	70,457	13
14 CENTRAL SERVICES & SUPPLY	84,282	68,361	165,725	318,368	61,630	14
15 PHARMACY		57,078	60,782	117,860	98,695	15
16 MEDICAL RECORDS & LIBRARY	1,133	38,061	5,490	44,684	53,713	16
17 SOCIAL SERVICE		3,810		3,810	14,362	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	2,006	406,349	95,528	503,883	24,435	20
20.01 MEDTECH SCHOOL		2,604		2,604	3,370	20.01
20.02 PARAMED TRAINING		30,283	29,021	59,304	17,143	20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD					144	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		545,208	258,590	803,798	559,070	30
31 INTENSIVE CARE UNIT		200,356	252,280	452,636	243,979	31
43 NURSERY		14,857	9,128	23,985	11,129	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,481	279,939	683,378	1,002,798	298,444	50
51 RECOVERY ROOM		76,987	684	77,671	30,354	51
52 DELIVERY ROOM & LABOR ROOM		42,780	19,526	62,306	31,856	52
53 ANESTHESIOLOGY		1,433	40,987	42,420	23,295	53
54 RADIOLOGY-DIAGNOSTIC	1,045,942	109,944	429,747	1,585,633	122,723	54
54.01 ULTRASOUND	116,055	25,843	123,650	265,548	51,738	54.01
55 RADIOLOGY-THERAPEUTIC	2,238	156,465	428,146	586,849	105,739	55
56 RADIOISOTOPE	218,050	10,820	96,738	325,608	57,722	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	951,329	12,996	149,160	1,113,485	84,065	57
58 MAGNETIC RESONANCE IMAGING (MRI)	849,171	43,925	152,665	1,045,761	69,214	58
59 CARDIAC CATHETERIZATION	7,000	71,726	244,479	323,205	72,048	59
60 LABORATORY	237,227	99,107	369,265	705,599	247,960	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					56,704	63
65 RESPIRATORY THERAPY	68,047	31,305	91,008	190,360	67,218	65
66 PHYSICAL THERAPY	2,757	96,389	35,102	134,248	67,683	66
67 OCCUPATIONAL THERAPY		12,629	884	13,513	6,595	67
68 SPEECH PATHOLOGY		2,622	9,024	11,646	7,877	68
69 ELECTROCARDIOLOGY		10,217	13,878	24,095	13,062	69
70 ELECTROENCEPHALOGRAPHY	113,324	24,620	60,011	197,955	25,773	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	364,490		97,517	462,007	242,111	71
72 IMPL. DEV. CHARGED TO PATIENT					416,806	72
73 DRUGS CHARGED TO PATIENTS		1,302	119,636	120,938	522,062	73
75.01 SURGERY/CARDIAC AMB DAY CARE	60	41,129	36,880	78,069	84,523	75.01
76 DIABETIC SERVICE		5,847	17	5,864	6,121	76
76.01 GASTRO INTESTINAL SERVICES		44,240	69,459	113,699	28,241	76.01
76.97 CARDIAC REHABILITATION	108,303		13,211	121,514	16,377	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		5,392		5,392	1,573	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	112,517			112,517	29,209	90
91 EMERGENCY	13,380	138,532	85,465	237,377	196,730	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,861,728	13,800	2,446	1,877,974	70,977	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	10,368,909	3,876,968	5,616,784	19,862,661	4,540,552	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			30,746	30,746	1,651	190
192 PHYSICIANS' PRIVATE OFFICES	1,771,488	221,514	147,768	2,140,770	1,075,712	192
193.01 CONVENT		3,146	117	3,263	1,314	193.01
193.02 OTHER NON-REIMBURSABLE	176	57,078	6,311	63,565	55,178	193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	12,140,573	4,158,706	5,801,726	22,101,005	5,674,407	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	587,888					6
7 OPERATION OF PLANT	16,095	308,341				7
8 LAUNDRY & LINEN SERVICE			23,836			8
9 HOUSEKEEPING	11,946	6,442		143,398		9
10 DIETARY	10,957	5,909		2,806	169,686	10
11 CAFETERIA	12,242	6,602		3,136		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,004	541		257		13
14 CENTRAL SERVICES & SUPPLY	12,171	6,563	565	3,117		14
15 PHARMACY	10,162	5,480		2,603		15
16 MEDICAL RECORDS & LIBRARY	6,776	3,654		1,736		16
17 SOCIAL SERVICE	678	366		174		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	72,343	39,011	3	18,530		20
20.01 MEDTECH SCHOOL	464	250		119		20.01
20.02 PARAMED TRAINING	5,391	2,907		1,381		20.02
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	97,064	52,341	9,521	24,861	141,772	30
31 INTENSIVE CARE UNIT	35,670	19,235	2,380	9,136	19,026	31
43 NURSERY	2,645	1,426	128	678		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	49,838	26,875	2,497	12,765	243	50
51 RECOVERY ROOM	13,706	7,391	318	3,511		51
52 DELIVERY ROOM & LABOR ROOM	7,616	4,107	369	1,951		52
53 ANESTHESIOLOGY	255	138		65		53
54 RADIOLOGY-DIAGNOSTIC	19,574	10,555	382	5,014		54
54.01 ULTRASOUND	4,601	2,481	243	1,178		54.01
55 RADIOLOGY-THERAPEUTIC	27,856	15,021	404	7,135	3,242	55
56 RADIOISOTOPE	1,926	1,039		493		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,314	1,248	339	593		57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,820	4,217	213	2,003		58
59 CARDIAC CATHETERIZATION	12,770	6,886	690	3,271	831	59
60 LABORATORY	17,644	9,515	7	4,519		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	5,573	3,005	6	1,428		65
66 PHYSICAL THERAPY	17,160	9,254		4,395		66
67 OCCUPATIONAL THERAPY	2,248	1,212		576		67
68 SPEECH PATHOLOGY	467	252		120		68
69 ELECTROCARDIOLOGY	1,819	981	119	466		69
70 ELECTROENCEPHALOGRAPHY	4,383	2,364	38	1,123		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	232	125		59		73
75.01 SURGERY/CARDIAC AMB DAY CARE	7,322	3,949	1,216	1,876	1,156	75.01
76 DIABETIC SERVICE	1,041	561		267		76
76.01 GASTRO INTESTINAL SERVICES	7,876	4,247	245	2,017		76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	960	518		246		76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	24,663	13,300	4,153	6,317	3,416	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,457	1,325		629		95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	537,729	281,293	23,836	130,551	169,686	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	39,437	21,266		10,101		192
193.01 CONVENT	560	302		143		193.01
193.02 OTHER NON-REIMBURSABLE	10,162	5,480		2,603		193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	587,888	308,341	23,836	143,398	169,686	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	124,422					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,317	134,036				13
14 CENTRAL SERVICES & SUPPLY	3,344	3,153	408,911			14
15 PHARMACY	3,415	4,612	129	242,956		15
16 MEDICAL RECORDS & LIBRARY	2,967		13		113,543	16
17 SOCIAL SERVICE	720					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	2,458		340	22		20
20.01 MEDTECH SCHOOL	132	181				20.01
20.02 PARAMED TRAINING	693		54	10		20.02
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	27,658	37,324	49,629	430	8,812	30
31 INTENSIVE CARE UNIT	9,691	13,070	29,966	68	5,470	31
43 NURSERY	360	489	517		103	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,200	12,416	109,039	165	5,505	50
51 RECOVERY ROOM	1,062	1,437	1,437		670	51
52 DELIVERY ROOM & LABOR ROOM	1,045	1,407	1,487		297	52
53 ANESTHESIOLOGY			17,694	64,935	1,286	53
54 RADIOLOGY-DIAGNOSTIC	4,012	5,413	4,308	2,979	3,654	54
54.01 ULTRASOUND	1,431	1,921	452	98	3,228	54.01
55 RADIOLOGY-THERAPEUTIC	3,968	4,058	6,134	124	3,793	55
56 RADIOISOTOPE	913	1,237	276	112	2,652	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,554	2,096	922	2,696	8,095	57
58 MAGNETIC RESONANCE IMAGING (MRI)	974	1,318	567	134	3,204	58
59 CARDIAC CATHETERIZATION	2,546	3,433	90,932	161	5,002	59
60 LABORATORY	8,629	11,641	12,137	234	15,426	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					1,343	63
65 RESPIRATORY THERAPY	2,897	3,906	2,913	545	1,894	65
66 PHYSICAL THERAPY	2,783	3,755	30		1,227	66
67 OCCUPATIONAL THERAPY	246	333		14	171	67
68 SPEECH PATHOLOGY	290	389			106	68
69 ELECTROCARDIOLOGY	737	997	1,036	41	794	69
70 ELECTROENCEPHALOGRAPHY	948	1,281	204		763	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			13,710		9,959	71
72 IMPL. DEV. CHARGED TO PATIENT					9,735	72
73 DRUGS CHARGED TO PATIENTS			506		10,662	73
75.01 SURGERY/CARDIAC AMB DAY CARE	3,406	4,590	14,789	177	834	75.01
76 DIABETIC SERVICE	255	341	2		21	76
76.01 GASTRO INTESTINAL SERVICES	755	1,023	15,452	940	561	76.01
76.97 CARDIAC REHABILITATION	632	849	143		130	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					82	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	395	528	1,278		443	90
91 EMERGENCY	6,197	7,131	29,184	291	6,616	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	948	1,275	16		1,005	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	109,578	131,604	405,296	74,176	113,543	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	9,972	2,432	3,615	168,112		192
193.01 CONVENT				618		193.01
193.02 OTHER NON-REIMBURSABLE	4,872			50		193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	124,422	134,036	408,911	242,956	113,543	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	I&R SALARY & FRINGES	
	17	20	20.01	20.02	21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	20,110					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		661,025				20
20.01 MEDTECH SCHOOL			7,120			20.01
20.02 PARAMED TRAINING				86,883		20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD					144	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,201					30
31 INTENSIVE CARE UNIT	3,909					31
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 SURGERY/CARDIAC AMB DAY CARE						75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	20,110					118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 CONVENT						193.01
193.02 OTHER NON-REIMBURSABLE						193.02
200 CROSS FOOT ADJUSTMENTS		661,025	7,120	86,883	144	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	20,110	661,025	7,120	86,883	144	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	SUBTOTAL 24	25		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
20.01 MEDTECH SCHOOL				20.01
20.02 PARAMED TRAINING				20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	1,828,481		1,828,481	30
31 INTENSIVE CARE UNIT	844,236		844,236	31
43 NURSERY	41,460		41,460	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	1,529,785		1,529,785	50
51 RECOVERY ROOM	137,557		137,557	51
52 DELIVERY ROOM & LABOR ROOM	112,441		112,441	52
53 ANESTHESIOLOGY	150,088		150,088	53
54 RADIOLOGY-DIAGNOSTIC	1,764,247		1,764,247	54
54.01 ULTRASOUND	332,919		332,919	54.01
55 RADIOLOGY-THERAPEUTIC	764,323		764,323	55
56 RADIOISOTOPE	391,978		391,978	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,217,407		1,217,407	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,135,425		1,135,425	58
59 CARDIAC CATHETERIZATION	521,775		521,775	59
60 LABORATORY	1,033,311		1,033,311	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	58,047		58,047	63
65 RESPIRATORY THERAPY	279,745		279,745	65
66 PHYSICAL THERAPY	240,535		240,535	66
67 OCCUPATIONAL THERAPY	24,908		24,908	67
68 SPEECH PATHOLOGY	21,147		21,147	68
69 ELECTROCARDIOLOGY	44,147		44,147	69
70 ELECTROENCEPHALOGRAPHY	234,832		234,832	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	727,787		727,787	71
72 IMPL. DEV. CHARGED TO PATIENT	426,541		426,541	72
73 DRUGS CHARGED TO PATIENTS	654,584		654,584	73
75.01 SURGERY/CARDIAC AMB DAY CARE	201,907		201,907	75.01
76 DIABETIC SERVICE	14,473		14,473	76
76.01 GASTRO INTESTINAL SERVICES	175,056		175,056	76.01
76.97 CARDIAC REHABILITATION	139,645		139,645	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	8,771		8,771	76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	144,370		144,370	90
91 EMERGENCY	535,375		535,375	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES	1,956,606		1,956,606	95
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	17,693,909		17,693,909	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,397		32,397	190
192 PHYSICIANS' PRIVATE OFFICES	3,471,417		3,471,417	192
193.01 CONVENT	6,200		6,200	193.01
193.02 OTHER NON-REIMBURSABLE	141,910		141,910	193.02
200 CROSS FOOT ADJUSTMENTS	755,172		755,172	200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	22,101,005		22,101,005	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES			
	1	2	4			
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	475,845					1
2 CAP REL COSTS-MVBLE EQUIP		5,892,500				2
4 EMPLOYEE BENEFITS			123,857,228			4
5 ADMINISTRATIVE & GENERAL	48,621	1,104,655	16,716,006	-61,573,349	235,955,221	5
6 MAINTENANCE & REPAIRS	49,388	64,588	1,220,563		3,547,996	6
7 OPERATION OF PLANT	10,344	109,044	655,971		3,928,619	7
8 LAUNDRY & LINEN SERVICE			136,995		991,154	8
9 HOUSEKEEPING	7,678	98	1,503,476		2,403,872	9
10 DIETARY	7,042	55,617	467,020		1,351,141	10
11 CAFETERIA	7,868		680,998		1,400,453	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	645	54,665	2,123,440		2,929,731	13
14 CENTRAL SERVICES & SUPPLY	7,822	168,318	1,342,038		2,562,705	14
15 PHARMACY	6,531	61,733	3,000,033		4,103,899	15
16 MEDICAL RECORDS & LIBRARY	4,355	5,576	1,352,056		2,233,501	16
17 SOCIAL SERVICE	436		451,977		597,213	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	46,495	97,023	1,912,217		1,016,070	20
20.01 MEDTECH SCHOOL	298		104,269		140,146	20.01
20.02 PARAMED TRAINING	3,465	29,475	556,492		712,851	20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD					6,001	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	62,383	262,636	16,332,997		23,247,120	30
31 INTENSIVE CARE UNIT	22,925	256,227	6,593,858		10,145,067	31
43 NURSERY	1,700	9,271	273,887		462,780	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,031	694,070	5,847,636		12,409,822	50
51 RECOVERY ROOM	8,809	695	894,751		1,262,166	51
52 DELIVERY ROOM & LABOR ROOM	4,895	19,831	787,787		1,324,638	52
53 ANESTHESIOLOGY	164	41,628			968,633	53
54 RADIOLOGY-DIAGNOSTIC	12,580	436,471	2,424,871		5,103,037	54
54.01 ULTRASOUND	2,957	125,585	1,211,745		2,151,360	54.01
55 RADIOLOGY-THERAPEUTIC	17,903	434,845	2,754,268		4,396,830	55
56 RADIOISOTOPE	1,238	98,252	734,534		2,400,188	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,487	151,494	1,088,286		3,495,569	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,026	155,054	763,638		2,878,042	58
59 CARDIAC CATHETERIZATION	8,207	248,304	1,786,744		2,995,898	59
60 LABORATORY	11,340	375,043	5,074,100		10,310,613	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					2,357,853	63
65 RESPIRATORY THERAPY	3,582	92,432	1,989,106		2,795,026	65
66 PHYSICAL THERAPY	11,029	35,651	1,918,769		2,814,376	66
67 OCCUPATIONAL THERAPY	1,445	898	204,065		274,229	67
68 SPEECH PATHOLOGY	300	9,165	248,666		327,551	68
69 ELECTROCARDIOLOGY	1,169	14,095	364,497		543,149	69
70 ELECTROENCEPHALOGRAPHY	2,817	60,950	571,490		1,071,694	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		99,043			10,067,410	71
72 IMPL. DEV. CHARGED TO PATIENT					17,331,540	72
73 DRUGS CHARGED TO PATIENTS	149	121,508			21,708,264	73
75.01 SURGERY/CARDIAC AMB DAY CARE	4,706	37,457	2,393,814		3,514,605	75.01
76 DIABETIC SERVICE	669	17	191,480		254,510	76
76.01 GASTRO INTESTINAL SERVICES	5,062	70,546	656,843		1,174,310	76.01
76.97 CARDIAC REHABILITATION		13,418	433,202		680,988	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	617				65,392	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			287,884		1,214,550	90
91 EMERGENCY	15,851	86,802	3,767,398		8,180,382	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,579	2,484	708,635		2,951,333	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	443,608	5,704,664	92,528,502	-61,573,349	188,804,277	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		31,227	1,020		68,660	190
192 PHYSICIANS' PRIVATE OFFICES	25,346	150,080	28,524,020		44,733,273	192
193.01 CONVENT	360	119			54,626	193.01
193.02 OTHER NON-REIMBURSABLE	6,531	6,410	2,803,686		2,294,385	193.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,158,706	5,801,726	32,498,246		61,573,349	202
203	UNIT COST MULT-WS B PT I	8.739623	0.984595	0.262385		0.260954	203
204	COST TO BE ALLOC PER B PT II					5,674,407	204
205	UNIT COST MULT-WS B PT II					0.024049	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	377,836					6
7 OPERATION OF PLANT	10,344	367,492				7
8 LAUNDRY & LINEN SERVICE			1,352,934			8
9 HOUSEKEEPING	7,678	7,678		359,814		9
10 DIETARY	7,042	7,042		7,042	158,922	10
11 CAFETERIA	7,868	7,868		7,868		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	645	645		645		13
14 CENTRAL SERVICES & SUPPLY	7,822	7,822	32,082	7,822		14
15 PHARMACY	6,531	6,531		6,531		15
16 MEDICAL RECORDS & LIBRARY	4,355	4,355		4,355		16
17 SOCIAL SERVICE	436	436		436		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	46,495	46,495	155	46,495		20
20.01 MEDTECH SCHOOL	298	298		298		20.01
20.02 PARAMED TRAINING	3,465	3,465		3,465		20.02
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	62,383	62,383	540,413	62,383	132,779	30
31 INTENSIVE CARE UNIT	22,925	22,925	135,096	22,925	17,819	31
43 NURSERY	1,700	1,700	7,275	1,700		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,031	32,031	141,732	32,031	228	50
51 RECOVERY ROOM	8,809	8,809	18,068	8,809		51
52 DELIVERY ROOM & LABOR ROOM	4,895	4,895	20,947	4,895		52
53 ANESTHESIOLOGY	164	164		164		53
54 RADIOLOGY-DIAGNOSTIC	12,580	12,580	21,696	12,580		54
54.01 ULTRASOUND	2,957	2,957	13,820	2,957		54.01
55 RADIOLOGY-THERAPEUTIC	17,903	17,903	22,912	17,903	3,036	55
56 RADIOISOTOPE	1,238	1,238		1,238		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,487	1,487	19,219	1,487		57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,026	5,026	12,074	5,026		58
59 CARDIAC CATHETERIZATION	8,207	8,207	39,138	8,207	778	59
60 LABORATORY	11,340	11,340	420	11,340		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	3,582	3,582	362	3,582		65
66 PHYSICAL THERAPY	11,029	11,029		11,029		66
67 OCCUPATIONAL THERAPY	1,445	1,445		1,445		67
68 SPEECH PATHOLOGY	300	300		300		68
69 ELECTROCARDIOLOGY	1,169	1,169	6,747	1,169		69
70 ELECTROENCEPHALOGRAPHY	2,817	2,817	2,147	2,817		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	149	149		149		73
75.01 SURGERY/CARDIAC AMB DAY CARE	4,706	4,706	69,021	4,706	1,083	75.01
76 DIABETIC SERVICE	669	669		669		76
76.01 GASTRO INTESTINAL SERVICES	5,062	5,062	13,907	5,062		76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	617	617		617		76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	15,851	15,851	235,703	15,851	3,199	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,579	1,579		1,579		95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	345,599	335,255	1,352,934	327,577	158,922	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	25,346	25,346		25,346		192
193.01 CONVENT	360	360		360		193.01
193.02 OTHER NON-REIMBURSABLE	6,531	6,531		6,531		193.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,473,860	5,076,289	1,249,800	3,228,144	1,947,562	202
203	UNIT COST MULT-WS B PT I	11.840746	13.813332	0.923770	8.971702	12.254829	203
204	COST TO BE ALLOC PER B PT II	587,888	308,341	23,836	143,398	169,686	204
205	UNIT COST MULT-WS B PT II	1.555934	0.839041	0.017618	0.398534	1.067731	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTE'S	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	14,174					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	264	2,353,821				13
14 CENTRAL SERVICES & SUPPLY	381	55,362	10,075,358			14
15 PHARMACY	389	80,995	3,172	646,434		15
16 MEDICAL RECORDS & LIBRARY	338		318		902,600,833	16
17 SOCIAL SERVICE	82					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	280		8,381	59		20
20.01 MEDTECH SCHOOL	15	3,179				20.01
20.02 PARAMED TRAINING	79		1,320	27		20.02
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	3,151	655,447	1,222,840	1,144	69,937,635	30
31 INTENSIVE CARE UNIT	1,104	229,519	738,342	181	43,414,837	31
43 NURSERY	41	8,590	12,728		819,943	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,048	218,039	2,686,632	438	43,691,005	50
51 RECOVERY ROOM	121	25,240	35,414		5,317,785	51
52 DELIVERY ROOM & LABOR ROOM	119	24,710	36,650		2,360,974	52
53 ANESTHESIOLOGY			435,972	172,774	10,203,112	53
54 RADIOLOGY-DIAGNOSTIC	457	95,060	106,142	7,926	28,998,801	54
54.01 ULTRASOUND	163	33,730	11,127	261	25,617,026	54.01
55 RADIOLOGY-THERAPEUTIC	452	71,258	151,148	329	30,106,864	55
56 RADIOISOTOPE	104	21,717	6,799	298	21,045,984	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	177	36,816	22,721	7,173	64,248,662	57
58 MAGNETIC RESONANCE IMAGING (MRI)	111	23,142	13,977	357	25,431,329	58
59 CARDIAC CATHETERIZATION	290	60,295	2,240,534	429	39,700,743	59
60 LABORATORY	983	204,435	299,059	623	123,861,640	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					10,659,973	63
65 RESPIRATORY THERAPY	330	68,600	71,767	1,449	15,031,049	65
66 PHYSICAL THERAPY	317	65,943	751		9,742,053	66
67 OCCUPATIONAL THERAPY	28	5,852		37	1,358,495	67
68 SPEECH PATHOLOGY	33	6,837			845,026	68
69 ELECTROCARDIOLOGY	84	17,515	25,522	109	6,303,557	69
70 ELECTROENCEPHALOGRAPHY	108	22,492	5,025		6,059,148	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			337,819		79,038,958	71
72 IMPL. DEV. CHARGED TO PATIENT					77,262,766	72
73 DRUGS CHARGED TO PATIENTS			12,462		84,622,677	73
75.01 SURGERY/CARDIAC AMB DAY CARE	388	80,613	364,389	471	6,620,485	75.01
76 DIABETIC SERVICE	29	5,980	59		162,893	76
76.01 GASTRO INTESTINAL SERVICES	86	17,962	380,726	2,500	4,453,023	76.01
76.97 CARDIAC REHABILITATION	72	14,906	3,521		1,034,957	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					647,234	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	45	9,280	31,496		3,513,887	90
91 EMERGENCY	706	125,220	719,078	774	52,510,704	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	108	22,386	398		7,977,608	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	12,483	2,311,120	9,986,289	197,359	902,600,833	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	1,136	42,701	89,069	447,298		192
193.01 CONVENT				1,645		193.01
193.02 OTHER NON-REIMBURSABLE	555			132		193.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		FTE'S					
		11	13	14	15	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,038,342	3,754,555	3,675,030	5,587,262	3,015,860	202
203	UNIT COST MULT-WS B PT I	143.808523	1.595089	0.364754	8.643206	0.003341	203
204	COST TO BE ALLOC PER B PT II	124,422	134,036	408,911	242,956	113,543	204
205	UNIT COST MULT-WS B PT II	8.778185	0.056944	0.040585	0.375840	0.000126	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	I&R SALARY & FRINGES	
	PATIENT DAYS	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	17	20	20.01	20.02	21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	49,038					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		20,126				20
20.01 MEDTECH SCHOOL			100			20.01
20.02 PARAMED TRAINING				100		20.02
21 I&R SRVCES-SALARY & FRINGES APPRVD					100	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,507	11,103				30
31 INTENSIVE CARE UNIT	9,531	3,934				31
43 NURSERY		664				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		558				50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM		1,911				52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
55 RADIOLOGY-THERAPEUTIC		150				55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION		228				59
60 LABORATORY			100			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 SURGERY/CARDIAC AMB DAY CARE		648				75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES		306				76.01
76.97 CARDIAC REHABILITATION		150				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY		474		100	100	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	49,038	20,126	100	100	100	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193.01 CONVENT						193.01
193.02 OTHER NON-REIMBURSABLE						193.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	I&R SALARY & FRINGES ASSIGNED TIME	
		PATIENT DAYS	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
200	CROSS FOOT ADJUSTMENTS	17	20	20.01	20.02	21	200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	779,948	2,935,119	194,265	1,030,925	7,567	202
203	UNIT COST MULT-WS B PT I	15.904972	145.837176	1,942.650000	10,309.250000	75.670000	203
204	COST TO BE ALLOC PER B PT II	20,110	661,025	7,120	86,883	144	204
205	UNIT COST MULT-WS B PT II	0.410090	32.844331	71.200000	868.830000	1.440000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
20.01	MEDTECH SCHOOL	20.01
20.02	PARAMED TRAINING	20.02
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRASOUND	54.01
55	RADIOLOGY-THERAPEUTIC	55
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63	BLOOD STORING, PROCESSING & TRANS.	63
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
75.01	SURGERY/CARDIAC AMB DAY CARE	75.01
76	DIABETIC SERVICE	76
76.01	GASTRO INTESTINAL SERVICES	76.01
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	90
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
95	AMBULANCE SERVICES	95
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192	PHYSICIANS' PRIVATE OFFICES	192
193.01	CONVENT	193.01
193.02	OTHER NON-REIMBURSABLE	193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,035,819		38,035,819	7,824	38,043,643	30
31 INTENSIVE CARE UNIT	15,595,533		15,595,533	44,462	15,639,995	31
43 NURSERY	772,944		772,944	2,722	775,666	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,600,636		18,600,636	48,619	18,649,255	50
51 RECOVERY ROOM	2,001,588		2,001,588		2,001,588	51
52 DELIVERY ROOM & LABOR ROOM	2,215,629		2,215,629	7,913	2,223,542	52
53 ANESTHESIOLOGY	2,913,513		2,913,513	184,380	3,097,893	53
54 RADIOLOGY-DIAGNOSTIC	7,311,786		7,311,786		7,311,786	54
54.01 ULTRASOUND	2,997,065		2,997,065		2,997,065	54.01
55 RADIOLOGY-THERAPEUTIC	6,581,579		6,581,579	123,934	6,705,513	55
56 RADIOISOTOPE	3,194,362		3,194,362		3,194,362	56
57 COMPUTED TOMOGRAPHY (CT) SC	4,846,114		4,846,114		4,846,114	57
58 MAGNETIC RESONANCE IMAGING	3,960,290		3,960,290		3,960,290	58
59 CARDIAC CATHETERIZATION	5,232,276		5,232,276		5,232,276	59
60 LABORATORY	14,584,534		14,584,534		14,584,534	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	3,008,759		3,008,759		3,008,759	63
65 RESPIRATORY THERAPY	3,894,563		3,894,563	9,837	3,904,400	65
66 PHYSICAL THERAPY	4,114,281		4,114,281		4,114,281	66
67 OCCUPATIONAL THERAPY	414,044		414,044		414,044	67
68 SPEECH PATHOLOGY	441,890		441,890		441,890	68
69 ELECTROCARDIOLOGY	802,926		802,926		802,926	69
70 ELECTROENCEPHALOGRAPHY	1,524,365		1,524,365	1,760	1,526,125	70
71 MEDICAL SUPPLIES CHRGED TO	13,081,831		13,081,831		13,081,831	71
72 IMPL. DEV. CHARGED TO PATIE	22,112,410		22,112,410		22,112,410	72
73 DRUGS CHARGED TO PATIENTS	27,665,551		27,665,551		27,665,551	73
75.01 SURGERY/CARDIAC AMB DAY CAR	5,109,724		5,109,724	21,167	5,130,891	75.01
76 DIABETIC SERVICE	358,364		358,364		358,364	76
76.01 GASTRO INTESTINAL SERVICES	1,929,876		1,929,876		1,929,876	76.01
76.97 CARDIAC REHABILITATION	919,443		919,443		919,443	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	105,983		105,983		105,983	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,575,993		1,575,993		1,575,993	90
91 EMERGENCY	12,966,609		12,966,609	1,106,808	14,073,417	91
92 OBSERVATION BEDS	3,295,636		3,295,636		3,295,636	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	3,854,206		3,854,206	28,320	3,882,526	95
200 SUBTOTAL (SEE INSTRUCTIONS)	236,020,122		236,020,122	1,587,746	237,607,868	200
201 LESS OBSERVATION BEDS	3,295,636		3,295,636		3,295,636	201
202 TOTAL (SEE INSTRUCTIONS)	232,724,486		232,724,486		234,312,232	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	64,084,502		64,084,502			30
31 INTENSIVE CARE UNIT	43,414,837		43,414,837			31
43 NURSERY	819,943		819,943			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,026,589	15,664,416	43,691,005	0.425731	0.425731	0.426844 50
51 RECOVERY ROOM	2,366,686	2,951,099	5,317,785	0.376395	0.376395	0.376395 51
52 DELIVERY ROOM & LABOR ROOM	2,215,920	145,054	2,360,974	0.938439	0.938439	0.941790 52
53 ANESTHESIOLOGY	6,073,035	4,130,077	10,203,112	0.285551	0.285551	0.303622 53
54 RADIOLOGY-DIAGNOSTIC	10,625,605	18,373,196	28,998,801	0.252141	0.252141	0.252141 54
54.01 ULTRASOUND	6,771,742	18,845,284	25,617,026	0.116995	0.116995	0.116995 54.01
55 RADIOLOGY-THERAPEUTIC	2,234,122	27,872,742	30,106,864	0.218607	0.218607	0.222724 55
56 RADIOISOTOPE	1,658,610	19,387,374	21,045,984	0.151780	0.151780	0.151780 56
57 COMPUTED TOMOGRAPHY (CT) SC	20,438,919	43,809,743	64,248,662	0.075427	0.075427	0.075427 57
58 MAGNETIC RESONANCE IMAGING	5,069,315	20,362,014	25,431,329	0.155725	0.155725	0.155725 58
59 CARDIAC CATHETERIZATION	15,095,731	24,605,012	39,700,743	0.131793	0.131793	0.131793 59
60 LABORATORY	54,396,921	69,464,719	123,861,640	0.117749	0.117749	0.117749 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	8,738,131	1,921,842	10,659,973	0.282248	0.282248	0.282248 63
65 RESPIRATORY THERAPY	13,977,117	1,053,932	15,031,049	0.259101	0.259101	0.259756 65
66 PHYSICAL THERAPY	3,278,099	6,463,954	9,742,053	0.422322	0.422322	0.422322 66
67 OCCUPATIONAL THERAPY	708,344	650,151	1,358,495	0.304781	0.304781	0.304781 67
68 SPEECH PATHOLOGY	443,099	401,927	845,026	0.522931	0.522931	0.522931 68
69 ELECTROCARDIOLOGY	1,947,369	4,356,188	6,303,557	0.127377	0.127377	0.127377 69
70 ELECTROENCEPHALOGRAPHY	536,026	5,523,122	6,059,148	0.251581	0.251581	0.251871 70
71 MEDICAL SUPPLIES CHRGED TO	52,408,682	26,630,276	79,038,958	0.165511	0.165511	0.165511 71
72 IMPL. DEV. CHARGED TO PATIE	56,889,068	20,373,698	77,262,766	0.286197	0.286197	0.286197 72
73 DRUGS CHARGED TO PATIENTS	37,935,599	46,687,078	84,622,677	0.326928	0.326928	0.326928 73
75.01 SURGERY/CARDIAC AMB DAY CAR	129,780	6,490,705	6,620,485	0.771805	0.771805	0.775002 75.01
76 DIABETIC SERVICE		162,893	162,893	2.199996	2.199996	2.199996 76
76.01 GASTRO INTESTINAL SERVICES	1,560,836	2,892,187	4,453,023	0.433386	0.433386	0.433386 76.01
76.97 CARDIAC REHABILITATION	1,022	1,033,935	1,034,957	0.888388	0.888388	0.888388 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	14,284	632,950	647,234	0.163748	0.163748	0.163748 76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	34,720	3,479,167	3,513,887	0.448504	0.448504	0.448504 90
91 EMERGENCY	24,408,490	28,102,214	52,510,704	0.246933	0.246933	0.268010 91
92 OBSERVATION BEDS		5,853,133	5,853,133	0.563055	0.563055	0.563055 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	4,400,576	3,577,032	7,977,608	0.483128	0.483128	0.486678 95
200 SUBTOTAL (SEE INSTRUCTIONS)	470,703,719	431,897,114	902,600,833			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	470,703,719	431,897,114	902,600,833			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,828,481		1,828,481	43,254	42.27	21,045	889,572	30
31 INTENSIVE CARE UNIT	844,236		844,236	9,531	88.58	4,642	411,188	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	41,460		41,460	1,053	39.37			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,714,177		2,714,177	53,838		25,687	1,300,760	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 (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,529,785	43,691,005	0.035014	10,084,362	353,094	50
51	RECOVERY ROOM	137,557	5,317,785	0.025867	932,151	24,112	51
52	DELIVERY ROOM & LABOR ROOM	112,441	2,360,974	0.047625	18,125	863	52
53	ANESTHESIOLOGY	150,088	10,203,112	0.014710	2,281,666	33,563	53
54	RADIOLOGY-DIAGNOSTIC	1,764,247	28,998,801	0.060839	5,482,315	333,539	54
54.01	ULTRASOUND	332,919	25,617,026	0.012996	3,733,102	48,515	54.01
55	RADIOLOGY-THERAPEUTIC	764,323	30,106,864	0.025387	356,970	9,062	55
56	RADIOISOTOPE	391,978	21,045,984	0.018625	940,297	17,513	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,217,407	64,248,662	0.018948	8,114,543	153,754	57
58	MAGNETIC RESONANCE IMAGING (M	1,135,425	25,431,329	0.044647	2,206,442	98,511	58
59	CARDIAC CATHETERIZATION	521,775	39,700,743	0.013143	7,417,541	97,489	59
60	LABORATORY	1,033,311	123,861,640	0.008342	28,059,928	234,076	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	58,047	10,659,973	0.005445	4,538,947	24,715	63
65	RESPIRATORY THERAPY	279,745	15,031,049	0.018611	7,574,509	140,969	65
66	PHYSICAL THERAPY	240,535	9,742,053	0.024690	1,910,137	47,161	66
67	OCCUPATIONAL THERAPY	24,908	1,358,495	0.018335	410,358	7,524	67
68	SPEECH PATHOLOGY	21,147	845,026	0.025025	277,349	6,941	68
69	ELECTROCARDIOLOGY	44,147	6,303,557	0.007004	1,138,817	7,976	69
70	ELECTROENCEPHALOGRAPHY	234,832	6,059,148	0.038757	296,830	11,504	70
71	MEDICAL SUPPLIES CHRGED TO PA	727,787	79,038,958	0.009208	23,197,705	213,604	71
72	IMPL. DEV. CHARGED TO PATIENT	426,541	77,262,766	0.005521	25,217,608	139,226	72
73	DRUGS CHARGED TO PATIENTS	654,584	84,622,677	0.007735	19,126,250	147,942	73
75.01	SURGERY/CARDIAC AMB DAY CARE	201,907	6,620,485	0.030497	72,289	2,205	75.01
76	DIABETIC SERVICE	14,473	162,893	0.088850			76
76.01	GASTRO INTESTINAL SERVICES	175,056	4,453,023	0.039312	938,501	36,894	76.01
76.97	CARDIAC REHABILITATION	139,645	1,034,957	0.134928	1,022	138	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	8,771	647,234	0.013552			76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	144,370	3,513,887	0.041086	26,585	1,092	90
91	EMERGENCY	535,375	52,510,704	0.010196	7,920,275	80,755	91
92	OBSERVATION BEDS	158,398	5,853,133	0.027062			92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	13,181,524	786,303,943	786,303,943	162,274,624	2,272,737	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	1,619,230				1,619,230	30
31 INTENSIVE CARE UNIT	573,723				573,723	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	96,836				96,836	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	2,289,789				2,289,789	200

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	43,254	37.44	21,045	787,925	30
31 INTENSIVE CARE UNIT	9,531	60.20	4,642	279,448	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,053	91.96			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	53,838		25,687	1,067,373	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS																																																																																																																																																																																																																																																																																																																
APPLICABLE	[XX] TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]		[ ]	TEFRA																																																																																																																																																																																																																																																																																																																
BOXES	[ ] TITLE XIX	[ ]	IRF	[ ]	NF	[ ]		[ ]																																																																																																																																																																																																																																																																																																																	
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DEV. CHARGED TO PATIENT						72	73	DRUGS CHARGED TO PATIENTS						73	75.01	SURGERY/CARDIAC AMB DAY CARE	94,502			94,502	94,502	75.01	76	DIABETIC SERVICE						76	76.01	GASTRO INTESTINAL SERVICES	44,626			44,626	44,626	76.01	76.97	CARDIAC REHABILITATION	21,876			21,876	21,876	76.97	76.98	HYPERBARIC OXYGEN THERAPY						76.98	76.99	LITHOTRIPSY						76.99	OUTPATIENT SERVICE COST CENTERS								90	CLINIC						90	91	EMERGENCY	1,100,052			1,100,052	1,100,052	91	92	OBSERVATION BEDS	140,269			140,269	140,269	92	OTHER REIMBURSABLE COST CENTERS								95	AMBULANCE SERVICES						95	200	TOTAL (SUM OF LINES 50-199)		2,010,789		2,010,789	2,010,789	200
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																																																																																																																																																																																																																																																																																																																			
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA									
						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						43,691,005	0.001863	0.001863	10,084,362	18,787	3,582,483	6,674	50	
51						5,317,785			932,151		608,571		51	
52						2,360,974	0.118042	0.118042	18,125	2,140			52	
53						10,203,112			2,281,666		993,202		53	
54						28,998,801			5,482,315		10,836,703		54	
54.01						25,617,026			3,733,102		7,242,674		54.01	
55						30,106,864	0.000727	0.000727	356,970	260	14,691,147	10,680	55	
56						21,045,984			940,297		6,957,235		56	
57						64,248,662			8,114,543		11,591,640		57	
58						25,431,329			2,206,442		3,858,123		58	
59						39,700,743	0.000838	0.000838	7,417,541	6,216	12,951,698	10,854	59	
60						123,861,640	0.001568	0.001568	28,059,928	43,998	2,609,137	4,091	60	
62.30													62.30	
63						10,659,973			4,538,947		750,793		63	
65						15,031,049			7,574,509		406,160		65	
66						9,742,053			1,910,137		6,347		66	
67						1,358,495			410,358		279		67	
68						845,026			277,349		8,047		68	
69						6,303,557			1,138,817		1,574,460		69	
70						6,059,148			296,830		1,757,160		70	
71						79,038,958			23,197,705		9,917,461		71	
72						77,262,766			25,217,608		8,939,469		72	
73						84,622,677			19,126,250		19,563,755		73	
75.01						6,620,485	0.014274	0.014274	72,289	1,032	2,507,099	35,786	75.01	
76						162,893					753		76	
76.01						4,453,023	0.010022	0.010022	938,501	9,406	1,238,976	12,417	76.01	
76.97						1,034,957	0.021137	0.021137	1,022	22	456,745	9,654	76.97	
76.98													76.98	
76.99						647,234					214,106		76.99	
OUTPATIENT SERVICE COST CENTERS														
90						3,513,887			26,585		1,731,630		90	
91						52,510,704	0.020949	0.020949	7,920,275	165,922	7,658,624	160,441	91	
92						5,853,133	0.023965	0.023965			2,225,340	53,330	92	
OTHER REIMBURSABLE COST CENTERS														
95													95	
200						786,303,943			162,274,624	247,783	134,879,817	303,927	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.425731	3,582,483			1,525,174			50
51 RECOVERY ROOM	0.376395	608,571			229,063			51
52 DELIVERY ROOM & LABOR ROOM	0.938439							52
53 ANESTHESIOLOGY	0.285551	993,202			283,610			53
54 RADIOLOGY-DIAGNOSTIC	0.252141	10,836,703			2,732,377			54
54.01 ULTRASOUND	0.116995	7,242,674			847,357			54.01
55 RADIOLOGY-THERAPEUTIC	0.218607	14,691,147			3,211,588			55
56 RADIOISOTOPE	0.151780	6,957,235			1,055,969			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.075427	11,591,640			874,323			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.155725	3,858,123			600,806			58
59 CARDIAC CATHETERIZATION	0.131793	12,951,698			1,706,943			59
60 LABORATORY	0.117749	2,609,137			307,223			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.282248	750,793			211,910			63
65 RESPIRATORY THERAPY	0.259101	406,160			105,236			65
66 PHYSICAL THERAPY	0.422322	6,347			2,680			66
67 OCCUPATIONAL THERAPY	0.304781	279			85			67
68 SPEECH PATHOLOGY	0.522931	8,047			4,208			68
69 ELECTROCARDIOLOGY	0.127377	1,574,460			200,550			69
70 ELECTROENCEPHALOGRAPHY	0.251581	1,757,160			442,068			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.165511	9,917,461			1,641,449			71
72 IMPL. DEV. CHARGED TO PATIENT	0.286197	8,939,469			2,558,449			72
73 DRUGS CHARGED TO PATIENTS	0.326928	19,563,755		55,400	6,395,939		18,112	73
75.01 SURGERY/CARDIAC AMB DAY CARE	0.771805	2,507,099			1,934,992			75.01
76 DIABETIC SERVICE	2.199996	753			1,657			76
76.01 GASTRO INTESTINAL SERVICES	0.433386	1,238,976			536,955			76.01
76.97 CARDIAC REHABILITATION	0.888388	456,745			405,767			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY	0.163748	214,106			35,059			76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.448504	1,731,630			776,643			90
91 EMERGENCY	0.246933	7,658,624			1,891,167			91
92 OBSERVATION BEDS	0.563055	2,225,340			1,252,989			92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.483128							95
200 SUBTOTAL (SEE INSTRUCTIONS)		134,879,817		55,400	31,772,236		18,112	200
201 LESS BPB CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		134,879,817		55,400	31,772,236		18,112	202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,828,481		1,828,481	43,254	42.27	2,967	125,415	30
31 INTENSIVE CARE UNIT	844,236		844,236	9,531	88.58	863	76,445	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	41,460		41,460	1,053	39.37	475	18,701	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,714,177		2,714,177	53,838		4,305	220,561	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	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					1,529,785	43,691,005	0.035014		50
51					137,557	5,317,785	0.025867		51
52					112,441	2,360,974	0.047625		52
53					150,088	10,203,112	0.014710		53
54					1,764,247	28,998,801	0.060839		54
54.01					332,919	25,617,026	0.012996		54.01
55					764,323	30,106,864	0.025387		55
56					391,978	21,045,984	0.018625		56
57					1,217,407	64,248,662	0.018948		57
58					1,135,425	25,431,329	0.044647		58
59					521,775	39,700,743	0.013143		59
60					1,033,311	123,861,640	0.008342		60
62.30									62.30
63					58,047	10,659,973	0.005445		63
65					279,745	15,031,049	0.018611		65
66					240,535	9,742,053	0.024690		66
67					24,908	1,358,495	0.018335		67
68					21,147	845,026	0.025025		68
69					44,147	6,303,557	0.007004		69
70					234,832	6,059,148	0.038757		70
71					727,787	79,038,958	0.009208		71
72					426,541	77,262,766	0.005521		72
73					654,584	84,622,677	0.007735		73
75.01					201,907	6,620,485	0.030497		75.01
76					14,473	162,893	0.088850		76
76.01					175,056	4,453,023	0.039312		76.01
76.97					139,645	1,034,957	0.134928		76.97
76.98									76.98
76.99					8,771	647,234	0.013552		76.99
OUTPATIENT SERVICE COST CENTERS									
90					144,370	3,513,887	0.041086		90
91					535,375	52,510,704	0.010196		91
92					158,398	5,853,133	0.027062		92
OTHER REIMBURSABLE COST CENTERS									
95									95
200					13,181,524	786,303,943	786,303,943		200

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10  
04/09/2012 09:06

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	1,619,230				1,619,230	30
31 INTENSIVE CARE UNIT	573,723				573,723	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	96,836				96,836	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	2,289,789				2,289,789	200

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
 PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10  
 04/09/2012 09:06

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	43,254	37.44	2,967	111,084	30
31 INTENSIVE CARE UNIT	9,531	60.20	863	51,953	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,053	91.96	475	43,681	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	53,838		4,305	206,718	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]		[ ]	TEFRA
BOXES	[XX] TITLE XIX	[ ]	IRF	[ ]	NF	[ ]		[XX]	OTHER
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS									
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	81,377			81,377	81,377	50		
51	RECOVERY ROOM						51		
52	DELIVERY ROOM & LABOR ROOM	278,695			278,695	278,695	52		
53	ANESTHESIOLOGY						53		
54	RADIOLOGY-DIAGNOSTIC						54		
54.01	ULTRASOUND						54.01		
55	RADIOLOGY-THERAPEUTIC	21,876			21,876	21,876	55		
56	RADIOISOTOPE						56		
57	COMPUTED TOMOGRAPHY (CT) SCAN						57		
58	MAGNETIC RESONANCE IMAGING (M						58		
59	CARDIAC CATHETERIZATION	33,251			33,251	33,251	59		
60	LABORATORY	194,265			194,265	194,265	60		
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30		
63	BLOOD STORING, PROCESSING & T						63		
65	RESPIRATORY THERAPY						65		
66	PHYSICAL THERAPY						66		
67	OCCUPATIONAL THERAPY						67		
68	SPEECH PATHOLOGY						68		
69	ELECTROCARDIOLOGY						69		
70	ELECTROENCEPHALOGRAPHY						70		
71	MEDICAL SUPPLIES CHRGD TO PA						71		
72	IMPL. DEV. CHARGED TO PATIENT						72		
73	DRUGS CHARGED TO PATIENTS						73		
75.01	SURGERY/CARDIAC AMB DAY CARE	94,502			94,502	94,502	75.01		
76	DIABETIC SERVICE						76		
76.01	GASTRO INTESTINAL SERVICES	44,626			44,626	44,626	76.01		
76.97	CARDIAC REHABILITATION	21,876			21,876	21,876	76.97		
76.98	HYPERBARIC OXYGEN THERAPY						76.98		
76.99	LITHOTRIPSY						76.99		
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC						90		
91	EMERGENCY	1,100,052			1,100,052	1,100,052	91		
92	OBSERVATION BEDS						92		
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES						95		
200	TOTAL (SUM OF LINES 50-199)	1,870,520			1,870,520	1,870,520	200		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM 43,691,005	0.001863	0.001863				50
51						RECOVERY ROOM 5,317,785						51
52						DELIVERY ROOM & LABOR ROOM 2,360,974	0.118042	0.118042				52
53						ANESTHESIOLOGY 10,203,112						53
54						RADIOLOGY-DIAGNOSTIC 28,998,801						54
54.01						ULTRASOUND 25,617,026						54.01
55						RADIOLOGY-THERAPEUTIC 30,106,864	0.000727	0.000727				55
56						RADIOISOTOPE 21,045,984						56
57						COMPUTED TOMOGRAPHY (CT) SCA 64,248,662						57
58						MAGNETIC RESONANCE IMAGING ( 25,431,329						58
59						CARDIAC CATHETERIZATION 39,700,743	0.000838	0.000838				59
60						LABORATORY 123,861,640	0.001568	0.001568				60
62.30						BLOOD CLOTTING FOR HEMOPHILI 10,659,973						62.30
63						BLOOD STORING, PROCESSING & 15,031,049						63
65						RESPIRATORY THERAPY 9,742,053						65
66						PHYSICAL THERAPY 1,358,495						66
67						OCCUPATIONAL THERAPY 845,026						67
68						SPEECH PATHOLOGY 6,303,557						68
69						ELECTROCARDIOLOGY 6,059,148						69
70						ELECTROENCEPHALOGRAPHY 79,038,958						70
71						MEDICAL SUPPLIES CHRGED TO P 77,262,766						71
72						IMPL. DEV. CHARGED TO PATIEN 84,622,677						72
73						DRUGS CHARGED TO PATIENTS 6,620,485	0.014274	0.014274				73
75.01						SURGERY/CARDIAC AMB DAY CARE 162,893						75.01
76						DIABETIC SERVICE 4,453,023	0.010022	0.010022				76
76.01						GASTRO INTESTINAL SERVICES 1,034,957	0.021137	0.021137				76.01
76.97						CARDIAC REHABILITATION 647,234						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC 3,513,887						90
91						EMERGENCY 52,510,704	0.020949	0.020949				91
92						OBSERVATION BEDS 5,853,133						92
OTHER REIMBURSABLE COST CENTERS												
95						AMBULANCE SERVICES 7,977,608						95
200						TOTAL (SUM OF LINES 50-199) 786,303,943						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	SERVICES 2	DED & COINS 3	DED & COINS 4	PPS SERVICES 5	DED & COINS 6	DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.425731						50
51 RECOVERY ROOM	0.376395						51
52 DELIVERY ROOM & LABOR ROOM	0.938439						52
53 ANESTHESIOLOGY	0.285551						53
54 RADIOLOGY-DIAGNOSTIC	0.252141						54
54.01 ULTRASOUND	0.116995						54.01
55 RADIOLOGY-THERAPEUTIC	0.218607						55
56 RADIOISOTOPE	0.151780						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.075427						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.155725						58
59 CARDIAC CATHETERIZATION	0.131793						59
60 LABORATORY	0.117749						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.282248						63
65 RESPIRATORY THERAPY	0.259101						65
66 PHYSICAL THERAPY	0.422322						66
67 OCCUPATIONAL THERAPY	0.304781						67
68 SPEECH PATHOLOGY	0.522931						68
69 ELECTROCARDIOLOGY	0.127377						69
70 ELECTROENCEPHALOGRAPHY	0.251581						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.165511						71
72 IMPL. DEV. CHARGED TO PATIENT	0.286197						72
73 DRUGS CHARGED TO PATIENTS	0.326928						73
75.01 SURGERY/CARDIAC AMB DAY CARE	0.771805						75.01
76 DIABETIC SERVICE	2.199996						76
76.01 GASTRO INTESTINAL SERVICES	0.433386						76.01
76.97 CARDIAC REHABILITATION	0.888388						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	0.163748						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.448504						90
91 EMERGENCY	0.246933						91
92 OBSERVATION BEDS	0.563055						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.483128						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] 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)	43,254	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	43,254	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,372	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,882	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)	21,045	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)	38,043,643	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	38,043,643	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60,789,624	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,592,011	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	35,197,613	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.625825	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	4,016.32	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	954.33	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	3,061.99	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	1,916.27	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	12,210,472	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	25,833,171	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] 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) 879.54 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 18,509,919 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) 18,509,919 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	15,639,995	9,531	1,640.96	4,642	7,617,336	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)					37,096,834	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					63,224,089	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,368,133 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,520,520 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,888,653 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 58,335,436 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,747 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 879.54 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,295,636 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	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
90 CAPITAL-RELATED COST		1,828,481	38,043,643	0.048063	3,295,636	158,398 90
91 NURSING SCHOOL COST		1,619,230	38,043,643	0.042562	3,295,636	140,269 91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] 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)	43,254	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	43,254	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,372	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,882	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,967	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,053	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	475	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)	38,035,819	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	38,035,819	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	60,789,624	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,592,011	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	35,197,613	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.625696	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	4,016.32	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	954.33	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	3,061.99	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	1,915.87	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	12,207,924	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	25,827,895	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] 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) 597.12 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,771,655 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 1,771,655 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)	772,944	1,053	734.04	475	348,669 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	15,595,533	9,531	1,636.30	863	1,412,127 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)					3,532,451 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 427,279 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 427,279 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,747 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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		32,766,925			30
31 INTENSIVE CARE UNIT		20,900,470			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.426844	10,084,362	4,304,449		50
51 RECOVERY ROOM	0.376395	932,151	350,857		51
52 DELIVERY ROOM & LABOR ROOM	0.941790	18,125	17,070		52
53 ANESTHESIOLOGY	0.303622	2,281,666	692,764		53
54 RADIOLOGY-DIAGNOSTIC	0.252141	5,482,315	1,382,316		54
54.01 ULTRASOUND	0.116995	3,733,102	436,754		54.01
55 RADIOLOGY-THERAPEUTIC	0.222724	356,970	79,506		55
56 RADIOISOTOPE	0.151780	940,297	142,718		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.075427	8,114,543	612,056		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.155725	2,206,442	343,598		58
59 CARDIAC CATHETERIZATION	0.131793	7,417,541	977,580		59
60 LABORATORY	0.117749	28,059,928	3,304,028		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.282248	4,538,947	1,281,109		63
65 RESPIRATORY THERAPY	0.259756	7,574,509	1,967,524		65
66 PHYSICAL THERAPY	0.422322	1,910,137	806,693		66
67 OCCUPATIONAL THERAPY	0.304781	410,358	125,069		67
68 SPEECH PATHOLOGY	0.522931	277,349	145,034		68
69 ELECTROCARDIOLOGY	0.127377	1,138,817	145,059		69
70 ELECTROENCEPHALOGRAPHY	0.251871	296,830	74,763		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.165511	23,197,705	3,839,475		71
72 IMPL. DEV. CHARGED TO PATIENT	0.286197	25,217,608	7,217,204		72
73 DRUGS CHARGED TO PATIENTS	0.326928	19,126,250	6,252,907		73
75.01 SURGERY/CARDIAC AMB DAY CARE	0.775002	72,289	56,024		75.01
76 DIABETIC SERVICE	2.199996				76
76.01 GASTRO INTESTINAL SERVICES	0.433386	938,501	406,733		76.01
76.97 CARDIAC REHABILITATION	0.888388	1,022	908		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	0.163748				76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.448504	26,585	11,923		90
91 EMERGENCY	0.268010	7,920,275	2,122,713		91
92 OBSERVATION BEDS	0.563055				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		162,274,624	37,096,834		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		162,274,624			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.425731			50
51 RECOVERY ROOM	0.376395			51
52 DELIVERY ROOM & LABOR ROOM	0.938439			52
53 ANESTHESIOLOGY	0.285551			53
54 RADIOLOGY-DIAGNOSTIC	0.252141			54
54.01 ULTRASOUND	0.116995			54.01
55 RADIOLOGY-THERAPEUTIC	0.218607			55
56 RADIOISOTOPE	0.151780			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.075427			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.155725			58
59 CARDIAC CATHETERIZATION	0.131793			59
60 LABORATORY	0.117749			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.282248			63
65 RESPIRATORY THERAPY	0.259101			65
66 PHYSICAL THERAPY	0.422322			66
67 OCCUPATIONAL THERAPY	0.304781			67
68 SPEECH PATHOLOGY	0.522931			68
69 ELECTROCARDIOLOGY	0.127377			69
70 ELECTROENCEPHALOGRAPHY	0.251581			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.165511			71
72 IMPL. DEV. CHARGED TO PATIENT	0.286197			72
73 DRUGS CHARGED TO PATIENTS	0.326928			73
75.01 SURGERY/CARDIAC AMB DAY CARE	0.771805			75.01
76 DIABETIC SERVICE	2.199996			76
76.01 GASTRO INTESTINAL SERVICES	0.433386			76.01
76.97 CARDIAC REHABILITATION	0.888388			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.163748			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.448504			90
91 EMERGENCY	0.246933			91
92 OBSERVATION BEDS	0.563055			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
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 (14-0233)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	44,168,042	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,911,000	2
3	MANAGED CARE SIMULATED PAYMENTS	5,992	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	224.73	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)	0.40	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)	0.40	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	0.40	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	0.40	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	0.50	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	0.50	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	0.47	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	0.47	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.002091	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.002188	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.002091	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	50,447	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	50,447	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		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)	47,129,489	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)	47,129,489	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,767,740	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 (14-0233)  
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)	16,619	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	1,184,587	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	1,067,373	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	247,783	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	53,413,591	59
60	PRIMARY PAYER PAYMENTS	11,847	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	53,401,744	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,952,424	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	174,663	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	427,714	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	299,400	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	354,494	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	49,574,057	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)	49,574,057	71
72	INTERIM PAYMENTS	49,202,971	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	371,086	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,163,998	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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK  HOSPITAL (14-0233)  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF  SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49,183,471		24,176,693
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
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 05/03/2011	19,500		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51			3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		19,500		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)		49,202,971		24,176,693

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10  
04/09/2012 09:06

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0233) [ ] 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	10,604	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	25,687	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	5,643	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	49,038	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	902,600,833	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	35,237,874	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)	2,586,900	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	2,489,822	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	97,078	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0233) [ ] 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	3,532,451 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	3,532,451 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	3,532,451 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	3,532,451 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			0.40 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)			0.40 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			0.40 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			0.40 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR		0.35	0.35 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6		0.35	0.35 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT		0.35	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		0.50	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		0.50	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)		0.45	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		0.45	17
18	PER RESIDENT AMOUNT		89,142.94	18
19	APPROVED AMOUNT FOR RESIDENT COSTS		40,114	40,114 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			40,114 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	25,687	5,643	26
27	TOTAL INPATIENT DAYS	49,038	49,038	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.523818	0.115074	28
29	PROGRAM DIRECT GME AMOUNT	21,012	4,616	29
30	REDUCTION FOR NURSING/ALLIED HEALTH		652	30
31	NET PROGRAM DIRECT GME AMOUNT			24,976 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			63,224,089 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)			11,847 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			63,212,242 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			31,790,348 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			4,262 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			31,786,086 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			94,998,328 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.665404 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.334596 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			24,976 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			16,619 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			8,357 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	3,830		26
27	TOTAL INPATIENT DAYS	49,038		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.078103		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR NURSING/ALLIED HEALTH			30
31	NET PROGRAM DIRECT GME AMOUNT			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
	PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,505,793			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	171,178,314			4
5	OTHER RECEIVABLES	4,765,160			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-111,203,198			6
7	INVENTORY	3,816,533			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	2,207,321			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	74,269,923			11
FIXED ASSETS					
12	LAND	4,460,588			12
13	LAND IMPROVEMENTS	3,630,102			13
14	ACCUMULATED DEPRECIATION	-3,469,635			14
15	BUILDINGS	120,032,987			15
16	ACCUMULATED DEPRECIATION	-62,254,668			16
17	LEASEHOLD IMPROVEMENTS	641,429			17
18	ACCUMULATED AMORTIZATION	-233,823			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	114,324,650			23
24	ACCUMULATED DEPRECIATION	-93,400,943			24
25	MINOR EQUIPMENT DEPRECIABLE	143,559			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)	83,874,246			30
OTHER ASSETS					
31	INVESTMENTS	6,529,071			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,953,217			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	11,482,288			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	169,626,457			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	2,846,332			37
38	SALARIES, WAGES & FEES PAYABLE	18,733,263			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	5,426,399			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	13,895,724			43
44	OTHER CURRENT LIABILITIES	1,567,151			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	42,468,869			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	4,281,318			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	4,281,318			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	46,750,187			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	122,876,270			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)	122,876,270			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	169,626,457			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		121,746,893							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-818,273							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		120,928,620							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTION ACTIVITY		1,947,650							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		1,947,650							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		122,876,270							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		122,876,270							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	60,789,624		60,789,624	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	60,789,624		60,789,624	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	43,373,880		43,373,880	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	43,373,880		43,373,880	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	104,163,504		104,163,504	18
19 ANCILLARY SERVICES	376,323,817	517,391,096	893,714,913	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
29 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	480,487,321	517,391,096	997,878,417	29

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		317,987,233	29
30 BAD DEBT	13,336,585		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		13,336,585	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)		331,323,818	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	997,878,417	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	676,907,643	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	320,970,774	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	331,323,818	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-10,353,044	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-76,367	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 (OTHER)	8,888,415	24
24.01	OTHER (UNRESTRICTED CONTRIBUTIONS)	113,845	24.01
24.02	OTHER (ASSETS RELEASED FOR OPERATIONS)	405,751	24.02
24.03	OTHER (ASSET RELEASED-CAPITAL)	203,127	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,534,771	25
26	TOTAL (LINE 5 PLUS LINE 25)	-818,273	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)	-818,273	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-023)) [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	3,592,146		1	
3	CAPITAL DRG OUTLIER PAYMENTS	90,101		2	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	134.35		3	
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	0.47		4	
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0010		5	
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	3,592		6	
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0254		7	
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.0859		8	
10	SUM OF LINES 7 AND 8	0.1113		9	
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0228		10	
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	81,901		11	
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,767,740		12	

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
20.01 MEDTECH SCHOOL					20.01
20.02 PARAMED TRAINING					20.02
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
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75.01 SURGERY/CARDIAC AMB DAY CARE					75.01
76 DIABETIC SERVICE					76
76.01 GASTRO INTESTINAL SERVICES					76.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
193.01 CONVENT					193.01
193.02 OTHER NON-REIMBURSABLE					193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY MEDICAL CENTER  
PERIOD FROM 10/01/2010 TO 09/30/2011

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

VERSION: 2011.10  
04/09/2012 09:06

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

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