

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY

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

DATE: 05/30/2012 TIME: 18:08

CONTRACTOR USE ONLY

5. COST REPORT STATUS
 1 - AS SUBMITTED
 2 - SETTLED WITHOUT AUDIT
 3 - SETTLED WITH AUDIT
 4 - REOPENED
 5 - AMENDED

6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____

10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____

8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN

12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) Shawn Finance
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
VP of Finance, CFO
 TITLE
5/31/12
 DATE

ECR Encryption: 05/30/2012 18:08
 T004N:4NcehSWjBwaGt0cfRvzLsFw0
 bjqo000OMWk0gdMTYbZ.pdiuoAKz.h
 DRqO1i9LqQ0Pg5WQ

PI Encryption: 05/30/2012 18:08
 .MfL7mwVqDk7kp8WE94R3Bk0Bqp9S0
 rT76v07MZUWYiLRluAJc82jjG2elqk
 m.bCOGwFRj0:7cku
 PART III - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		HIT	TITLE XIX	
	PART A	PART B			
1	2	3	4	5	
1 HOSPITAL	2,079,408	127,087			1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF	206,874	59			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	2,286,282	127,146			200

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

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

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

PART I - COST REPORT STATUS

PROVIDER USE ONLY

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

DATE: _____ TIME: _____

CONTRACTOR USE ONLY

5. COST REPORT STATUS
 1 - AS SUBMITTED
 2 - SETTLED WITHOUT AUDIT
 3 - SETTLED WITH AUDIT
 4 - REOPENED
 5 - AMENDED

6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____

8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN

10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.

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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED)

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		2,079,408	127,087			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		206,874	59			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		2,286,282	127,146			12
200 TOTAL						200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
 1 STREET: 800 BIESTERFIELD ROAD
 2 CITY: ELK GROVE VILLAGE STATE: IL

P.O. BOX:
 ZIP CODE: 60007-3397 COUNTY: COOK

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)			19	
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	ALEXIAN BROTHERS MEDICAL CENT	14-0258	16980	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	ALEXIAN REHABILITATION UNIT	14-T258	16980	5	01/01/1980	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OI/TC									11
12	HOSPITAL-BASED HHA	ALEXIAN BROTHERS HOME HEALTH	14-7583	16980		06/01/1994	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	ALEXIAN BROTHERS HOSPICE	14-1632	16980		01/01/1976				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011				TO: 12/31/2011				20
21	TYPE OF CONTROL				1					21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	24
25	1,116	91					25
26				1			26
27				1			27
35							35
36			BEGINNING:		ENDING:		36
37							37
38			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

45 DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320? 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 46
 47 IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO. N 47
 48 IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO. N 48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		1	2	3	56
TEACHING HOSPITALS					
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.				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))	64
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	1 N	2 115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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.	10,000,000	20,000,000 119
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 Y	2 149019 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: ALEXIAN BROTHERS HOSPITAL NETW	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 3040 SALT CREEK LANE		142
143	CITY: ARLINGTON HEIGHTS	STATE: IL	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

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

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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
		1	2	3
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
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
		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.	Y		5
APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N
			1	2
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		N	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.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	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				N
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			15
			PART A	PART B
		Y/N	DATE	Y/N
		1	2	3
PS&R REPORT DATA				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		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	04/16/2012	Y 04/16/2012 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

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

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

CAPITAL RELATED COST			
22	HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			28
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		29
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.		30
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		32
PURCHASED SERVICES			33
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		34
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		35
PROVIDER-BASED PHYSICIANS			36
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		37
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.	Y/N	DATE
		1	2
HOME OFFICE COSTS			36
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?		37
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		38
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.		39
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		40
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	141,426,451		141,426,451	4,628,943.00	30.55	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8		1,681,245		1,681,245	11,173.00	150.47	8
9	44						9
10		13,910,811		13,910,811	426,165.00	32.64	10
11		3,189,174		3,189,174	48,346.00	65.97	11
12							12
13							13
14		25,340,576		25,340,576	522,446.00	48.50	14
15							15
16							16
17		20,541,281	-3,074,778	17,466,503			17
18							18
19			3,074,778	3,074,778			19
20							20
21							21
22							22
23							23
24							24
25							25
26		127,388		127,388	3,262.00	39.05	26
27		13,433,873	-479,689	12,954,184	340,873.00	38.00	27
28							28
29		823,565		823,565	54,272.00	15.17	29
30		1,353,802		1,353,802	53,581.00	25.27	30
31							31
32		2,748,732		2,748,732	204,800.00	13.42	32
33							33
34		2,037,876	-378,606	1,659,270	144,573.00	11.48	34
35			378,606	919,089	42,084.00	21.84	35
36		540,483					36
37		2,252,277		2,252,277	49,595.00	45.41	37
38		676,933		676,933	38,500.00	17.58	38
39		3,961,672		3,961,672	105,906.00	37.41	39
40		2,371,322		2,371,322	103,789.00	22.85	40
41		1,906,986	479,689	2,386,675	53,332.00	44.75	41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	139,745,206		139,745,206	4,617,770.0	30.26	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	13,910,811		13,910,811	426,165.00	32.64	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	125,834,395		125,834,395	4,191,605.0	30.02	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	28,529,750		28,529,750	570,792.00	49.98	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	20,541,281	-3,074,778	17,466,503		13.88	5
6	TOTAL (SUM OF LINES 3 THRU 5)	174,905,426	-3,074,778	171,830,648	4,762,397.0	36.08	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	32,234,909		32,234,909	1,194,567.0	26.98	7

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	2,022,364 1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	4,426,586 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)	13,352,725 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	1,029,737 10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	259,332 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	500,432 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	647,145 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	10,068,941 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	188,810 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	90,000 21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	677,719 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	33,263,791 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

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	3,287,687	1
2	HOSPITAL	3,189,174	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF	98,347	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	166	11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7583

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS						1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)						2
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)						
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00			STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)						3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)						4
5 OTHER ADMINISTRATIVE PERSONNEL			10.85		10.85	5
6 DIRECT NURSING SERVICE						6
7 NURSING SUPERVISOR			7.40		7.40	7
8 PHYSICAL THERAPY SERVICE						8
9 PHYSICAL THERAPY SUPERVISOR			2.54		2.54	9
10 OCCUPATIONAL THERAPY SERVICE						10
11 OCCUPATIONAL THERAPY SUPERVISOR			0.32		0.32	11
12 SPEECH PATHOLOGY SERVICE						12
13 SPEECH PATHOLOGY SUPERVISOR			0.19		0.19	13
14 MEDICAL SOCIAL SERVICE						14
15 MEDICAL SOCIAL SERVICE SUPERVISOR			2.52		2.52	15
16 HOME HEALTH AIDE						16
17 HOME HEALTH AIDE SUPERVISOR						17
18 OTHER (SPECIFY)						18
HOME HEALTH AGENCY CBSA CODES						
19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.					3	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).					16974	20
20.01					06880	20.01
20.02					29404	20.02

PPS ACTIVITY

	FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
21 SKILLED NURSING VISITS	25,815	279	657	319	27,070	21
22 SKILLED NURSING VISIT CHARGES	4,388,550	47,430	111,690	54,230	4,601,900	22
23 PHYSICAL THERAPY VISITS	13,205	38	166	224	13,633	23
24 PHYSICAL THERAPY VISIT CHARGES	2,508,950	7,220	31,540	42,560	2,590,270	24
25 OCCUPATIONAL THERAPY VISITS	4,939	5	18	111	5,073	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	938,410	950	3,420	21,090	963,870	26
27 SPEECH PATHOLOGY VISITS	461			3	464	27
28 SPEECH PATHOLOGY VISIT CHARGES	87,590			570	88,160	28
29 MEDICAL SOCIAL SERVICE VISITS	239	2	6	6	253	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	50,190	420	1,260	1,260	53,130	30
31 HOME HEALTH AIDE VISITS	6,272	93	13	65	6,443	31
32 HOME HEALTH AIDE VISIT CHARGES	752,640	11,160	1,560	7,800	773,160	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	50,931	417	860	728	52,936	33
34 OTHER CHARGES	259,186	7,845	6,740	1,455	275,226	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	8,985,516	75,025	156,210	128,965	9,345,716	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,620		315	57	2,992	36
37 TOTAL NUMBER OF OUTLIER EPISODES		11			11	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	137,286	7,834	5,168	580	150,868	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1632

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

		----- UNDUPLICATED DAYS -----					
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)
		1	2	3	4	5	6
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	8,101	684	1,087	123	1,015	9,800
3	INPATIENT RESPITE CARE	9		4			9
4	GENERAL INPATIENT CARE	588	51	550	48	215	854
5	TOTAL HOSPICE DAYS	8,698	735	1,641	171	1,230	10,663

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)
		1	2	3	4	5	6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	339	16	171	10	36	391
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	25.66	45.94	9.60	17.10	34.17	27.27
9	UNDUPLICATED CENSUS COUNT	296	15	166	10	36	347

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

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)			0.234049	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			33,742,822	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5
6	MEDICAID CHARGES			163,917,599	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			38,364,750	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)			4,621,928	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)			4,621,928	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	34,909,789		34,909,789	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	8,170,601		8,170,601	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	8,170,601		8,170,601	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			13,557,346	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,377,490	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,179,856	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			2,850,683	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			11,021,284	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			15,643,212	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 CAP REL COSTS-BLDG & FIXT		17,365,689	17,365,689	-4,564,103	1
2	00200 CAP REL COSTS-MVBLE EQUIP				4,810,154	2
3	00300 OTHER CAPITAL RELATED COSTS					3
4	00400 EMPLOYEE BENEFITS	127,388	22,174,965	22,302,353		4
5.01	00540 NONPATIENT PHONES	507,360	479,346	986,706		5.01
5.02	00550 DATA PROCESSING					5.02
5.03	00560 PURCHASING		184,257	184,257		5.03
5.04	00570 ADMITTING	1,824,344	176,180	2,000,524		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	899,125	75,948	975,073		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	10,203,044	90,544,217	100,747,261	-589,129	5.06
6	00600 MAINTENANCE & REPAIRS	823,565	1,357,537	2,181,102		6
7	00700 OPERATION OF PLANT	1,353,802	5,584,107	6,937,909		7
8	00800 LAUNDRY & LINEN SERVICE				1,448,103	8
9	00900 HOUSEKEEPING	2,748,732	2,796,614	5,545,346	-1,448,103	9
10	01000 DIETARY	2,037,876	3,762,245	5,800,121	-1,734,474	10
11	01100 CAFETERIA	540,483	-22,948	517,535	1,734,474	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	2,252,277	354,870	2,607,147		13
14	01400 CENTRAL SERVICES & SUPPLY	676,933	1,855,445	2,532,378	-795,369	14
15	01500 PHARMACY	3,961,672	19,381,657	23,343,329	-17,595,635	15
16	01600 MEDICAL RECORDS & LIBRARY	2,371,322	1,286,899	3,658,221		16
17	01700 SOCIAL SERVICE	1,906,986	916,672	2,823,658	589,129	17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SRVCES-SALARY & FRINGES APRVD					21
22	02200 I&R SRVCES-OTHER PRGM COSTS APRVD					22
23	02300 PARAMED ED PRGM-(SPECIFY)	100,931	289,823	390,754		23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000 ADULTS & PEDIATRICS	33,245,882	5,910,533	39,156,415	795,369	30
31	03100 INTENSIVE CARE UNIT	7,997,634	1,831,002	9,828,636		31
41	04100 SUBPROVIDER - IRF	6,518,286	7,299,686	13,817,972		41
43	04300 NURSERY	1,346,112	285,856	1,631,968		43
ANCILLARY SERVICE COST CENTERS						
50	05000 OPERATING ROOM	7,893,269	13,797,911	21,691,180	-7,557,001	50
50.01	03950 GAMMA KNIFE	303,301	1,541,012	1,844,313		50.01
50.02	03330 ENDOSCOPY	1,638,725	1,656,360	3,295,085	-590,063	50.02
51	05100 RECOVERY ROOM	1,540,231	209,739	1,749,970		51
52	05200 DELIVERY ROOM & LABOR ROOM	2,668,376	687,565	3,355,941		52
53	05300 ANESTHESIOLOGY		1,279,260	1,279,260		53
54	05400 RADIOLOGY-DIAGNOSTIC	2,068,727	918,519	2,987,246		54
54.01	03630 ULTRASOUND	1,164,624	240,231	1,404,855		54.01
54.02	03951 PET SCAN	86,933	600,150	687,083		54.02
54.03	03480 RADIATION ONCOLOGY	1,111,057	494,511	1,605,568		54.03
54.04	03440 MAMMOGRAPHY	1,009,188	662,627	1,671,815		54.04
56	05600 RADIOISOTOPE	464,805	1,088,911	1,553,716		56
57	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,215,585	1,122,692	2,338,277	-44,249	57
58	05800 MAGNETIC RESONANCE IMAGING (MRI)	786,346	800,576	1,586,922	-10,517	58
59	05900 CARDIAC CATHETERIZATION	3,891,535	19,887,026	23,778,561	-14,499,416	59
60	06000 LABORATORY	5,855,315	7,539,750	13,395,065		60
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	06300 BLOOD STORING, PROCESSING & TRANS.	590,209	2,393,231	2,983,440		63
64	06400 INTRAVENOUS THERAPY	1,561,749	764,905	2,326,654		64
65	06500 RESPIRATORY THERAPY	2,574,862	860,194	3,435,056		65
66	06600 PHYSICAL THERAPY	2,696,745	424,389	3,121,134		66
66.01	06601 REHAB OUTPATIENT	1,941,422	225,319	2,166,741		66.01
66.02	06602 REHAB MED SURGICAL	1,545,875	202,359	1,748,234		66.02
69	06900 ELECTROCARDIOLOGY	693,361	221,376	914,737		69
70	07000 ELECTROENCEPHALOGRAPHY	109,322	22,856	132,178		70
70.01	03952 NEUROMEG		-41,099	-41,099	-309,569	70.01
70.02	03953 SLEEP LAB	519,147	102,082	621,229		70.02
71	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				15,954,827	71
72	07200 IMPL. DEV. CHARGED TO PATIENT		15,527,056	15,527,056	7,565,704	72
73	07300 DRUGS CHARGED TO PATIENTS				17,595,635	73
74	07400 RENAL DIALYSIS	36,480	1,105,101	1,141,581		74
76.97	07697 CARDIAC REHABILITATION	441,687	122,459	564,146		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY		2,365	2,365		76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000 CLINIC	1,131,847	349,923	1,481,770		90
90.01	04950 DAY REHAB	690,772	134,794	825,566		90.01
90.02	04951 IMAGING CENTERS	668,924	1,539,200	2,208,124		90.02
90.03	09001 COUMADIN CLINIC	194,395	42,360	236,755		90.03
90.04	09002 WOUND CLINIC	557,260	1,040,391	1,597,651	-120,688	90.04
90.05	04952 CARDIOVASCULAR IMAGING CENTERS	159,666	159,120	318,786		90.05
91	09100 EMERGENCY	4,879,363	2,398,692	7,278,055	-698,597	91
92	09200 OBSERVATION BEDS					92

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

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	
101	10100 OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY	5,555,968	1,262,770	6,818,738		101
116	11600 SPECIAL PURPOSE COST CENTERS HOSPICE	873,373	882,472	1,755,845		116
118	11800 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	140,564,198	266,159,755	406,723,953	-63,518	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,023	197,222	269,245		190
191	19100 RESEARCH		2,160	2,160	63,518	191
192	19200 PHYSICIANS' PRIVATE OFFICES	790,230	8,681,327	9,471,557		192
200	20000 TOTAL (SUM OF LINES 118-199)	141,426,451	275,040,464	416,466,915		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

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	12,801,586	4,887,375	17,688,961	1
2	00200	4,810,154		4,810,154	2
3	00300				3
4	00400	22,302,353	-166	22,302,187	4
5.01	00540	986,706	-284,376	702,330	5.01
5.02	00550		11,261,509	11,261,509	5.02
5.03	00560	184,257	2,237,533	2,421,790	5.03
5.04	00570	2,000,524		2,000,524	5.04
5.05	00580	975,073	4,301,017	5,276,090	5.05
5.06	00590	100,158,132	-43,063,337	57,094,795	5.06
6	00600	2,181,102	-82,393	2,098,709	6
7	00700	6,937,909	3,248,939	10,186,848	7
8	00800	1,448,103		1,448,103	8
9	00900	4,097,243		4,097,243	9
10	01000	4,065,647	-124,416	3,941,231	10
11	01100	2,252,009	-1,415,120	836,889	11
12	01200				12
13	01300	2,607,147		2,607,147	13
14	01400	1,737,009		1,737,009	14
15	01500	5,747,694		5,747,694	15
16	01600	3,658,221	23,289	3,681,510	16
17	01700	3,412,787		3,412,787	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	390,754	-11,400	379,354	23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	39,951,784	72,077	40,023,861	30
31	03100	9,828,636		9,828,636	31
41	04100	13,817,972	229,111	14,047,083	41
43	04300	1,631,968		1,631,968	43
ANCILLARY SERVICE COST CENTERS					
50	05000	14,134,179	-1,644,431	12,489,748	50
50.01	03950	1,844,313		1,844,313	50.01
50.02	03330	2,705,022		2,705,022	50.02
51	05100	1,749,970		1,749,970	51
52	05200	3,355,941		3,355,941	52
53	05300	1,279,260		1,279,260	53
54	05400	2,987,246	-63,288	2,923,958	54
54.01	03630	1,404,855		1,404,855	54.01
54.02	03951	687,083		687,083	54.02
54.03	03480	1,605,568		1,605,568	54.03
54.04	03440	1,671,815		1,671,815	54.04
56	05600	1,553,716		1,553,716	56
57	05700	2,294,028	-7,187	2,286,841	57
58	05800	1,576,405		1,576,405	58
59	05900	9,279,145	-1,828,993	7,450,152	59
60	06000	13,395,065	-137,678	13,257,387	60
62.30	06250				62.30
63	06300	2,983,440		2,983,440	63
64	06400	2,326,654		2,326,654	64
65	06500	3,435,056		3,435,056	65
66	06600	3,121,134		3,121,134	66
66.01	06601	2,166,741		2,166,741	66.01
66.02	06602	1,748,234		1,748,234	66.02
69	06900	914,737		914,737	69
70	07000	132,178		132,178	70
70.01	03952	-350,668	757,990	407,322	70.01
70.02	03953	621,229		621,229	70.02
71	07100	15,954,827		15,954,827	71
72	07200	23,092,760		23,092,760	72
73	07300	17,595,635		17,595,635	73
74	07400	1,141,581		1,141,581	74
76.97	07697	564,146		564,146	76.97
76.98	07698				76.98
76.99	07699	2,365		2,365	76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,481,770		1,481,770	90
90.01	04950	825,566		825,566	90.01
90.02	04951	2,208,124		2,208,124	90.02
90.03	09001	236,755		236,755	90.03
90.04	09002	1,476,963	-861	1,476,102	90.04
90.05	04952	318,786		318,786	90.05
91	09100	6,579,458	-566,685	6,012,773	91
92	09200				92

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

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	
101	10100 OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY	6,818,738		6,818,738	101
116	11600 SPECIAL PURPOSE COST CENTERS HOSPICE	1,755,845		1,755,845	116
118	11800 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	406,660,435	-22,211,491	384,448,944	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	269,245		269,245	190
191	19100 RESEARCH	65,678		65,678	191
192	19200 PHYSICIANS' PRIVATE OFFICES	9,471,557	-5,788,488	3,683,069	192
200	20000 TOTAL (SUM OF LINES 118-199)	416,466,915	-27,999,979	388,466,936	200

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 CHARGEABLE DRUGS 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A	DRUGS CHARGED TO PATIENTS	73		17,595,635 1 17,595,635 500
1 BED RENTALS 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B	ADULTS & PEDIATRICS	30		795,369 1 795,369 500
1 LAUNDRY 500 TOTAL RECLASSIFICATIONS CODE LETTER - C	C	LAUNDRY & LINEN SERVICE	8		1,448,103 1 1,448,103 500
1 PASTORAL CARE 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	D	SOCIAL SERVICE	17	479,689 479,689	109,440 1 109,440 500
1 SHARED DIETARY 500 TOTAL RECLASSIFICATIONS CODE LETTER - E	E	CAFETERIA	11	378,606 378,606	1,355,868 1 1,355,868 500
1 EQUIPMENT DEPRECIATION 500 TOTAL RECLASSIFICATIONS CODE LETTER - F	F	CAP REL COSTS-MVBLE EQUIP	2		4,564,103 1 4,564,103 500
1 IMPLANTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G	IMPL. DEV. CHARGED TO PATIENT	72		7,565,704 1 7,565,704 500
1 SUPPLIES 2 3 4 5 6 7 500 TOTAL RECLASSIFICATIONS CODE LETTER - H	H	MEDICAL SUPPLIES CHRGED TO PA	71		15,954,827 1 2 3 4 5 6 7 15,954,827 500
1 NEUROMEG CAPITAL 500 TOTAL RECLASSIFICATIONS CODE LETTER - I	I	CAP REL COSTS-MVBLE EQUIP	2		254,911 1 254,911 500
1 NEUROMEG RESEARCH 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - J GRAND TOTAL (INCREASES)	J	RESEARCH	191	858,295	63,518 1 2 63,518 500 49,707,478

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CHARGEABLE DRUGS 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A	PHARMACY	15		17,595,635	1 500
1 BED RENTALS 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B	CENTRAL SERVICES & SUPPLY	14		795,369	1 500
1 LAUNDRY 500 TOTAL RECLASSIFICATIONS CODE LETTER - C	C	HOUSEKEEPING	9		1,448,103	1 500
1 PASTORAL CARE 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	D	ADMINISTRATIVE AND GENERAL	5.06	479,689	109,440	1 500
1 SHARED DIETARY 500 TOTAL RECLASSIFICATIONS CODE LETTER - E	E	DIETARY	10	378,606	1,355,868	1 500
1 EQUIPMENT DEPRECIATION 500 TOTAL RECLASSIFICATIONS CODE LETTER - F	F	CAP REL COSTS-BLDG & FIXT	1		4,564,103	9 1 500
1 IMPLANTS 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G	CARDIAC CATHETERIZATION	59		7,565,704	1 500
1 SUPPLIES 2 3 4 5 6 7 500 TOTAL RECLASSIFICATIONS CODE LETTER - H	H	OPERATING ROOM ENDOSCOPY COMPUTED TOMOGRAPHY (CT) SCAN MAGNETIC RESONANCE IMAGING (M CARDIAC CATHETERIZATION WOUND CLINIC EMERGENCY	50 50.02 57 58 59 90.04 91		7,557,001 590,063 44,249 10,517 6,933,712 120,688 698,597	1 2 3 4 5 6 7 500
1 NEUROMEG CAPITAL 500 TOTAL RECLASSIFICATIONS CODE LETTER - I	I	NEUROMEG	70.01		254,911	9 1 500
1 NEUROMEG RESEARCH 2 500 TOTAL RECLASSIFICATIONS CODE LETTER - J GRAND TOTAL (DECREASES)	J	CAP REL COSTS-MVBLE EQUIP NEUROMEG	2 70.01		8,860 54,658 63,518	9 1 2 500
				858,295	49,707,478	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1,405,000					1,405,000	1
2 LAND IMPROVEMENTS	2,266,000					2,266,000	2
3 BUILDINGS AND FIXTURES	307,154,000	610,000		610,000		307,764,000	3
4 BUILDING IMPROVEMENTS	9,948,000	5,638,000		5,638,000		15,586,000	4
5 FIXED EQUIPMENT	41,553,000	4,415,000		4,415,000		45,968,000	5
6 MOVABLE EQUIPMENT	122,736,000	10,654,000		10,654,000		133,390,000	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	485,062,000	21,317,000		21,317,000		506,379,000	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	485,062,000	21,317,000		21,317,000		506,379,000	10

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

DESCRIPTION	DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
							1 CAP REL COSTS-BLDG & FIXT
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	17,365,689						17,365,689

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION		OF RATIOS		ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	372,989,000		372,989,000	0.736581				
2 CAP REL COSTS-MVBLE EQUIP	133,390,000		133,390,000	0.263419				
3 TOTAL (SUM OF LINES 1-2)	506,379,000		506,379,000	1.000000				

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL-RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
							1 CAP REL COSTS-BLDG & FIXT
2 CAP REL COSTS-MVBLE EQUIP	4,810,154						4,810,154
3 TOTAL	22,499,115						22,499,115

ADJUSTMENTS TO EXPENSES		EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WORKSHEET A-8
DESCRIPTION	BASIS	AMOUNT	COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-48,706	PURCHASING	5.03	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4,243,644			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-785,948			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,415,120	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	23,289	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 NEUROMEG	A	908,370	NEUROMEG	70.01	33
34 CONTRIBUTIONS	A	-400	ADMINISTRATIVE AND GENERAL	5.06	34
34.01 PHYSICIAN APPLICATION FEES	B	-58,250	ADMINISTRATIVE AND GENERAL	5.06	34.01
34.02 DAY CARE CENTER	A	-166	EMPLOYEE BENEFITS	4	34.02
34.03 WEIGHT MANAGEMENT	A	-142,333	ADMINISTRATIVE AND GENERAL	5.06	34.03
34.04 DRUG PREVENTION GRANT	A	-40,023	ADMINISTRATIVE AND GENERAL	5.06	34.04
34.05 NON ALLOW PATIENT TRANSPORTATION	A	-82,393	MAINTENANCE & REPAIRS	6	34.05
35 ALCOHOL	A	-7,500	ADMINISTRATIVE AND GENERAL	5.06	35
36 REAL ESTATE TAXES	A	-129,928	ADMINISTRATIVE AND GENERAL	5.06	36
36.01 REAL ESTATE TAXES	A	-64,059	OPERATION OF PLANT	7	36.01
37 BAD DEBT	B	-13,557,346	ADMINISTRATIVE AND GENERAL	5.06	37
38 MISC INCOME	B	-330,114	ADMINISTRATIVE AND GENERAL	5.06	38
38.01 MISC INCOME	B	-170,606	OPERATION OF PLANT	7	38.01
38.02 MISC INCOME	B	-124,416	DIETARY	10	38.02
38.03 MISC INCOME	B	-29,016	ADULTS & PEDIATRICS	30	38.03
38.04 MISC INCOME	B	-63,288	RADIOLOGY-DIAGNOSTIC	54	38.04
38.05 MISC INCOME	B	-137,678	LABORATORY	60	38.05
38.06 MISC INCOME	B	-7,187	COMPUTED TOMOGRAPHY (CT) SCAN	57	38.06
38.07 MISC INCOME	B	-205,685	EMERGENCY	91	38.07
39 PHYSICIAN PART B	A	-5,788,488	PHYSICIANS' PRIVATE OFFICES	192	39
39.01 PHYSICIAN PART B	A	-905,062	ADMINISTRATIVE AND GENERAL	5.06	39.01
40 ANSWERING SERVICE	A	-284,376	NONPATIENT PHONES	5.01	40
41 RENTAL INCOME	B	-95,625	CAP REL COSTS-BLDG & FIXT	1	41
42 SATELLITE DISH	B	-82,432	OPERATION OF PLANT	7	42
43 CLINICAL PASTORAL EDUCATION INCOME	B	-11,400	PARAMED ED PRGM-(SPECIFY)	23	43
44 LOBBYING PORTION OF DUES	A	-75,000	ADMINISTRATIVE AND GENERAL	5.06	44
45 NONALLOWABLE EXPENSES	A	-45,297	ADMINISTRATIVE AND GENERAL	5.06	45
46 PHYS GUAR FORGIVENESS	A	-152	ADMINISTRATIVE AND GENERAL	5.06	46
47					47

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

ADJUSTMENTS TO EXPENSES

EXPENSE CLASSIFICATION ON WORKSHEET A TO/
FROM WHICH THE AMOUNT IS TO BE ADJUSTED
COST CENTER LINE NO. WKST A-7
REF

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
48							48
49							49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-27,999,979				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	5.06	ADMINISTRATIVE AND GENERAL	ABHN NON CAPITAL	18,362,706	46,134,638	-27,771,932	1
2	1	CAP REL COSTS-BLDG & FIXT	ABHN CAPITAL	4,915,754		4,915,754	9 2
3	5.03	PURCHASING	LOGISTICS	2,286,239		2,286,239	3
4	5.06	ADMINISTRATIVE AND GENERAL	EXECUTIVE SALARIES	1,919,789	1,919,789		4
4.01	5.02	DATA PROCESSING	INFO SERVICES	11,261,509		11,261,509	4.01
4.02	30	ADULTS & PEDIATRICS	CLINICAL INSTITUTES	359,933		359,933	4.02
4.03	41	SUBPROVIDER - IRF	NEUROSCIENCES	229,111		229,111	4.03
4.04	90.04	WOUND CLINIC	ABMP	57,510	58,371	-861	4.04
4.05	5.05	CASHIERING/ACCOUNTS RECEIVABLE	PFS	4,301,017		4,301,017	4.05
4.06	1	CAP REL COSTS-BLDG & FIXT	SALT CREEK CAPITAL	67,246		67,246	9 4.06
4.07	7	OPERATION OF PLANT	CLINICAL ENGINEERING	3,914,600	732,168	3,182,432	4.07
4.08	7	OPERATION OF PLANT	SALT CREEK NON CAPITAL	383,604		383,604	4.08
4.09	4	EMPLOYEE BENEFITS	EXECUTIVE BENEFITS	300,003	300,003		4.09
5		TOTALS (SUM OF LINES 1-4)		48,359,021	49,144,969	-785,948	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
6 B	ALEXIAN BROTHERS HOSPITAL NETW	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 CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

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.			3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS		CARDIO		258,840		258,840		1
2	50	OPERATING ROOM		CVA SURGEONS		1,644,431		1,644,431		2
3	59	CARDIAC CATHETERIZATION		INTERVENTIONAL		1,828,993		1,828,993		3
4	91	EMERGENCY		MEA		361,000		361,000		4
5	70.01	NEUROMEG		NEUROMEG		150,380		150,380		5
200		TOTAL				4,243,644		4,243,644		200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	30 ADULTS & PEDIATRICS	CARDIO						258,840	1
2	50 OPERATING ROOM	CVA SURGEONS						1,644,431	2
3	59 CARDIAC CATHETERIZATION	INTERVENTIONAL						1,828,993	3
4	91 EMERGENCY	MEA						361,000	4
5	70.01 NEUROMEG	NEUROMEG						150,380	5
200	TOTAL							4,243,644	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	17,688,961	17,688,961				1
2 CAP REL COSTS-MVBLE EQUIP	4,810,154		4,810,154			2
4 EMPLOYEE BENEFITS	22,302,187	87,180	17,500	22,406,867		4
5.01 NONPATIENT PHONES	702,330	37,959	39,356	80,456	860,101	5.01
5.02 DATA PROCESSING	11,261,509	11,192			68,990	5.02
5.03 PURCHASING	2,421,790		590		14,070	5.03
5.04 ADMITTING	2,000,524	102,966	1,896	289,301	24,963	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,276,090		5,533	142,581	32,679	5.05
5.06 ADMINISTRATIVE AND GENERAL	57,094,795	763,248	182,048	1,541,910	124,816	5.06
6 MAINTENANCE & REPAIRS	2,098,709	47,643	140,846	130,599	29,048	6
7 OPERATION OF PLANT	10,186,848	4,230,440	204,924	214,683	3,177	7
8 LAUNDRY & LINEN SERVICE	1,448,103					8
9 HOUSEKEEPING	4,097,243	98,183	21,879	435,888	8,170	9
10 DIETARY	3,941,231	302,868	13,440	263,124	21,332	10
11 CAFETERIA	836,889	341,745	13,477	145,747		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,607,147	17,530	150,860	357,162	8,624	13
14 CENTRAL SERVICES & SUPPLY	1,737,009	380,128	95,613	107,347	5,447	14
15 PHARMACY	5,747,694	139,040	7,081	628,234	14,978	15
16 MEDICAL RECORDS & LIBRARY	3,681,510	265,215	10,486	376,040	36,764	16
17 SOCIAL SERVICE	3,412,787	18,331		378,474	5,447	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	379,354	21,748		16,005	7,262	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,023,861	3,520,700	496,151	5,272,008	80,790	30
31 INTENSIVE CARE UNIT	9,828,636	645,767	209,752	1,268,249	26,779	31
41 SUBPROVIDER - IRF	14,047,083	1,027,238	194,319	1,033,657	22,694	41
43 NURSERY	1,631,968	63,665	9,202	213,464	9,078	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,489,748	950,025	694,293	1,251,699	26,779	50
50.01 GAMMA KNIFE	1,844,313	86,944	55,954	48,097	454	50.01
50.02 ENDOSCOPY	2,705,022	164,110	57,338	259,866	2,269	50.02
51 RECOVERY ROOM	1,749,970	144,507	28,120	244,247	5,900	51
52 DELIVERY ROOM & LABOR ROOM	3,355,941	464,056	47,600	423,146	10,893	52
53 ANESTHESIOLOGY	1,279,260	10,721	61,406		908	53
54 RADIOLOGY-DIAGNOSTIC	2,923,958	207,559	290,497	328,055	49,473	54
54.01 ULTRASOUND	1,404,855	107,962	62,496	184,684	908	54.01
54.02 PET SCAN	687,083	32,916	14,267	13,786		54.02
54.03 RADIATION ONCOLOGY	1,605,568	233,359	173,291	176,189		54.03
54.04 MAMMOGRAPHY	1,671,815	139,959	96,626	160,035		54.04
56 RADIOISOTOPE	1,553,716	136,425	47,684	73,708	5,900	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,286,841	104,451	36,017	192,765	908	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,576,405	155,463	45,400	124,697	8,170	58
59 CARDIAC CATHETERIZATION	7,450,152	377,465	286,388	617,112	9,078	59
60 LABORATORY	13,257,387	439,339	118,942	928,524	39,487	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,983,440	20,523	1,563	93,594	2,269	63
64 INTRAVENOUS THERAPY	2,326,654	11,616	12,924	247,659		64
65 RESPIRATORY THERAPY	3,435,056	53,038	63,501	408,316	7,262	65
66 PHYSICAL THERAPY	3,121,134	195,848	4,074	427,644	6,808	66
66.01 REHAB OUTPATIENT	2,166,741	152,848	1,771	307,867	6,808	66.01
66.02 REHAB MED SURGICAL	1,748,234	20,051	878	245,142	4,993	66.02
69 ELECTROCARDIOLOGY	914,737	77,944	29,324	109,952	7,262	69
70 ELECTROENCEPHALOGRAPHY	132,178	57,751	3,372	17,336	6,808	70
70.01 NEUROMEG	407,322	12,347	173,716		454	70.01
70.02 SLEEP LAB	621,229	139,346	57,087	82,325	454	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,954,827					71
72 IMPL. DEV. CHARGED TO PATIENT	23,092,760	10,603				72
73 DRUGS CHARGED TO PATIENTS	17,595,635					73
74 RENAL DIALYSIS	1,141,581	22,714	4,605	5,785		74
76.97 CARDIAC REHABILITATION	564,146	98,655		70,042	3,177	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	2,365					76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,481,770	231,875	24,427	179,486	9,078	90
90.01 DAY REHAB	825,566	49,127	3,247	109,541	454	90.01
90.02 IMAGING CENTERS	2,208,124		183,645	106,077	4,539	90.02
90.03 COUMADIN CLINIC	236,755	13,642		30,827	454	90.03
90.04 WOUND CLINIC	1,476,102	143,399	6,728	88,369	1,362	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	318,786			25,320	454	90.05
91 EMERGENCY	6,012,773	339,436	70,910	773,760	44,934	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.01	
92 OBSERVATION BEDS						92
101 OTHER REIMBURSABLE COST CENTERS						
HOME HEALTH AGENCY	6,818,738		4,415	881,054	44,480	101
116 SPECIAL PURPOSE COST CENTERS						
HOSPICE	1,755,845		5,846	138,498		116
118 SUBTOTALS (SUM OF LINES 1-117)	384,448,944	17,528,810	4,583,305	22,270,133	858,285	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	269,245	49,928	4,187	11,421	1,816	190
191 RESEARCH	65,678	71,558	16,888			191
192 PHYSICIANS' PRIVATE OFFICES	3,683,069	38,665	205,774	125,313		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	388,466,936	17,688,961	4,810,154	22,406,867	860,101	202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA	PURCHASING	ADMITTING	CASHIERING	SUBTOTAL	
	PROCESSING			/ACCOUNTS		
	5.02	5.03	5.04	RECEIVABLE	(COLS.0-4)	
				5.05	4A	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NONPATIENT PHONES						5.02
5.02 DATA PROCESSING	11,341,691					5.03
5.03 PURCHASING	353,861	2,790,311				5.04
5.04 ADMITTING		1,948	2,421,598			5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE	8,619,685	370		14,076,938		5.06
5.06 ADMINISTRATIVE AND GENERAL	2,368,145				62,074,962	6
6 MAINTENANCE & REPAIRS		1,594			2,448,439	7
7 OPERATION OF PLANT		2,770			14,842,842	8
8 LAUNDRY & LINEN SERVICE					1,448,103	9
9 HOUSEKEEPING		15,017			4,676,380	10
10 DIETARY		4,280			4,546,275	11
11 CAFETERIA		348			1,338,206	12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION		3,682			3,145,005	14
14 CENTRAL SERVICES & SUPPLY					2,325,544	15
15 PHARMACY		10,828			6,547,855	16
16 MEDICAL RECORDS & LIBRARY		2,845			4,372,860	17
17 SOCIAL SERVICE		592			3,815,631	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)			142		424,511	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		94,418	226,096	1,303,352	51,017,376	30
31 INTENSIVE CARE UNIT		44,446	47,376	273,106	12,344,111	31
41 SUBPROVIDER - IRF		19,996	51,912	299,252	16,696,151	41
43 NURSERY		8,407	12,356	71,228	2,019,368	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		435,921	213,215	1,229,097	17,290,777	50
50.01 GAMMA KNIFE		452	17,216	99,241	2,152,671	50.01
50.02 ENDOSCOPY		44,340	62,447	361,683	3,657,075	50.02
51 RECOVERY ROOM		3,409	34,033	196,189	2,406,375	51
52 DELIVERY ROOM & LABOR ROOM		20,825	19,099	110,173	4,451,733	52
53 ANESTHESIOLOGY		41,822	48,659	280,501	1,723,277	53
54 RADIOLOGY-DIAGNOSTIC		4,622	49,441	285,032	4,138,637	54
54.01 ULTRASOUND		1,688	37,714	217,424	2,017,731	54.01
54.02 PET SCAN		7,704	9,663	55,706	821,125	54.02
54.03 RADIATION ONCOLOGY		2,759	42,101	246,498	2,479,765	54.03
54.04 MAMMOGRAPHY		6,139	15,805	91,750	2,182,129	54.04
56 RADIOISOTOPE		39,779	27,552	158,829	2,043,593	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		13,763	127,413	734,484	3,496,642	57
58 MAGNETIC RESONANCE IMAGING (MRI)		8,945	68,277	393,590	2,380,947	58
59 CARDIAC CATHETERIZATION		731,775	131,370	757,291	10,360,631	59
60 LABORATORY		202,354	361,858	2,085,815	17,433,706	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		108,157	16,793	97,656	3,323,995	63
64 INTRAVENOUS THERAPY		27,923	4,305	33,899	2,664,980	64
65 RESPIRATORY THERAPY		19,711	61,414	458,454	4,506,752	65
66 PHYSICAL THERAPY		1,512	36,357	209,584	4,002,961	66
66.01 REHAB OUTPATIENT		2,427	17,872	103,055	2,759,389	66.01
66.02 REHAB MED SURGICAL		293	16,609	95,759	2,131,959	66.02
69 ELECTROCARDIOLOGY		1,383	61,189	352,731	1,554,522	69
70 ELECTROENCEPHALOGRAPHY		583	4,293	24,746	247,067	70
70.01 NEUROMEG			1,574	8,264	603,677	70.01
70.02 SLEEP LAB		2,733	8,326	47,997	959,497	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			123,473	592,756	16,671,056	71
72 IMPL. DEV. CHARGED TO PATIENT		715,080	67,521	384,702	24,270,666	72
73 DRUGS CHARGED TO PATIENTS			214,137	1,236,292	19,046,064	73
74 RENAL DIALYSIS		589	8,552	49,300	1,233,126	74
76.97 CARDIAC REHABILITATION		1,418	2,086	12,026	751,550	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY			12	72	2,449	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		11,058	15,372	88,654	2,041,720	90
90.01 DAY REHAB		393	7,200	41,507	1,037,035	90.01
90.02 IMAGING CENTERS		2,615	26,504	152,860	2,684,364	90.02
90.03 COUMADIN CLINIC		1,303	1,233	7,105	291,319	90.03
90.04 WOUND CLINIC		41,914	20,012	115,360	1,893,246	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS		2,799	8,958	51,638	407,955	90.05
91 EMERGENCY		53,947	94,203	543,043	7,933,006	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	SUBTOTAL (COLS. 0-4)	
	5.02	5.03	5.04	5.05	4A	
92 OBSERVATION BEDS						92
101 OTHER REIMBURSABLE COST CENTERS						
HOME HEALTH AGENCY		10,750		99,718	7,859,155	101
116 SPECIAL PURPOSE COST CENTERS						
HOSPICE		2,530		19,519	1,922,238	116
118 SUBTOTALS (SUM OF LINES 1-117)	11,341,691	2,787,098	2,421,598	14,076,938	383,920,181	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		37			336,634	190
191 RESEARCH					154,124	191
192 PHYSICIANS' PRIVATE OFFICES		3,176			4,055,997	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	11,341,691	2,790,311	2,421,598	14,076,938	388,466,936	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NONPATIENT PHONES						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.06 ADMINISTRATIVE AND GENERAL	62,074,962					6
6 MAINTENANCE & REPAIRS	465,656	2,914,095				7
7 OPERATION OF PLANT	2,822,886	740,917	18,406,645			8
8 LAUNDRY & LINEN SERVICE	275,407			1,723,510		9
9 HOUSEKEEPING	889,377	17,196	145,646		5,728,599	10
10 DIETARY	864,633	53,044	449,277		140,941	11
11 CAFETERIA	254,507	59,853	506,948		159,033	12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION	598,133	3,070	26,005		8,158	14
14 CENTRAL SERVICES & SUPPLY	442,284	66,575	563,885	3,329	176,895	15
15 PHARMACY	1,245,304	24,351	206,253		64,703	16
16 MEDICAL RECORDS & LIBRARY	831,652	46,449	393,423		123,419	17
17 SOCIAL SERVICE	725,676	3,211	27,193		8,531	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)	80,736	3,809	32,261		10,120	30
INPATIENT ROUTINE SERV COST CENTERS						31
30 ADULTS & PEDIATRICS	9,702,841	616,611	5,222,643	644,713	1,638,376	31
31 INTENSIVE CARE UNIT	2,347,665	113,099	957,937	176,958	300,511	41
41 SUBPROVIDER - IRF	3,175,357	179,909	1,523,815	109,152	478,031	43
43 NURSERY	384,054	11,150	94,441	36	29,627	50
ANCILLARY SERVICE COST CENTERS						50.01
50 OPERATING ROOM	3,288,446	166,386	1,409,276	277,882	442,100	50.02
50.01 GAMMA KNIFE	409,406	15,227	128,974		40,460	51
50.02 ENDOSCOPY	695,521	28,742	243,443		76,370	51
51 RECOVERY ROOM	457,656	25,309	214,362	45,562	67,247	52
52 DELIVERY ROOM & LABOR ROOM	846,653	81,274	688,385	60,714	215,951	53
53 ANESTHESIOLOGY	327,741	1,878	15,903		4,989	54
54 RADIOLOGY-DIAGNOSTIC	787,107	36,352	307,895	51,650	96,589	54.01
54.01 ULTRASOUND	383,742	18,908	160,151	49,009	50,241	54.02
54.02 PET SCAN	156,166	5,765	48,828		15,318	54.03
54.03 RADIATION ONCOLOGY	471,614	40,870	346,167		108,595	54.04
54.04 MAMMOGRAPHY	415,008	24,512	207,617		65,131	56
56 RADIOISOTOPE	388,661	23,893	202,374		63,486	57
57 COMPUTED TOMOGRAPHY (CT) SCAN	665,009	18,293	154,944		48,607	58
58 MAGNETIC RESONANCE IMAGING (MRI)	452,820	27,228	230,615		72,346	59
59 CARDIAC CATHETERIZATION	1,970,437	66,109	559,936	33,255	175,656	60
60 LABORATORY	3,315,629	76,945	651,720		204,449	62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						63
63 BLOOD STORING, PROCESSING & TRANS.	632,174	3,594	30,443		9,550	64
64 INTRAVENOUS THERAPY	506,839	2,034	17,231		5,406	65
65 RESPIRATORY THERAPY	857,117	9,289	78,678		24,682	66
66 PHYSICAL THERAPY	761,303	34,301	290,523	37,554	91,139	66.01
66.01 REHAB OUTPATIENT	524,794	26,770	226,736		71,128	66.02
66.02 REHAB MED SURGICAL	405,467	3,512	29,744		9,331	69
69 ELECTROCARDIOLOGY	295,647	13,651	115,622		36,271	70
70 ELECTROENCEPHALOGRAPHY	46,988	10,114	85,668	27,243	26,875	70.01
70.01 NEUROMEG	114,810	2,162	18,315		5,746	70.02
70.02 SLEEP LAB	182,482	24,405	206,708		64,846	71
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,170,585					72
72 IMPL. DEV. CHARGED TO PATIENT	4,615,917	1,857	15,729		4,934	73
73 DRUGS CHARGED TO PATIENTS	3,622,276					74
74 RENAL DIALYSIS	234,522	3,978	33,694		10,570	76.97
76.97 CARDIAC REHABILITATION	142,934	17,278	146,345		45,909	76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY	466					90
OUTPATIENT SERVICE COST CENTERS						90.01
90 CLINIC	388,305	40,610	343,965	71,356	107,904	90.02
90.01 DAY REHAB	197,229	8,604	72,876		22,862	90.03
90.02 IMAGING CENTERS	510,526					90.04
90.03 COUMADIN CLINIC	55,405	2,389	20,237		6,349	90.05
90.04 WOUND CLINIC	360,067	25,115	212,720		66,732	91
90.05 CARDIOVASCULAR IMAGING CENTERS	77,587					
91 EMERGENCY	1,508,739	59,448	503,523	135,097	157,958	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	1,494,693					101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	365,581					116
118	SUBTOTALS (SUM OF LINES 1-117)	61,210,237	2,886,046	18,169,074	1,723,510	5,654,072	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,023	8,744	74,064		23,234	190
191	RESEARCH	29,312	12,533	106,150		33,300	191
192	PHYSICIANS' PRIVATE OFFICES	771,390	6,772	57,357		17,993	192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	62,074,962	2,914,095	18,406,645	1,723,510	5,728,599	202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NONPATIENT PHONES						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.06 ADMINISTRATIVE AND GENERAL						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING						10
10 DIETARY	6,054,170					11
11 CAFETERIA		2,318,547				12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION		30,510	3,810,881			14
14 CENTRAL SERVICES & SUPPLY		23,685		3,602,197		15
15 PHARMACY		65,152			8,153,618	16
16 MEDICAL RECORDS & LIBRARY		63,850				17
17 SOCIAL SERVICE		32,809				19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)		1,725				30
INPATIENT ROUTINE SERV COST CENTERS						31
30 ADULTS & PEDIATRICS	4,332,995	699,451	2,001,449			41
31 INTENSIVE CARE UNIT	540,245	139,866	400,222			41
41 SUBPROVIDER - IRF	1,180,930	124,332	355,772			43
43 NURSERY		19,393	55,493			50
ANCILLARY SERVICE COST CENTERS						50.01
50 OPERATING ROOM		144,340	413,025			50.02
50.01 GAMMA KNIFE		3,436	9,831			51
50.02 ENDOSCOPY		31,934	91,379			52
51 RECOVERY ROOM		24,511	70,137			53
52 DELIVERY ROOM & LABOR ROOM		48,835	139,739			54
53 ANESTHESIOLOGY						54.01
54 RADIOLOGY-DIAGNOSTIC		45,640				54.02
54.01 ULTRASOUND		16,017				54.03
54.02 PET SCAN		1,323				54.04
54.03 RADIATION ONCOLOGY		14,290				56
54.04 MAMMOGRAPHY		17,998				57
56 RADIOISOTOPE		6,685				58
57 COMPUTED TOMOGRAPHY (CT) SCAN		21,464				59
58 MAGNETIC RESONANCE IMAGING (MRI)		13,614				60
59 CARDIAC CATHETERIZATION		55,637				62.30
60 LABORATORY		148,079				63
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		11,175				64
63 BLOOD STORING, PROCESSING & TRANS.		21,840				65
64 INTRAVENOUS THERAPY		54,499				66
65 RESPIRATORY THERAPY		47,157				66.01
66 PHYSICAL THERAPY		32,391				66.02
66.01 REHAB OUTPATIENT		23,395				69
66.02 REHAB MED SURGICAL		13,586				70
69 ELECTROCARDIOLOGY		2,696				70.01
70 ELECTROENCEPHALOGRAPHY		4,022				70.02
70.01 NEUROMEG		11,459				71
70.02 SLEEP LAB				3,602,197		72
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					8,153,618	73
72 IMPL. DEV. CHARGED TO PATIENT						74
73 DRUGS CHARGED TO PATIENTS		492				76.97
74 RENAL DIALYSIS		7,911				76.98
76.97 CARDIAC REHABILITATION						76.99
76.98 HYPERBARIC OXYGEN THERAPY						90
76.99 LITHOTRIPSY						90.01
OUTPATIENT SERVICE COST CENTERS						90.02
90 CLINIC		20,109	2,561			90.03
90.01 DAY REHAB		11,378				90.04
90.02 IMAGING CENTERS		12,614				90.05
90.03 COUMADIN CLINIC		3,097				91
90.04 WOUND CLINIC		11,926				
90.05 CARDIOVASCULAR IMAGING CENTERS		3,308				
91 EMERGENCY		94,802	271,273			

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		98,069				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		17,653				116
118 SUBTOTALS (SUM OF LINES 1-117)	6,054,170	2,298,155	3,810,881	3,602,197	8,153,618	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,387				190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES		19,005				192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,054,170	2,318,547	3,810,881	3,602,197	8,153,618	202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					1
1 CAP REL COSTS-BLDG & FIXT					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS					5.01
5.01 NONPATIENT PHONES					5.02
5.02 DATA PROCESSING					5.03
5.03 PURCHASING					5.04
5.04 ADMITTING					5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.06 ADMINISTRATIVE AND GENERAL					6
6 MAINTENANCE & REPAIRS					7
7 OPERATION OF PLANT					8
8 LAUNDRY & LINEN SERVICE					9
9 HOUSEKEEPING					10
10 DIETARY					11
11 CAFETERIA					12
12 MAINTENANCE OF PERSONNEL					13
13 NURSING ADMINISTRATION					14
14 CENTRAL SERVICES & SUPPLY					15
15 PHARMACY					16
16 MEDICAL RECORDS & LIBRARY	5,831,653				17
17 SOCIAL SERVICE		4,613,051			19
19 NONPHYSICIAN ANESTHETISTS					20
20 NURSING SCHOOL					21
21 I&R SRVCES-SALARY & FRINGES APPRVD					22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					23
23 PARAMED ED PRGM-(SPECIFY)			553,162		30
INPATIENT ROUTINE SERV COST CENTERS					31
30 ADULTS & PEDIATRICS	4,173,739	3,301,580	395,900	83,747,674	31
31 INTENSIVE CARE UNIT	520,389	411,647	49,362	18,302,012	41
41 SUBPROVIDER - IRF	1,137,525	899,824	107,900	25,968,698	43
43 NURSERY				2,613,562	50
ANCILLARY SERVICE COST CENTERS				23,432,232	50.01
50 OPERATING ROOM				2,760,005	50.02
50.01 GAMMA KNIFE				4,824,464	51
50.02 ENDOSCOPY				3,311,159	52
51 RECOVERY ROOM				6,533,284	53
52 DELIVERY ROOM & LABOR ROOM				2,073,788	54
53 ANESTHESIOLOGY				5,463,870	54.01
54 RADIOLOGY-DIAGNOSTIC				2,695,799	54.02
54.01 ULTRASOUND				1,048,525	54.03
54.02 PET SCAN				3,461,301	54.04
54.03 RADIATION ONCOLOGY				2,912,395	56
54.04 MAMMOGRAPHY				2,728,692	57
56 RADIOISOTOPE				4,404,959	58
57 COMPUTED TOMOGRAPHY (CT) SCAN				3,177,570	59
58 MAGNETIC RESONANCE IMAGING (MRI)				13,221,661	60
59 CARDIAC CATHETERIZATION				21,830,528	62.30
60 LABORATORY					63
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				4,010,931	64
63 BLOOD STORING, PROCESSING & TRANS.				3,218,330	65
64 INTRAVENOUS THERAPY				5,531,017	66
65 RESPIRATORY THERAPY				5,264,938	66.01
66 PHYSICAL THERAPY				3,641,208	66.02
66.01 REHAB OUTPATIENT				2,603,408	69
66.02 REHAB MED SURGICAL				2,029,299	70
69 ELECTROCARDIOLOGY				446,651	70.01
70 ELECTROENCEPHALOGRAPHY				748,732	70.02
70.01 NEUROMEG				1,449,397	71
70.02 SLEEP LAB				23,443,838	72
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				28,909,103	73
72 IMPL. DEV. CHARGED TO PATIENT				30,821,958	74
73 DRUGS CHARGED TO PATIENTS				1,516,382	76.97
74 RENAL DIALYSIS				1,111,927	76.98
76.97 CARDIAC REHABILITATION					76.99
76.98 HYPERBARIC OXYGEN THERAPY				2,915	90
76.99 LITHOTRIPSY					90.01
OUTPATIENT SERVICE COST CENTERS				3,016,530	90.02
90 CLINIC				1,349,984	90.03
90.01 DAY REHAB				3,207,504	90.04
90.02 IMAGING CENTERS				378,796	90.05
90.03 COUMADIN CLINIC				2,569,806	91
90.04 WOUND CLINIC				488,850	
90.05 CARDIOVASCULAR IMAGING CENTERS				10,663,846	
91 EMERGENCY					

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
92 OBSERVATION BEDS					92
101 OTHER REIMBURSABLE COST CENTERS				9,451,917	101
101 HOME HEALTH AGENCY					
101 SPECIAL PURPOSE COST CENTERS				2,305,472	116
116 HOSPICE				382,694,917	118
118 SUBTOTALS (SUM OF LINES 1-117)	5,831,653	4,613,051	553,162		
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				508,086	190
191 RESEARCH				335,419	191
192 PHYSICIANS' PRIVATE OFFICES				4,928,514	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	5,831,653	4,613,051	553,162	388,466,936	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	NONPATIENT PHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
30	INPATIENT ROUTINE SERV COST CENTERS		30
30	ADULTS & PEDIATRICS	83,747,674	30
31	INTENSIVE CARE UNIT	18,302,012	31
41	SUBPROVIDER - IRF	25,968,698	41
43	NURSERY	2,613,562	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	23,432,232	50
50.01	GAMMA KNIFE	2,760,005	50.01
50.02	ENDOSCOPY	4,824,464	50.02
51	RECOVERY ROOM	3,311,159	51
52	DELIVERY ROOM & LABOR ROOM	6,533,284	52
53	ANESTHESIOLOGY	2,073,788	53
54	RADIOLOGY-DIAGNOSTIC	5,463,870	54
54.01	ULTRASOUND	2,695,799	54.01
54.02	PET SCAN	1,048,525	54.02
54.03	RADIATION ONCOLOGY	3,461,301	54.03
54.04	MAMMOGRAPHY	2,912,395	54.04
56	RADIOISOTOPE	2,728,692	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	4,404,959	57
58	MAGNETIC RESONANCE IMAGING (MRI)	3,177,570	58
59	CARDIAC CATHETERIZATION	13,221,661	59
60	LABORATORY	21,830,528	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	4,010,931	63
64	INTRAVENOUS THERAPY	3,218,330	64
65	RESPIRATORY THERAPY	5,531,017	65
66	PHYSICAL THERAPY	5,264,938	66
66.01	REHAB OUTPATIENT	3,641,208	66.01
66.02	REHAB MED SURGICAL	2,603,408	66.02
69	ELECTROCARDIOLOGY	2,029,299	69
70	ELECTROENCEPHALOGRAPHY	446,651	70
70.01	NEUROMEG	748,732	70.01
70.02	SLEEP LAB	1,449,397	70.02
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	23,443,838	71
72	IMPL. DEV. CHARGED TO PATIENT	28,909,103	72
73	DRUGS CHARGED TO PATIENTS	30,821,958	73
74	RENAL DIALYSIS	1,516,382	74
76.97	CARDIAC REHABILITATION	1,111,927	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY	2,915	76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	3,016,530	90
90.01	DAY REHAB	1,349,984	90.01
90.02	IMAGING CENTERS	3,207,504	90.02
90.03	COUMADIN CLINIC	378,796	90.03
90.04	WOUND CLINIC	2,569,806	90.04
90.05	CARDIOVASCULAR IMAGING CENTERS	488,850	90.05
91	EMERGENCY	10,663,846	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
101	HOME HEALTH AGENCY	9,451,917	101
	SPECIAL PURPOSE COST CENTERS		
116	HOSPICE	2,305,472	116
118	SUBTOTALS (SUM OF LINES 1-117)	382,694,917	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	508,086	190
191	RESEARCH	335,419	191
192	PHYSICIANS' PRIVATE OFFICES	4,928,514	192
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	388,466,936	202

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS		87,180	17,500	104,680	104,680	5.01
5.01 NONPATIENT PHONES		37,959	39,356	77,315	376	5.02
5.02 DATA PROCESSING		11,192		11,192		5.03
5.03 PURCHASING			590	590		5.04
5.04 ADMITTING		102,966	1,896	104,862	1,352	5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5,533	5,533	666	5.06
5.06 ADMINISTRATIVE AND GENERAL		763,248	182,048	945,296	7,205	6
6 MAINTENANCE & REPAIRS		47,643	140,846	188,489	610	7
7 OPERATION OF PLANT		4,230,440	204,924	4,435,364	1,003	8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING		98,183	21,879	120,062	2,037	10
10 DIETARY		302,868	13,440	316,308	1,230	11
11 CAFETERIA		341,745	13,477	355,222	681	12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION		17,530	150,860	168,390	1,669	14
14 CENTRAL SERVICES & SUPPLY		380,128	95,613	475,741	502	15
15 PHARMACY		139,040	7,081	146,121	2,936	16
16 MEDICAL RECORDS & LIBRARY		265,215	10,486	275,701	1,757	17
17 SOCIAL SERVICE		18,331		18,331	1,769	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)		21,748		21,748	75	30
30 INPATIENT ROUTINE SERV COST CENTERS						31
ADULTS & PEDIATRICS		3,520,700	496,151	4,016,851	24,612	31
31 INTENSIVE CARE UNIT		645,767	209,752	855,519	5,926	41
41 SUBPROVIDER - IRF		1,027,238	194,319	1,221,557	4,830	43
43 NURSERY		63,665	9,202	72,867	997	50
ANCILLARY SERVICE COST CENTERS						50.01
50 OPERATING ROOM		950,025	694,293	1,644,318	5,849	50.02
50.01 GAMMA KNIFE		86,944	55,954	142,898	225	51
50.02 ENDOSCOPY		164,110	57,338	221,448	1,214	52
51 RECOVERY ROOM		144,507	28,120	172,627	1,141	53
52 DELIVERY ROOM & LABOR ROOM		464,056	47,600	511,656	1,977	54
53 ANESTHESIOLOGY		10,721	61,406	72,127		54.01
54 RADIOLOGY-DIAGNOSTIC		207,559	290,497	498,056	1,533	54.02
54.01 ULTRASOUND		107,962	62,496	170,458	863	54.03
54.02 PET SCAN		32,916	14,267	47,183	64	54.04
54.03 RADIATION ONCOLOGY		233,359	173,291	406,650	823	56
54.04 MAMMOGRAPHY		139,959	96,626	236,585	748	57
56 RADIOISOTOPE		136,425	47,684	184,109	344	58
57 COMPUTED TOMOGRAPHY (CT) SCAN		104,451	36,017	140,468	901	59
58 MAGNETIC RESONANCE IMAGING (MRI)		155,463	45,400	200,863	583	60
59 CARDIAC CATHETERIZATION		377,465	286,388	663,853	2,884	62.30
60 LABORATORY		439,339	118,942	558,281	4,339	63
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						64
63 BLOOD STORING, PROCESSING & TRANS.		20,523	1,563	22,086	437	65
64 INTRAVENOUS THERAPY		11,616	12,924	24,540	1,157	66
65 RESPIRATORY THERAPY		53,038	63,501	116,539	1,908	66.01
66 PHYSICAL THERAPY		195,848	4,074	199,922	1,998	66.02
66.01 REHAB OUTPATIENT		152,848	1,771	154,619	1,439	69
66.02 REHAB MED SURGICAL		20,051	878	20,929	1,145	70
69 ELECTROCARDIOLOGY		77,944	29,324	107,268	514	70.01
70 ELECTROENCEPHALOGRAPHY		57,751	3,372	61,123	81	70.02
70.01 NEUROMEG		12,347	173,716	186,063	385	71
70.02 SLEEP LAB		139,346	57,087	196,433		72
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						73
72 IMPL. DEV. CHARGED TO PATIENT		10,603		10,603		74
73 DRUGS CHARGED TO PATIENTS						76.97
74 RENAL DIALYSIS		22,714	4,605	27,319	27	76.98
76.97 CARDIAC REHABILITATION		98,655		98,655	327	76.99
76.98 HYPERBARIC OXYGEN THERAPY						90
76.99 LITHOTRIPSY						90.01
90 OUTPATIENT SERVICE COST CENTERS						90.02
CLINIC		231,875	24,427	256,302	839	90.03
90.01 DAY REHAB		49,127	3,247	52,374	512	90.04
90.02 IMAGING CENTERS			183,645	183,645	496	90.05
90.03 COUMADIN CLINIC		13,642		13,642	144	
90.04 WOUND CLINIC		143,399	6,728	150,127	413	
90.05 CARDIOVASCULAR IMAGING CENTERS					118	
91 EMERGENCY		339,436	70,910	410,346	3,616	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART II

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	92
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			4,415	4,415	4,117	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			5,846	5,846	647	116
118 SUBTOTALS (SUM OF LINES 1-117)		17,528,810	4,583,305	22,112,115	104,041	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		49,928	4,187	54,115	53	190
191 RESEARCH		71,558	16,888	88,446		191
192 PHYSICIANS' PRIVATE OFFICES		38,665	205,774	244,439	586	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		17,688,961	4,810,154	22,499,115	104,680	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING 5.03	ADMITTING 5.04	CASHIERING /ACCOUNTS RECEIVABLE 5.05	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NONPATIENT PHONES	77,691					5.02
5.02 DATA PROCESSING	6,232	17,424				5.03
5.03 PURCHASING	1,271	544	2,405			5.04
5.04 ADMITTING	2,255		2	108,471		5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,952	13,242			22,393	5.06
5.06 ADMINISTRATIVE AND GENERAL	11,271	3,638				6
6 MAINTENANCE & REPAIRS	2,624		1			7
7 OPERATION OF PLANT	287		2			8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING	738		13			10
10 DIETARY	1,927		4			11
11 CAFETERIA						12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION	779		3			14
14 CENTRAL SERVICES & SUPPLY	492					15
15 PHARMACY	1,353		9			16
16 MEDICAL RECORDS & LIBRARY	3,321		2			17
17 SOCIAL SERVICE	492		1			19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)	656					
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,298		82	10,124	2,147	30
31 INTENSIVE CARE UNIT	2,419		39	2,121	450	31
41 SUBPROVIDER - IRF	2,050		17	2,324	493	41
43 NURSERY	820		7	553	117	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,419		379	9,547	2,025	50
50.01 GAMMA KNIFE	41			771	164	50.01
50.02 ENDOSCOPY	205		39	2,796	596	50.02
51 RECOVERY ROOM	533		3	1,524	323	51
52 DELIVERY ROOM & LABOR ROOM	984		18	855	182	52
53 ANESTHESIOLOGY	82		36	2,179	462	53
54 RADIOLOGY-DIAGNOSTIC	4,469		4	2,214	470	54
54.01 ULTRASOUND	82		1	1,689	358	54.01
54.02 PET SCAN			7	433	92	54.02
54.03 RADIATION ONCOLOGY			2	1,885	406	54.03
54.04 MAMMOGRAPHY			5	708	151	54.04
56 RADIOISOTOPE	533		35	1,234	262	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	82		12	5,705	1,210	57
58 MAGNETIC RESONANCE IMAGING (MRI)	738		8	3,057	648	58
59 CARDIAC CATHETERIZATION	820		621	5,882	1,248	59
60 LABORATORY	3,567		176	16,244	2,636	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			94	752	161	62.30
63 BLOOD STORING, PROCESSING & TRANS.	205		24	193	56	63
64 INTRAVENOUS THERAPY			17	2,750	755	64
65 RESPIRATORY THERAPY	656		1	1,628	345	65
66 PHYSICAL THERAPY	615		2	800	170	66
66.01 REHAB OUTPATIENT	615			744	158	66.01
66.02 REHAB MED SURGICAL	451		1	2,740	581	66.02
69 ELECTROCARDIOLOGY	656		1	192	41	69
70 ELECTROENCEPHALOGRAPHY	615			70	14	70
70.01 NEUROMEG	41			373	79	70.01
70.02 SLEEP LAB	41		2	5,529	977	70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			621	3,023	634	71
72 IMPL. DEV. CHARGED TO PATIENT				9,588	2,037	72
73 DRUGS CHARGED TO PATIENTS			1	383	81	73
74 RENAL DIALYSIS			1	93	20	74
76.97 CARDIAC REHABILITATION	287					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	820		10	688	146	90
90.01 DAY REHAB	41			322	68	90.01
90.02 IMAGING CENTERS	410		2	1,187	252	90.02
90.03 COUMADIN CLINIC	41		1	55	12	90.03
90.04 WOUND CLINIC	123		36	896	190	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	41		2	401	85	90.05
91 EMERGENCY	4,059		47	4,218	895	91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING 5.03	ADMITTING 5.04	CASHIERING /ACCOUNTS RECEIVABLE 5.05	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	4,018			9	164	101
SPECIAL PURPOSE COST CENTERS				2	32	116
116 HOSPICE						
118 SUBTOTALS (SUM OF LINES 1-117)	77,527	17,424	2,402	108,471	22,393	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	164					190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES				3		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	77,691	17,424	2,405	108,471	22,393	202

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NONPATIENT PHONES						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.06 ADMINISTRATIVE AND GENERAL	967,410					6
6 MAINTENANCE & REPAIRS	7,257	198,981				7
7 OPERATION OF PLANT	43,994	50,589	4,531,239			8
8 LAUNDRY & LINEN SERVICE	4,292			4,292		9
9 HOUSEKEEPING	13,861	1,174	35,854		173,739	10
10 DIETARY	13,475	3,622	110,600		4,275	11
11 CAFETERIA	3,966	4,087	124,797		4,823	12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION	9,322	210	6,402		247	14
14 CENTRAL SERVICES & SUPPLY	6,893	4,546	138,814	8	5,365	15
15 PHARMACY	19,408	1,663	50,774		1,962	16
16 MEDICAL RECORDS & LIBRARY	12,961	3,172	96,851		3,743	17
17 SOCIAL SERVICE	11,310	219	6,694		259	19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)	1,258	260	7,942		307	30
INPATIENT ROUTINE SERV COST CENTERS						31
30 ADULTS & PEDIATRICS	151,198	42,104	1,285,683	1,605	49,688	31
31 INTENSIVE CARE UNIT	36,588	7,723	235,819	441	9,114	41
41 SUBPROVIDER - IRF	49,487	12,285	375,124	272	14,498	43
43 NURSERY	5,985	761	23,249		899	50
ANCILLARY SERVICE COST CENTERS						50.01
50 OPERATING ROOM	51,250	11,361	346,927	692	13,408	50.02
50.01 GAMMA KNIFE	6,381	1,040	31,750		1,227	51
50.02 ENDOSCOPY	10,840	1,963	59,929		2,316	52
51 RECOVERY ROOM	7,132	1,728	52,770	113	2,039	53
52 DELIVERY ROOM & LABOR ROOM	13,195	5,550	169,463	151	6,549	54
53 ANESTHESIOLOGY	5,108	128	3,915		151	54.01
54 RADIOLOGY-DIAGNOSTIC	12,267	2,482	75,796	129	2,929	54.02
54.01 ULTRASOUND	5,981	1,291	39,425	122	1,524	54.03
54.02 PET SCAN	2,434	394	12,020		465	54.04
54.03 RADIATION ONCOLOGY	7,350	2,791	85,217		3,294	56
54.04 MAMMOGRAPHY	6,468	1,674	51,110		1,975	57
56 RADIOISOTOPE	6,057	1,631	49,819		1,925	58
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,364	1,249	38,143		1,474	59
58 MAGNETIC RESONANCE IMAGING (MRI)	7,057	1,859	56,771		2,194	60
59 CARDIAC CATHETERIZATION	30,709	4,514	137,842	83	5,327	62.30
60 LABORATORY	51,674	5,254	160,437		6,201	63
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		245	7,494		290	64
63 BLOOD STORING, PROCESSING & TRANS.	9,852	139	4,242		164	65
64 INTRAVENOUS THERAPY	7,899	634	19,368		749	66
65 RESPIRATORY THERAPY	13,358	2,342	71,519	94	2,764	66.01
66 PHYSICAL THERAPY	11,865	1,828	55,816		2,157	66.02
66.01 REHAB OUTPATIENT	8,179	240	7,322		283	69
66.02 REHAB MED SURGICAL	6,319	932	28,463		1,100	70
69 ELECTROCARDIOLOGY	4,608	691	21,089	68	815	70.01
70 ELECTROENCEPHALOGRAPHY	732	148	4,509		174	70.02
70.01 NEUROMEG	1,789	1,666	50,886		1,967	71
70.02 SLEEP LAB	2,844					72
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	49,413					73
72 IMPL. DEV. CHARGED TO PATIENT	71,938	127	3,872		150	74
73 DRUGS CHARGED TO PATIENTS	56,453					76.97
74 RENAL DIALYSIS	3,655	272	8,295		321	76.98
76.97 CARDIAC REHABILITATION	2,228	1,180	36,026		1,392	76.99
76.98 HYPERBARIC OXYGEN THERAPY						90
76.99 LITHOTRIPSY	7					90.01
OUTPATIENT SERVICE COST CENTERS						90.02
90 CLINIC	6,052	2,773	84,675	178	3,273	90.03
90.01 DAY REHAB	3,074	588	17,940		693	90.04
90.02 IMAGING CENTERS	7,956					90.05
90.03 COUMADIN CLINIC	863	163	4,982		193	91
90.04 WOUND CLINIC	5,612	1,715	52,366		2,024	
90.05 CARDIOVASCULAR IMAGING CENTERS	1,209					
91 EMERGENCY	23,513	4,059	123,954	336	4,791	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART II

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						101
101 HOME HEALTH AGENCY	23,295					
SPECIAL PURPOSE COST CENTERS						116
116 HOSPICE	5,698					118
118 SUBTOTALS (SUM OF LINES 1-117)	953,933	197,066	4,472,755	4,292	171,478	
NONREIMBURSABLE COST CENTERS						190
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	998	597	18,233		705	191
191 RESEARCH	457	856	26,131		1,010	192
192 PHYSICIANS' PRIVATE OFFICES	12,022	462	14,120		546	200
200 CROSS FOOT ADJUSTMENTS						201
201 NEGATIVE COST CENTER						202
202 TOTAL (SUM OF LINES 118-201)	967,410	198,981	4,531,239	4,292	173,739	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART II

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS						5.01
5.01 NONPATIENT PHONES						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.06 ADMINISTRATIVE AND GENERAL						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING						10
10 DIETARY	451,441					11
11 CAFETERIA		493,576				12
12 MAINTENANCE OF PERSONNEL						13
13 NURSING ADMINISTRATION		6,495	193,517			14
14 CENTRAL SERVICES & SUPPLY		5,042		637,403		15
15 PHARMACY		13,870			238,096	16
16 MEDICAL RECORDS & LIBRARY		13,592				17
17 SOCIAL SERVICE		6,984				19
19 NONPHYSICIAN ANESTHETISTS						20
20 NURSING SCHOOL						21
21 I&R SRVCES-SALARY & FRINGES APPRVD						22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						23
23 PARAMED ED PRGM-(SPECIFY)		367				
INPATIENT ROUTINE SERV COST CENTERS						30
30 ADULTS & PEDIATRICS	323,099	148,903	101,635			31
31 INTENSIVE CARE UNIT	40,284	29,775	20,323			41
41 SUBPROVIDER - IRF	88,058	26,468	18,066			43
43 NURSERY		4,128	2,818			
ANCILLARY SERVICE COST CENTERS						50
50 OPERATING ROOM		30,727	20,973			50.01
50.01 GAMMA KNIFE		731	499			50.02
50.02 ENDOSCOPY		6,798	4,640			51
51 RECOVERY ROOM		5,218	3,562			52
52 DELIVERY ROOM & LABOR ROOM		10,396	7,096			53
53 ANESTHESIOLOGY						54
54 RADIOLOGY-DIAGNOSTIC		9,716				54.01
54.01 ULTRASOUND		3,410				54.02
54.02 PET SCAN		282				54.03
54.03 RADIATION ONCOLOGY		3,042				54.04
54.04 MAMMOGRAPHY		3,832				56
56 RADIOISOTOPE		1,423				57
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,569				58
58 MAGNETIC RESONANCE IMAGING (MRI)		2,898				59
59 CARDIAC CATHETERIZATION		11,844				60
60 LABORATORY		31,523				62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						63
63 BLOOD STORING, PROCESSING & TRANS.		2,379				64
64 INTRAVENOUS THERAPY		4,649				65
65 RESPIRATORY THERAPY		11,602				66
66 PHYSICAL THERAPY		10,039				66.01
66.01 REHAB OUTPATIENT		6,896				66.02
66.02 REHAB MED SURGICAL		4,980				69
69 ELECTROCARDIOLOGY		2,892				70
70 ELECTROENCEPHALOGRAPHY		574				70.01
70.01 NEUROMEG		856				70.02
70.02 SLEEP LAB		2,439				71
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				637,403		72
72 IMPL. DEV. CHARGED TO PATIENT					238,096	73
73 DRUGS CHARGED TO PATIENTS						74
74 RENAL DIALYSIS		105				76.97
76.97 CARDIAC REHABILITATION		1,684				76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						90
90 CLINIC		4,281	130			90.01
90.01 DAY REHAB		2,422				90.02
90.02 IMAGING CENTERS		2,685				90.03
90.03 COUMADIN CLINIC		659				90.04
90.04 WOUND CLINIC		2,539				90.05
90.05 CARDIOVASCULAR IMAGING CENTERS		704				91
91 EMERGENCY		20,182	13,775			

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B
 PART II

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION		DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						101
101	HOME HEALTH AGENCY		20,877				
	SPECIAL PURPOSE COST CENTERS						116
116	HOSPICE		3,758				118
118	SUBTOTALS (SUM OF LINES 1-117)	451,441	489,235	193,517	637,403	238,096	
	NONREIMBURSABLE COST CENTERS						190
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		295				191
191	RESEARCH						192
192	PHYSICIANS' PRIVATE OFFICES		4,046				200
200	CROSS FOOT ADJUSTMENTS						201
201	NEGATIVE COST CENTER						202
202	TOTAL (SUM OF LINES 118-201)	451,441	493,576	193,517	637,403	238,096	

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					1
1 CAP REL COSTS-BLDG & FIXT					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS					5.01
5.01 NONPATIENT PHONES					5.02
5.02 DATA PROCESSING					5.03
5.03 PURCHASING					5.04
5.04 ADMITTING					5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.06 ADMINISTRATIVE AND GENERAL					6
6 MAINTENANCE & REPAIRS					7
7 OPERATION OF PLANT					8
8 LAUNDRY & LINEN SERVICE					9
9 HOUSEKEEPING					10
10 DIETARY					11
11 CAFETERIA					12
12 MAINTENANCE OF PERSONNEL					13
13 NURSING ADMINISTRATION					14
14 CENTRAL SERVICES & SUPPLY					15
15 PHARMACY					16
16 MEDICAL RECORDS & LIBRARY	411,100				17
17 SOCIAL SERVICE		46,059			19
19 NONPHYSICIAN ANESTHETISTS					20
20 NURSING SCHOOL					21
21 I&R SRVCES-SALARY & FRINGES APPRVD					22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					23
23 PARAMED ED PRGM-(SPECIFY)			32,613		30
INPATIENT ROUTINE SERV COST CENTERS					31
30 ADULTS & PEDIATRICS	294,226	32,965		6,492,220	31
31 INTENSIVE CARE UNIT	36,685	4,110		1,287,336	41
41 SUBPROVIDER - IRF	80,189	8,984		1,904,702	43
43 NURSERY				113,201	50
ANCILLARY SERVICE COST CENTERS					50.01
50 OPERATING ROOM				2,139,875	50.02
50.01 GAMMA KNIFE				185,727	51
50.02 ENDOSCOPY				312,784	52
51 RECOVERY ROOM				248,713	53
52 DELIVERY ROOM & LABOR ROOM				728,072	54
53 ANESTHESIOLOGY				84,188	54.01
54 RADIOLOGY-DIAGNOSTIC				610,065	54.02
54.01 ULTRASOUND				225,204	54.03
54.02 PET SCAN				63,374	54.04
54.03 RADIATION ONCOLOGY				511,460	56
54.04 MAMMOGRAPHY				303,256	57
56 RADIOISOTOPE				247,372	58
57 COMPUTED TOMOGRAPHY (CT) SCAN				204,177	59
58 MAGNETIC RESONANCE IMAGING (MRI)				276,676	60
59 CARDIAC CATHETERIZATION				865,627	62.30
60 LABORATORY				840,332	63
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				43,995	64
63 BLOOD STORING, PROCESSING & TRANS.				43,063	65
64 INTRAVENOUS THERAPY				168,336	66
65 RESPIRATORY THERAPY				303,132	66.01
66 PHYSICAL THERAPY				232,521	66.02
66.01 REHAB OUTPATIENT				42,571	69
66.02 REHAB MED SURGICAL				149,755	70
69 ELECTROCARDIOLOGY				86,022	70.01
70 ELECTROENCEPHALOGRAPHY				193,664	70.02
70.01 NEUROMEG				257,115	71
70.02 SLEEP LAB				693,322	72
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				90,968	73
72 IMPL. DEV. CHARGED TO PATIENT				306,174	74
73 DRUGS CHARGED TO PATIENTS				40,459	76.97
74 RENAL DIALYSIS				141,893	76.98
76.97 CARDIAC REHABILITATION					76.99
76.98 HYPERBARIC OXYGEN THERAPY				8	90
76.99 LITHOTRIPSY					90.01
OUTPATIENT SERVICE COST CENTERS					90.02
90 CLINIC				360,167	90.03
90.01 DAY REHAB				78,034	90.04
90.02 IMAGING CENTERS				196,633	90.05
90.03 COUMADIN CLINIC				20,755	91
90.04 WOUND CLINIC				216,041	
90.05 CARDIOVASCULAR IMAGING CENTERS				2,560	
91 EMERGENCY				613,791	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
92 OBSERVATION BEDS					92
101 OTHER REIMBURSABLE COST CENTERS				56,895	101
116 HOME HEALTH AGENCY				15,983	116
118 SPECIAL PURPOSE COST CENTERS				21,998,218	118
118 HOSPICE				75,160	190
118 SUBTOTALS (SUM OF LINES 1-117)	411,100	46,059		21,998,218	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				116,900	191
191 RESEARCH				276,224	192
192 PHYSICIANS' PRIVATE OFFICES				32,613	200
200 CROSS FOOT ADJUSTMENTS			32,613	32,613	201
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	411,100	46,059	32,613	22,499,115	202

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	TOTAL	
	26	
GENERAL SERVICE COST CENTERS		1
1 CAP REL COSTS-BLDG & FIXT		2
2 CAP REL COSTS-MVBLE EQUIP		4
4 EMPLOYEE BENEFITS		5.01
5.01 NONPATIENT PHONES		5.02
5.02 DATA PROCESSING		5.03
5.03 PURCHASING		5.04
5.04 ADMITTING		5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE		5.06
5.06 ADMINISTRATIVE AND GENERAL		6
6 MAINTENANCE & REPAIRS		7
7 OPERATION OF PLANT		8
8 LAUNDRY & LINEN SERVICE		9
9 HOUSEKEEPING		10
10 DIETARY		11
11 CAFETERIA		12
12 MAINTENANCE OF PERSONNEL		13
13 NURSING ADMINISTRATION		14
14 CENTRAL SERVICES & SUPPLY		15
15 PHARMACY		16
16 MEDICAL RECORDS & LIBRARY		17
17 SOCIAL SERVICE		19
19 NONPHYSICIAN ANESTHETISTS		20
20 NURSING SCHOOL		21
21 I&R SRVCES-SALARY & FRINGES APPRVD		22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		23
23 PARAMED ED PRGM-(SPECIFY)		30
30 INPATIENT ROUTINE SERV COST CENTERS		31
31 ADULTS & PEDIATRICS	6,492,220	41
41 INTENSIVE CARE UNIT	1,287,336	43
43 SUBPROVIDER - IRF	1,904,702	
43 NURSERY	113,201	
ANCILLARY SERVICE COST CENTERS		50
50 OPERATING ROOM	2,139,875	50.01
50.01 GAMMA KNIFE	185,727	50.02
50.02 ENDOSCOPY	312,784	51
51 RECOVERY ROOM	248,713	52
52 DELIVERY ROOM & LABOR ROOM	728,072	53
53 ANESTHESIOLOGY	84,188	54
54 RADIOLOGY-DIAGNOSTIC	610,065	54.01
54.01 ULTRASOUND	225,204	54.02
54.02 PET SCAN	63,374	54.03
54.03 RADIATION ONCOLOGY	511,460	54.04
54.04 MAMMOGRAPHY	303,256	56
56 RADIOISOTOPE	247,372	57
57 COMPUTED TOMOGRAPHY (CT) SCAN	204,177	58
58 MAGNETIC RESONANCE IMAGING (MRI)	276,676	59
59 CARDIAC CATHETERIZATION	865,627	60
60 LABORATORY	840,332	62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		63
63 BLOOD STORING, PROCESSING & TRANS.	43,995	64
64 INTRAVENOUS THERAPY	43,063	65
65 RESPIRATORY THERAPY	168,336	66
66 PHYSICAL THERAPY	303,132	66.01
66.01 REHAB OUTPATIENT	232,521	66.02
66.02 REHAB MED SURGICAL	42,571	69
69 ELECTROCARDIOLOGY	149,755	70
70 ELECTROENCEPHALOGRAPHY	86,022	70.01
70.01 NEUROMEG	193,664	70.02
70.02 SLEEP LAB	257,115	71
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	693,322	72
72 IMPL. DEV. CHARGED TO PATIENT	90,968	73
73 DRUGS CHARGED TO PATIENTS	306,174	74
74 RENAL DIALYSIS	40,459	76.97
76.97 CARDIAC REHABILITATION	141,893	76.98
76.98 HYPERBARIC OXYGEN THERAPY		76.99
76.99 LITHOTRIPSY		8
OUTPATIENT SERVICE COST CENTERS		90
90 CLINIC	360,167	90.01
90.01 DAY REHAB	78,034	90.02
90.02 IMAGING CENTERS	196,633	90.03
90.03 COUMADIN CLINIC	20,755	90.04
90.04 WOUND CLINIC	216,041	90.05
90.05 CARDIOVASCULAR IMAGING CENTERS	2,560	91
91 EMERGENCY	613,791	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
101	HOME HEALTH AGENCY	56,895	101
	SPECIAL PURPOSE COST CENTERS		
116	HOSPICE	15,983	116
118	SUBTOTALS (SUM OF LINES 1-117)	21,998,218	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,160	190
191	RESEARCH	116,900	191
192	PHYSICIANS' PRIVATE OFFICES	276,224	192
200	CROSS FOOT ADJUSTMENTS	32,613	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	22,499,115	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NON	DATA	DATA
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES	PATIENT PHONES NO OF PHONES	PROCESSING	
	1	2	4	5.01		5.02
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	750,737					1
2 CAP REL COSTS-MVBLE EQUIP		6,433,036				2
4 EMPLOYEE BENEFITS	3,700	23,404	141,299,063			4
5.01 NONPATIENT PHONES	1,611	52,634	507,360	1,895		5.01
5.02 DATA PROCESSING	475			152	10,000	5.02
5.03 PURCHASING		789		31	312	5.03
5.04 ADMITTING	4,370	2,536	1,824,344	55		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		7,400	899,125	72	7,600	5.05
5.06 ADMINISTRATIVE AND GENERAL	32,393	243,468	9,723,355	275	2,088	5.06
6 MAINTENANCE & REPAIRS	2,022	188,365	823,565	64		6
7 OPERATION OF PLANT	179,544	274,063	1,353,802	7		7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,167	29,261	2,748,732	18		9
10 DIETARY	12,854	17,975	1,659,270	47		10
11 CAFETERIA	14,504	18,024	919,089			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	744	201,758	2,252,277	19		13
14 CENTRAL SERVICES & SUPPLY	16,133	127,872	676,933	12		14
15 PHARMACY	5,901	9,470	3,961,672	33		15
16 MEDICAL RECORDS & LIBRARY	11,256	14,024	2,371,322	81		16
17 SOCIAL SERVICE	778		2,386,675	12		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	923		100,931	16		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	149,422	663,546	33,245,882	178		30
31 INTENSIVE CARE UNIT	27,407	280,520	7,997,634	59		31
41 SUBPROVIDER - IRF	43,597	259,879	6,518,286	50		41
43 NURSERY	2,702	12,307	1,346,112	20		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	40,320	928,542	7,893,269	59		50
50.01 GAMMA KNIFE	3,690	74,832	303,301	1		50.01
50.02 ENDOSCOPY	6,965	76,683	1,638,725	5		50.02
51 RECOVERY ROOM	6,133	37,607	1,540,231	13		51
52 DELIVERY ROOM & LABOR ROOM	19,695	63,659	2,668,376	24		52
53 ANESTHESIOLOGY	455	82,124		2		53
54 RADIOLOGY-DIAGNOSTIC	8,809	388,507	2,068,727	109		54
54.01 ULTRASOUND	4,582	83,581	1,164,624	2		54.01
54.02 PET SCAN	1,397	19,081	86,933			54.02
54.03 RADIATION ONCOLOGY	9,904	231,757	1,111,057			54.03
54.04 MAMMOGRAPHY	5,940	129,226	1,009,188			54.04
56 RADIOISOTOPE	5,790	63,772	464,805	13		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,433	48,168	1,215,585	2		57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,598	60,717	786,346	18		58
59 CARDIAC CATHETERIZATION	16,020	383,012	3,891,535	20		59
60 LABORATORY	18,646	159,071	5,855,315	87		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	871	2,091	590,209	5		63
64 INTRAVENOUS THERAPY	493	17,284	1,561,749			64
65 RESPIRATORY THERAPY	2,251	84,925	2,574,862	16		65
66 PHYSICAL THERAPY	8,312	5,448	2,696,745	15		66
66.01 REHAB OUTPATIENT	6,487	2,368	1,941,422	15		66.01
66.02 REHAB MED SURGICAL	851	1,174	1,545,875	11		66.02
69 ELECTROCARDIOLOGY	3,308	39,217	693,361	16		69
70 ELECTROENCEPHALOGRAPHY	2,451	4,510	109,322	15		70
70.01 NEUROMEG	524	232,325		1		70.01
70.02 SLEEP LAB	5,914	76,347	519,147	1		70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	450					72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	964	6,159	36,480			74
76.97 CARDIAC REHABILITATION	4,187		441,687	7		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,841	32,669	1,131,847	20		90
90.01 DAY REHAB	2,085	4,342	690,772	1		90.01
90.02 IMAGING CENTERS		245,605	668,924	10		90.02
90.03 COUMADIN CLINIC	579		194,395	1		90.03
90.04 WOUND CLINIC	6,086	8,998	557,260	3		90.04
90.05 CARDIOVASCULAR IMAGING CENTERS			159,666	1		90.05

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING DATA PROCESSING
	1	2	4	5.01	5.02
91 EMERGENCY	14,406	94,834	4,879,363	99	91
92 OBSERVATION BEDS					92
101 OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS		5,904	5,555,968	98	101
116 HOSPICE		7,818	873,373		116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	743,940	6,129,652	140,436,810	1,891	10,000 118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	5,599	72,023	4	190
191 RESEARCH	3,037	22,586			191
192 PHYSICIANS' PRIVATE OFFICES	1,641	275,199	790,230		192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	17,688,961	4,810,154	22,406,867	860,101	11,341,691
203 UNIT COST MULT-WS B PT I	23.562128	0.747727	0.158578	453.879156	1,134.169100
204 COST TO BE ALLOC PER B PT II			104,680	77,691	17,424
205 UNIT COST MULT-WS B PT II			0.000741	40.997889	1.742400

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	RECON-CILIATION	ADMIN AND GENERAL ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	60,588,343					5.03
5.04 ADMITTING	42,289	1,642,877,841				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	8,036		1,656,718,417			5.05
5.06 ADMINISTRATIVE AND GENERAL				-62,074,962	326,391,974	5.06
6 MAINTENANCE & REPAIRS	34,616				2,448,439	6
7 OPERATION OF PLANT	60,151				14,842,842	7
8 LAUNDRY & LINEN SERVICE					1,448,103	8
9 HOUSEKEEPING	326,063				4,676,380	9
10 DIETARY	92,925				4,546,275	10
11 CAFETERIA	7,546				1,338,206	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	79,946				3,145,005	13
14 CENTRAL SERVICES & SUPPLY					2,325,544	14
15 PHARMACY	235,107				6,547,855	15
16 MEDICAL RECORDS & LIBRARY	61,785				4,372,860	16
17 SOCIAL SERVICE	12,862				3,815,631	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	3,094				424,511	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,050,163	153,389,650	153,389,650		51,017,376	30
31 INTENSIVE CARE UNIT	965,091	32,141,422	32,141,422		12,344,111	31
41 SUBPROVIDER - IRF	434,187	35,218,541	35,218,541		16,696,151	41
43 NURSERY	182,540	8,382,753	8,382,753		2,019,368	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,465,429	144,650,686	144,650,686		17,290,777	50
50.01 GAMMA KNIFE	9,811	11,679,490	11,679,490		2,152,671	50.01
50.02 ENDOSCOPY	962,789	42,365,989	42,565,942		3,657,075	50.02
51 RECOVERY ROOM	74,030	23,089,005	23,089,156		2,406,375	51
52 DELIVERY ROOM & LABOR ROOM	452,181	12,957,027	12,966,158		4,451,733	52
53 ANESTHESIOLOGY	908,100	33,011,747	33,011,747		1,723,277	53
54 RADIOLOGY-DIAGNOSTIC	100,364	33,542,160	33,545,064		4,138,637	54
54.01 ULTRASOUND	36,663	25,586,278	25,588,285		2,017,731	54.01
54.02 PET SCAN	167,284	6,555,962	6,555,962		821,125	54.02
54.03 RADIATION ONCOLOGY	59,918	28,562,369	29,009,981		2,479,765	54.03
54.04 MAMMOGRAPHY	133,293	10,722,187	10,797,960		2,182,129	54.04
56 RADIOISOTOPE	863,754	18,692,316	18,692,316		2,043,593	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	298,852	86,440,401	86,440,401		3,496,642	57
58 MAGNETIC RESONANCE IMAGING (MRI)	194,237	46,321,069	46,321,069		2,380,947	58
59 CARDIAC CATHETERIZATION	15,889,977	89,124,553	89,124,553		10,360,631	59
60 LABORATORY	4,393,851	245,493,860	245,500,130		17,433,706	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,348,480	11,393,126	11,492,975		3,323,995	63
64 INTRAVENOUS THERAPY	606,319	2,920,360	3,989,545		2,664,980	64
65 RESPIRATORY THERAPY	428,006	41,665,068	53,954,772		4,506,752	65
66 PHYSICAL THERAPY	32,839	24,665,623	24,665,623		4,002,961	66
66.01 REHAB OUTPATIENT	52,689	12,124,689	12,128,357		2,759,389	66.01
66.02 REHAB MED SURGICAL	6,368	11,267,736	11,269,749		2,131,959	66.02
69 ELECTROCARDIOLOGY	30,037	41,512,422	41,512,422		1,554,522	69
70 ELECTROENCEPHALOGRAPHY	12,660	2,912,355	2,912,355		247,067	70
70.01 NEUROMEG		1,067,782	972,582		603,677	70.01
70.02 SLEEP LAB	59,334	5,648,699	5,648,699		959,497	70.02
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		83,767,175	69,760,563		16,671,056	71
72 IMPL. DEV. CHARGED TO PATIENT	15,526,981	45,808,328	45,275,063		24,270,666	72
73 DRUGS CHARGED TO PATIENTS		145,276,428	145,497,506		19,046,064	73
74 RENAL DIALYSIS	12,791	5,801,994	5,801,994		1,233,126	74
76.97 CARDIAC REHABILITATION	30,790	1,415,344	1,415,344		751,550	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		8,427	8,427		2,449	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	240,117	10,428,737	10,433,608		2,041,720	90
90.01 DAY REHAB	8,523	4,884,908	4,884,908		1,037,035	90.01
90.02 IMAGING CENTERS	56,777	17,981,270	17,989,895		2,684,364	90.02
90.03 COUMADIN CLINIC	28,296	836,163	836,163		291,319	90.03
90.04 WOUND CLINIC	910,112	13,576,507	13,576,507		1,893,246	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	60,783	6,077,225	6,077,225		407,955	90.05

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	
	PURCHASING	GROSS REVENUE	GROSS REVENUE			
	5.03	5.04	5.05	5A.06	5.06	
91 EMERGENCY	1,171,385	63,910,010	63,910,010		7,933,006	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	233,415		11,735,724		7,859,155	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	54,930		2,297,135		1,922,238	116
118 SUBTOTALS (SUM OF LINES 1-117)	60,518,566	1,642,877,841	1,656,718,417	-62,074,962	321,845,219	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	813				336,634	190
191 RESEARCH					154,124	191
192 PHYSICIANS' PRIVATE OFFICES	68,964				4,055,997	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,790,311	2,421,598	14,076,938		62,074,962	202
203 UNIT COST MULT-WS B PT I	0.046054	0.001474	0.008497		0.190185	203
204 COST TO BE ALLOC PER B PT II	2,405	108,471	22,393		967,410	204
205 UNIT COST MULT-WS B PT II	0.000040	0.000066	0.000014		0.002964	205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS	706,166					6
7 OPERATION OF PLANT	179,544	526,622				7
8 LAUNDRY & LINEN SERVICE			2,054,295			8
9 HOUSEKEEPING	4,167	4,167		522,455		9
10 DIETARY	12,854	12,854		12,854	106,449	10
11 CAFETERIA	14,504	14,504		14,504		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	744	744		744		13
14 CENTRAL SERVICES & SUPPLY	16,133	16,133	3,968	16,133		14
15 PHARMACY	5,901	5,901		5,901		15
16 MEDICAL RECORDS & LIBRARY	11,256	11,256		11,256		16
17 SOCIAL SERVICE	778	778		778		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD						21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	923	923		923		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	149,422	149,422	768,448	149,422	76,186	30
31 INTENSIVE CARE UNIT	27,407	27,407	210,921	27,407	9,499	31
41 SUBPROVIDER - IRF	43,597	43,597	130,101	43,597	20,764	41
43 NURSERY	2,702	2,702	43	2,702		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	40,320	40,320	331,214	40,320		50
50.01 GAMMA KNIFE	3,690	3,690		3,690		50.01
50.02 ENDOSCOPY	6,965	6,965		6,965		50.02
51 RECOVERY ROOM	6,133	6,133	54,306	6,133		51
52 DELIVERY ROOM & LABOR ROOM	19,695	19,695	72,367	19,695		52
53 ANESTHESIOLOGY	455	455		455		53
54 RADIOLOGY-DIAGNOSTIC	8,809	8,809	61,563	8,809		54
54.01 ULTRASOUND	4,582	4,582	58,415	4,582		54.01
54.02 PET SCAN	1,397	1,397		1,397		54.02
54.03 RADIATION ONCOLOGY	9,904	9,904		9,904		54.03
54.04 MAMMOGRAPHY	5,940	5,940		5,940		54.04
56 RADIOISOTOPE	5,790	5,790		5,790		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,433	4,433		4,433		57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,598	6,598		6,598		58
59 CARDIAC CATHETERIZATION	16,020	16,020	39,638	16,020		59
60 LABORATORY	18,646	18,646		18,646		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				871		62.30
63 BLOOD STORING, PROCESSING & TRANS.	871	871		871		63
64 INTRAVENOUS THERAPY	493	493		493		64
65 RESPIRATORY THERAPY	2,251	2,251		2,251		65
66 PHYSICAL THERAPY	8,312	8,312	44,762	8,312		66
66.01 REHAB OUTPATIENT	6,487	6,487		6,487		66.01
66.02 REHAB MED SURGICAL	851	851		851		66.02
69 ELECTROCARDIOLOGY	3,308	3,308		3,308		69
70 ELECTROENCEPHALOGRAPHY	2,451	2,451	32,472	2,451		70
70.01 NEUROMEG	524	524		524		70.01
70.02 SLEEP LAB	5,914	5,914		5,914		70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT	450	450		450		72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	964	964		964		74
76.97 CARDIAC REHABILITATION	4,187	4,187		4,187		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,841	9,841	85,051	9,841		90
90.01 DAY REHAB	2,085	2,085		2,085		90.01
90.02 IMAGING CENTERS				579		90.02
90.03 COUMADIN CLINIC	579	579		579		90.03
90.04 WOUND CLINIC	6,086	6,086		6,086		90.04
90.05 CARDIOVASCULAR IMAGING CENTERS						90.05

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10
91 EMERGENCY	14,406	14,406	161,026	14,406	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					101
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					116
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)	699,369	519,825	2,054,295	515,658	106,449
NONREIMBURSABLE COST CENTERS					118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119		2,119	190
191 RESEARCH	3,037	3,037		3,037	191
192 PHYSICIANS' PRIVATE OFFICES	1,641	1,641		1,641	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,914,095	18,406,645	1,723,510	5,728,599	6,054,170
203 UNIT COST MULT-WS B PT I	4.126643	34.952290	0.838979	10.964770	56.873902
204 COST TO BE ALLOC PER B PT II	198,981	4,531,239	4,292	173,739	451,441
205 UNIT COST MULT-WS B PT II	0.281777	8.604348	0.002089	0.332543	4.240913

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA MEALS SERVED 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY PATIENT DAYS 16
GENERAL SERVICE COST CENTERS					1
1 CAP REL COSTS-BLDG & FIXT					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS					5.01
5.01 NONPATIENT PHONES					5.02
5.02 DATA PROCESSING					5.03
5.03 PURCHASING					5.04
5.04 ADMITTING					5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.06 ADMINISTRATIVE AND GENERAL					6
6 MAINTENANCE & REPAIRS					7
7 OPERATION OF PLANT					8
8 LAUNDRY & LINEN SERVICE					9
9 HOUSEKEEPING					10
10 DIETARY					11
11 CAFETERIA	3,768,854				12
12 MAINTENANCE OF PERSONNEL					13
13 NURSING ADMINISTRATION	49,595	2,164,862			14
14 CENTRAL SERVICES & SUPPLY	38,500		100		15
15 PHARMACY	105,906			100	16
16 MEDICAL RECORDS & LIBRARY	103,789				106,449
17 SOCIAL SERVICE	53,332				19
19 NONPHYSICIAN ANESTHETISTS					20
20 NURSING SCHOOL					21
21 I&R SRVCES-SALARY & FRINGES APPRVD					22
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					23
23 PARAMED ED PRGM-(SPECIFY)	2,804				
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	1,136,970	1,136,970			76,186
31 INTENSIVE CARE UNIT	227,356	227,356			9,499
41 SUBPROVIDER - IRF	202,105	202,105			20,764
43 NURSERY	31,524	31,524			
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	234,629	234,629			50
50.01 GAMMA KNIFE	5,585	5,585			50.01
50.02 ENDOSCOPY	51,910	51,910			50.02
51 RECOVERY ROOM	39,843	39,843			51
52 DELIVERY ROOM & LABOR ROOM	79,382	79,382			52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	74,189				54
54.01 ULTRASOUND	26,036				54.01
54.02 PET SCAN	2,150				54.02
54.03 RADIATION ONCOLOGY	23,229				54.03
54.04 MAMMOGRAPHY	29,257				54.04
56 RADIOISOTOPE	10,866				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	34,891				57
58 MAGNETIC RESONANCE IMAGING (MRI)	22,130				58
59 CARDIAC CATHETERIZATION	90,440				59
60 LABORATORY	240,706				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	18,166				63
64 INTRAVENOUS THERAPY	35,502				64
65 RESPIRATORY THERAPY	88,590				65
66 PHYSICAL THERAPY	76,655				66
66.01 REHAB OUTPATIENT	52,653				66.01
66.02 REHAB MED SURGICAL	38,029				66.02
69 ELECTROCARDIOLOGY	22,085				69
70 ELECTROENCEPHALOGRAPHY	4,382				70
70.01 NEUROMEG	6,538				70.01
70.02 SLEEP LAB	18,627				70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			100		71
72 IMPL. DEV. CHARGED TO PATIENT				100	72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	800				74
76.97 CARDIAC REHABILITATION	12,860				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	32,688	1,455			90
90.01 DAY REHAB	18,495				90.01
90.02 IMAGING CENTERS	20,504				90.02
90.03 COUMADIN CLINIC	5,034				90.03
90.04 WOUND CLINIC	19,386				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	5,377				90.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY PATIENT DAYS
	11	13	14	15	16
91 EMERGENCY	154,103	154,103			91
92 OBSERVATION BEDS					92
101 OTHER REIMBURSABLE COST CENTERS					
HOME HEALTH AGENCY	159,413				101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	28,696				116
118 SUBTOTALS (SUM OF LINES 1-117)	3,735,707	2,164,862	100	100	106,449
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,254				190
191 RESEARCH					191
192 PHYSICIANS' PRIVATE OFFICES	30,893				192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	2,318,547	3,810,881	3,602,197	8,153,618	5,831,653
203 UNIT COST MULT-WS B PT I	0.615186	1.760334	36,021.970000	81,536.180000	54.783540
204 COST TO BE ALLOC PER B PT II	493,576	193,517	637,403	238,096	411,100
205 UNIT COST MULT-WS B PT II	0.130962	0.089390	6,374.030000	2,380.960000	3.861943

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	
	PATIENT DAYS	PATIENT DAYS	
	17	23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT PHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 ADMINISTRATIVE AND GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	106,449		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)		106,449	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	76,186	76,186	30
31 INTENSIVE CARE UNIT	9,499	9,499	31
41 SUBPROVIDER - IRF	20,764	20,764	41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
50.01 GAMMA KNIFE			50.01
50.02 ENDOSCOPY			50.02
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 PET SCAN			54.02
54.03 RADIATION ONCOLOGY			54.03
54.04 MAMMOGRAPHY			54.04
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
64 INTRAVENOUS THERAPY			64
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
66.01 REHAB OUTPATIENT			66.01
66.02 REHAB MED SURGICAL			66.02
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
70.01 NEUROMEG			70.01
70.02 SLEEP LAB			70.02
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC			90
90.01 DAY REHAB			90.01
90.02 IMAGING CENTERS			90.02
90.03 COUMADIN CLINIC			90.03
90.04 WOUND CLINIC			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS			90.05

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	
	PATIENT DAYS	PATIENT DAYS	
91 EMERGENCY			91
92 OBSERVATION BEDS			92
101 OTHER REIMBURSABLE COST CENTERS			101
HOME HEALTH AGENCY			
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	106,449	106,449	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
191 RESEARCH			191
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	4,613,051	553,162	202
203 UNIT COST MULT-WS B PT I	43.335785	5.196498	203
204 COST TO BE ALLOC PER B PT II	46,059	32,613	204
205 UNIT COST MULT-WS B PT II	0.432686	0.306372	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	83,747,674		83,747,674		83,747,674	30
31 INTENSIVE CARE UNIT	18,302,012		18,302,012		18,302,012	31
41 SUBPROVIDER - IRF	25,968,698		25,968,698		25,968,698	41
43 NURSERY	2,613,562		2,613,562		2,613,562	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,432,232		23,432,232		23,432,232	50
50.01 GAMMA KNIFE	2,760,005		2,760,005		2,760,005	50.01
50.02 ENDOSCOPY	4,824,464		4,824,464		4,824,464	50.02
51 RECOVERY ROOM	3,311,159		3,311,159		3,311,159	51
52 DELIVERY ROOM & LABOR ROOM	6,533,284		6,533,284		6,533,284	52
53 ANESTHESIOLOGY	2,073,788		2,073,788		2,073,788	53
54 RADIOLOGY-DIAGNOSTIC	5,463,870		5,463,870		5,463,870	54
54.01 ULTRASOUND	2,695,799		2,695,799		2,695,799	54.01
54.02 PET SCAN	1,048,525		1,048,525		1,048,525	54.02
54.03 RADIATION ONCOLOGY	3,461,301		3,461,301		3,461,301	54.03
54.04 MAMMOGRAPHY	2,912,395		2,912,395		2,912,395	54.04
56 RADIOISOTOPE	2,728,692		2,728,692		2,728,692	56
57 COMPUTED TOMOGRAPHY (CT) SC	4,404,959		4,404,959		4,404,959	57
58 MAGNETIC RESONANCE IMAGING	3,177,570		3,177,570		3,177,570	58
59 CARDIAC CATHETERIZATION	13,221,661		13,221,661		13,221,661	59
60 LABORATORY	21,830,528		21,830,528		21,830,528	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	4,010,931		4,010,931		4,010,931	63
64 INTRAVENOUS THERAPY	3,218,330		3,218,330		3,218,330	64
65 RESPIRATORY THERAPY	5,531,017		5,531,017		5,531,017	65
66 PHYSICAL THERAPY	5,264,938		5,264,938		5,264,938	66
66.01 REHAB OUTPATIENT	3,641,208		3,641,208		3,641,208	66.01
66.02 REHAB MED SURGICAL	2,603,408		2,603,408		2,603,408	66.02
69 ELECTROCARDIOLOGY	2,029,299		2,029,299		2,029,299	69
70 ELECTROENCEPHALOGRAPHY	446,651		446,651		446,651	70
70.01 NEUROMEG	748,732		748,732		748,732	70.01
70.02 SLEEP LAB	1,449,397		1,449,397		1,449,397	70.02
71 MEDICAL SUPPLIES CHRGED TO	23,443,838		23,443,838		23,443,838	71
72 IMPL. DEV. CHARGED TO PATIE	28,909,103		28,909,103		28,909,103	72
73 DRUGS CHARGED TO PATIENTS	30,821,958		30,821,958		30,821,958	73
74 RENAL DIALYSIS	1,516,382		1,516,382		1,516,382	74
76.97 CARDIAC REHABILITATION	1,111,927		1,111,927		1,111,927	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	2,915		2,915		2,915	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,016,530		3,016,530		3,016,530	90
90.01 DAY REHAB	1,349,984		1,349,984		1,349,984	90.01
90.02 IMAGING CENTERS	3,207,504		3,207,504		3,207,504	90.02
90.03 COUMADIN CLINIC	378,796		378,796		378,796	90.03
90.04 WOUND CLINIC	2,569,806		2,569,806		2,569,806	90.04
90.05 CARDIOVASCULAR IMAGING CENT	488,850		488,850		488,850	90.05
91 EMERGENCY	10,663,846		10,663,846		10,663,846	91
92 OBSERVATION BEDS	5,057,915		5,057,915		5,057,915	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	9,451,917		9,451,917		9,451,917	101
116 HOSPICE	2,305,472		2,305,472		2,305,472	116
200 SUBTOTAL (SEE INSTRUCTIONS)	387,752,832		387,752,832		387,752,832	200
201 LESS OBSERVATION BEDS	5,057,915		5,057,915		5,057,915	201
202 TOTAL (SEE INSTRUCTIONS)	382,694,917		382,694,917		382,694,917	202

COMPUTATION OF RATIO OF COST TO CHARGES

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	145,173,484		145,173,484			30
31 INTENSIVE CARE UNIT	32,141,422		32,141,422			31
41 SUBPROVIDER - IRF	35,218,541		35,218,541			41
43 NURSERY	8,382,753		8,382,753			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	72,430,601	72,220,085	144,650,686	0.161992	0.161992	50
50.01 GAMMA KNIFE	137,272	11,542,218	11,679,490	0.236312	0.236312	50.01
50.02 ENDOSCOPY	9,223,091	33,342,851	42,565,942	0.113341	0.113341	50.02
51 RECOVERY ROOM	11,630,060	11,459,096	23,089,156	0.143408	0.143408	51
52 DELIVERY ROOM & LABOR ROOM	10,911,081	2,055,077	12,966,158	0.503872	0.503872	52
53 ANESTHESIOLOGY	15,936,770	17,074,977	33,011,747	0.062820	0.062820	53
54 RADIOLOGY-DIAGNOSTIC	14,667,213	18,877,851	33,545,064	0.162881	0.162881	54
54.01 ULTRASOUND	9,920,214	15,668,071	25,588,285	0.105353	0.105353	54.01
54.02 PET SCAN	38,958	6,517,004	6,555,962	0.159935	0.159935	54.02
54.03 RADIATION ONCOLOGY	1,164,893	27,845,088	29,009,981	0.119314	0.119314	54.03
54.04 MAMMOGRAPHY	27,507	10,770,453	10,797,960	0.269717	0.269717	54.04
56 RADIOISOTOPE	8,658,840	10,033,476	18,692,316	0.145979	0.145979	56
57 COMPUTED TOMOGRAPHY (CT) SC	32,841,614	53,598,787	86,440,401	0.050959	0.050959	57
58 MAGNETIC RESONANCE IMAGING	17,690,458	28,630,611	46,321,069	0.068599	0.068599	58
59 CARDIAC CATHETERIZATION	73,290,846	15,833,707	89,124,553	0.148350	0.148350	59
60 LABORATORY	116,965,753	128,534,377	245,500,130	0.088923	0.088923	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	9,166,707	2,326,268	11,492,975	0.348990	0.348990	63
64 INTRAVENOUS THERAPY	3,863,711	125,834	3,989,545	0.806691	0.806691	64
65 RESPIRATORY THERAPY	51,207,774	2,746,998	53,954,772	0.102512	0.102512	65
66 PHYSICAL THERAPY	24,665,167	456	24,665,623	0.213452	0.213452	66
66.01 REHAB OUTPATIENT	741	12,127,616	12,128,357	0.300223	0.300223	66.01
66.02 REHAB MED SURGICAL	11,020,425	249,324	11,269,749	0.231009	0.231009	66.02
69 ELECTROCARDIOLOGY	25,392,551	16,119,871	41,512,422	0.048884	0.048884	69
70 ELECTROENCEPHALOGRAPHY	1,197,192	1,715,163	2,912,355	0.153364	0.153364	70
70.01 NEUROMEG		972,582	972,582	0.769839	0.769839	70.01
70.02 SLEEP LAB	12,457	5,636,242	5,648,699	0.256590	0.256590	70.02
71 MEDICAL SUPPLIES CHRGED TO	47,085,991	22,674,572	69,760,563	0.336061	0.336061	71
72 IMPL. DEV. CHARGED TO PATIE	36,013,132	9,261,931	45,275,063	0.638522	0.638522	72
73 DRUGS CHARGED TO PATIENTS	111,080,294	34,417,212	145,497,506	0.211838	0.211838	73
74 RENAL DIALYSIS	5,539,970	262,024	5,801,994	0.261355	0.261355	74
76.97 CARDIAC REHABILITATION	114,114	1,301,230	1,415,344	0.785623	0.785623	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	8,427		8,427	0.345912	0.345912	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	351,559	10,082,049	10,433,608	0.289117	0.289117	90
90.01 DAY REHAB		4,884,908	4,884,908	0.276358	0.276358	90.01
90.02 IMAGING CENTERS	251,513	17,738,382	17,989,895	0.178295	0.178295	90.02
90.03 COUMADIN CLINIC	711	835,452	836,163	0.453017	0.453017	90.03
90.04 WOUND CLINIC	55,503	13,521,004	13,576,507	0.189283	0.189283	90.04
90.05 CARDIOVASCULAR IMAGING CENT	33,942	6,043,283	6,077,225	0.080440	0.080440	90.05
91 EMERGENCY	19,227,496	44,682,514	63,910,010	0.166857	0.166857	91
92 OBSERVATION BEDS		8,216,166	8,216,166	0.615605	0.615605	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		11,735,724	11,735,724			101
116 HOSPICE		2,297,135	2,297,135			116
200 SUBTOTAL (SEE INSTRUCTIONS)	962,740,748	693,977,669	1,656,718,417			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	962,740,748	693,977,669	1,656,718,417			202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK
 APPLICABLE
 BOXES

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

COST CENTER DESCRIPTION	CAP-REL COST	SWING-BED ADJUSTMENT	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26) 1	2	(COL.1 MINUS COL.2) 3	4	(COL.3 ÷ COL.4) 5	6	(COL.5 x COL.6) 7	
30 INPAT ROUTINE SERV COST CTRS								30
ADULTS & PEDIATRICS	6,492,220		6,492,220	81,083	80.07	42,943	3,438,446	31
31 INTENSIVE CARE UNIT	1,287,336		1,287,336	9,499	135.52	5,132	695,489	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	1,904,702		1,904,702	20,764	91.73	13,935	1,278,258	41
42 SUBPROVIDER I								42
43 NURSERY	113,201		113,201	6,524	17.35			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	9,797,459		9,797,459	117,870		62,010	5,412,193	200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK
 APPLICABLE
 BOXES

TITLE V
 TITLE XVIII-PT A
 TITLE XIX

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
30	INPAT ROUTINE SERV COST CTRS		395,900			395,900	30
31	ADULTS & PEDIATRICS		49,362			49,362	31
32	INTENSIVE CARE UNIT						32
33	CORONARY CARE UNIT						33
34	BURN INTENSIVE CARE UNIT						34
35	SURGICAL INTENSIVE CARE UNIT						35
40	OTHER SPECIAL CARE (SPECIFY)						40
41	SUBPROVIDER - IPF						41
42	SUBPROVIDER - IRF		107,900			107,900	42
43	SUBPROVIDER I						43
44	NURSERY						44
45	SKILLED NURSING FACILITY						45
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)		553,162			553,162	200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					30
30	ADULTS & PEDIATRICS	81,083	4.88	42,943	209,562	31
31	INTENSIVE CARE UNIT	9,499	5.20	5,132	26,686	32
32	CORONARY CARE UNIT					33
33	BURN INTENSIVE CARE UNIT					34
34	SURGICAL INTENSIVE CARE UNIT					35
35	OTHER SPECIAL CARE (SPECIFY)					40
40	SUBPROVIDER - IPF					41
41	SUBPROVIDER - IRF	20,764	5.20	13,935	72,462	42
42	SUBPROVIDER I					43
43	NURSERY	6,524				44
44	SKILLED NURSING FACILITY					45
45	NURSING FACILITY					200
200	TOTAL (SUM OF LINES 30-199)	117,870		62,010	308,710	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0258)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[] IRF	[] NF			
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
50.01	GAMMA KNIFE					50.01
50.02	ENDOSCOPY					50.02
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	ULTRASOUND					54.01
54.02	PET SCAN					54.02
54.03	RADIATION ONCOLOGY					54.03
54.04	MAMMOGRAPHY					54.04
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
66.01	REHAB OUTPATIENT					66.01
66.02	REHAB MED SURGICAL					66.02
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	NEUROMEG					70.01
70.02	SLEEP LAB					70.02
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	DAY REHAB					90.01
90.02	IMAGING CENTERS					90.02
90.03	COUMADIN CLINIC					90.03
90.04	WOUND CLINIC					90.04
90.05	CARDIOVASCULAR IMAGING CENTER					90.05
91	EMERGENCY					91
92	OBSERVATION BEDS			23,909	23,909	23,909
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)			23,909	23,909	23,909

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 (14-0258) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA							
		TOTAL CHARGES (FROM WKST C, PT. 1, 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				
	COST CENTER DESCRIPTION											
	ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	144,650,686			35,175,266		12,610,452	50				
50.01	GAMMA KNIFE	11,679,490			137,272		4,625,922	50.01				
50.02	ENDOSCOPY	42,565,942			5,704,784		10,841,127	50.02				
51	RECOVERY ROOM	23,089,156			5,876,389		2,208,401	51				
52	DELIVERY ROOM & LABOR ROOM	12,966,158			2,951		6,429	52				
53	ANESTHESIOLOGY	33,011,747			7,646,690		2,988,316	53				
54	RADIOLOGY-DIAGNOSTIC	33,545,064			9,298,098		4,792,058	54				
54.01	ULTRASOUND	25,588,285			5,503,010		3,166,033	54.01				
54.02	PET SCAN	6,555,962			32,426		3,216,738	54.02				
54.03	RADIATION ONCOLOGY	29,009,981			559,665		13,835,388	54.03				
54.04	MAMMOGRAPHY	10,797,960			11,914		815,219	54.04				
56	RADIOISOTOPE	18,692,316			5,470,063		4,027,851	56				
57	COMPUTED TOMOGRAPHY (CT) SCA	86,440,401			19,175,065		15,273,447	57				
58	MAGNETIC RESONANCE IMAGING (46,321,069			8,785,341		7,651,498	58				
59	CARDIAC CATHETERIZATION	89,124,553			41,032,767		8,511,634	59				
60	LABORATORY	245,500,130			62,314,933		4,062,267	60				
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30				
63	BLOOD STORING, PROCESSING &	11,492,975			4,887,854		391,016	63				
64	INTRAVENOUS THERAPY	3,989,545			1,567,426		46,811	64				
65	RESPIRATORY THERAPY	53,954,772			22,419,336		671,338	65				
66	PHYSICAL THERAPY	24,665,623						66				
66.01	REHAB OUTPATIENT	12,128,357					202	66.01				
66.02	REHAB MED SURGICAL	11,269,749			7,598,025			66.02				
69	ELECTROCARDIOLOGY	41,512,422			15,510,128		4,622,948	69				
70	ELECTROENCEPHALOGRAPHY	2,912,355			663,734		489,603	70				
70.01	NEUROMEG	972,582					68,974	70.01				
70.02	SLEEP LAB	5,648,699			12,457		1,353,586	70.02				
71	MEDICAL SUPPLIES CHRGD TO P	69,760,563			34,101,316		5,831,739	71				
72	IMPL. DEV. CHARGED TO PATIEN	45,275,063			19,646,858		3,393,182	72				
73	DRUGS CHARGED TO PATIENTS	145,497,506			55,672,324		11,988,387	73				
74	RENAL DIALYSIS	5,801,994			3,532,117		249,616	74				
76.97	CARDIAC REHABILITATION	1,415,344			64,404		654,426	76.97				
76.98	HYPERBARIC OXYGEN THERAPY							76.98				
76.99	LITHOTRIPSY	8,427						76.99				
	OUTPATIENT SERVICE COST CENTERS											
90	CLINIC	10,433,608			217,793		4,120,921	90				
90.01	DAY REHAB	4,884,908					18,684	90.01				
90.02	IMAGING CENTERS	17,989,895			136,783		5,455,425	90.02				
90.03	COUMADIN CLINIC	836,163					386,251	90.03				
90.04	WOUND CLINIC	13,576,507			52,337		7,507,234	90.04				
90.05	CARDIOVASCULAR IMAGING CENTE	6,077,225			30,094		3,104,883	90.05				
91	EMERGENCY	63,910,010			11,466,667		7,269,770	91				
92	OBSERVATION BEDS	8,216,166	0.002910	0.002910			1,765,594	5,138	92			
	OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	1,421,769,358			384,306,287		158,023,370	5,138	200			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T258)	[] 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			
50	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,139,875	144,650,686	0.014793	60,071	889	50	
50.01	GAMMA KNIFE	185,727	11,679,490	0.015902			50.01	
50.02	ENDOSCOPY	312,784	42,565,942	0.007348	31,125	229	50.02	
51	RECOVERY ROOM	248,713	23,089,156	0.010772	11,875	128	51	
52	DELIVERY ROOM & LABOR ROOM	728,072	12,966,158	0.056152			52	
53	ANESTHESIOLOGY	84,188	33,011,747	0.002550	14,539	37	53	
54	RADIOLOGY-DIAGNOSTIC	610,065	33,545,064	0.018186	297,073	5,403	54	
54.01	ULTRASOUND	225,204	25,588,285	0.008801	227,682	2,004	54.01	
54.02	PET SCAN	63,374	6,555,962	0.009667			54.02	
54.03	RADIATION ONCOLOGY	511,460	29,009,981	0.017630	71,119	1,254	54.03	
54.04	MAMMOGRAPHY	303,256	10,797,960	0.028085			54.04	
56	RADIOISOTOPE	247,372	18,692,316	0.013234	92,368	1,222	56	
57	COMPUTED TOMOGRAPHY (CT) SCAN	204,177	86,440,401	0.002362			57	
58	MAGNETIC RESONANCE IMAGING (M	276,676	46,321,069	0.005973	151,854	550	58	
59	CARDIAC CATHETERIZATION	865,627	89,124,553	0.009713	115,674	1,124	59	
60	LABORATORY	840,332	245,500,130	0.003423	5,047,320	17,277	60	
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30	
63	BLOOD STORING, PROCESSING & T	43,995	11,492,975	0.003828	89,519	343	63	
64	INTRAVENOUS THERAPY	43,063	3,989,545	0.010794	36,335	392	64	
65	RESPIRATORY THERAPY	168,336	53,954,772	0.003120	1,189,811	3,712	65	
66	PHYSICAL THERAPY	303,132	24,665,623	0.012290	16,494,245	202,714	66	
66.01	REHAB OUTPATIENT	232,521	12,128,357	0.019172			66.01	
66.02	REHAB MED SURGICAL	42,571	11,269,749	0.003777			66.02	
69	ELECTROCARDIOLOGY	149,755	41,512,422	0.003607	120,031	433	69	
70	ELECTROENCEPHALOGRAPHY	86,022	2,912,355	0.029537	9,056	267	70	
70.01	NEUROMEG	193,664	972,582	0.199124			70.01	
70.02	SLEEP LAB	257,115	5,648,699	0.045518			70.02	
71	MEDICAL SUPPLIES CHRGD TO PA	693,322	69,760,563	0.009939	66,567	662	71	
72	IMPL. DEV. CHARGED TO PATIENT	90,968	45,275,063	0.002009	12,988	26	72	
73	DRUGS CHARGED TO PATIENTS	306,174	145,497,506	0.002104	5,047,810	10,621	73	
74	RENAL DIALYSIS	40,459	5,801,994	0.006973	544,741	3,798	74	
76.97	CARDIAC REHABILITATION	141,893	1,415,344	0.100253	31	3	76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY	8	8,427	0.000949			76.99	
90	OUTPATIENT SERVICE COST CENTERS						90	
90	CLINIC	360,167	10,433,608	0.034520	1,234	43	90	
90.01	DAY REHAB	78,034	4,884,908	0.015975			90.01	
90.02	IMAGING CENTERS	196,633	17,989,895	0.010930	10,039	110	90.02	
90.03	COUMADIN CLINIC	20,755	836,163	0.024822			90.03	
90.04	WOUND CLINIC	216,041	13,576,507	0.015913			90.04	
90.05	CARDIOVASCULAR IMAGING CENTER	2,560	6,077,225	0.000421			90.05	
91	EMERGENCY	613,791	63,910,010	0.009604	7,681	74	91	
92	OBSERVATION BEDS	392,095	8,216,166	0.047722			92	
200	OTHER REIMBURSABLE COST CENTERS						200	
	TOTAL (SUM OF LINES 50-199)	12,519,976	1,421,769,358	1,421,769,358	29,983,752	254,222		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T258) [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						50
50 OPERATING ROOM						50.01
50.01 GAMMA KNIFE						50.02
50.02 ENDOSCOPY						51
51 RECOVERY ROOM						52
52 DELIVERY ROOM & LABOR ROOM						53
53 ANESTHESIOLOGY						54
54 RADIOLOGY-DIAGNOSTIC						54.01
54.01 ULTRASOUND						54.02
54.02 PET SCAN						54.03
54.03 RADIATION ONCOLOGY						54.04
54.04 MAMMOGRAPHY						56
56 RADIOISOTOPE						57
57 COMPUTED TOMOGRAPHY (CT) SCAN						58
58 MAGNETIC RESONANCE IMAGING (M						59
59 CARDIAC CATHETERIZATION						60
60 LABORATORY						62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIA						63
63 BLOOD STORING, PROCESSING & T						64
64 INTRAVENOUS THERAPY						65
65 RESPIRATORY THERAPY						66
66 PHYSICAL THERAPY						66.01
66.01 REHAB OUTPATIENT						66.02
66.02 REHAB MED SURGICAL						69
69 ELECTROCARDIOLOGY						70
70 ELECTROENCEPHALOGRAPHY						70.01
70.01 NEUROMEG						70.02
70.02 SLEEP LAB						71
71 MEDICAL SUPPLIES CHRGD TO PA						72
72 IMPL. DEV. CHARGED TO PATIENT						73
73 DRUGS CHARGED TO PATIENTS						74
74 RENAL DIALYSIS						76.97
76.97 CARDIAC REHABILITATION						76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						90
90 CLINIC						90.01
90.01 DAY REHAB						90.02
90.02 IMAGING CENTERS						90.03
90.03 COUMADIN CLINIC						90.04
90.04 WOUND CLINIC						90.05
90.05 CARDIOVASCULAR IMAGING CENTER						91
91 EMERGENCY						92
92 OBSERVATION BEDS						
OTHER REIMBURSABLE COST CENTERS						200
200 TOTAL (SUM OF LINES 50-199)						

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	[] HOSPITAL [] IPF [XX] IRF (14-T258)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA							
		TOTAL CHARGES (FROM WKST C, PT. 1, 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				
COST CENTER DESCRIPTION												
ANCILLARY SERVICE COST CENTERS												
50	OPERATING ROOM	144,650,686			60,071							50
50.01	GAMMA KNIFE	11,679,490										50.01
50.02	ENDOSCOPY	42,565,942			31,125							50.02
51	RECOVERY ROOM	23,089,156			11,875							51
52	DELIVERY ROOM & LABOR ROOM	12,966,158										52
53	ANESTHESIOLOGY	33,011,747			14,539							53
54	RADIOLOGY-DIAGNOSTIC	33,545,064			297,073		9,998					54
54.01	ULTRASOUND	25,588,285			227,682		8,311					54.01
54.02	PET SCAN	6,555,962										54.02
54.03	RADIATION ONCOLOGY	29,009,981			71,119							54.03
54.04	MAMMOGRAPHY	10,797,960										54.04
56	RADIOISOTOPE	18,692,316			92,368		3,498					56
57	COMPUTED TOMOGRAPHY (CT) SCA	86,440,401			232,964		8,367					57
58	MAGNETIC RESONANCE IMAGING (46,321,069			151,854							58
59	CARDIAC CATHETERIZATION	89,124,553			115,674		3,097					59
60	LABORATORY	245,500,130			5,047,320		2,813					60
62.30	BLOOD CLOTTING FOR HEMOPHILI											62.30
63	BLOOD STORING, PROCESSING &	11,492,975			89,519							63
64	INTRAVENOUS THERAPY	3,989,545			36,335							64
65	RESPIRATORY THERAPY	53,954,772			1,189,811							65
66	PHYSICAL THERAPY	24,665,623			16,494,245							66
66.01	REHAB OUTPATIENT	12,128,357										66.01
66.02	REHAB MED SURGICAL	11,269,749										66.02
69	ELECTROCARDIOLOGY	41,512,422			120,031		4,662					69
70	ELECTROENCEPHALOGRAPHY	2,912,355			9,056							70
70.01	NEUROMEG	972,582										70.01
70.02	SLEEP LAB	5,648,699										70.02
71	MEDICAL SUPPLIES CHRGD TO P	69,760,563			66,567							71
72	IMPL. DEV. CHARGED TO PATIEN	45,275,063			12,988							72
73	DRUGS CHARGED TO PATIENTS	145,497,506			5,047,810		42,611					73
74	RENAL DIALYSIS	5,801,994			544,741							74
76.97	CARDIAC REHABILITATION	1,415,344			31							76.97
76.98	HYPERBARIC OXYGEN THERAPY											76.98
76.99	LITHOTRIPSY	8,427										76.99
OUTPATIENT SERVICE COST CENTERS												
90	CLINIC	10,433,608			1,234							90
90.01	DAY REHAB	4,884,908										90.01
90.02	IMAGING CENTERS	17,989,895			10,039							90.02
90.03	COUMADIN CLINIC	836,163										90.03
90.04	WOUND CLINIC	13,576,507										90.04
90.05	CARDIOVASCULAR IMAGING CENTE	6,077,225										90.05
91	EMERGENCY	63,910,010			7,681							91
92	OBSERVATION BEDS	8,216,166										92
OTHER REIMBURSABLE COST CENTERS												
200	TOTAL (SUM OF LINES 50-199)	1,421,769,358			29,983,752		83,357					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T258) [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.161992							50
50.01 GAMMA KNIFE	0.236312							50.01
50.02 ENDOSCOPY	0.113341							50.02
51 RECOVERY ROOM	0.143408							51
52 DELIVERY ROOM & LABOR ROOM	0.503872							52
53 ANESTHESIOLOGY	0.062820							53
54 RADIOLOGY-DIAGNOSTIC	0.162881	9,998			1,628			54
54.01 ULTRASOUND	0.105353	8,311			876			54.01
54.02 PET SCAN	0.159935							54.02
54.03 RADIATION ONCOLOGY	0.119314							54.03
54.04 MAMMOGRAPHY	0.269717							54.04
56 RADIOISOTOPE	0.145979	3,498			511			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.050959	8,367			426			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068599							58
59 CARDIAC CATHETERIZATION	0.148350	3,097			459			59
60 LABORATORY	0.088923	2,813			250			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.348990							63
64 INTRAVENOUS THERAPY	0.806691							64
65 RESPIRATORY THERAPY	0.102512							65
66 PHYSICAL THERAPY	0.213452							66
66.01 REHAB OUTPATIENT	0.300223							66.01
66.02 REHAB MED SURGICAL	0.231009							66.02
69 ELECTROCARDIOLOGY	0.048884	4,662			228			69
70 ELECTROENCEPHALOGRAPHY	0.153364							70
70.01 NEUROMEG	0.769839							70.01
70.02 SLEEP LAB	0.256590							70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.336061							71
72 IMPL. DEV. CHARGED TO PATIENT	0.638522							72
73 DRUGS CHARGED TO PATIENTS	0.211838	42,611		2,479	9,027		525	73
74 RENAL DIALYSIS	0.261355							74
76.97 CARDIAC REHABILITATION	0.785623							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY	0.345912							76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.289117							90
90.01 DAY REHAB	0.276358							90.01
90.02 IMAGING CENTERS	0.178295							90.02
90.03 COUMADIN CLINIC	0.453017							90.03
90.04 WOUND CLINIC	0.189283							90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.080440							90.05
91 EMERGENCY	0.166857							91
92 OBSERVATION BEDS	0.615605							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		83,357		2,479	13,405		525	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		83,357		2,479	13,405		525	202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 10:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK
 APPLICABLE
 BOXES

[] TITLE V
 [] TITLE XVIII-PT A
 [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	6,492,220		6,492,220	81,083	80.07	9,108	729,278	30
31 INTENSIVE CARE UNIT	1,287,336		1,287,336	9,499	135.52	652	88,359	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	1,904,702		1,904,702	20,764	91.73	1,207	110,718	41
42 SUBPROVIDER I								42
43 NURSERY	113,201		113,201	6,524	17.35	3,162	54,861	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	9,797,459		9,797,459	117,870		14,129	983,216	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,139,875	144,650,686	0.014793		50
50.01 GAMMA KNIFE	185,727	11,679,490	0.015902		50.01
50.02 ENDOSCOPY	312,784	42,565,942	0.007348		50.02
51 RECOVERY ROOM	248,713	23,089,156	0.010772		51
52 DELIVERY ROOM & LABOR ROOM	728,072	12,966,158	0.056152		52
53 ANESTHESIOLOGY	84,188	33,011,747	0.002550		53
54 RADIOLOGY-DIAGNOSTIC	610,065	33,545,064	0.018186		54
54.01 ULTRASOUND	225,204	25,588,285	0.008801		54.01
54.02 PET SCAN	63,374	6,555,962	0.009667		54.02
54.03 RADIATION ONCOLOGY	511,460	29,009,981	0.017630		54.03
54.04 MAMMOGRAPHY	303,256	10,797,960	0.028085		54.04
56 RADIOISOTOPE	247,372	18,692,316	0.013234		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	204,177	86,440,401	0.002362		57
58 MAGNETIC RESONANCE IMAGING (M	276,676	46,321,069	0.005973		58
59 CARDIAC CATHETERIZATION	865,627	89,124,553	0.009713		59
60 LABORATORY	840,332	245,500,130	0.003423		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	43,995	11,492,975	0.003828		63
64 INTRAVENOUS THERAPY	43,063	3,989,545	0.010794		64
65 RESPIRATORY THERAPY	168,336	53,954,772	0.003120		65
66 PHYSICAL THERAPY	303,132	24,665,623	0.012290		66
66.01 REHAB OUTPATIENT	232,521	12,128,357	0.019172		66.01
66.02 REHAB MED SURGICAL	42,571	11,269,749	0.003777		66.02
69 ELECTROCARDIOLOGY	149,755	41,512,422	0.003607		69
70 ELECTROENCEPHALOGRAPHY	86,022	2,912,355	0.029537		70
70.01 NEUROMEG	193,664	972,582	0.199124		70.01
70.02 SLEEP LAB	257,115	5,648,699	0.045518		70.02
71 MEDICAL SUPPLIES CHRGD TO PA	693,322	69,760,563	0.009939		71
72 IMPL. DEV. CHARGED TO PATIENT	90,968	45,275,063	0.002009		72
73 DRUGS CHARGED TO PATIENTS	306,174	145,497,506	0.002104		73
74 RENAL DIALYSIS	40,459	5,801,994	0.006973		74
76.97 CARDIAC REHABILITATION	141,893	1,415,344	0.100253		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	8	8,427	0.000949		76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	360,167	10,433,608	0.034520		90
90.01 DAY REHAB	78,034	4,884,908	0.015975		90.01
90.02 IMAGING CENTERS	196,633	17,989,895	0.010930		90.02
90.03 COUMADIN CLINIC	20,755	836,163	0.024822		90.03
90.04 WOUND CLINIC	216,041	13,576,507	0.015913		90.04
90.05 CARDIOVASCULAR IMAGING CENTER	2,560	6,077,225	0.000421		90.05
91 EMERGENCY	613,791	63,910,010	0.009604		91
92 OBSERVATION BEDS	392,095	8,216,166	0.047722		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	12,519,976	1,421,769,358	1,421,769,358		200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET D
 PART III

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [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		395,900			395,900	30
30		ADULTS & PEDIATRICS		49,362			49,362	31
31		INTENSIVE CARE UNIT						32
32		CORONARY CARE UNIT						33
33		BURN INTENSIVE CARE UNIT						34
34		SURGICAL INTENSIVE CARE UNIT						35
35		OTHER SPECIAL CARE (SPECIFY)						40
40		SUBPROVIDER - IPF		107,900			107,900	41
41		SUBPROVIDER - IRF						42
42		SUBPROVIDER I						43
43		NURSERY						44
44		SKILLED NURSING FACILITY						45
45		NURSING FACILITY		553,162			553,162	200
200		TOTAL (SUM OF LINES 30-199)						

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	81,083	4.88	9,108	44,447	30
31	INTENSIVE CARE UNIT	9,499	5.20	652	3,390	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	20,764	5.20	1,207	6,276	41
42	SUBPROVIDER I					42
43	NURSERY	6,524		3,162		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	117,870		14,129	54,113	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0258)	[] SUB (OTHER)	[] ICF/MR	[] PFS	
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
50	ANCILLARY SERVICE COST CENTERS					50
50	OPERATING ROOM					50.01
50.01	GAMMA KNIFE					50.02
50.02	ENDOSCOPY					51
51	RECOVERY ROOM					52
52	DELIVERY ROOM & LABOR ROOM					53
53	ANESTHESIOLOGY					54
54	RADIOLOGY-DIAGNOSTIC					54.01
54.01	ULTRASOUND					54.02
54.02	PET SCAN					54.03
54.03	RADIATION ONCOLOGY					54.04
54.04	MAMMOGRAPHY					56
56	RADIOISOTOPE					57
57	COMPUTED TOMOGRAPHY (CT) SCAN					58
58	MAGNETIC RESONANCE IMAGING (M					59
59	CARDIAC CATHETERIZATION					60
60	LABORATORY					62.30
62.30	BLOOD CLOTTING FOR HEMOPHILIA					63
63	BLOOD STORING, PROCESSING & T					64
64	INTRAVENOUS THERAPY					65
65	RESPIRATORY THERAPY					66
66	PHYSICAL THERAPY					66.01
66.01	REHAB OUTPATIENT					66.02
66.02	REHAB MED SURGICAL					69
69	ELECTROCARDIOLOGY					70
70	ELECTROENCEPHALOGRAPHY					70.01
70.01	NEUROMEG					70.02
70.02	SLEEP LAB					71
71	MEDICAL SUPPLIES CHRGD TO PA					72
72	IMPL. DEV. CHARGED TO PATIENT					73
73	DRUGS CHARGED TO PATIENTS					74
74	RENAL DIALYSIS					76.97
76.97	CARDIAC REHABILITATION					76.98
76.98	HYPERBARIC OXYGEN THERAPY					76.99
76.99	LITHOTRIPSY					90
90	OUTPATIENT SERVICE COST CENTERS					90.01
90.01	CLINIC					90.02
90.02	DAY REHAB					90.03
90.03	IMAGING CENTERS					90.04
90.04	COUMADIN CLINIC					90.05
90.05	WOUND CLINIC					91
91	CARDIOVASCULAR IMAGING CENTER					92
92	EMERGENCY					
	OBSERVATION BEDS					
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

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 (14-0258) [] 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						144,650,686						50
50.01						11,679,490						50.01
50.02						42,565,942						50.02
51						23,089,156						51
52						12,966,158						52
53						33,011,747						53
54						33,545,064						54
54.01						25,588,285						54.01
54.02						6,555,962						54.02
54.03						29,009,981						54.03
54.04						10,797,960						54.04
56						18,692,316						56
57						86,440,401						57
58						46,321,069						58
59						89,124,553						59
60						245,500,130						60
62.30												62.30
63						11,492,975						63
64						3,989,545						64
65						53,954,772						65
66						24,665,623						66
66.01						12,128,357						66.01
66.02						11,269,749						66.02
69						41,512,422						69
70						2,912,355						70
70.01						972,582						70.01
70.02						5,648,699						70.02
71						69,760,563						71
72						45,275,063						72
73						145,497,506						73
74						5,801,994						74
76.97						1,415,344						76.97
76.98												76.98
76.99						8,427						76.99
OUTPATIENT SERVICE COST CENTERS												
90						10,433,608						90
90.01						4,884,908						90.01
90.02						17,989,895						90.02
90.03						836,163						90.03
90.04						13,576,507						90.04
90.05						6,077,225						90.05
91						63,910,010						91
92						8,216,166						92
OTHER REIMBURSABLE COST CENTERS												
200						1,421,769,358						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] 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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES			PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.161992						50
50.01 GAMMA KNIFE	0.236312						50.01
50.02 ENDOSCOPY	0.113341						50.02
51 RECOVERY ROOM	0.143408						51
52 DELIVERY ROOM & LABOR ROOM	0.503872						52
53 ANESTHESIOLOGY	0.062820						53
54 RADIOLOGY-DIAGNOSTIC	0.162881						54
54.01 ULTRASOUND	0.105353						54.01
54.02 PET SCAN	0.159935						54.02
54.03 RADIATION ONCOLOGY	0.119314						54.03
54.04 MAMMOGRAPHY	0.269717						54.04
56 RADIOISOTOPE	0.145979						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.050959						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068599						58
59 CARDIAC CATHETERIZATION	0.148350						59
60 LABORATORY	0.088923						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.348990						63
64 INTRAVENOUS THERAPY	0.806691						64
65 RESPIRATORY THERAPY	0.102512						65
66 PHYSICAL THERAPY	0.213452						66
66.01 REHAB OUTPATIENT	0.300223						66.01
66.02 REHAB MED SURGICAL	0.231009						66.02
69 ELECTROCARDIOLOGY	0.048884						69
70 ELECTROENCEPHALOGRAPHY	0.153364						70
70.01 NEUROMEG	0.769839						70.01
70.02 SLEEP LAB	0.256590						70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.336061						71
72 IMPL. DEV. CHARGED TO PATIENT	0.638522						72
73 DRUGS CHARGED TO PATIENTS	0.211838						73
74 RENAL DIALYSIS	0.261355						74
76.97 CARDIAC REHABILITATION	0.785623						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	0.345912						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.289117						90
90.01 DAY REHAB	0.276358						90.01
90.02 IMAGING CENTERS	0.178295						90.02
90.03 COUMADIN CLINIC	0.453017						90.03
90.04 WOUND CLINIC	0.189283						90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.080440						90.05
91 EMERGENCY	0.166857						91
92 OBSERVATION BEDS	0.615605						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T258) [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,139,875	144,650,686	0.014793		50
50.01 GAMMA KNIFE	185,727	11,679,490	0.015902		50.01
50.02 ENDOSCOPY	312,784	42,565,942	0.007348		50.02
51 RECOVERY ROOM	248,713	23,089,156	0.010772		51
52 DELIVERY ROOM & LABOR ROOM	728,072	12,966,158	0.056152		52
53 ANESTHESIOLOGY	84,188	33,011,747	0.002550		53
54 RADIOLOGY-DIAGNOSTIC	610,065	33,545,064	0.018186		54
54.01 ULTRASOUND	225,204	25,588,285	0.008801		54.01
54.02 PET SCAN	63,374	6,555,962	0.009667		54.02
54.03 RADIATION ONCOLOGY	511,460	29,009,981	0.017630		54.03
54.04 MAMMOGRAPHY	303,256	10,797,960	0.028085		54.04
56 RADIOISOTOPE	247,372	18,692,316	0.013234		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	204,177	86,440,401	0.002362		57
58 MAGNETIC RESONANCE IMAGING (M	276,676	46,321,069	0.005973		58
59 CARDIAC CATHETERIZATION	865,627	89,124,553	0.009713		59
60 LABORATORY	840,332	245,500,130	0.003423		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	43,995	11,492,975	0.003828		63
64 INTRAVENOUS THERAPY	43,063	3,989,545	0.010794		64
65 RESPIRATORY THERAPY	168,336	53,954,772	0.003120		65
66 PHYSICAL THERAPY	303,132	24,665,623	0.012290		66
66.01 REHAB OUTPATIENT	232,521	12,128,357	0.019172		66.01
66.02 REHAB MED SURGICAL	42,571	11,269,749	0.003777		66.02
69 ELECTROCARDIOLOGY	149,755	41,512,422	0.003607		69
70 ELECTROENCEPHALOGRAPHY	86,022	2,912,355	0.029537		70
70.01 NEUROMEG	193,664	972,582	0.199124		70.01
70.02 SLEEP LAB	257,115	5,648,699	0.045518		70.02
71 MEDICAL SUPPLIES CHRGD TO PA	693,322	69,760,563	0.009939		71
72 IMPL. DEV. CHARGED TO PATIENT	90,968	45,275,063	0.002009		72
73 DRUGS CHARGED TO PATIENTS	306,174	145,497,506	0.002104		73
74 RENAL DIALYSIS	40,459	5,801,994	0.006973		74
76.97 CARDIAC REHABILITATION	141,893	1,415,344	0.100253		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	8	8,427	0.000949		76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	360,167	10,433,608	0.034520		90
90.01 DAY REHAB	78,034	4,884,908	0.015975		90.01
90.02 IMAGING CENTERS	196,633	17,989,895	0.010930		90.02
90.03 COUMADIN CLINIC	20,755	836,163	0.024822		90.03
90.04 WOUND CLINIC	216,041	13,576,507	0.015913		90.04
90.05 CARDIOVASCULAR IMAGING CENTER	2,560	6,077,225	0.000421		90.05
91 EMERGENCY	613,791	63,910,010	0.009604		91
92 OBSERVATION BEDS	392,095	8,216,166	0.047722		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	12,519,976	1,421,769,358	1,421,769,358		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF (14-T258) NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN				ANESTHETIST	MEDICAL
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GAMMA KNIFE						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 PET SCAN						54.02
54.03 RADIATION ONCOLOGY						54.03
54.04 MAMMOGRAPHY						54.04
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
66.02 REHAB MED SURGICAL						66.02
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB						70.02
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 DAY REHAB						90.01
90.02 IMAGING CENTERS						90.02
90.03 COUMADIN CLINIC						90.03
90.04 WOUND CLINIC						90.04
90.05 CARDIOVASCULAR IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T258)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 - COL. 7)	INPAT PGM CHARGES 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						144,650,686						50
50.01						11,679,490						50.01
50.02						42,565,942						50.02
51						23,089,156						51
52						12,966,158						52
53						33,011,747						53
54						33,545,064						54
54.01						25,588,285						54.01
54.02						6,555,962						54.02
54.03						29,009,981						54.03
54.04						10,797,960						54.04
56						18,692,316						56
57						86,440,401						57
58						46,321,069						58
59						89,124,553						59
60						245,500,130						60
62.30												62.30
63						11,492,975						63
64						3,989,545						64
65						53,954,772						65
66						24,665,623						66
66.01						12,128,357						66.01
66.02						11,269,749						66.02
69						41,512,422						69
70						2,912,355						70
70.01						972,582						70.01
70.02						5,648,699						70.02
71						69,760,563						71
72						45,275,063						72
73						145,497,506						73
74						5,801,994						74
76.97						1,415,344						76.97
76.98												76.98
76.99						8,427						76.99
OUTPATIENT SERVICE COST CENTERS												
90						10,433,608						90
90.01						4,884,908						90.01
90.02						17,989,895						90.02
90.03						836,163						90.03
90.04						13,576,507						90.04
90.05						6,077,225						90.05
91						63,910,010						91
92						8,216,166						92
OTHER REIMBURSABLE COST CENTERS												
200						1,421,769,358						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T258) [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES		PROGRAM COSTS			
		PPS REIMBURSED SERVICES	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	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.161992						50
50.01 GAMMA KNIFE	0.236312						50.01
50.02 ENDOSCOPY	0.113341						50.02
51 RECOVERY ROOM	0.143408						51
52 DELIVERY ROOM & LABOR ROOM	0.503872						52
53 ANESTHESIOLOGY	0.062820						53
54 RADIOLOGY-DIAGNOSTIC	0.162881						54
54.01 ULTRASOUND	0.105353						54.01
54.02 PET SCAN	0.159935						54.02
54.03 RADIATION ONCOLOGY	0.119314						54.03
54.04 MAMMOGRAPHY	0.269717						54.04
56 RADIOISOTOPE	0.145979						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.050959						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068599						58
59 CARDIAC CATHETERIZATION	0.148350						59
60 LABORATORY	0.088923						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.348990						63
64 INTRAVENOUS THERAPY	0.806691						64
65 RESPIRATORY THERAPY	0.102512						65
66 PHYSICAL THERAPY	0.213452						66
66.01 REHAB OUTPATIENT	0.300223						66.01
66.02 REHAB MED SURGICAL	0.231009						66.02
69 ELECTROCARDIOLOGY	0.048884						69
70 ELECTROENCEPHALOGRAPHY	0.153364						70
70.01 NEUROMEG	0.769839						70.01
70.02 SLEEP LAB	0.256590						70.02
71 MEDICAL SUPPLIES CHRGED TO PATI	0.336061						71
72 IMPL. DEV. CHARGED TO PATIENT	0.638522						72
73 DRUGS CHARGED TO PATIENTS	0.211838						73
74 RENAL DIALYSIS	0.261355						74
76.97 CARDIAC REHABILITATION	0.785623						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	0.345912						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.289117						90
90.01 DAY REHAB	0.276358						90.01
90.02 IMAGING CENTERS	0.178295						90.02
90.03 COUMADIN CLINIC	0.453017						90.03
90.04 WOUND CLINIC	0.189283						90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.080440						90.05
91 EMERGENCY	0.166857						91
92 OBSERVATION BEDS	0.615605						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0258)	[]	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										81,083	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)										81,083	2
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)											3
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)										81,083	4
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)											5
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD											6
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)											7
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD											8
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)										42,943	9
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)											10
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)											11
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)											12
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											13
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)											14
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)											15
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)											16
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)											17
SWING-BED ADJUSTMENT												18
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD											19
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD											20
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD											21
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD										83,747,674	22
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)											23
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)											24
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)											25
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)											26
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)											27
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)										83,747,674	28
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST											29
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT												30
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)											31
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)											32
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)											33
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)											34
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)											35
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)											36
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)											37
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)											38
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)										83,747,674	39
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)											40

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0258) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX-INPT [] IRF

[XX] PPS
 [] TEFRA
 [] 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) 1,032.86 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 44,354,107 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) 44,354,107 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	18,302,012	9,499	1,926.73	5,132	9,887,978	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)					70,550,079	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					124,792,164	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					4,370,183	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					2,514,473	51
52 TOTAL PROGRAM EXCLUDABLE COST					6,884,656	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					117,907,508	53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,897 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,032.86 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,057,915 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	6,492,220	83,747,674	0.077521	5,057,915	392,095	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	395,900	83,747,674	0.004727	5,057,915	23,909	92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T258)	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS									
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	20,764	1						
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,764	2						
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3						
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,764	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)	13,935	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)	25,968,698	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	25,968,698	27						
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT									
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28						
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29						
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30						
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31						
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 31)		32						
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31)		33						
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34						
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35						
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36						
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	25,968,698	37						

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T258)

[XX] PPS
 [] TEFRA
 [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	1,250.66	38
	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	17,427,947	39
38	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	40	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)		
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	17,427,947	41
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	5,554,806	48
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	22,982,753	49
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)		
	PASS-THROUGH COST ADJUSTMENTS	1,350,720	50
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	254,222	51
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	1,604,942	52
52	TOTAL PROGRAM EXCLUDABLE COST	21,377,811	53
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		
	TARGET AMOUNT AND LIMIT COMPUTATION		54
54	PROGRAM DISCHARGES		55
55	TARGET AMOUNT PER DISCHARGE		56
56	TARGET AMOUNT (LINE 54 x LINE 55)		57
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		58
58	BONUS PAYMENT (SEE INSTRUCTIONS)		59
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		60
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		61
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		62
62	RELIEF PAYMENT (SEE INSTRUCTIONS)		63
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		
	PROGRAM INPATIENT ROUTINE SWING BED COST		64
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		65
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		66
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		67
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		68
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		69
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0258) [] 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		81,083	1
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	81,083	2
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)		3
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	81,083	4
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		5
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		6
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)		7
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		8
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)	9,108	9
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		10
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)		11
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)		12
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		13
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)		14
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	6,524	15
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,162	16
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		
SWING-BED ADJUSTMENT			17
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		18
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		19
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		20
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	83,747,674	21
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)		22
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		23
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		24
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		25
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		26
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	83,747,674	27
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST		
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			28
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		29
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		31
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		32
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		33
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		34
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		35
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		36
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	83,747,674	37
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)		

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0258) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX-INPT [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
39	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)					1,032.86 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)					9,407,289 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)					9,407,289 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)	2,613,562	6,524	400.61	3,162 1,266,729 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	18,302,012	9,499	1,926.73	652 1,256,228 43
44	CORONARY CARE UNIT				44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	OTHER SPECIAL CARE (SPECIFY)				47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)				48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)				11,930,246 49

50	PASS-THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					920,335 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					920,335 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					53

54	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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					4,897 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

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T258) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		20,764	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)		20,764	2
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)			3
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		20,764	4
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)			5
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD			6
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)			7
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD			8
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)			9
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,207		10
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)			11
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)			12
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			13
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)			14
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)			15
15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)			16
16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)			
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)	25,968,698		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	25,968,698		27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)			28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)			29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)			30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)			31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)			32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)			33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)			34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)			35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)			36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	25,968,698		37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]		[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T258)			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							
	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)						1,250.66	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)						1,509,547	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)						1,509,547	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)							48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)						1,509,547	49
PASS-THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)						116,994	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						116,994	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)							53
TARGET AMOUNT AND LIMIT COMPUTATION								
54	PROGRAM DISCHARGES							54
55	TARGET AMOUNT PER DISCHARGE							55
56	TARGET AMOUNT (LINE 54 x LINE 55)							56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT							57
58	BONUS PAYMENT (SEE INSTRUCTIONS)							58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET							59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET							60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E							61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)							62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)							63
PROGRAM INPATIENT ROUTINE SWING BED COST								
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)							64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)							65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)							66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)							67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)							68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)							69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK TITLE V HOSPITAL (14-0258) SUB (OTHER) S/B SNF PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF S/B NF TEFRA
 BOXES TITLE XIX IRF NF ICF/MR OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		84,500,455		30
31 INTENSIVE CARE UNIT		17,541,670		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.161992	35,175,266	5,698,112	50
50.01 GAMMA KNIFE	0.236312	137,272	32,439	50.01
50.02 ENDOSCOPY	0.113341	5,704,784	646,586	50.02
51 RECOVERY ROOM	0.143408	5,876,389	842,721	51
52 DELIVERY ROOM & LABOR ROOM	0.503872	2,951	1,487	52
53 ANESTHESIOLOGY	0.062820	7,646,690	480,365	53
54 RADIOLOGY-DIAGNOSTIC	0.162881	9,298,098	1,514,484	54
54.01 ULTRASOUND	0.105353	5,503,010	579,759	54.01
54.02 PET SCAN	0.159935	32,426	5,186	54.02
54.03 RADIATION ONCOLOGY	0.119314	559,665	66,776	54.03
54.04 MAMMOGRAPHY	0.269717	11,914	3,213	54.04
56 RADIOISOTOPE	0.145979	5,470,063	798,514	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.050959	19,175,065	977,142	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068599	8,785,341	602,666	58
59 CARDIAC CATHETERIZATION	0.148350	41,032,767	6,087,211	59
60 LABORATORY	0.088923	62,314,933	5,541,231	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.348990	4,887,854	1,705,812	63
64 INTRAVENOUS THERAPY	0.806691	1,567,426	1,264,428	64
65 RESPIRATORY THERAPY	0.102512	22,419,336	2,298,251	65
66 PHYSICAL THERAPY	0.213452			66
66.01 REHAB OUTPATIENT	0.300223			66.01
66.02 REHAB MED SURGICAL	0.231009	7,598,025	1,755,212	66.02
69 ELECTROCARDIOLOGY	0.048884	15,510,128	758,197	69
70 ELECTROENCEPHALOGRAPHY	0.153364	663,734	101,793	70
70.01 NEUROMEG	0.769839			70.01
70.02 SLEEP LAB	0.256590	12,457	3,196	70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.336061	34,101,316	11,460,122	71
72 IMPL. DEV. CHARGED TO PATIENT	0.638522	19,646,858	12,544,951	72
73 DRUGS CHARGED TO PATIENTS	0.211838	55,672,324	11,793,514	73
74 RENAL DIALYSIS	0.261355	3,532,117	923,136	74
76.97 CARDIAC REHABILITATION	0.785623	64,404	50,597	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.345912			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.289117	217,793	62,968	90
90.01 DAY REHAB	0.276358			90.01
90.02 IMAGING CENTERS	0.178295	136,783	24,388	90.02
90.03 COUMADIN CLINIC	0.453017			90.03
90.04 WOUND CLINIC	0.189283	52,337	9,907	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.080440	30,094	2,421	90.05
91 EMERGENCY	0.166857	11,466,667	1,913,294	91
92 OBSERVATION BEDS	0.615605			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		384,306,287	70,550,079	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		384,306,287		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T258)	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		23,496,786		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.161992	60,071	9,731	50
50.01 GAMMA KNIFE	0.236312			50.01
50.02 ENDOSCOPY	0.113341	31,125	3,528	50.02
51 RECOVERY ROOM	0.143408	11,875	1,703	51
52 DELIVERY ROOM & LABOR ROOM	0.503872			52
53 ANESTHESIOLOGY	0.062820	14,539	913	53
54 RADIOLOGY-DIAGNOSTIC	0.162881	297,073	48,388	54
54.01 ULTRASOUND	0.105353	227,682	23,987	54.01
54.02 PET SCAN	0.159935			54.02
54.03 RADIATION ONCOLOGY	0.119314	71,119	8,485	54.03
54.04 MAMMOGRAPHY	0.269717			54.04
56 RADIOISOTOPE	0.145979	92,368	13,484	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.050959	232,964	11,872	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068599	151,854	10,417	58
59 CARDIAC CATHETERIZATION	0.148350	115,674	17,160	59
60 LABORATORY	0.088923	5,047,320	448,823	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.348990	89,519	31,241	63
64 INTRAVENOUS THERAPY	0.806691	36,335	29,311	64
65 RESPIRATORY THERAPY	0.102512	1,189,811	121,970	65
66 PHYSICAL THERAPY	0.213452	16,494,245	3,520,730	66
66.01 REHAB OUTPATIENT	0.300223			66.01
66.02 REHAB MED SURGICAL	0.231009			66.02
69 ELECTROCARDIOLOGY	0.048884	120,031	5,868	69
70 ELECTROENCEPHALOGRAPHY	0.153364	9,056	1,389	70
70.01 NEUROMEG	0.769839			70.01
70.02 SLEEP LAB	0.256590			70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.336061	66,567	22,371	71
72 IMPL. DEV. CHARGED TO PATIENT	0.638522	12,988	8,293	72
73 DRUGS CHARGED TO PATIENTS	0.211838	5,047,810	1,069,318	73
74 RENAL DIALYSIS	0.261355	544,741	142,371	74
76.97 CARDIAC REHABILITATION	0.785623	31	24	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.345912			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.289117	1,234	357	90
90.01 DAY REHAB	0.276358			90.01
90.02 IMAGING CENTERS	0.178295	10,039	1,790	90.02
90.03 COUMADIN CLINIC	0.453017			90.03
90.04 WOUND CLINIC	0.189283			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.080440			90.05
91 EMERGENCY	0.166857	7,681	1,282	91
92 OBSERVATION BEDS	0.615605			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		29,983,752	5,554,806	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		29,983,752		202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET D-3

INPATIENT ANCILLARY COST APPORTIONMENT

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.161992				50
50.01 GAMMA KNIFE	0.236312				50.01
50.02 ENDOSCOPY	0.113341				50.02
51 RECOVERY ROOM	0.143408				51
52 DELIVERY ROOM & LABOR ROOM	0.503872				52
53 ANESTHESIOLOGY	0.062820				53
54 RADIOLOGY-DIAGNOSTIC	0.162881				54
54.01 ULTRASOUND	0.105353				54.01
54.02 PET SCAN	0.159935				54.02
54.03 RADIATION ONCOLOGY	0.119314				54.03
54.04 MAMMOGRAPHY	0.269717				54.04
56 RADIOISOTOPE	0.145979				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.050959				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068599				58
59 CARDIAC CATHETERIZATION	0.148350				59
60 LABORATORY	0.088923				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0.348990				62.30
63 BLOOD STORING, PROCESSING & TRA	0.806691				63
64 INTRAVENOUS THERAPY	0.102512				64
65 RESPIRATORY THERAPY	0.213452				65
66 PHYSICAL THERAPY	0.300223				66
66.01 REHAB OUTPATIENT	0.231009				66.01
66.02 REHAB MED SURGICAL	0.048884				66.02
69 ELECTROCARDIOLOGY	0.153364				69
70 ELECTROENCEPHALOGRAPHY	0.769839				70
70.01 NEUROMEG	0.256590				70.01
70.02 SLEEP LAB	0.336061				70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	0.638522				71
72 IMPL. DEV. CHARGED TO PATIENT	0.211838				72
73 DRUGS CHARGED TO PATIENTS	0.261355				73
74 RENAL DIALYSIS	0.785623				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	0.345912				76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.289117				90
90.01 DAY REHAB	0.276358				90.01
90.02 IMAGING CENTERS	0.178295				90.02
90.03 COUMADIN CLINIC	0.453017				90.03
90.04 WOUND CLINIC	0.189283				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.080440				90.05
91 EMERGENCY	0.166857				91
92 OBSERVATION BEDS	0.615605				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

INPATIENT ANCILLARY COST APPORTIONMENT

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T258)	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			3	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.161992			50
50.01 GAMMA KNIFE	0.236312			50.01
50.02 ENDOSCOPY	0.113341			50.02
51 RECOVERY ROOM	0.143408			51
52 DELIVERY ROOM & LABOR ROOM	0.503872			52
53 ANESTHESIOLOGY	0.062820			53
54 RADIOLOGY-DIAGNOSTIC	0.162881			54
54.01 ULTRASOUND	0.105353			54.01
54.02 PET SCAN	0.159935			54.02
54.03 RADIATION ONCOLOGY	0.119314			54.03
54.04 MAMMOGRAPHY	0.269717			54.04
56 RADIOISOTOPE	0.145979			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.050959			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.068599			58
59 CARDIAC CATHETERIZATION	0.148350			59
60 LABORATORY	0.088923			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.348990			63
64 INTRAVENOUS THERAPY	0.806691			64
65 RESPIRATORY THERAPY	0.102512			65
66 PHYSICAL THERAPY	0.213452			66
66.01 REHAB OUTPATIENT	0.300223			66.01
66.02 REHAB MED SURGICAL	0.231009			66.02
69 ELECTROCARDIOLOGY	0.048884			69
70 ELECTROENCEPHALOGRAPHY	0.153364			70
70.01 NEUROMEG	0.769839			70.01
70.02 SLEEP LAB	0.256590			70.02
71 MEDICAL SUPPLIES CHRGED TO PATI	0.336061			71
72 IMPL. DEV. CHARGED TO PATIENT	0.638522			72
73 DRUGS CHARGED TO PATIENTS	0.211838			73
74 RENAL DIALYSIS	0.261355			74
76.97 CARDIAC REHABILITATION	0.785623			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.345912			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.289117			90
90.01 DAY REHAB	0.276358			90.01
90.02 IMAGING CENTERS	0.178295			90.02
90.03 COUMADIN CLINIC	0.453017			90.03
90.04 WOUND CLINIC	0.189283			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.080440			90.05
91 EMERGENCY	0.166857			91
92 OBSERVATION BEDS	0.615605			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0258)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	80,790,818	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	5,389,287	2
3	MANAGED CARE SIMULATED PAYMENTS	3,585,764	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	321.58	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR 412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR 412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.75(b), 413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
23	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
30	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0205	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1451	31
32	SUM OF LINES 30 AND 31	0.1656	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0351	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,835,758	34
40	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES 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)	89,015,863	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)	89,015,863	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,936,835	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

WORKSHEET E
PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

CHECK [XX] HOSPITAL (14-0258)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	236,248	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	96,188,946	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	753,607	59
60	PRIMARY PAYER PAYMENTS	95,435,339	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	6,818,188	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	548,230	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,051,916	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	736,341	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	729,260	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	88,805,262	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)		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)	88,805,262	70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	86,725,854	71
72	INTERIM PAYMENTS		72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	2,079,408	73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)		74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
	TO BE COMPLETED BY CONTRACTOR		90
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET E, 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

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET E
 PART B

CALCULATION OF REIMBURSEMENT SETTLEMENT

CHECK APPLICABLE BOX: HOSPITAL IPF
 SUB (OTHER) SNF [XX] IRF (14-T258)

PART B - MEDICAL AND OTHER HEALTH SERVICES

		525	1
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	13,405	2
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	7,718	3
3	PPS PAYMENTS		4
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		5
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		6
6	LINE 2 TIMES LINE 5		7
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		8
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		9
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		10
10	ORGAN ACQUISITION	525	11
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES	2,479	12
12	ANCILLARY SERVICE CHARGES		13
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)	2,479	14
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		
	CUSTOMARY CHARGES		15
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		16
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	1.000000	17
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	2,479	18
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,954	19
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		20
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))	525	21
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		22
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		23
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 \$2148)	7,718	24
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		25
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,859	26
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	6,384	27
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)		28
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		29
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)	6,384	30
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		31
31	PRIMARY PAYER PAYMENTS	6,384	32
32	SUBTOTAL (LINE 30 MINUS LINE 31)		
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		33
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		34
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		35
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		36
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	6,384	37
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		38
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		39
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	6,384	40
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	6,325	41
41	INTERIM PAYMENTS		42
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	59	43
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		44
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
	TO BE COMPLETED BY CONTRACTOR		90
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		91
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		93
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
94	TOTAL (SUM OF LINES 91 AND 93)		

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET E-1
 PART I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

CHECK APPLICABLE BOX:	[XX] HOSPITAL (14-0258) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] SWING BED SNF	INPATIENT PART A		PART B		
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			85,837,284		20,214,681	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			888,570		532,930	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						
		.01		NONE		NONE	3.01
		.02					3.02
		PROGRAM .03					3.03
		TO .04					3.04
		PROVIDER .05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.50		NONE		NONE	3.50
		.51					3.51
		PROVIDER .52					3.52
		TO .53					3.53
		PROGRAM .54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
		.99					3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)			86,725,854		20,747,611	4
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)						
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 TO .01					6.01
		PROVIDER TO .02					6.02
		PROGRAM					7
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						
8	NAME OF CONTRACTOR:						
					CONTRACTOR NUMBER:		DATE:

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
05/30/2012 18:08

WORKSHEET E-1
PART II

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CHECK [XX] HOSPITAL (14-0258) [] CAH
APPLICABLE BOX

1	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION	18,636	1
2	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	48,075	2
3	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	2,296	3
4	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	85,685	4
5	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	1,656,718,417	5
6	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	34,909,789	6
7	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20		7
8	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		8
	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		30
30	INITIAL/INTERIM HIT PAYMENT(S)		31
31	OTHER ADJUSTMENTS (SPECIFY)		32
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T258)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	16,627,267	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.007400	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	494,029	3
4	OUTLIER PAYMENTS	1,886,228	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	56.887671	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	19,007,524	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)	19,007,524	16
17	SUBTOTAL (SEE INSTRUCTIONS)	94,974	17
18	PRIMARY PAYER PAYMENTS	18,912,550	18
19	SUBTOTAL LINE 17b LESS LINE 18)	44,020	19
20	DEDUCTIBLES	18,868,530	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	256,804	21
22	COINSURANCE	18,611,726	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)		23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	18,611,726	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)	72,462	28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	18,684,188	31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	18,477,314	32
33	INTERIM PAYMENTS		33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	206,874	34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)		35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL (14-0258) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	11,930,246 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	11,930,246 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	11,930,246 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))	11,930,246 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T258) [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,509,547 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,509,547 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,509,547 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,509,547 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				1
	CASH ON HAND AND IN BANKS	35,389,000			2
2	TEMPORARY INVESTMENTS				3
3	NOTES RECEIVABLE				4
4	ACCOUNTS RECEIVABLE	56,306,000			5
5	OTHER RECEIVABLES	1,123,000			6
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				7
7	INVENTORY	8,484,000			8
8	PREPAID EXPENSES	1,568,000			9
9	OTHER CURRENT ASSETS				10
10	DUE FROM OTHER FUNDS				11
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	102,870,000			
	FIXED ASSETS				12
12	LAND	1,405,000			13
13	LAND IMPROVEMENTS	2,266,000			14
14	ACCUMULATED DEPRECIATION	-2,263,000			15
15	BUILDINGS	307,651,000			16
16	ACCUMULATED DEPRECIATION	-121,376,000			17
17	LEASEHOLD IMPROVEMENTS				18
18	ACCUMULATED AMORTIZATION				19
19	FIXED EQUIPMENT	41,766,000			20
20	ACCUMULATED DEPRECIATION	-35,642,000			21
21	AUTOMOBILES AND TRUCKS	438,000			22
22	ACCUMULATED DEPRECIATION	-294,000			23
23	MAJOR MOVABLE EQUIPMENT	128,978,000			24
24	ACCUMULATED DEPRECIATION	-106,131,000			25
25	MINOR EQUIPMENT DEPRECIABLE				26
26	ACCUMULATED DEPRECIATION				27
27	HIT DESIGNATED ASSETS				28
28	ACCUMULATED DEPRECIATION				29
29	MINOR EQUIPMENT-NONDEPRECIABLE	13,487,000			30
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	230,285,000			
	OTHER ASSETS				31
31	INVESTMENTS	33,000,000			32
32	DEPOSITS ON LEASES				33
33	DUE FROM OWNERS/OFFICERS				34
34	OTHER ASSETS	10,203,000			35
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	43,203,000			
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	376,358,000			36
	LIABILITIES AND FUND BALANCES				
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				37
37	ACCOUNTS PAYABLE	4,258,000			38
38	SALARIES, WAGES & FEES PAYABLE				39
39	PAYROLL TAXES PAYABLE				40
40	NOTES & LOANS PAYABLE (SHORT TERM)				41
41	DEFERRED INCOME	45,765,000			42
42	ACCELERATED PAYMENTS				43
43	DUE TO OTHER FUNDS				44
44	OTHER CURRENT LIABILITIES	19,755,000			45
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	69,778,000			
	LONG-TERM LIABILITIES				46
46	MORTGAGE PAYABLE				47
47	NOTES PAYABLE				48
48	UNSECURED LOANS				49
49	OTHER LONG TERM LIABILITIES	68,009,000			50
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	68,009,000			
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	137,787,000			51
	CAPITAL ACCOUNTS				52
52	GENERAL FUND BALANCE	238,571,000			53
53	SPECIFIC PURPOSE FUND BALANCE				54
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				55
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				56
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				57
57	PLANT FUND BALANCE - INVESTED IN PLANT				58
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				59
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	238,571,000			
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	376,358,000			60

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		233,572,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		6,770,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		240,342,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED	263,000								5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		263,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		240,605,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER TO AFFILIATES	1,752,000								13
14 NON CONTROLLING INTEREST	282,000								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		2,034,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		238,571,000							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	161,889,000		161,889,000	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	35,218,000		35,218,000	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)	197,107,000		197,107,000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	35,219,000		35,219,000	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	35,219,000		35,219,000	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	232,326,000		232,326,000	17
18 ANCILLARY SERVICES	729,432,000	689,500,000	1,418,932,000	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		11,736,000	11,736,000	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	961,758,000	701,236,000	1,662,994,000	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		416,466,915	29
30 ADD (SPECIFY)			30
31 INTEREST	11,292,000		31
32 WORKPLACE SOLUTIONS	1,337,000		32
33 NEUROMEG	909,000		33
34 ROUNDING	85		34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		13,538,085	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)		430,005,000	43

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,662,994,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,235,338,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	427,656,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	430,005,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-2,349,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	8,000	6
7	INCOME FROM INVESTMENTS	650,000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	380,000	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	REVENUE FROM TELEVISION AND RADIO SERVICE	49,000	10
11	PURCHASE DISCOUNTS		11
12	REBATES AND REFUNDS OF EXPENSES		12
13	PARKING LOT RECEIPTS		13
14	REVENUE FROM LAUNDRY AND LINEN SERVICE		14
15	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,526,000	15
16	REVENUE FROM RENTAL OF LIVING QUARTERS		16
17	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		18
19	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		19
20	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		20
21	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	241,000	21
22	RENTAL OF VENDING MACHINES	73,000	22
23	RENTAL OF HOSPITAL SPACE		23
24	GOVERNMENTAL APPROPRIATIONS		24
24.01	OTHER (CAPITATION)	2,135,000	24.01
24.02	OTHER (NET ASSETS RELEASED FROM RESTRICTIO)	309,000	24.02
24.03	OTHER (REFERENCE LAB)	132,000	24.03
24.04	OTHER (TERTIARY PAYMENTS)	470,000	24.04
24.05	OTHER (EMERGENCY ROOM MISC INCOME)	206,000	24.05
24.06	OTHER (ADMIN MISC INCOME)	213,000	24.06
24.07	OTHER (INTERCOMPANY RENT)	469,000	24.07
24.08	OTHER (PHYSICIANS)	1,568,000	24.08
24.09	OTHER (SATELLITE DISH)	82,000	24.09
24.10	OTHER (PHYSICIAN APPLICATION FEES)	58,000	24.10
25	OTHER (OTHER INCOME)	550,000	25
26	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,119,000	26
27	TOTAL (LINE 5 PLUS LINE 25)	6,770,000	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)	6,770,000	29

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF COLS. 1-5) 6	
1							1
2							2
3							3
4							4
5	1,229,846	397,723	224,024		533,215	2,384,808	5
6						2,310,935	6
7	2,310,935					1,155,794	7
8	1,155,794					455,968	8
9	455,968			14,741		14,741	9
10	31,963					31,963	10
11	216,440					216,440	11
12					93,067	93,067	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50	155,022					155,022	23.50
24	5,555,968	397,723	224,024	14,741	626,282	6,818,738	24

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

WORKSHEET H
 (CONTINUED)

RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10
-----------------------------	---	------------------	---

1	GENERAL SERVICE COST CENTER			1
2	CAPITAL RELATED-BLDGS & FIXTURES			2
3	CAPITAL RELATED-MOVABLE EQUIPMENT			3
4	PLANT OPERATION & MAINTENANCE			4
5	TRANSPORTATION (SEE INSTRUCTIONS)			5
6	ADMINISTRATIVE AND GENERAL			6
7	HHA REIMBURSABLE SERVICES			7
8	SKILLED NURSING CARE			8
9	PHYSICAL THERAPY			9
10	OCCUPATIONAL THERAPY			10
11	SPEECH PATHOLOGY			11
12	MEDICAL SOCIAL SERVICES			12
13	HOME HEALTH AIDE			13
14	SUPPLIES (SEE INSTRUCTIONS)			14
15	DRUGS			15
16	DME			16
17	HHA NONREIMBURSABLE SERVICES			17
18	HOME DIALYSIS AIDE SERVICES			18
19	RESPIRATORY THERAPY			19
20	PRIVATE DUTY NURSING			20
21	CLINIC			21
22	HEALTH PROMOTION ACTIVITIES			22
23	DAY CARE PROGRAM			23
24	HOME DELIVERED MEALS PROGRAM			23.50
25	HOMEMAKER SERVICE			24
26	ALL OTHERS			
27	TELEMEDICINE	155,022	155,022	
28	TOTAL (SUM OF LINES 1-23)	6,818,738	6,818,738	

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7583

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4)	ADMIN & GENERAL	TOTAL (COLS.4A+5)	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	2,384,808					2,384,808	2,384,808		5
6 SKILLED NURSING CARE	2,310,935					2,310,935	1,242,948	3,553,883	6
7 PHYSICAL THERAPY	1,155,794					1,155,794	621,648	1,777,442	7
8 OCCUPATIONAL THERAPY	455,968					455,968	245,244	701,212	8
9 SPEECH PATHOLOGY	14,741					14,741	7,929	22,670	9
10 MEDICAL SOCIAL SERVICES	31,963					31,963	17,191	49,154	10
11 HOME HEALTH AIDE	216,440					216,440	116,413	332,853	11
12 SUPPLIES (SEE INSTRUCTIONS)	93,067					93,067	50,056	143,123	12
13 DRUGS									13
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
23.50 TELEMEDICINE	155,022					155,022	83,379	238,401	23.50
24 TOTAL (SUM OF LINES 1-23)	6,818,738					6,818,738		6,818,738	24

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1							1
2							2
3							3
4							4
5					-2,384,808	4,433,930	5
6							6
7						2,310,935	7
8						1,155,794	8
9						455,968	9
10						14,741	10
11						31,963	11
12						216,440	12
13						93,067	13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50					155,022	155,022	23.50
24					-2,384,808	4,433,930	24
25						2,384,808	25
26						0.537854	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7583

WORKSHEET H-2
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	271,567	4,937,502	2
3 PHYSICAL THERAPY	135,819	2,469,446	3
4 OCCUPATIONAL THERAPY	53,582	974,212	4
5 SPEECH PATHOLOGY	1,570	28,551	5
6 MEDICAL SOCIAL SERVICES	3,756	68,291	6
7 HOME HEALTH AIDE	25,434	462,441	7
8 SUPPLIES	9,914	180,257	8
9 DRUGS			9
10 DME			10
11 HOME DIALYSIS AIDE SERVICES			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING			13
14 CLINIC			14
15 HEALTH PROMOTION ACTIVITIES			15
16 DAY CARE PROGRAM			16
17 HOME DELIVERED MEALS PROGRAM			17
18 HOMEMAKER SERVICE			18
19 ALL OTHERS			19
19.50 TELEMEDICINE			19.50
20 TOTAL (SUM OF LINES 1-19)	519,859	9,451,917	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.	0.058201		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING DATA PROCESSING	PURCHASING PURCHASING	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL		5,904		1,229,846	98		233,415	1
2 SKILLED NURSING CARE				2,310,935				2
3 PHYSICAL THERAPY				1,155,794				3
4 OCCUPATIONAL THERAPY				455,968				4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES				31,963				6
7 HOME HEALTH AIDE				216,440				7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE				155,022				19.50
20 TOTAL (SUM OF LINES 1-19)		5,904		5,555,968	98		233,415	20
21 TOTAL COST TO BE ALLOCATED		4,415		881,054	44,480		10,750	21
22 UNIT COST MULTIPLIER					453.877551		0.046055	22
22 UNIT COST MULTIPLIER		0.747798		0.158578				22

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-2
 PART II

HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION PATIENT DAYS 23	
1					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
19.50					19.50
20					20
21					21
22					22
22					22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	4,937,502		4,937,502	34,098	144.80	1
2	PHYSICAL THERAPY	3	2,469,446		2,469,446	17,351	142.32	2
3	OCCUPATIONAL THERAPY	4	974,212		974,212	5,864	166.13	3
4	SPEECH PATHOLOGY	5	28,551		28,551	613	46.58	4
5	MEDICAL SOCIAL SERVICES	6	68,291		68,291	345	197.94	5
6	HOME HEALTH AIDE	7	462,441		462,441	6,890	67.12	6
7	TOTAL (SUM OF LINES 1-6)		8,940,443		8,940,443	65,161		7
PATIENT SERVICES								
8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
8.02	SKILLED NURSING CARE							8.02
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
12.02	MEDICAL SOCIAL SERVICES							12.02
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
13.02	HOME HEALTH AIDE							13.02
14	TOTAL (SUM OF LINES 8-13)							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
OTHER PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		5	
			1	2	3	4		
15	COST OF MEDICAL SUPPLIES	8	180,257		180,257	275,462	0.654381	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS. 9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	18,141	8,929		2,626,817	1,292,919		3,919,736
2 PHYSICAL THERAPY	9,652	3,981		1,373,673	566,576		1,940,249
3 OCCUPATIONAL THERAPY	3,697	1,376		614,183	228,595		842,778
4 SPEECH PATHOLOGY	344	120		16,024	5,590		21,614
5 MEDICAL SOCIAL SERVICES	167	86		33,056	17,023		50,079
6 HOME HEALTH AIDE	3,414	3,029		229,148	203,306		432,454
7 TOTAL (SUM OF LINES 1-6)	35,415	17,521		4,892,901	2,314,009		7,206,910

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	PART B	
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4	8
8 SKILLED NURSING CARE	16974	18,072	8,929	8
8.01 SKILLED NURSING CARE	6880	69		8.01
8.02 SKILLED NURSING CARE	29404			8.02
9 PHYSICAL THERAPY	16974	9,598	3,981	9
9.01 PHYSICAL THERAPY	6880	54		9.01
9.02 PHYSICAL THERAPY	29404			9.02
10 OCCUPATIONAL THERAPY	16974	3,677	1,376	10
10.01 OCCUPATIONAL THERAPY	6880	20		10.01
10.02 OCCUPATIONAL THERAPY	29404			10.02
11 SPEECH PATHOLOGY	16974	336	120	11
11.01 SPEECH PATHOLOGY	6880	8		11.01
11.02 SPEECH PATHOLOGY	29404			11.02
12 MEDICAL SOCIAL SERVICES	16974	166	86	12
12.01 MEDICAL SOCIAL SERVICES	6880	1		12.01
12.02 MEDICAL SOCIAL SERVICES	29404			12.02
13 HOME HEALTH AIDE	16974	3,405	3,029	13
13.01 HOME HEALTH AIDE	6880	9		13.01
13.02 HOME HEALTH AIDE	29404			13.02
14 TOTAL (SUM OF LINES 8-13)		35,415	17,521	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES		150,868			98,725		15
16 COST OF DRUGS							16

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

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL. 1 x COL. 2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66	0.213452		COL 2, LINE 2	1
1.01 REHAB OUTPATIENT	66.01	0.300223		COL 2, LINE 2	1.01
1.02 REHAB MED SURGICAL	66.02	0.231009		COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.336061		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.211838		COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7583

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES				
CUSTOMARY CHARGES				3
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				4
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				6
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				8
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				9
PRIMARY PAYER PAYMENTS				

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES		
	1	2	3	4	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)					10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	5,536,033		2,589,595		11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7,552		13,886		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	76,061		44,786		13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	35,207		24,808		14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	773		3,147		15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	45				16
17 TOTAL OTHER PAYMENTS					17
18 DME PAYMENTS					18
19 OXYGEN PAYMENTS					19
20 PROSTHETIC AND ORTHOTIC PAYMENTS					20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	5,655,671		2,676,222		21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)					22
23 EXCESS REASONABLE COST (FROM LINE 8)	5,655,671		2,676,222		23
24 SUBTOTAL (LINE 22 MINUS LINE 23)					24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)	5,655,671		2,676,222		25
26 NET COST (LINE 24 MINUS LINE 25)					26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)					27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	5,655,671		2,676,222		29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)					30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	5,655,671		2,676,222		31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	5,655,671		2,676,222		32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)					33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)					34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					35

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

HHA NO.: 14-7583

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,655,671		2,676,222	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
PROGRAM	.03				3.03
TO	.04				3.04
PROVIDER	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
PROVIDER	.52				3.52
TO	.53				3.53
PROGRAM	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		5,655,671		2,676,222	4
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)					
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			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 (SEE INSTR.)	PROGRAM	.01			6.01
	TO	.02			6.02
	PROVIDER				
	PROVIDER				
	TO				
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:	DATE:	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET K

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6	
1							1
2							2
3							3
4							4
5					749,227	1,070,399	5
6	321,172						6
7							7
8							8
9						341,268	9
10	341,268					43,277	10
11			43,277			5,053	11
12	5,053					4,969	12
13	4,969						13
14						91,149	14
15	91,149						15
16							16
17						109,762	17
18							18
19	109,762						19
20							20
21					63,680	63,680	21
22							22
23							23
24							24
25							25
26					26,288	26,288	26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37					839,195	1,755,845	37
38	873,373		43,277				38
39							39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6		1,070,399		1,070,399	6
7					7
8					8
9					9
10		341,268		341,268	10
11		43,277		43,277	11
12		5,053		5,053	12
13		4,969		4,969	13
14					14
15		91,149		91,149	15
16					16
17					17
18					18
19		109,762		109,762	19
20					20
21					21
22		63,680		63,680	22
23					23
24					24
25					25
26		26,288		26,288	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		1,755,845		1,755,845	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1632

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL							321,172	321,172
8	INPATIENT CARE SERVICE								7
9	INPATIENT - GENERAL CARE								8
10	INPATIENT - RESPITE CARE								9
11	VISITING SERVICES								10
12	PHYSICIAN SERVICES								11
13	NURSING CARE				341,268				341,268
14	NURSING CARE-CONT.HOME CARE								12
15	PHYSICAL THERAPY					5,053			5,053
16	OCCUPATIONAL THERAPY					4,969			4,969
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES		91,149						91,149
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER						109,762		109,762
23	HH AIDE & HMKR-CONT.HME CARE								19
24	OTHER								20
25	OTHER HOSPICE SERVICE COSTS								21
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								35
35	BEREAVEMENT PROGRAM COSTS								36
36	VOLUNTEER PROGRAM COSTS								37
37	FUNDRAISING								38
38	OTHER PROGRAM COSTS								39
39	TOTAL (SUM OF LINES 1-38)		91,149		341,268	10,022	109,762	321,172	873,373

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1632

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDGCOSTS EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL	1,070,399					1,070,399	1,070,399	7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE	341,268					341,268	532,927	13
14	NURSING CARE-CONTINUOUS HOME	43,277					43,277	67,582	14
15	PHYSICAL THERAPY	5,053					5,053	7,891	15
16	OCCUPATIONAL THERAPY	4,969					4,969	7,760	16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES	91,149					91,149	142,339	18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER	109,762					109,762	171,405	22
23	HH AIDE & HMKR-CONT. HOME CA								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.	63,680					63,680	99,443	26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN	26,288					26,288	41,052	30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERV.								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)	1,755,845					1,755,845	1,755,845	44

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPOR- TATION (MILEAGE) 4	VOLUNTEER SERV. CO- ORDINATOR (HOURS) 5	RECONCILI- ATION 6A	ADMIN & GENERAL (ACCU- MULATED COST) 6	
1								1
2	GENERAL SERVICE COST CENTER							2
3	CAP REL COSTS-BLDG AND FIXT.							3
4	CAP REL COSTS-MOVABLE EQUIP.							4
5	PLANT OPERATION & MAINT.							5
6	TRANSPORTATION - STAFF							6
7	VOLUNTEER SERVICE COORD.					-1,070,399	685,446	7
8	ADMINISTRATIVE AND GENERAL							8
9	INPATIENT CARE SERVICE							9
10	INPATIENT - GENERAL CARE							10
11	INPATIENT - RESPITE CARE							11
12	VISITING SERVICES							12
13	PHYSICIAN SERVICES						341,268	13
14	NURSING CARE						43,277	14
15	NURSING CARE-CONTINUOUS HOME						5,053	15
16	PHYSICAL THERAPY						4,969	16
17	OCCUPATIONAL THERAPY							17
18	SPEECH/LANGUAGE PATHOLOGY						91,149	18
19	MEDICAL SOCIAL SERVICES							19
20	SPIRITUAL COUNSELING							20
21	DIETARY COUNSELING							21
22	COUNSELING - OTHER							22
23	HH AIDE AND HOMEMAKER						109,762	23
24	HH AIDE & HMKR-CONT. HOME CA							24
25	OTHER							25
26	OTHER HOSPICE SERVICE COSTS						63,680	26
27	DRUGS, BIOL. & INFUS. THER.							27
28	ANALGESICS							28
29	SEDATIVES / HYPNOTICS							29
30	OTHER - SPECIFY							30
31	DURABLE MED. EQUIP./OXYGEN						26,288	31
32	PATIENT TRANSPORTATION							32
33	IMAGING SERVICES							33
34	LABS AND DIAGNOSTICS							34
35	MEDICAL SUPPLIES							35
36	OUTPAT. SERV. (INCL. E/R DEPT.)							36
37	RADIATION THERAPY							37
38	CHEMOTHERAPY							38
39	OTHER							39
40	HOSPICE NONREIMBURSABLE SERVICE							40
	BEREAVEMENT PROGRAM COSTS							35
	VOLUNTEER PROGRAM COSTS							36
	FUNDRAISING							37
	OTHER PROGRAM COSTS							38
	COST TO BE ALLOCATED						1,070,399	39
	UNIT COST MULTIPLIER						1.561610	40

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL			1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE	52,863	1,093,316	5
6 NURSING CARE-CONTINUOUS HOM	9,976	206,329	6
7 PHYSICAL THERAPY	831	17,190	7
8 OCCUPATIONAL THERAPY	817	16,905	8
9 SPEECH/LANGUAGE PATHOLOGY	874	18,077	9
10 MEDICAL SOCIAL SERV. - DIRE	14,119	292,013	10
11 SPIRITUAL COUNSELING			11
12 DIETARY COUNSELING			12
13 COUNSELING - OTHER			13
14 HOME HLTH AIDE & HOMEMAKERS	17,002	351,643	14
15 HH AIDE & HMKR-CONT. HOME C	1,053	21,769	15
16 OTHER			16
17 DRUGS,BIOLOGICALS & INFUSIO	9,864	204,011	17
18 ANALGESICS			18
19 SEDATIVES / HYPNOTICS			19
20 OTHER - SPECIFY			20
21 DURABLE MED. EQUIP./OXYGEN	4,072	84,219	21
22 PATIENT TRANSPORTATION			22
23 IMAGING SERVICES			23
24 LABS AND DIAGNOSTICS			24
25 MEDICAL SUPPLIES			25
26 OUTPAT. SERV.(INCL.E/R DEPT			26
27 RADIATION THERAPY			27
28 CHEMOTHERAPY			28
29 OTHER			29
30 BEREAVEMENT PROGRAM COSTS			30
31 VOLUNTEER PROGRAM COSTS			31
32 FUNDRAISING			32
33 OTHER PROGRAM COSTS			33
34 TOTALS (SUM OF LINES 1-33)		2,305,472	34
35 UNIT COST MULTIPLIER	0.050807		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING DATA PROCESSING	PURCHASING PURCHASING	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL		5,846		321,172			54,930	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM				341,268				6
7 PHYSICAL THERAPY				5,053				7
8 OCCUPATIONAL THERAPY				4,969				8
9 SPEECH/LANGUAGE PATHOLOGY				91,149				9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOME MAKERS								14
15 HH AIDE & HMKR-CONT. HOME C				109,762				15
16 OTHER								16
17 DRUGS, BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV. (INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		5,846		873,373			54,930	34
35 TOTAL COST TO BE ALLOCATED		5,846		138,498			2,530	35
36 UNIT COST MULTIPLIER		1.000000		0.158578			0.046059	36

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE COST CENTER	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION 4A.06	ADMIN AND GENERAL ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10
1 ADMINISTRATIVE AND GENERAL	2,297,135		78,826					1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE			874,195					5
6 NURSING CARE-CONTINUOUS HOM			164,977					6
7 PHYSICAL THERAPY			13,745					7
8 OCCUPATIONAL THERAPY			13,517					8
9 SPEECH/LANGUAGE PATHOLOGY			14,454					9
10 MEDICAL SOCIAL SERV. - DIRE			233,488					10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			281,167					14
15 HH AIDE & HMKR-CONT. HOME C			17,406					15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO			163,123					17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN			67,340					21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	2,297,135		1,922,238					34
35 TOTAL COST TO BE ALLOCATED	19,519		365,581					35
36 UNIT COST MULTIPLIER	0.008497		0.190185					36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY PATIENT DAYS	SOCIAL SERVICE PATIENT DAYS	NONPHYSIC. ANESTHET. ASSIGNED TIME
	MEALS SERVED	NUMBER HOUSED						
	11	12	13	14	15	16	17	19
1 ADMINISTRATIVE AND GENERAL		28,696						1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		28,696						34
35 TOTAL COST TO BE ALLOCATED		17,653						35
36 UNIT COST MULTIPLIER		0.615173						36

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION PATIENT DAYS 23	
1					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

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.213452		1
1.01	REHAB OUTPATIENT	66.01	0.300223		1.01
1.02	REHAB MED SURGICAL	66.02	0.231009		1.02
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.211838		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.088923		6
7	MEDICAL SUPPLIES	71	0.336061		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97	0.785623		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99	0.345912		10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

HOSPICE NO.: 14-1632

WORKSHEET K-6

CALCULATION OF HOSPICE PER DIEM COST

COMPUTATION OF PER DIEM COST

	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1				2,305,472	1
2				10,663	2
3				216.21	3
4					4
5	8,698				5
6	1,880,595				6
7		735			7
8		158,914			8
9	1,641				9
10	354,801				10
11		171			11
12		36,972			12
13			1,230		13
			265,938		

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK TITLE V HOSPITAL ((14-025) PPS
 APPLICABLE 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	6,559,747			1
3	CAPITAL DRG OUTLIER PAYMENTS	153,401			2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	234.75			3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)				4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)				6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0205			7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1451			8
10	SUM OF LINES 7 AND 8	0.1656			9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0341			10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	223,687			11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,936,835			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 I-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 GAMMA KNIFE					50.01
50.02 ENDOSCOPY					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 PET SCAN					54.02
54.03 RADIATION ONCOLOGY					54.03
54.04 MAMMOGRAPHY					54.04
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
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 REHAB OUTPATIENT					66.01
66.02 REHAB MED SURGICAL					66.02
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 NEUROMEG					70.01
70.02 SLEEP LAB					70.02
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
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
90.01 DAY REHAB					90.01
90.02 IMAGING CENTERS					90.02
90.03 COUMADIN CLINIC					90.03
90.04 WOUND CLINIC					90.04
90.05 CARDIOVASCULAR IMAGING CENTERS					90.05
91 EMERGENCY					91

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

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

VERSION: 2011.10
 05/30/2012 18:08

WORKSHEET L-1
 PART I

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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	
92	OBSERVATION BEDS					92
	OTHER REIMBURSABLE COST CENTERS					101
101	HOME HEALTH AGENCY					
	SPECIAL PURPOSE COST CENTERS					116
116	HOSPICE					118
118	SUBTOTALS (SUM OF LINES 1-117)					
	NONREIMBURSABLE COST CENTERS					190
190	GIFT, FLOWER, COFFEE SHOP & CA					191
191	RESEARCH					192
192	PHYSICIANS' PRIVATE OFFICES					200
200	CROSS FOOT ADJUSTMENTS					201
201	NEGATIVE COST CENTER					202
202	TOTAL (SUM OF LINE 118 AND LINES 190-201)					203
203	TOTAL STATISTICAL BASIS					204
204	UNIT COST MULTIPLIER					204
204	UNIT COST MULTIPLIER					204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	52.96		11.23				64.19 30
31 INTENSIVE CARE UNIT	54.03		6.86				60.89 31
43 NURSERY			48.47				48.47 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	24.32	8.72					33.04 50
50.01 GAMMA KNIFE	1.18	39.61					40.79 50.01
50.02 ENDOSCOPY	13.40	25.47					38.87 50.02
51 RECOVERY ROOM	25.45	9.56					35.01 51
52 DELIVERY ROOM & LABOR ROOM	0.02	0.05					0.07 52
53 ANESTHESIOLOGY	23.16	9.05					32.21 53
54 RADIOLOGY-DIAGNOSTIC	27.72	14.29					42.01 54
54.01 ULTRASOUND	21.51	12.37					33.88 54.01
54.02 PET SCAN	0.49	49.07					49.56 54.02
54.03 RADIATION ONCOLOGY	1.93	47.69					49.62 54.03
54.04 MAMMOGRAPHY	0.11	7.55					7.66 54.04
56 RADIOISOTOPE	29.26	21.55					50.81 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22.18	17.67					39.85 57
58 MAGNETIC RESONANCE IMAGING (MRI)	18.97	16.52					35.49 58
59 CARDIAC CATHETERIZATION	46.04	9.55					55.59 59
60 LABORATORY	25.38	1.65					27.03 60
63 BLOOD STORING, PROCESSING & TRA	42.53	3.40					45.93 63
64 INTRAVENOUS THERAPY	39.29	1.17					40.46 64
65 RESPIRATORY THERAPY	41.55	1.24					42.79 65
66.02 REHAB MED SURGICAL	67.42						67.42 66.02
69 ELECTROCARDIOLOGY	37.36	11.14					48.50 69
70 ELECTROENCEPHALOGRAPHY	22.79	16.81					39.60 70
70.01 NEUROMEG		7.09					7.09 70.01
70.02 SLEEP LAB	0.22	23.96					24.18 70.02
71 MEDICAL SUPPLIES CHRGED TO PATI	48.88	8.36					57.24 71
72 IMPL. DEV. CHARGED TO PATIENT	43.39	7.49					50.88 72
73 DRUGS CHARGED TO PATIENTS	38.26	8.31					46.57 73
74 RENAL DIALYSIS	60.88	4.30					65.18 74
76.97 CARDIAC REHABILITATION	4.55	46.24					50.79 76.97
90 CLINIC	2.09	39.50					41.59 90
90.01 DAY REHAB		0.38					0.38 90.01
90.02 IMAGING CENTERS	0.76	30.32					31.08 90.02
90.03 COUMADIN CLINIC		46.19					46.19 90.03
90.04 WOUND CLINIC	0.39	55.30					55.69 90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.50	51.09					51.59 90.05
91 EMERGENCY	17.94	11.38					29.32 91
92 OBSERVATION BEDS		21.49					21.49 92
200 TOTAL CHARGES	27.03	11.12					38.15 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
41 SUBPROVIDER - IRF	67.11		5.81				72.92	41
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	0.04						0.04	50
50.02 ENDOSCOPY	0.07						0.07	50.02
51 RECOVERY ROOM	0.05						0.05	51
53 ANESTHESIOLOGY	0.04						0.04	53
54 RADIOLOGY-DIAGNOSTIC	0.89	0.03					0.92	54
54.01 ULTRASOUND	0.89	0.03					0.92	54.01
54.03 RADIATION ONCOLOGY	0.25						0.25	54.03
56 RADIOISOTOPE	0.49	0.02					0.51	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.27	0.01					0.28	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.33						0.33	58
59 CARDIAC CATHETERIZATION	0.13						0.13	59
60 LABORATORY	2.06						2.06	60
63 BLOOD STORING, PROCESSING & TRA	0.78						0.78	63
64 INTRAVENOUS THERAPY	0.91						0.91	64
65 RESPIRATORY THERAPY	2.21						2.21	65
66 PHYSICAL THERAPY	66.87						66.87	66
69 ELECTROCARDIOLOGY	0.29	0.01					0.30	69
70 ELECTROENCEPHALOGRAPHY	0.31						0.31	70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.10						0.10	71
72 IMPL. DEV. CHARGED TO PATIENT	0.03						0.03	72
73 DRUGS CHARGED TO PATIENTS	3.47	0.03					3.50	73
74 RENAL DIALYSIS	9.39						9.39	74
90 CLINIC	0.01						0.01	90
90.02 IMAGING CENTERS	0.06						0.06	90.02
91 EMERGENCY	0.01						0.01	91
200 TOTAL CHARGES	2.11	0.01					2.12	200

COST CENTER		--- DIRECT COSTS ---	---	ALLOCATED OVERHEAD --	---	TOTAL COSTS ---	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	17,688,961	4.55	-17,688,961	-10.80		1
2	CAP REL COSTS-MVBLE EQUIP	4,810,154	1.24	-4,810,154	-2.94		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	22,302,187	5.74	-22,302,187	-13.62		4
5.01	NONPATIENT PHONES	702,330	0.18	-702,330	-0.43		5.01
5.02	DATA PROCESSING	11,261,509	2.90	-11,261,509	-6.88		5.02
5.03	PURCHASING	2,421,790	0.62	-2,421,790	-1.48		5.03
5.04	ADMITTING	2,000,524	0.51	-2,000,524	-1.22		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	5,276,090	1.36	-5,276,090	-3.22		5.05
5.06	ADMINISTRATIVE AND GENERAL	57,094,795	14.70	-57,094,795	-34.87		5.06
6	MAINTENANCE & REPAIRS	2,098,709	0.54	-2,098,709	-1.28		6
7	OPERATION OF PLANT	10,186,848	2.62	-10,186,848	-6.22		7
8	LAUNDRY & LINEN SERVICE	1,448,103	0.37	-1,448,103	-0.88		8
9	HOUSEKEEPING	4,097,243	1.05	-4,097,243	-2.50		9
10	DIETARY	3,941,231	1.01	-3,941,231	-2.41		10
11	CAFETERIA	836,889	0.22	-836,889	-0.51		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,607,147	0.67	-2,607,147	-1.59		13
14	CENTRAL SERVICES & SUPPLY	1,737,009	0.45	-1,737,009	-1.06		14
15	PHARMACY	5,747,694	1.48	-5,747,694	-3.51		15
16	MEDICAL RECORDS & LIBRARY	3,681,510	0.95	-3,681,510	-2.25		16
17	SOCIAL SERVICE	3,412,787	0.88	-3,412,787	-2.08		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)	379,354	0.10	-379,354	-0.23		23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	40,023,861	10.30	43,723,813	26.70	83,747,674	21.56
31	INTENSIVE CARE UNIT	9,828,636	2.53	8,473,376	5.18	18,302,012	4.71
41	SUBPROVIDER - IRF	14,047,083	3.62	11,921,615	7.28	25,968,698	6.68
43	NURSERY	1,631,968	0.42	981,594	0.60	2,613,562	0.67
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,489,748	3.22	10,942,484	6.68	23,432,232	6.03
50.01	GAMMA KNIFE	1,844,313	0.47	915,692	0.56	2,760,005	0.71
50.02	ENDOSCOPY	2,705,022	0.70	2,119,442	1.29	4,824,464	1.24
51	RECOVERY ROOM	1,749,970	0.45	1,561,189	0.95	3,311,159	0.85
52	DELIVERY ROOM & LABOR ROOM	3,355,941	0.86	3,177,343	1.94	6,533,284	1.68
53	ANESTHESIOLOGY	1,279,260	0.33	794,528	0.49	2,073,788	0.53
54	RADIOLOGY-DIAGNOSTIC	2,923,958	0.75	2,539,912	1.55	5,463,870	1.41
54.01	ULTRASOUND	1,404,855	0.36	1,290,944	0.79	2,695,799	0.69
54.02	PET SCAN	687,083	0.18	361,442	0.22	1,048,525	0.27
54.03	RADIATION ONCOLOGY	1,605,568	0.41	1,855,733	1.13	3,461,301	0.89
54.04	MAMMOGRAPHY	1,671,815	0.43	1,240,580	0.76	2,912,395	0.75
56	RADIOISOTOPE	1,553,716	0.40	1,174,976	0.72	2,728,692	0.70
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,286,841	0.59	2,118,118	1.29	4,404,959	1.13
58	MAGNETIC RESONANCE IMAGING (MRI)	1,576,405	0.41	1,601,165	0.98	3,177,570	0.82
59	CARDIAC CATHETERIZATION	7,450,152	1.92	5,771,509	3.52	13,221,661	3.40
60	LABORATORY	13,257,387	3.41	8,573,141	5.24	21,830,528	5.62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	2,983,440	0.77	1,027,491	0.63	4,010,931	1.03
64	INTRAVENOUS THERAPY	2,326,654	0.60	891,676	0.54	3,218,330	0.83
65	RESPIRATORY THERAPY	3,435,056	0.88	2,095,961	1.28	5,531,017	1.42
66	PHYSICAL THERAPY	3,121,134	0.80	2,143,804	1.31	5,264,938	1.36
66.01	REHAB OUTPATIENT	2,166,741	0.56	1,474,467	0.90	3,641,208	0.94
66.02	REHAB MED SURGICAL	1,748,234	0.45	855,174	0.52	2,603,408	0.67
69	ELECTROCARDIOLOGY	914,737	0.24	1,114,562	0.68	2,029,299	0.52
70	ELECTROENCEPHALOGRAPHY	132,178	0.03	314,473	0.19	446,651	0.11
70.01	NEUROMEG	407,322	0.10	341,410	0.21	748,732	0.19
70.02	SLEEP LAB	621,229	0.16	828,168	0.51	1,449,397	0.37
71	MEDICAL SUPPLIES CHRGD TO PATI	15,954,827	4.11	7,489,011	4.57	23,443,838	6.03
72	IMPL. DEV. CHARGED TO PATIENT	23,092,760	5.94	5,816,343	3.55	28,909,103	7.44
73	DRUGS CHARGED TO PATIENTS	17,595,635	4.53	13,226,323	8.08	30,821,958	7.93
74	RENAL DIALYSIS	1,141,581	0.29	374,801	0.23	1,516,382	0.39
76.97	CARDIAC REHABILITATION	564,146	0.15	547,781	0.33	1,111,927	0.29
76.98	HYPERBARIC OXYGEN THERAPY			550		2,915	76.98
76.99	LITHOTRIPSY	2,365					76.99
90	CLINIC	1,481,770	0.38	1,534,760	0.94	3,016,530	0.78
90.01	DAY REHAB	825,566	0.21	524,418	0.32	1,349,984	0.35
90.02	IMAGING CENTERS	2,208,124	0.57	999,380	0.61	3,207,504	0.83
90.03	COUMADIN CLINIC	236,755	0.06	142,041	0.09	378,796	0.10
90.04	WOUND CLINIC	1,476,102	0.38	1,093,704	0.67	2,569,806	0.66
90.05	CARDIOVASCULAR IMAGING CENTERS	318,786	0.08	170,064	0.10	488,850	0.13
91	EMERGENCY	6,012,773	1.55	4,651,073	2.84	10,663,846	2.75
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
101	HOME HEALTH AGENCY	6,818,738	1.76	2,633,179	1.61	9,451,917	2.43

	COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,755,845	0.45	549,627	0.34	2,305,472	0.59	116
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	269,245	0.07	238,841	0.15	508,086	0.13	190
191	RESEARCH	65,678	0.02	269,741	0.16	335,419	0.09	191
192	PHYSICIANS' PRIVATE OFFICES	3,683,069	0.95	1,245,445	0.76	4,928,514	1.27	192
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	388,466,936	100.00			388,466,936	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,139,875	144,650,686	0.014793	35,175,266	520,348	50
50.01 GAMMA KNIFE	185,727	11,679,490	0.015902	137,272	2,193	50.01
50.02 ENDOSCOPY	312,784	42,565,942	0.007348	5,704,784	41,919	50.02
51 RECOVERY ROOM	248,713	23,089,156	0.010772	5,876,389	63,300	51
52 DELIVERY ROOM & LABOR ROOM	728,072	12,966,158	0.056152	2,951	166	52
53 ANESTHESIOLOGY	84,188	33,011,747	0.002550	7,646,690	19,499	53
54 RADIOLOGY-DIAGNOSTIC	610,065	33,545,064	0.018186	9,298,098	169,095	54
54.01 ULTRASOUND	225,204	25,588,285	0.008801	5,503,010	48,432	54.01
54.02 PET SCAN	63,374	6,555,962	0.009667	32,426	313	54.02
54.03 RADIATION ONCOLOGY	511,460	29,009,981	0.017630	559,665	9,867	54.03
54.04 MAMMOGRAPHY	303,256	10,797,960	0.028085	11,914	335	54.04
56 RADIOISOTOPE	247,372	18,692,316	0.013234	5,470,063	72,391	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	204,177	86,440,401	0.002362	19,175,065	45,292	57
58 MAGNETIC RESONANCE IMAGING (MRI)	276,676	46,321,069	0.005973	8,785,341	52,475	58
59 CARDIAC CATHETERIZATION	865,627	89,124,553	0.009713	41,032,767	398,551	59
60 LABORATORY	840,332	245,500,130	0.003423	62,314,933	213,304	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	43,995	11,492,975	0.003828	4,887,854	18,711	63
64 INTRAVENOUS THERAPY	43,063	3,989,545	0.010794	1,567,426	16,919	64
65 RESPIRATORY THERAPY	168,336	53,954,772	0.003120	22,419,336	69,948	65
66 PHYSICAL THERAPY	303,132	24,665,623	0.012290			66
66.01 REHAB OUTPATIENT	232,521	12,128,357	0.019172			66.01
66.02 REHAB MED SURGICAL	42,571	11,269,749	0.003777	7,598,025	28,698	66.02
69 ELECTROCARDIOLOGY	149,755	41,512,422	0.003607	15,510,128	55,945	69
70 ELECTROENCEPHALOGRAPHY	86,022	2,912,355	0.029537	663,734	19,605	70
70.01 NEUROMEG	193,664	972,582	0.199124			70.01
70.02 SLEEP LAB	257,115	5,648,699	0.045518	12,457	567	70.02
71 MEDICAL SUPPLIES CHRGD TO PATI	693,322	69,760,563	0.009939	34,101,316	338,933	71
72 IMPL. DEV. CHARGED TO PATIENT	90,968	45,275,063	0.002009	19,646,858	39,471	72
73 DRUGS CHARGED TO PATIENTS	306,174	145,497,506	0.002104	55,672,324	117,135	73
74 RENAL DIALYSIS	40,459	5,801,994	0.006973	3,532,117	24,629	74
76.97 CARDIAC REHABILITATION	141,893	1,415,344	0.100253	64,404	6,457	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	B	8,427	0.000949			76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	360,167	10,433,608	0.034520	217,793	7,518	90
90.01 DAY REHAB	78,034	4,884,908	0.015975			90.01
90.02 IMAGING CENTERS	196,633	17,989,895	0.010930	136,783	1,495	90.02
90.03 COUMADIN CLINIC	20,755	836,163	0.024822			90.03
90.04 WOUND CLINIC	216,041	13,576,507	0.015913	52,337	833	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	2,560	6,077,225	0.000421	30,094	13	90.05
91 EMERGENCY	613,791	63,910,010	0.009604	11,466,667	110,126	91
92 OBSERVATION BEDS	392,095	8,216,166	0.047722			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	12,519,976	1,421,769,358		384,306,287	2,514,473	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	6,492,220		6,492,220	81,083	80.07	42,943	3,438,446	30
31 INTENSIVE CARE UNIT	1,287,336		1,287,336	9,499	135.52	5,132	695,489	31
200 TOTAL	7,779,556		7,779,556	90,582		48,075	4,133,935	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4,133,935	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2,514,473	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6,648,408	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							8,808	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							48,075	
PER DISCHARGE CAPITAL COSTS							754.81	
PER DIEM CAPITAL COSTS							138.29	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.	TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	117,907,508
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	486,348,412
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.242

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	22,910,291
2.	TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	53,619,385
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.427

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	6,648,408
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.014

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	26,326,285
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	157,773,552
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.167