

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ALEXIUS MEDICAL CENTER (14-0290) (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		1,510,983	71,606		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		1,510,983	71,606		200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1555 BARRINGTON ROAD

2 CITY: HOFFMAN ESTATES

STATE: IL

P.O.BOX:

ZIP CODE: 60194-

COUNTY: COOK

1

2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			3
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0290	16974	1	09/16/1979	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011			TO: 12/31/2011				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE	IN-STATE	OUT-OF	OUT-OF	MEDICAID	OTHER	
		MEDICAID	MEDICAID	STATE	STATE			
		PAID	ELIGIBLE	PAID	ELIGIBLE	HMO	MEDICAID	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
		1	2	3	4	5	6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	17,017	1,308					24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:		ENDING:	38

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	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)	N		60

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

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5		
INPATIENT PSYCHIATRIC FACILITY PPS						
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N		70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					71
INPATIENT REHABILITATION FACILITY PPS						
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N		75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.					76
LONG TERM CARE HOSPITAL PPS						
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N		80
TEFRA PROVIDERS						
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N		85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N		86
TITLE V AND XIX INPATIENT SERVICES						
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N		92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97
RURAL PROVIDERS						
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N		105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N		108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- SICAL	OCCUP- ATIONAL	SPEECH	RESPI- RATORY
			N	N	N	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.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		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.	Y	149019	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: ALEXIAN BROTHERS HOSPITAL NETW CONTRACTOR'S NAME: WPS		CONTRACTOR'S NUMBER: 52280	141
142	STREET: 3040 SALT CREEK LANE P.O. BOX:			142
143	CITY: ARLINGTON HEIGHTS STATE: IL		ZIP CODE: 60005	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	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	
BED COMPLEMENT					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	04/13/2012	Y	04/13/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	103,128,186	103,128,186	3,446,267.00	29.92	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A						4	
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01	
5	PHYSICIAN-PART B						5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7	
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01	
8	HOME OFFICE PERSONNEL		1,485,325	1,485,325	9,360.00	158.69	8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		170,666	170,666	12,026.00	14.19	10	
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,384,591	2,384,591	39,378.00	60.56	11	
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A		241,691	241,691	6,528.00	37.02	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		17,156,712	17,156,712	363,383.00	47.21	14	
15	HOME OFFICE: PHYSICIAN-PART A						15	
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16	
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		24,080,142	24,080,142			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		39,850	39,850			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A						22	
23	PHYSICIAN PART B						23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25	
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		1,423,053	1,423,053	30,698.00	46.36	26	
27	ADMINISTRATIVE & GENERAL		9,814,158	9,814,158	330,586.00	29.69	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		1,111,078	1,111,078	37,273.00	29.81	30	
31	LAUNDRY & LINEN SERVICE						31	
32	HOUSEKEEPING		2,262,729	2,262,729	164,228.00	13.78	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		1,212,149	1,212,149	38,917.00	31.15	33	
34	DIETARY		1,876,787	-563,036	1,313,751	90,534.00	14.51	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		1,319,567	1,319,567	35,303.00	37.38	35	
36	CAFETERIA			563,036	563,036	38,800.00	14.51	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		1,819,869	1,819,869	41,169.00	44.20	38	
39	CENTRAL SERVICES AND SUPPLY		386,572	386,572	21,164.00	18.27	39	
40	PHARMACY		2,772,713	2,772,713	74,818.00	37.06	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,289,961	1,289,961	62,312.00	20.70	41	
42	SOCIAL SERVICE		1,899,202	1,899,202	54,104.00	35.10	42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	104,174,577		104,174,577	3,511,127.0	29.67	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	170,666		170,666	12,026.00	14.19	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	104,003,911		104,003,911	3,499,101.0	29.72	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	19,782,994		19,782,994	409,289.00	48.34	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	24,080,142		24,080,142		23.15%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	147,867,047		147,867,047	3,908,390.0	37.83	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	27,187,838		27,187,838	1,019,906.0	26.66	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,352,035	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	2,552,304	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	9,145,554	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	664,843	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	304,114	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	372,320	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,309,237	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	7,324,262	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	409,769	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	684,635	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	24,119,073	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
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
05/29/2012 14:29

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	2,384,591	24,119,992	1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

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)				0.212324	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				48,567,626	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					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				206,701,324	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				43,887,652	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)					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)					19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	40,592,520		40,592,520		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	8,618,766		8,618,766		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	8,618,766		8,618,766		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					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)			16,239,783		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,200,150		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			15,039,633		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,193,275		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			11,812,041		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,812,041		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		11,598,747	11,598,747	-1,257,949	1
2	00200				9,540,809	2
3	00300					3
4	00400	1,423,053	14,981,557	16,404,610	-1,309,306	4
5	00500	9,814,158	76,097,042	85,911,200	-703,838	5
6	00600					6
7	00700	1,111,078	5,863,700	6,974,778	2,123	7
8	00800				1,025,892	8
9	00900	2,262,729	2,872,124	5,134,853	-1,071,947	9
10	01000	1,876,787	1,727,309	3,604,096	-1,081,229	10
11	01100				1,081,229	11
12	01200					12
13	01300	1,819,869	366,408	2,186,277	-1,679	13
14	01400	386,572	895,648	1,282,220	-388,664	14
15	01500	2,772,713	11,879,945	14,652,658	-11,641,104	15
16	01600	1,289,961	1,296,596	2,586,557	-90	16
17	01700	1,899,202	1,117,618	3,016,820		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	28,597,643	7,314,244	35,911,887	-973,009	30
31	03100	4,540,381	1,665,099	6,205,480	-432,869	31
43	04300	3,566,660	1,607,062	5,173,722	-135,204	43
ANCILLARY SERVICE COST CENTERS						
50	05000	5,464,831	8,822,847	14,287,678	-5,279,559	50
50.01	05001	1,310,359	1,012,122	2,322,481	-610,460	50.01
51	05100	1,179,907	229,709	1,409,616	-47,493	51
52	05200	2,911,545	995,696	3,907,241	-288,084	52
53	05300	80,431	703,004	783,435	-109,959	53
54	05400	2,822,160	746,299	3,568,459	-12,776	54
54.01	05401	1,154,996	291,410	1,446,406	-39,969	54.01
54.02	05402	727,183	809,109	1,536,292	-578,312	54.02
54.03	03440	1,147,169	1,099,595	2,246,764	-636,545	54.03
55	05500	927,411	700,203	1,627,614	-419,697	55
56	05600	499,072	908,906	1,407,978	-5,784	56
57	05700	1,143,758	1,233,337	2,377,095	-482,095	57
58	05800	746,164	1,751,731	2,497,895	-1,114,390	58
59	05900	2,011,779	4,871,610	6,883,389	-2,888,326	59
60	06000	3,471,272	4,839,995	8,311,267	-190,229	60
62.30	06250					62.30
63	06300	416,086	1,512,390	1,928,476	-23,565	63
64	06400	269,844	430,864	700,708	-353,284	64
65	06500	2,358,478	967,330	3,325,808	-68,384	65
66	06600	711,107	347,128	1,058,235	-625	66
66.01	06601	1,095,085	410,327	1,505,412	-224,904	66.01
67	06700	376,763	34,265	411,028	-97	67
68	06800	126,393	4,505	130,898		68
69	06900	1,017,948	274,462	1,292,410	-54,015	69
70	07000	169,503	35,392	204,895		70
71	07100				8,047,341	71
72	07200		9,766,780	9,766,780	3,098,849	72
73	07300				11,117,758	73
74	07400		826,075	826,075		74
76.97	03021		537	537	-537	76.97
76.98	03022					76.98
76.99	03023					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001					90.01
90.02	09002	2,210,681	536,097	2,746,778	-162,033	90.02
90.03	09003					90.03
90.04	09004	75,415	362,326	437,741		90.04
90.05	09005	381,846	1,022,653	1,404,499	-599,468	90.05
91	09100	6,789,528	6,581,134	13,370,662	-726,523	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.20	09901					99.20
99.30	09902					99.30
99.40	09903					99.40
118		102,957,520	191,410,937	294,368,457		118
NONREIMBURSABLE COST CENTERS						
190	19000	163,662	317,998	481,660		190
192	19200		5,217,537	5,217,537		192

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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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	
192.01 19201 POB		5,737,049	5,737,049		192.01
194 07950 COMMUNITY PROGRAMS	7,004	8,647	15,651		194
200 TOTAL (SUM OF LINES 118-199)	103,128,186	202,692,168	305,820,354		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	10,340,798	4,097,359	14,438,157	1
2	00200	CAP REL COSTS-MVBLE EQUIP	9,540,809	-236,148	9,304,661	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	15,095,304	-6,550	15,088,754	4
5	00500	ADMINISTRATIVE & GENERAL	85,207,362	-29,194,791	56,012,571	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	6,976,901	3,222,700	10,199,601	7
8	00800	LAUNDRY & LINEN SERVICE	1,025,892		1,025,892	8
9	00900	HOUSEKEEPING	4,062,906		4,062,906	9
10	01000	DIETARY	2,522,867	-15,842	2,507,025	10
11	01100	CAFETERIA	1,081,229		1,081,229	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,184,598	-23,768	2,160,830	13
14	01400	CENTRAL SERVICES & SUPPLY	893,556		893,556	14
15	01500	PHARMACY	3,011,554		3,011,554	15
16	01600	MEDICAL RECORDS & LIBRARY	2,586,467	-1,904	2,584,563	16
17	01700	SOCIAL SERVICE	3,016,820		3,016,820	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS				23
30	03000	ADULTS & PEDIATRICS	34,938,878	-823,779	34,115,099	30
31	03100	INTENSIVE CARE UNIT	5,772,611		5,772,611	31
43	04300	NURSERY	5,038,518	-239,815	4,798,703	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	9,008,119		9,008,119	50
50.01	05001	ENDOSCOPY	1,712,021		1,712,021	50.01
51	05100	RECOVERY ROOM	1,362,123		1,362,123	51
52	05200	DELIVERY ROOM & LABOR ROOM	3,619,157		3,619,157	52
53	05300	ANESTHESIOLOGY	673,476		673,476	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,555,683		3,555,683	54
54.01	05401	ULTRASOUND	1,406,437		1,406,437	54.01
54.02	05402	RADIOLOGY-SPECIAL PROCEDURES	957,980		957,980	54.02
54.03	03440	MAMMOGRAPHY	1,610,219		1,610,219	54.03
55	05500	RADIOLOGY-THERAPEUTIC	1,207,917		1,207,917	55
56	05600	RADIOISOTOPE	1,402,194		1,402,194	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,895,000		1,895,000	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,383,505		1,383,505	58
59	05900	CARDIAC CATHETERIZATION	3,995,063		3,995,063	59
60	06000	LABORATORY	8,121,038		8,121,038	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	1,904,911		1,904,911	63
64	06400	INTRAVENOUS THERAPY	347,424		347,424	64
65	06500	RESPIRATORY THERAPY	3,257,424		3,257,424	65
66	06600	PHYSICAL THERAPY	1,057,610		1,057,610	66
66.01	06601	REHAB OUTPATIENT	1,280,508		1,280,508	66.01
67	06700	OCCUPATIONAL THERAPY	410,931		410,931	67
68	06800	SPEECH PATHOLOGY	130,898		130,898	68
69	06900	ELECTROCARDIOLOGY	1,238,395		1,238,395	69
70	07000	ELECTROENCEPHALOGRAPHY	204,895		204,895	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,047,341		8,047,341	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	12,865,629		12,865,629	72
73	07300	DRUGS CHARGED TO PATIENTS	11,117,758		11,117,758	73
74	07400	RENAL DIALYSIS	826,075		826,075	74
76.97	03021	CARDIAC REHABILITATION				76.97
76.98	03022	HYPERBARIC OXYGEN THERAPY				76.98
76.99	03023	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	ENTEROSTOMAL THERAPY				90.01
90.02	09002	PROCEDURE CLINIC	2,584,745		2,584,745	90.02
90.03	09003	IMMEDIATE CARE CENTERS				90.03
90.04	09004	EPILEPSY MONITORING UNIT	437,741	-336,412	101,329	90.04
90.05	09005	OFF SITE IMAGING CENTER	805,031		805,031	90.05
91	09100	EMERGENCY	12,644,139	-4,039,291	8,604,848	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.20	09901	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09902	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09903	OUTPATIENT SPEECH PATHOLOGY				99.40
118		SUBTOTALS (SUM OF LINES 1-117)	294,368,457	-27,598,241	266,770,216	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	481,660		481,660	190
192	19200	PHYSICIANS' PRIVATE OFFICES	5,217,537	-4,841,984	375,553	192

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
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
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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	
192.01 19201 POB	5,737,049	-4,809,896	927,153	192.01
194 07950 COMMUNITY PROGRAMS	15,651		15,651	194
200 TOTAL (SUM OF LINES 118-199)	305,820,354	-37,250,121	268,570,233	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 LEASE EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		2,423,691	1
2 LEASE EXPENSE	A	CAP REL COSTS-MVBLE EQUIP	2		5,859,169	2
3 LEASE EXPENSE	A	OPERATION OF PLANT	7		2,123	3
4 LEASE EXPENSE	A					4
5 LEASE EXPENSE	A					5
6 LEASE EXPENSE	A					6
7 LEASE EXPENSE	A					7
8 LEASE EXPENSE	A					8
9 LEASE EXPENSE	A					9
10 LEASE EXPENSE	A					10
11 LEASE EXPENSE	A					11
12 LEASE EXPENSE	A					12
13 LEASE EXPENSE	A					13
14 LEASE EXPENSE	A					14
15 LEASE EXPENSE	A					15
16 LEASE EXPENSE	A					16
17 LEASE EXPENSE	A					17
18 LEASE EXPENSE	A					18
19 LEASE EXPENSE	A					19
20 LEASE EXPENSE	A					20
21 LEASE EXPENSE	A					21
22 LEASE EXPENSE	A					22
23 LEASE EXPENSE	A					23
24 LEASE EXPENSE	A					24
25 LEASE EXPENSE	A					25
26 LEASE EXPENSE	A					26
27 LEASE EXPENSE	A					27
28 LEASE EXPENSE	A					28
29 LEASE EXPENSE	A					29
30 LEASE EXPENSE	A					30
31 LEASE EXPENSE	A					31
500 TOTAL RECLASSIFICATIONS					8,284,983	500
CODE LETTER - A						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			OTHER	
		COST	CENTER	LINE #		SALARY
	1	2	3	4	5	
1					1	
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32	MEDICAL SUPPLIES/IMPLANTS	B	MEDICAL SUPPLIES CHRGED TO PA	71	8,047,341	32
33	MEDICAL SUPPLIES/IMPLANTS	B	IMPL. DEV. CHARGED TO PATIENT	72	3,287,411	33
34	MEDICAL SUPPLIES/IMPLANTS	B	LABORATORY	60	1,027	34
35	MEDICAL SUPPLIES/IMPLANTS	B	OFF SITE IMAGING CENTER	90.05	93	35
36	MEDICAL SUPPLIES/IMPLANTS	B				36
37	MEDICAL SUPPLIES/IMPLANTS	B				37
38	MEDICAL SUPPLIES/IMPLANTS	B				38
39	MEDICAL SUPPLIES/IMPLANTS	B				39
40	MEDICAL SUPPLIES/IMPLANTS	B				40
41	MEDICAL SUPPLIES/IMPLANTS	B				41
42	MEDICAL SUPPLIES/IMPLANTS	B				42
43	MEDICAL SUPPLIES/IMPLANTS	B				43
44	MEDICAL SUPPLIES/IMPLANTS	B				44
45	MEDICAL SUPPLIES/IMPLANTS	B				45
46	MEDICAL SUPPLIES/IMPLANTS	B				46
47	MEDICAL SUPPLIES/IMPLANTS	B				47
48	MEDICAL SUPPLIES/IMPLANTS	B				48
49	MEDICAL SUPPLIES/IMPLANTS	B				49
50	MEDICAL SUPPLIES/IMPLANTS	B				50
51	MEDICAL SUPPLIES/IMPLANTS	B				51
52	MEDICAL SUPPLIES/IMPLANTS	B				52
53	MEDICAL SUPPLIES/IMPLANTS	B				53
54	MEDICAL SUPPLIES/IMPLANTS	B				54
55	MEDICAL SUPPLIES/IMPLANTS	B				55
56	MEDICAL SUPPLIES/IMPLANTS	B				56
57	MEDICAL SUPPLIES/IMPLANTS	B				57
58	MEDICAL SUPPLIES/IMPLANTS	B				58
59	MEDICAL SUPPLIES/IMPLANTS	B				59
60	MEDICAL SUPPLIES/IMPLANTS	B				60
61	MEDICAL SUPPLIES/IMPLANTS	B				61
62	MEDICAL SUPPLIES/IMPLANTS	B				62
63	MEDICAL SUPPLIES/IMPLANTS	B				63
64	MEDICAL SUPPLIES/IMPLANTS	B				64
65	MEDICAL SUPPLIES/IMPLANTS	B				65
66	MEDICAL SUPPLIES/IMPLANTS	B				66
67	MEDICAL SUPPLIES/IMPLANTS	B				67
68	MEDICAL SUPPLIES/IMPLANTS	B				68
69	MEDICAL SUPPLIES/IMPLANTS	B				69
70	MEDICAL SUPPLIES/IMPLANTS	B				70
71	MEDICAL SUPPLIES/IMPLANTS	B				71
72	MEDICAL SUPPLIES/IMPLANTS	B				72
73	MEDICAL SUPPLIES/IMPLANTS	B				73
500	TOTAL RECLASSIFICATIONS				11,335,872	500
	CODE LETTER -					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
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74 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS		73		11,117,758	74
500 TOTAL RECLASSIFICATIONS						11,117,758	500
CODE LETTER -							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
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75 DEPRECIATION	D	CAP REL COSTS-MVBLE EQUIP	2		3,681,640	75
500 TOTAL RECLASSIFICATIONS					3,681,640	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
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76 PURCHASED LAUNDRY	E	LAUNDRY & LINEN SERVICE	8		1,025,892	76
500 TOTAL RECLASSIFICATIONS					1,025,892	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
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77 DIETARY RECLASS	F	CAFETERIA	11	563,036	518,193
500 TOTAL RECLASSIFICATIONS				563,036	518,193
CODE LETTER -					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #		SALARY	OTHER
	1	2		3		4	5
1							1
2							2
3							3
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76							76
77							77
78 WORKERS COMP	G	ADMINISTRATIVE & GENERAL		5			1,309,237 78
500 TOTAL RECLASSIFICATIONS							1,309,237 500
CODE LETTER -							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1							1
2							2
3							3
4							4
5							5
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77							77
78							78
79 ZERO OUT CARDICA REHAB	H	ELECTROCARDIOLOGY		69			537
500 TOTAL RECLASSIFICATIONS							537 500
CODE LETTER -							
GRAND TOTAL (INCREASES)					563,036		37,274,112

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 LEASE EXPENSE	A	EMPLOYEE BENEFITS	4		69	10	1
2 LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	5		2,010,520	10	2
3 LEASE EXPENSE	A						3
4 LEASE EXPENSE	A	HOUSEKEEPING	9		46,055		4
5 LEASE EXPENSE	A	CENTRAL SERVICES & SUPPLY	14		383,842		5
6 LEASE EXPENSE	A	PHARMACY	15		247,627		6
7 LEASE EXPENSE	A	MEDICAL RECORDS & LIBRARY	16		90		7
8 LEASE EXPENSE	A	ADULTS & PEDIATRICS	30		432,911		8
9 LEASE EXPENSE	A	INTENSIVE CARE UNIT	31		75,461		9
10 LEASE EXPENSE	A	NURSERY	43		52,746		10
11 LEASE EXPENSE	A	OPERATING ROOM	50		834,267		11
12 LEASE EXPENSE	A	ENDOSCOPY	50.01		294,590		12
13 LEASE EXPENSE	A	RECOVERY ROOM	51		11,244		13
14 LEASE EXPENSE	A	DELIVERY ROOM & LABOR ROOM	52		38,136		14
15 LEASE EXPENSE	A	RADIOLOGY-DIAGNOSTIC	54		4,575		15
16 LEASE EXPENSE	A	RADIOLOGY-SPECIAL PROCEDURES	54.02		5,412		16
17 LEASE EXPENSE	A	MAMMOGRAPHY	54.03		484,912		17
18 LEASE EXPENSE	A	RADIOLOGY-THERAPEUTIC	55		412,064		18
19 LEASE EXPENSE	A	COMPUTED TOMOGRAPHY (CT) SCAN	57		329,582		19
20 LEASE EXPENSE	A	MAGNETIC RESONANCE IMAGING (M	58		1,107,224		20
21 LEASE EXPENSE	A	CARDIAC CATHETERIZATION	59		326,319		21
22 LEASE EXPENSE	A	LABORATORY	60		191,256		22
23 LEASE EXPENSE	A	BLOOD STORING, PROCESSING & T	63		7,840		23
24 LEASE EXPENSE	A	RESPIRATORY THERAPY	65		16,925		24
25 LEASE EXPENSE	A	PHYSICAL THERAPY	66		108		25
26 LEASE EXPENSE	A	REHAB OUTPATIENT	66.01		224,788		26
27 LEASE EXPENSE	A	ELECTROCARDIOLOGY	69		44,466		27
28 LEASE EXPENSE	A	IMPL. DEV. CHARGED TO PATIENT	72		1,817		28
29 LEASE EXPENSE	A	PROCEDURE CLINIC	90.02		35,995		29
30 LEASE EXPENSE	A	OFF SITE IMAGING CENTER	90.05		596,243		30
31 LEASE EXPENSE	A	EMERGENCY	91		67,899		31
500 TOTAL RECLASSIFICATIONS					8,284,983		500
CODE LETTER - A							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1						1
2						2
3						3
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31						31
32	MEDICAL SUPPLIES/IMPLANTS	B	ADMINISTRATIVE & GENERAL	5	2,555	32
33	MEDICAL SUPPLIES/IMPLANTS	B	NURSING ADMINISTRATION	13	1,679	33
34	MEDICAL SUPPLIES/IMPLANTS	B	CENTRAL SERVICES & SUPPLY	14	4,456	34
35	MEDICAL SUPPLIES/IMPLANTS	B	PHARMACY	15	3,874	35
36	MEDICAL SUPPLIES/IMPLANTS	B	ADULTS & PEDIATRICS	30	540,098	36
37	MEDICAL SUPPLIES/IMPLANTS	B	INTENSIVE CARE UNIT	31	357,408	37
38	MEDICAL SUPPLIES/IMPLANTS	B	NURSERY	43	80,486	38
39	MEDICAL SUPPLIES/IMPLANTS	B	NURSERY	43	1,972	39
40	MEDICAL SUPPLIES/IMPLANTS	B	OPERATING ROOM	50	3,234,006	40
41	MEDICAL SUPPLIES/IMPLANTS	B	ENDOSCOPY	50.01	115,536	41
42	MEDICAL SUPPLIES/IMPLANTS	B	RECOVERY ROOM	51	36,249	42
43	MEDICAL SUPPLIES/IMPLANTS	B	DELIVERY ROOM & LABOR ROOM	52	245,038	43
44	MEDICAL SUPPLIES/IMPLANTS	B	ANESTHESIOLOGY	53	108,559	44
45	MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-DIAGNOSTIC	54	8,201	45
46	MEDICAL SUPPLIES/IMPLANTS	B	ULTRASOUND	54.01	39,969	46
47	MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-SPECIAL PROCEDURES	54.02	394,668	47
48	MEDICAL SUPPLIES/IMPLANTS	B	MAMMOGRAPHY	54.03	151,633	48
49	MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-THERAPEUTIC	55	7,633	49
50	MEDICAL SUPPLIES/IMPLANTS	B	RADIOISOTOPE	56	5,784	50
51	MEDICAL SUPPLIES/IMPLANTS	B	COMPUTED TOMOGRAPHY (CT) SCAN	57	152,513	51
52	MEDICAL SUPPLIES/IMPLANTS	B	MAGNETIC RESONANCE IMAGING (M	58	7,166	52
53	MEDICAL SUPPLIES/IMPLANTS	B	CARDIAC CATHETERIZATION	59	1,151,836	53
54	MEDICAL SUPPLIES/IMPLANTS	B	BLOOD STORING, PROCESSING & T	63	15,725	54
55	MEDICAL SUPPLIES/IMPLANTS	B	INTRAVENOUS THERAPY	64	353,284	55
56	MEDICAL SUPPLIES/IMPLANTS	B	RESPIRATORY THERAPY	65	51,459	56
57	MEDICAL SUPPLIES/IMPLANTS	B	PHYSICAL THERAPY	66	517	57
58	MEDICAL SUPPLIES/IMPLANTS	B	REHAB OUTPATIENT	66.01	116	58
59	MEDICAL SUPPLIES/IMPLANTS	B	OCCUPATIONAL THERAPY	67	97	59
60	MEDICAL SUPPLIES/IMPLANTS	B	ELECTROCARDIOLOGY	69	10,086	60
61	MEDICAL SUPPLIES/IMPLANTS	B	IMPL. DEV. CHARGED TO PATIENT	72	186,745	61
62	MEDICAL SUPPLIES/IMPLANTS	B	PROCEDURE CLINIC	90.02	117,170	62
63	MEDICAL SUPPLIES/IMPLANTS	B	OFF SITE IMAGING CENTER	90.05	3,318	63
64	MEDICAL SUPPLIES/IMPLANTS	B	EMERGENCY	91	658,624	64
65	MEDICAL SUPPLIES/IMPLANTS	B	CENTRAL SERVICES & SUPPLY	14	366	65
66	MEDICAL SUPPLIES/IMPLANTS	B	PHARMACY	15	271,845	66
67	MEDICAL SUPPLIES/IMPLANTS	B	OPERATING ROOM	50	1,211,286	67
68	MEDICAL SUPPLIES/IMPLANTS	B	ENDOSCOPY	50.01	200,334	68
69	MEDICAL SUPPLIES/IMPLANTS	B	DELIVERY ROOM & LABOR ROOM	52	4,910	69
70	MEDICAL SUPPLIES/IMPLANTS	B	ANESTHESIOLOGY	53	1,400	70
71	MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-SPECIAL PROCEDURES	54.02	178,232	71
72	MEDICAL SUPPLIES/IMPLANTS	B	CARDIAC CATHETERIZATION	59	1,410,171	72
73	MEDICAL SUPPLIES/IMPLANTS	B	PROCEDURE CLINIC	90.02	8,868	73
500	TOTAL RECLASSIFICATIONS				11,335,872	500
	CODE LETTER -					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
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73						73
74						74
75 DEPRECIATION	D	CAP REL COSTS-BLDG & FIXT	1		3,681,640	9 75
500 TOTAL RECLASSIFICATIONS					3,681,640	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1						1
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76 PURCHASED LAUNDRY	E	HOUSEKEEPING	9		1,025,892	76
500 TOTAL RECLASSIFICATIONS					1,025,892	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
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76						76
77 DIETARY RECLASS	F	DIETARY	10	563,036	518,193	77
500 TOTAL RECLASSIFICATIONS				563,036	518,193	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
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76						76
77						77
78 WORKERS COMP	G	EMPLOYEE BENEFITS	4		1,309,237	78
500 TOTAL RECLASSIFICATIONS					1,309,237	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1						1
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74						74
75						75
76						76
77						77
78						78
79 ZERO OUT CARDICA REHAB	H	CARDIAC REHABILITATION	76.97		537	79
500 TOTAL RECLASSIFICATIONS					537	500
CODE LETTER -						
GRAND TOTAL (DECREASES)				563,036	37,274,112	

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	11,000,000					11,000,000	1
2 LAND IMPROVEMENTS	16,879,000	2,023,315		2,023,315		18,902,315	2
3 BUILDINGS AND FIXTURES	88,174,000	8,133,598		8,133,598		96,307,598	3
4 BUILDING IMPROVEMENTS	65,014,000	4,120,942		4,120,942		69,134,942	4
5 FIXED EQUIPMENT	6,253,000	2,441,667		2,441,667		8,694,667	5
6 MOVABLE EQUIPMENT	88,653,244	4,196,785		4,196,785		92,850,029	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	275,973,244	20,916,307		20,916,307		296,889,551	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	275,973,244	20,916,307		20,916,307		296,889,551	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	11,598,747						11,598,747 1
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)	11,598,747						11,598,747 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	204,039,522		204,039,522	0.687257				1
2 CAP REL COSTS-MVBLE EQUIP	92,850,029		92,850,029	0.312743				2
3 TOTAL (SUM OF LINES 1-2)	296,889,551		296,889,551	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	11,956,101	2,423,691	58,365				14,438,157 1
2 CAP REL COSTS-MVBLE EQUIP	3,681,640	5,859,169	-236,148				9,304,661 2
3 TOTAL	15,637,741	8,282,860	-177,783				23,742,818 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			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	-3,335	ADMINISTRATIVE & GENERAL	5	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-94,000	OPERATION OF PLANT	7	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-7,600	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4,348,136			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-4,544,819			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1,904	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-15,842	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.08 OTHER EDUCATION	B	-23,768	NURSING ADMINISTRATION	13	33.08
33.09 MISC INCOME	B	-29,330	OPERATION OF PLANT	7	33.09
33.11 LOBBYING PORTION OF FEES	A	-50,000	ADMINISTRATIVE & GENERAL	5	33.11
33.14 CONTRIBUTIONS	A	-250	ADMINISTRATIVE & GENERAL	5	33.14
34 PATIENT TELEPHONE	A	-1,500	CAP REL COSTS-BLDG & FIXT	1	9 34
34.03 PATIENT TELEPHONE	A	-6,500	CAP REL COSTS-BLDG & FIXT	1	9 34.03
34.04 NON PATIENT RELATED	A	-295,575	ADMINISTRATIVE & GENERAL	5	34.04
34.09 COMMUNITY TRANSPORT	A	-15,858	ADMINISTRATIVE & GENERAL	5	34.09
34.11 PERINATAL CLASS TUITION	B	-9,199	NURSERY	43	34.11
34.12 MISCELLANEOUS INCOME	B	-5,150	ADMINISTRATIVE & GENERAL	5	34.12
35 BAD DEBTS	A	-16,239,783	ADMINISTRATIVE & GENERAL	5	35
36 EMERGENCY RM PURCH SVCS	A	-1,447,318	EMERGENCY	91	36
37 FIRST FOTO	B	-100	NURSERY	43	37
38 TICKETS	A	-6,550	EMPLOYEE BENEFITS	4	38
39 OFFSET TAXES	A	-451,724	ADMINISTRATIVE & GENERAL	5	39
40 OFFSET PROFESSIONAL FEES PART B	A	-4,841,984	PHYSICIANS' PRIVATE OFFICES	192	40
41 OFFSET PROFESSIONL FEES - PART B	A	-4,809,896	POB	192.01	41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-37,250,121			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	CORPORATE FEES	22,563,473	34,696,589	-12,133,116	1
2	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	4,046,994		4,046,994	9 2
3	4	EMPLOYEE BENEFITS	EXECUTIVE BENEFITS	266,929	266,929		3
4	5	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	1,485,325	1,485,325		4
4.01	30	ADULTS & PEDIATRICS	ABHN ADULT AND PEDS	365,456		365,456	4.01
4.02	2	CAP REL COSTS-MVBLE EQUIP	SALT CREEK CAPITAL	107,148	343,296	-236,148	11 4.02
4.03	7	OPERATION OF PLANT	SALT CREEK NON CAPITAL	266,261		266,261	4.03
4.04	1	CAP REL COSTS-BLDG & FIXT	ABMP	58,365		58,365	11 4.04
4.05	7	OPERATION OF PLANT	ABMP	25,076		25,076	4.05
4.06	7	OPERATION OF PLANT	CLINICAL ENGINEERING	3,062,293		3,062,293	4.06
5		TOTALS (SUM OF LINES 1-4)		32,247,320	36,792,139	-4,544,819	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
6	A					6
7						7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	5 ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	65,059		65,059	964	177,200	82,125	4,106	1
2	30 ADULTS & PEDIATRICS	ADULTS & PEDIAT	1,261,747	1,189,235	72,512	1,074	177,200	91,497	4,575	2
3	43 NURSERY	NURSERY	230,516	230,516						3
4	50 OPERATING ROOM	OPERATING ROOM	18,317		18,317	249	208,000	24,900	1,245	4
5	50.01 ENDOSCOPY	ENDOSCOPY	3,291		3,291	45	177,200	3,834	192	5
6	53 ANESTHESIOLOGY	ANESTHESIOLOGY	7,887		7,887	149	200,300	14,348	717	6
7	59 CARDIAC CATHETERIZATION	CARDIAC CATHETE	8,625		8,625	130	177,200	11,075	554	7
8	60 LABORATORY	LABORATORY	66,000		66,000	917	215,700	95,095	4,755	8
9	90.04 EPILEPSY MONITORING UNIT	EPILEPSY MONITO	336,412	336,412						9
10	91 EMERGENCY	EMERGENCY	2,591,973	2,591,973						10
200	TOTAL		4,589,827	4,348,136	241,691		1,332,800	322,874	16,144	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	5 ADMINISTRATIVE & GENERAL	ADMINISTRATIVE				82,125		1
2	30 ADULTS & PEDIATRICS	ADULTS & PEDIAT				91,497	1,189,235	2
3	43 NURSERY	NURSERY					230,516	3
4	50 OPERATING ROOM	OPERATING ROOM				24,900		4
5	50.01 ENDOSCOPY	ENDOSCOPY				3,834		5
6	53 ANESTHESIOLOGY	ANESTHESIOLOGY				14,348		6
7	59 CARDIAC CATHETERIZATION	CARDIAC CATHETE				11,075		7
8	60 LABORATORY	LABORATORY				95,095		8
9	90.04 EPILEPSY MONITORING UNIT	EPILEPSY MONITO					336,412	9
10	91 EMERGENCY	EMERGENCY					2,591,973	10
200	TOTAL					322,874	4,348,136	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	14,438,157	14,438,157				1
2 CAP REL COSTS-MVBLE EQUIP	9,304,661		9,304,661			2
4 EMPLOYEE BENEFITS	15,088,754	57,121	36,811	15,182,686		4
5 ADMINISTRATIVE & GENERAL	56,012,571	1,031,000	664,427	1,465,067	59,173,065	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,199,601	3,384,438	2,181,099	165,863	15,931,001	7
8 LAUNDRY & LINEN SERVICE	1,025,892				1,025,892	8
9 HOUSEKEEPING	4,062,906	188,607	121,547	337,782	4,710,842	9
10 DIETARY	2,507,025	214,584	138,289	196,118	3,056,016	10
11 CAFETERIA	1,081,229	133,158	85,814	84,051	1,384,252	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,160,830	378,588	243,981	271,672	3,055,071	13
14 CENTRAL SERVICES & SUPPLY	893,556	91,126	58,726	57,708	1,101,116	14
15 PHARMACY	3,011,554	92,241	59,444	413,913	3,577,152	15
16 MEDICAL RECORDS & LIBRARY	2,584,563	245,467	158,191	192,567	3,180,788	16
17 SOCIAL SERVICE	3,016,820	10,740	6,922	283,515	3,317,997	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	34,115,099	3,173,161	2,044,942	4,269,123	43,602,325	30
31 INTENSIVE CARE UNIT	5,772,611	396,538	255,549	677,793	7,102,491	31
43 NURSERY	4,798,703	170,471	109,860	532,435	5,611,469	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,008,119	738,334	475,819	815,795	11,038,067	50
50.01 ENDOSCOPY	1,712,021	390,369	251,573	195,612	2,549,575	50.01
51 RECOVERY ROOM	1,362,123	141,111	90,939	176,138	1,770,311	51
52 DELIVERY ROOM & LABOR ROOM	3,619,157	529,957	341,530	434,638	4,925,282	52
53 ANESTHESIOLOGY	673,476			12,007	685,483	53
54 RADIOLOGY-DIAGNOSTIC	3,555,683	363,723	234,401	421,295	4,575,102	54
54.01 ULTRASOUND	1,406,437	41,735	26,896	172,419	1,647,487	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	957,980	38,204	24,621	108,555	1,129,360	54.02
54.03 MAMMOGRAPHY	1,610,219	182,363	117,524	171,251	2,081,357	54.03
55 RADIOLOGY-THERAPEUTIC	1,207,917	461,872	297,653	138,445	2,105,887	55
56 RADIOISOTOPE	1,402,194	79,048	50,942	74,502	1,606,686	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,895,000	96,069	61,911	170,741	2,223,721	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,383,505	86,926	56,020	111,388	1,637,839	58
59 CARDIAC CATHETERIZATION	3,995,063	171,437	110,482	300,320	4,577,302	59
60 LABORATORY	8,121,038	331,836	213,852	518,195	9,184,921	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,904,911	20,180	13,005	62,114	2,000,210	63
64 INTRAVENOUS THERAPY	347,424			40,283	387,707	64
65 RESPIRATORY THERAPY	3,257,424	57,121	36,811	352,076	3,703,432	65
66 PHYSICAL THERAPY	1,057,610	41,921	27,016	106,155	1,232,702	66
66.01 REHAB OUTPATIENT	1,280,508			163,475	1,443,983	66.01
67 OCCUPATIONAL THERAPY	410,931			56,244	467,175	67
68 SPEECH PATHOLOGY	130,898			18,868	149,766	68
69 ELECTROCARDIOLOGY	1,238,395			151,960	1,390,355	69
70 ELECTROENCEPHALOGRAPHY	204,895	20,663	13,316	25,304	264,178	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,047,341				8,047,341	71
72 IMPL. DEV. CHARGED TO PATIENT	12,865,629				12,865,629	72
73 DRUGS CHARGED TO PATIENTS	11,117,758				11,117,758	73
74 RENAL DIALYSIS	826,075				826,075	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	2,584,745	240,078	154,718	330,013	3,309,554	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	101,329			11,258	112,587	90.04
90.05 OFF SITE IMAGING CENTER	805,031			57,002	862,033	90.05
91 EMERGENCY	8,604,848	778,917	501,973	1,013,548	10,899,286	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	266,770,216	14,379,104	9,266,604	15,157,208	266,647,628	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	481,660	59,053	38,057	24,432	603,202	190

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
 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
 05/29/2012 14:29

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
192 PHYSICIANS' PRIVATE OFFICES	375,553				375,553	192
192.01 POB	927,153				927,153	192.01
194 COMMUNITY PROGRAMS	15,651			1,046	16,697	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	268,570,233	14,438,157	9,304,661	15,182,686	268,570,233	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	59,173,065					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,501,910	20,432,911				7
8 LAUNDRY & LINEN SERVICE	289,905		1,315,797			8
9 HOUSEKEEPING	1,331,227	386,708		6,428,777		9
10 DIETARY	863,593	439,971		141,098	4,500,678	10
11 CAFETERIA	391,173	273,020		87,557		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	863,326	776,236		248,937		13
14 CENTRAL SERVICES & SUPPLY	311,162	186,839		59,919		14
15 PHARMACY	1,010,860	189,125		60,652		15
16 MEDICAL RECORDS & LIBRARY	898,853	503,292		161,405		16
17 SOCIAL SERVICE	937,626	22,021		7,062		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,321,433	6,506,076	633,667	2,086,487	4,135,613	30
31 INTENSIVE CARE UNIT	2,007,079	813,040	71,098	260,740	365,065	31
43 NURSERY	1,585,734	349,523	8,547	112,091		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,119,225	1,513,840	132,975	485,485		50
50.01 ENDOSCOPY	720,479	800,391		256,684		50.01
51 RECOVERY ROOM	500,269	289,326	47,729	92,786		51
52 DELIVERY ROOM & LABOR ROOM	1,391,826	1,086,594	20,858	348,468		52
53 ANESTHESIOLOGY	193,709					53
54 RADIOLOGY-DIAGNOSTIC	1,292,869	745,757	67,484	239,163		54
54.01 ULTRASOUND	465,560	85,571		27,442		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	319,144	78,332		25,121		54.02
54.03 MAMMOGRAPHY	588,167	373,907		119,911		54.03
55 RADIOLOGY-THERAPEUTIC	595,098	946,997		303,700		55
56 RADIOISOTOPE	454,030	162,075		51,977		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	628,397	196,974		63,169		57
58 MAGNETIC RESONANCE IMAGING (MRI)	462,834	178,229		57,158		58
59 CARDIAC CATHETERIZATION	1,293,491	351,505		112,727		59
60 LABORATORY	2,595,548	680,378		218,196		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	565,235	41,376		13,269		63
64 INTRAVENOUS THERAPY	109,561					64
65 RESPIRATORY THERAPY	1,046,545	117,117		37,559		65
66 PHYSICAL THERAPY	348,347	85,952		27,565		66
66.01 REHAB OUTPATIENT	408,052					66.01
67 OCCUPATIONAL THERAPY	132,018					67
68 SPEECH PATHOLOGY	42,322					68
69 ELECTROCARDIOLOGY	392,898		206,029			69
70 ELECTROENCEPHALOGRAPHY	74,654	42,366		13,587		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,274,082					71
72 IMPL. DEV. CHARGED TO PATIENT	3,635,672					72
73 DRUGS CHARGED TO PATIENTS	3,141,745					73
74 RENAL DIALYSIS	233,439					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	935,240	492,244		157,862		90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	31,816					90.04
90.05 OFF SITE IMAGING CENTER	243,600					90.05
91 EMERGENCY	3,080,007	1,597,049	127,410	512,170		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	58,629,760	20,311,831	1,315,797	6,389,947	4,500,678	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	170,458	121,080		38,830		190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
192 PHYSICIANS' PRIVATE OFFICES	106,127					192
192.01 POB	262,002					192.01
194 COMMUNITY PROGRAMS	4,718					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	59,173,065	20,432,911	1,315,797	6,428,777	4,500,678	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,136,002					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	30,728	4,974,298				13
14 CENTRAL SERVICES & SUPPLY	16,373		1,675,409			14
15 PHARMACY	56,915			4,894,704		15
16 MEDICAL RECORDS & LIBRARY	48,498				4,792,836	16
17 SOCIAL SERVICE	41,543					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	769,203	2,763,988			517,774	30
31 INTENSIVE CARE UNIT	94,313	338,893			76,825	31
43 NURSERY	68,253	245,254			78,722	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	116,720	419,408			404,944	50
50.01 ENDOSCOPY	31,173	112,013			139,727	50.01
51 RECOVERY ROOM	25,123	90,273			80,270	51
52 DELIVERY ROOM & LABOR ROOM	69,508	249,762			58,425	52
53 ANESTHESIOLOGY	3,208				98,126	53
54 RADIOLOGY-DIAGNOSTIC	94,059				141,495	54
54.01 ULTRASOUND	22,201				105,834	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	12,577				27,549	54.02
54.03 MAMMOGRAPHY	26,949				42,633	54.03
55 RADIOLOGY-THERAPEUTIC	16,897				66,237	55
56 RADIOISOTOPE	8,829				80,735	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22,979				307,586	57
58 MAGNETIC RESONANCE IMAGING (MRI)	16,500				201,678	58
59 CARDIAC CATHETERIZATION	32,634				119,516	59
60 LABORATORY	120,118				738,666	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	11,593				31,909	63
64 INTRAVENOUS THERAPY	4,637				13,835	64
65 RESPIRATORY THERAPY	58,550				196,692	65
66 PHYSICAL THERAPY	13,260				29,361	66
66.01 REHAB OUTPATIENT	26,806				28,542	66.01
67 OCCUPATIONAL THERAPY	10,624				14,909	67
68 SPEECH PATHOLOGY	2,112				2,708	68
69 ELECTROCARDIOLOGY	27,060				148,953	69
70 ELECTROENCEPHALOGRAPHY	5,637				10,508	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,189,490		191,733	71
72 IMPL. DEV. CHARGED TO PATIENT			485,919		85,410	72
73 DRUGS CHARGED TO PATIENTS				4,894,704	399,710	73
74 RENAL DIALYSIS					15,022	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	50,976	183,170			43,094	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	1,667				1,726	90.04
90.05 OFF SITE IMAGING CENTER	9,528				32,280	90.05
91 EMERGENCY	159,056	571,537			259,702	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,126,807	4,974,298	1,675,409	4,894,704	4,792,836	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,909					190

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS	286					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,136,002	4,974,298	1,675,409	4,894,704	4,792,836	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	4,326,249				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	3,690,236	77,026,802		77,026,802	30
31 INTENSIVE CARE UNIT	325,750	11,455,294		11,455,294	31
43 NURSERY	310,263	8,369,856		8,369,856	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		17,230,664		17,230,664	50
50.01 ENDOSCOPY		4,610,042		4,610,042	50.01
51 RECOVERY ROOM		2,896,087		2,896,087	51
52 DELIVERY ROOM & LABOR ROOM		8,150,723		8,150,723	52
53 ANESTHESIOLOGY		980,526		980,526	53
54 RADIOLOGY-DIAGNOSTIC		7,155,929		7,155,929	54
54.01 ULTRASOUND		2,354,095		2,354,095	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES		1,592,083		1,592,083	54.02
54.03 MAMMOGRAPHY		3,232,924		3,232,924	54.03
55 RADIOLOGY-THERAPEUTIC		4,034,816		4,034,816	55
56 RADIOISOTOPE		2,364,332		2,364,332	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,442,826		3,442,826	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,554,238		2,554,238	58
59 CARDIAC CATHETERIZATION		6,487,175		6,487,175	59
60 LABORATORY		13,537,827		13,537,827	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		2,663,592		2,663,592	63
64 INTRAVENOUS THERAPY		515,740		515,740	64
65 RESPIRATORY THERAPY		5,159,895		5,159,895	65
66 PHYSICAL THERAPY		1,737,187		1,737,187	66
66.01 REHAB OUTPATIENT		1,907,383		1,907,383	66.01
67 OCCUPATIONAL THERAPY		624,726		624,726	67
68 SPEECH PATHOLOGY		196,908		196,908	68
69 ELECTROCARDIOLOGY		2,165,295		2,165,295	69
70 ELECTROENCEPHALOGRAPHY		410,930		410,930	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		11,702,646		11,702,646	71
72 IMPL. DEV. CHARGED TO PATIENT		17,072,630		17,072,630	72
73 DRUGS CHARGED TO PATIENTS		19,553,917		19,553,917	73
74 RENAL DIALYSIS		1,074,536		1,074,536	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC		5,172,140		5,172,140	90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT		147,796		147,796	90.04
90.05 OFF SITE IMAGING CENTER		1,147,441		1,147,441	90.05
91 EMERGENCY		17,206,217		17,206,217	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	4,326,249	265,935,218		265,935,218	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		942,479		942,479	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	24	25	26	
192 PHYSICIANS' PRIVATE OFFICES		481,680		481,680	192
192.01 POB		1,189,155		1,189,155	192.01
194 COMMUNITY PROGRAMS		21,701		21,701	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	4,326,249	268,570,233		268,570,233	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		BENEFITS
	0	1	2	2A	4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		57,121	36,811	93,932	93,932
5 ADMINISTRATIVE & GENERAL	1,031,000		664,427	1,695,427	9,068
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	3,384,438		2,181,099	5,565,537	1,027
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING		188,607	121,547	310,154	2,091
10 DIETARY		214,584	138,289	352,873	1,214
11 CAFETERIA		133,158	85,814	218,972	520
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		378,588	243,981	622,569	1,682
14 CENTRAL SERVICES & SUPPLY		91,126	58,726	149,852	357
15 PHARMACY		92,241	59,444	151,685	2,562
16 MEDICAL RECORDS & LIBRARY		245,467	158,191	403,658	1,192
17 SOCIAL SERVICE		10,740	6,922	17,662	1,755
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		3,173,161	2,044,942	5,218,103	26,380
31 INTENSIVE CARE UNIT		396,538	255,549	652,087	4,195
43 NURSERY		170,471	109,860	280,331	3,296
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		738,334	475,819	1,214,153	5,050
50.01 ENDOSCOPY		390,369	251,573	641,942	1,211
51 RECOVERY ROOM		141,111	90,939	232,050	1,090
52 DELIVERY ROOM & LABOR ROOM		529,957	341,530	871,487	2,690
53 ANESTHESIOLOGY					74
54 RADIOLOGY-DIAGNOSTIC		363,723	234,401	598,124	2,608
54.01 ULTRASOUND		41,735	26,896	68,631	1,067
54.02 RADIOLOGY-SPECIAL PROCEDURES		38,204	24,621	62,825	672
54.03 MAMMOGRAPHY		182,363	117,524	299,887	1,060
55 RADIOLOGY-THERAPEUTIC		461,872	297,653	759,525	857
56 RADIOISOTOPE		79,048	50,942	129,990	461
57 COMPUTED TOMOGRAPHY (CT) SCAN		96,069	61,911	157,980	1,057
58 MAGNETIC RESONANCE IMAGING (MRI)		86,926	56,020	142,946	689
59 CARDIAC CATHETERIZATION		171,437	110,482	281,919	1,859
60 LABORATORY		331,836	213,852	545,688	3,207
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		20,180	13,005	33,185	384
64 INTRAVENOUS THERAPY					249
65 RESPIRATORY THERAPY		57,121	36,811	93,932	2,179
66 PHYSICAL THERAPY		41,921	27,016	68,937	657
66.01 REHAB OUTPATIENT					1,012
67 OCCUPATIONAL THERAPY					348
68 SPEECH PATHOLOGY					117
69 ELECTROCARDIOLOGY					941
70 ELECTROENCEPHALOGRAPHY		20,663	13,316	33,979	157
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					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC		240,078	154,718	394,796	2,043
90.03 IMMEDIATE CARE CENTERS					70
90.04 EPILEPSY MONITORING UNIT					353
90.05 OFF SITE IMAGING CENTER					6,274
91 EMERGENCY		778,917	501,973	1,280,890	6,274
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)		14,379,104	9,266,604	23,645,708	93,775
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		59,053	38,057	97,110	151

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS					6	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		14,438,157	9,304,661	23,742,818	93,932	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,704,495					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	129,678	5,696,242				7
8 LAUNDRY & LINEN SERVICE	8,351		8,351			8
9 HOUSEKEEPING	38,346	107,806		458,397		9
10 DIETARY	24,876	122,654		10,061	511,678	10
11 CAFETERIA	11,268	76,112		6,243		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	24,868	216,397		17,750		13
14 CENTRAL SERVICES & SUPPLY	8,963	52,087		4,272		14
15 PHARMACY	29,118	52,724		4,325		15
16 MEDICAL RECORDS & LIBRARY	25,892	140,307		11,509		16
17 SOCIAL SERVICE	27,008	6,139		504		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	354,928	1,813,748	4,022	148,774	470,174	30
31 INTENSIVE CARE UNIT	57,814	226,658	451	18,592	41,504	31
43 NURSERY	45,677	97,439	54	7,993		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	89,850	422,025	844	34,617		50
50.01 ENDOSCOPY	20,754	223,131		18,303		50.01
51 RECOVERY ROOM	14,410	80,658	303	6,616		51
52 DELIVERY ROOM & LABOR ROOM	40,092	302,918	132	24,847		52
53 ANESTHESIOLOGY	5,580					53
54 RADIOLOGY-DIAGNOSTIC	37,241	207,900	428	17,053		54
54.01 ULTRASOUND	13,411	23,855		1,957		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	9,193	21,837		1,791		54.02
54.03 MAMMOGRAPHY	16,942	104,237		8,550		54.03
55 RADIOLOGY-THERAPEUTIC	17,142	264,002		21,655		55
56 RADIOISOTOPE	13,078	45,183		3,706		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,101	54,912		4,504		57
58 MAGNETIC RESONANCE IMAGING (MRI)	13,332	49,686		4,076		58
59 CARDIAC CATHETERIZATION	37,259	97,992		8,038		59
60 LABORATORY	74,765	189,674		15,558		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	16,282	11,535		946		63
64 INTRAVENOUS THERAPY	3,156					64
65 RESPIRATORY THERAPY	30,146	32,650		2,678		65
66 PHYSICAL THERAPY	10,034	23,962		1,965		66
66.01 REHAB OUTPATIENT	11,754					66.01
67 OCCUPATIONAL THERAPY	3,803					67
68 SPEECH PATHOLOGY	1,219					68
69 ELECTROCARDIOLOGY	11,317		1,308			69
70 ELECTROENCEPHALOGRAPHY	2,150	11,811		969		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	65,505					71
72 IMPL. DEV. CHARGED TO PATIENT	104,726					72
73 DRUGS CHARGED TO PATIENTS	90,499					73
74 RENAL DIALYSIS	6,724					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	26,940	137,227		11,256		90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	916					90.04
90.05 OFF SITE IMAGING CENTER	7,017					90.05
91 EMERGENCY	88,720	445,222	809	36,520		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,688,845	5,662,488	8,351	455,628	511,678	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,910	33,754		2,769		190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
192	PHYSICIANS' PRIVATE OFFICES	3,057					192
192.01	POB	7,547					192.01
194	COMMUNITY PROGRAMS	136					194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,704,495	5,696,242	8,351	458,397	511,678	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	313,115					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,504	887,770				13
14 CENTRAL SERVICES & SUPPLY	2,400		217,931			14
15 PHARMACY	8,343			248,757		15
16 MEDICAL RECORDS & LIBRARY	7,109				589,667	16
17 SOCIAL SERVICE	6,090					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	112,759	493,293			63,724	30
31 INTENSIVE CARE UNIT	13,825	60,483			9,455	31
43 NURSERY	10,005	43,771			9,689	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,110	74,852			49,838	50
50.01 ENDOSCOPY	4,570	19,991			17,197	50.01
51 RECOVERY ROOM	3,683	16,111			9,879	51
52 DELIVERY ROOM & LABOR ROOM	10,189	44,575			7,191	52
53 ANESTHESIOLOGY	470				12,077	53
54 RADIOLOGY-DIAGNOSTIC	13,788				17,414	54
54.01 ULTRASOUND	3,254				13,025	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,844				3,391	54.02
54.03 MAMMOGRAPHY	3,950				5,247	54.03
55 RADIOLOGY-THERAPEUTIC	2,477				8,152	55
56 RADIOISOTOPE	1,294				9,936	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,368				37,856	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,419				24,821	58
59 CARDIAC CATHETERIZATION	4,784				14,709	59
60 LABORATORY	17,608				90,708	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,699				3,927	63
64 INTRAVENOUS THERAPY	680				1,703	64
65 RESPIRATORY THERAPY	8,583				24,207	65
66 PHYSICAL THERAPY	1,944				3,613	66
66.01 REHAB OUTPATIENT	3,929				3,513	66.01
67 OCCUPATIONAL THERAPY	1,557				1,835	67
68 SPEECH PATHOLOGY	310				333	68
69 ELECTROCARDIOLOGY	3,967				18,332	69
70 ELECTROENCEPHALOGRAPHY	826				1,293	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			154,724		23,597	71
72 IMPL. DEV. CHARGED TO PATIENT			63,207		10,512	72
73 DRUGS CHARGED TO PATIENTS				248,757	49,193	73
74 RENAL DIALYSIS					1,849	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	7,472	32,691			5,304	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	244				212	90.04
90.05 OFF SITE IMAGING CENTER	1,397				3,973	90.05
91 EMERGENCY	23,316	102,003			31,962	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	311,767	887,770	217,931	248,757	589,667	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,306					190

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS	42					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	313,115	887,770	217,931	248,757	589,667	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	59,158				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	50,461	8,756,366		8,756,366	30
31 INTENSIVE CARE UNIT	4,454	1,089,518		1,089,518	31
43 NURSERY	4,243	502,498		502,498	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,908,339		1,908,339	50
50.01 ENDOSCOPY		947,099		947,099	50.01
51 RECOVERY ROOM		364,800		364,800	51
52 DELIVERY ROOM & LABOR ROOM		1,304,121		1,304,121	52
53 ANESTHESIOLOGY		18,201		18,201	53
54 RADIOLOGY-DIAGNOSTIC		894,556		894,556	54
54.01 ULTRASOUND		125,200		125,200	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES		101,553		101,553	54.02
54.03 MAMMOGRAPHY		439,873		439,873	54.03
55 RADIOLOGY-THERAPEUTIC		1,073,810		1,073,810	55
56 RADIOISOTOPE		203,648		203,648	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		277,778		277,778	57
58 MAGNETIC RESONANCE IMAGING (MRI)		237,969		237,969	58
59 CARDIAC CATHETERIZATION		446,560		446,560	59
60 LABORATORY		937,208		937,208	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		67,958		67,958	63
64 INTRAVENOUS THERAPY		5,788		5,788	64
65 RESPIRATORY THERAPY		194,375		194,375	65
66 PHYSICAL THERAPY		111,112		111,112	66
66.01 REHAB OUTPATIENT		20,208		20,208	66.01
67 OCCUPATIONAL THERAPY		7,543		7,543	67
68 SPEECH PATHOLOGY		1,979		1,979	68
69 ELECTROCARDIOLOGY		35,865		35,865	69
70 ELECTROENCEPHALOGRAPHY		51,185		51,185	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		243,826		243,826	71
72 IMPL. DEV. CHARGED TO PATIENT		178,445		178,445	72
73 DRUGS CHARGED TO PATIENTS		388,449		388,449	73
74 RENAL DIALYSIS		8,573		8,573	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC		617,729		617,729	90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT		1,442		1,442	90.04
90.05 OFF SITE IMAGING CENTER		12,740		12,740	90.05
91 EMERGENCY		2,015,716		2,015,716	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	59,158	23,592,030		23,592,030	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		140,000		140,000	190

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WORKSHEET B
PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192 PHYSICIANS' PRIVATE OFFICES	17	3,057		3,057	192
192.01 POB		7,547		7,547	192.01
194 COMMUNITY PROGRAMS		184		184	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	59,158	23,742,818		23,742,818	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIE	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	388,500					1
2 CAP REL COSTS-MVBLE EQUIP		388,500				2
4 EMPLOYEE BENEFITS	1,537	1,537	101,705,133			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	27,742	27,742	9,814,158	-59,173,065	209,397,168	5
7 OPERATION OF PLANT	91,068	91,068	1,111,078		15,931,001	7
8 LAUNDRY & LINEN SERVICE					1,025,892	8
9 HOUSEKEEPING	5,075	5,075	2,262,729		4,710,842	9
10 DIETARY	5,774	5,774	1,313,751		3,056,016	10
11 CAFETERIA	3,583	3,583	563,036		1,384,252	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	10,187	10,187	1,819,869		3,055,071	13
14 CENTRAL SERVICES & SUPPLY	2,452	2,452	386,572		1,101,116	14
15 PHARMACY	2,482	2,482	2,772,713		3,577,152	15
16 MEDICAL RECORDS & LIBRARY	6,605	6,605	1,289,961		3,180,788	16
17 SOCIAL SERVICE	289	289	1,899,202		3,317,997	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	85,383	85,383	28,597,643		43,602,325	30
31 INTENSIVE CARE UNIT	10,670	10,670	4,540,381		7,102,491	31
43 NURSERY	4,587	4,587	3,566,660		5,611,469	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,867	19,867	5,464,831		11,038,067	50
50.01 ENDOSCOPY	10,504	10,504	1,310,359		2,549,575	50.01
51 RECOVERY ROOM	3,797	3,797	1,179,907		1,770,311	51
52 DELIVERY ROOM & LABOR ROOM	14,260	14,260	2,911,545		4,925,282	52
53 ANESTHESIOLOGY			80,431		685,483	53
54 RADIOLOGY-DIAGNOSTIC	9,787	9,787	2,822,160		4,575,102	54
54.01 ULTRASOUND	1,123	1,123	1,154,996		1,647,487	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,028	1,028	727,183		1,129,360	54.02
54.03 MAMMOGRAPHY	4,907	4,907	1,147,169		2,081,357	54.03
55 RADIOLOGY-THERAPEUTIC	12,428	12,428	927,411		2,105,887	55
56 RADIOISOTOPE	2,127	2,127	499,072		1,606,686	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,585	2,585	1,143,758		2,223,721	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,339	2,339	746,164		1,637,839	58
59 CARDIAC CATHETERIZATION	4,613	4,613	2,011,779		4,577,302	59
60 LABORATORY	8,929	8,929	3,471,272		9,184,921	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	543	543	416,086		2,000,210	63
64 INTRAVENOUS THERAPY			269,844		387,707	64
65 RESPIRATORY THERAPY	1,537	1,537	2,358,478		3,703,432	65
66 PHYSICAL THERAPY	1,128	1,128	711,107		1,232,702	66
66.01 REHAB OUTPATIENT			1,095,085		1,443,983	66.01
67 OCCUPATIONAL THERAPY			376,763		467,175	67
68 SPEECH PATHOLOGY			126,393		149,766	68
69 ELECTROCARDIOLOGY			1,017,948		1,390,355	69
70 ELECTROENCEPHALOGRAPHY	556	556	169,503		264,178	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					8,047,341	71
72 IMPL. DEV. CHARGED TO PATIENT					12,865,629	72
73 DRUGS CHARGED TO PATIENTS					11,117,758	73
74 RENAL DIALYSIS					826,075	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	6,460	6,460	2,210,681		3,309,554	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT			75,415		112,587	90.04
90.05 OFF SITE IMAGING CENTER			381,846		862,033	90.05
91 EMERGENCY	20,959	20,959	6,789,528		10,899,286	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	386,911	386,911	101,534,467	-59,173,065	207,474,563	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,589	1,589	163,662		603,202	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVEABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIE 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
192	PHYSICIANS' PRIVATE OFFICES					375,553	192
192.01	POB					927,153	192.01
194	COMMUNITY PROGRAMS			7,004		16,697	194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	14,438,157	9,304,661	15,182,686		59,173,065	202
203	UNIT COST MULT-WS B PT I	37.163853	23.950221	0.149281		0.282588	203
204	COST TO BE ALLOC PER B PT II			93,932		1,704,495	204
205	UNIT COST MULT-WS B PT II			0.000924		0.008140	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	PATIENT	FTE'S	
	FEET	POUNDS OF	FEET	DAYS		
	7	LAUNDRY	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	268,153					7
8 LAUNDRY & LINEN SERVICE		1,590,202				8
9 HOUSEKEEPING	5,075		263,078			9
10 DIETARY	5,774		5,774	70,272		10
11 CAFETERIA	3,583		3,583		134,507	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	10,187		10,187		1,935	13
14 CENTRAL SERVICES & SUPPLY	2,452		2,452		1,031	14
15 PHARMACY	2,482		2,482		3,584	15
16 MEDICAL RECORDS & LIBRARY	6,605		6,605		3,054	16
17 SOCIAL SERVICE	289		289		2,616	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	85,383	765,816	85,383	64,572	48,438	30
31 INTENSIVE CARE UNIT	10,670	85,925	10,670	5,700	5,939	31
43 NURSERY	4,587	10,329	4,587		4,298	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,867	160,706	19,867		7,350	50
50.01 ENDOSCOPY	10,504		10,504		1,963	50.01
51 RECOVERY ROOM	3,797	57,683	3,797		1,582	51
52 DELIVERY ROOM & LABOR ROOM	14,260	25,208	14,260		4,377	52
53 ANESTHESIOLOGY					202	53
54 RADIOLOGY-DIAGNOSTIC	9,787	81,558	9,787		5,923	54
54.01 ULTRASOUND	1,123		1,123		1,398	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,028		1,028		792	54.02
54.03 MAMMOGRAPHY	4,907		4,907		1,697	54.03
55 RADIOLOGY-THERAPEUTIC	12,428		12,428		1,064	55
56 RADIOISOTOPE	2,127		2,127		556	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,585		2,585		1,447	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,339		2,339		1,039	58
59 CARDIAC CATHETERIZATION	4,613		4,613		2,055	59
60 LABORATORY	8,929		8,929		7,564	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	543		543		730	63
64 INTRAVENOUS THERAPY					292	64
65 RESPIRATORY THERAPY	1,537		1,537		3,687	65
66 PHYSICAL THERAPY	1,128		1,128		835	66
66.01 REHAB OUTPATIENT					1,688	66.01
67 OCCUPATIONAL THERAPY					669	67
68 SPEECH PATHOLOGY					133	68
69 ELECTROCARDIOLOGY		248,996			1,704	69
70 ELECTROENCEPHALOGRAPHY	556		556		355	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	6,460		6,460		3,210	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT					105	90.04
90.05 OFF SITE IMAGING CENTER					600	90.05
91 EMERGENCY	20,959	153,981	20,959		10,016	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	266,564	1,590,202	261,489	70,272	133,928	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,589		1,589		561	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	PATIENT DAYS 10	FTE'S 11	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS					18	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	20,432,911	1,315,797	6,428,777	4,500,678	2,136,002	202
203 UNIT COST MULT-WS B PT I	76.198704	0.827440	24.436772	64.046533	15.880229	203
204 COST TO BE ALLOC PER B PT II	5,696,242	8,351	458,397	511,678	313,115	204
205 UNIT COST MULT-WS B PT II	21.242507	0.005252	1.742438	7.281392	2.327871	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	13	14	15	16	17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	87,173					13
14 CENTRAL SERVICES & SUPPLY		11,334,752				14
15 PHARMACY			11,117,758			15
16 MEDICAL RECORDS & LIBRARY				1,252,494,729		16
17 SOCIAL SERVICE					75,701	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	48,438			135,295,024	64,572	30
31 INTENSIVE CARE UNIT	5,939			20,074,572	5,700	31
43 NURSERY	4,298			20,570,208	5,429	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,350			105,812,435		50
50.01 ENDOSCOPY	1,963			36,510,782		50.01
51 RECOVERY ROOM	1,582			20,974,683		51
52 DELIVERY ROOM & LABOR ROOM	4,377			15,266,537		52
53 ANESTHESIOLOGY				25,640,387		53
54 RADIOLOGY-DIAGNOSTIC				36,972,810		54
54.01 ULTRASOUND				27,654,440		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES				7,198,651		54.02
54.03 MAMMOGRAPHY				11,140,076		54.03
55 RADIOLOGY-THERAPEUTIC				17,307,875		55
56 RADIOISOTOPE				21,096,274		56
57 COMPUTED TOMOGRAPHY (CT) SCAN				80,372,615		57
58 MAGNETIC RESONANCE IMAGING (MRI)				52,698,784		58
59 CARDIAC CATHETERIZATION				31,229,575		59
60 LABORATORY				193,134,730		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				8,337,883		63
64 INTRAVENOUS THERAPY				3,615,111		64
65 RESPIRATORY THERAPY				51,395,743		65
66 PHYSICAL THERAPY				7,671,973		66
66.01 REHAB OUTPATIENT				7,458,139		66.01
67 OCCUPATIONAL THERAPY				3,895,814		67
68 SPEECH PATHOLOGY				707,626		68
69 ELECTROCARDIOLOGY				38,921,553		69
70 ELECTROENCEPHALOGRAPHY				2,745,838		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		8,047,341		50,100,115		71
72 IMPL. DEV. CHARGED TO PATIENT		3,287,411		22,317,721		72
73 DRUGS CHARGED TO PATIENTS			11,117,758	104,444,652		73
74 RENAL DIALYSIS				3,925,232		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	3,210			11,260,550		90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT				450,968		90.04
90.05 OFF SITE IMAGING CENTER				8,434,933		90.05
91 EMERGENCY	10,016			67,860,420		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	87,173	11,334,752	11,117,758	1,252,494,729	75,701	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	13	14	15	16	17	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,974,298	1,675,409	4,894,704	4,792,836	4,326,249	202
203 UNIT COST MULT-WS B PT I	57.062370	0.147812	0.440260	0.003827	57.149166	203
204 COST TO BE ALLOC PER B PT II	887,770	217,931	248,757	589,667	59,158	204
205 UNIT COST MULT-WS B PT II	10.184002	0.019227	0.022375	0.000471	0.781469	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
50.01	ENDOSCOPY	50.01
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRASOUND	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	54.02
54.03	MAMMOGRAPHY	54.03
55	RADIOLOGY-THERAPEUTIC	55
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63	BLOOD STORING, PROCESSING & TRANS.	63
64	INTRAVENOUS THERAPY	64
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
66.01	REHAB OUTPATIENT	66.01
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
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		
90.01	ENTEROSTOMAL THERAPY	90.01
90.02	PROCEDURE CLINIC	90.02
90.03	IMMEDIATE CARE CENTERS	90.03
90.04	EPILEPSY MONITORING UNIT	90.04
90.05	OFF SITE IMAGING CENTER	90.05
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
99.20	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

192	PHYSICIANS' PRIVATE OFFICES	192
192.01	POB	192.01
194	COMMUNITY PROGRAMS	194
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	77,026,802		77,026,802		77,026,802	30
31 INTENSIVE CARE UNIT	11,455,294		11,455,294		11,455,294	31
43 NURSERY	8,369,856		8,369,856		8,369,856	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,230,664		17,230,664		17,230,664	50
50.01 ENDOSCOPY	4,610,042		4,610,042		4,610,042	50.01
51 RECOVERY ROOM	2,896,087		2,896,087		2,896,087	51
52 DELIVERY ROOM & LABOR ROOM	8,150,723		8,150,723		8,150,723	52
53 ANESTHESIOLOGY	980,526		980,526		980,526	53
54 RADIOLOGY-DIAGNOSTIC	7,155,929		7,155,929		7,155,929	54
54.01 ULTRASOUND	2,354,095		2,354,095		2,354,095	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURE	1,592,083		1,592,083		1,592,083	54.02
54.03 MAMMOGRAPHY	3,232,924		3,232,924		3,232,924	54.03
55 RADIOLOGY-THERAPEUTIC	4,034,816		4,034,816		4,034,816	55
56 RADIOISOTOPE	2,364,332		2,364,332		2,364,332	56
57 COMPUTED TOMOGRAPHY (CT) SC	3,442,826		3,442,826		3,442,826	57
58 MAGNETIC RESONANCE IMAGING	2,554,238		2,554,238		2,554,238	58
59 CARDIAC CATHETERIZATION	6,487,175		6,487,175		6,487,175	59
60 LABORATORY	13,537,827		13,537,827		13,537,827	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,663,592		2,663,592		2,663,592	63
64 INTRAVENOUS THERAPY	515,740		515,740		515,740	64
65 RESPIRATORY THERAPY	5,159,895		5,159,895		5,159,895	65
66 PHYSICAL THERAPY	1,737,187		1,737,187		1,737,187	66
66.01 REHAB OUTPATIENT	1,907,383		1,907,383		1,907,383	66.01
67 OCCUPATIONAL THERAPY	624,726		624,726		624,726	67
68 SPEECH PATHOLOGY	196,908		196,908		196,908	68
69 ELECTROCARDIOLOGY	2,165,295		2,165,295		2,165,295	69
70 ELECTROENCEPHALOGRAPHY	410,930		410,930		410,930	70
71 MEDICAL SUPPLIES CHRGED TO	11,702,646		11,702,646		11,702,646	71
72 IMPL. DEV. CHARGED TO PATIE	17,072,630		17,072,630		17,072,630	72
73 DRUGS CHARGED TO PATIENTS	19,553,917		19,553,917		19,553,917	73
74 RENAL DIALYSIS	1,074,536		1,074,536		1,074,536	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	5,172,140		5,172,140		5,172,140	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	147,796		147,796		147,796	90.04
90.05 OFF SITE IMAGING CENTER	1,147,441		1,147,441		1,147,441	90.05
91 EMERGENCY	17,206,217		17,206,217		17,206,217	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	265,935,218		265,935,218		265,935,218	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	265,935,218		265,935,218		265,935,218	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	120,533,604		120,533,604			30
31 INTENSIVE CARE UNIT	20,074,572		20,074,572			31
43 NURSERY	20,570,208		20,570,208			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,490,508	60,321,927	105,812,435	0.162842	0.162842	0.162842 50
50.01 ENDOSCOPY	7,538,278	28,972,504	36,510,782	0.126265	0.126265	0.126265 50.01
51 RECOVERY ROOM	8,768,497	12,206,186	20,974,683	0.138075	0.138075	0.138075 51
52 DELIVERY ROOM & LABOR ROOM	15,015,308	251,229	15,266,537	0.533895	0.533895	0.533895 52
53 ANESTHESIOLOGY	10,519,546	15,120,841	25,640,387	0.038241	0.038241	0.038241 53
54 RADIOLOGY-DIAGNOSTIC	12,819,103	24,153,707	36,972,810	0.193546	0.193546	0.193546 54
54.01 ULTRASOUND	7,237,987	20,416,453	27,654,440	0.085125	0.085125	0.085125 54.01
54.02 RADIOLOGY-SPECIAL PROCEDURE	4,191,992	3,006,659	7,198,651	0.221164	0.221164	0.221164 54.02
54.03 MAMMOGRAPHY	9,993	11,130,083	11,140,076	0.290207	0.290207	0.290207 54.03
55 RADIOLOGY-THERAPEUTIC	440,735	16,867,140	17,307,875	0.233120	0.233120	0.233120 55
56 RADIOISOTOPE	8,133,622	12,962,652	21,096,274	0.112073	0.112073	0.112073 56
57 COMPUTED TOMOGRAPHY (CT) SC	26,094,113	54,278,502	80,372,615	0.042836	0.042836	0.042836 57
58 MAGNETIC RESONANCE IMAGING	15,621,686	37,077,098	52,698,784	0.048469	0.048469	0.048469 58
59 CARDIAC CATHETERIZATION	22,171,327	9,058,248	31,229,575	0.207725	0.207725	0.207725 59
60 LABORATORY	87,602,579	105,532,151	193,134,730	0.070095	0.070095	0.070095 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	6,487,360	1,850,523	8,337,883	0.319457	0.319457	0.319457 63
64 INTRAVENOUS THERAPY	3,246,230	368,881	3,615,111	0.142662	0.142662	0.142662 64
65 RESPIRATORY THERAPY	47,569,874	3,825,869	51,395,743	0.100395	0.100395	0.100395 65
66 PHYSICAL THERAPY	7,289,388	382,585	7,671,973	0.226433	0.226433	0.226433 66
66.01 REHAB OUTPATIENT		7,458,139	7,458,139	0.255745	0.255745	0.255745 66.01
67 OCCUPATIONAL THERAPY	3,679,136	216,678	3,895,814	0.160358	0.160358	0.160358 67
68 SPEECH PATHOLOGY	671,439	36,187	707,626	0.278266	0.278266	0.278266 68
69 ELECTROCARDIOLOGY	19,243,975	19,677,578	38,921,553	0.055632	0.055632	0.055632 69
70 ELECTROENCEPHALOGRAPHY	925,371	1,820,467	2,745,838	0.149656	0.149656	0.149656 70
71 MEDICAL SUPPLIES CHRGED TO	27,744,954	22,355,161	50,100,115	0.233585	0.233585	0.233585 71
72 IMPL. DEV. CHARGED TO PATIE	15,854,546	6,463,175	22,317,721	0.764981	0.764981	0.764981 72
73 DRUGS CHARGED TO PATIENTS	74,020,731	30,423,921	104,444,652	0.187218	0.187218	0.187218 73
74 RENAL DIALYSIS	3,865,018	60,214	3,925,232	0.273751	0.273751	0.273751 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	234,675	11,025,875	11,260,550	0.459315	0.459315	0.459315 90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT		450,968	450,968	0.327731	0.327731	0.327731 90.04
90.05 OFF SITE IMAGING CENTER	45,330	8,389,603	8,434,933	0.136034	0.136034	0.136034 90.05
91 EMERGENCY	17,841,388	50,019,032	67,860,420	0.253553	0.253553	0.253553 91
92 OBSERVATION BEDS		14,761,420	14,761,420			92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	661,553,073	590,941,656	1,252,494,729			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	661,553,073	590,941,656	1,252,494,729			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	8,756,366		8,756,366	135.61	28,761	3,900,279	30
31 INTENSIVE CARE UNIT	1,089,518		1,089,518	191.14	2,905	555,262	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	502,498		502,498	44.30			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	10,348,382		10,348,382		31,666	4,455,541	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,908,339	105,812,435	0.018035	16,089,917	290,182	50
50.01 ENDOSCOPY	947,099	36,510,782	0.025940	4,042,365	104,859	50.01
51 RECOVERY ROOM	364,800	20,974,683	0.017392	3,296,665	57,336	51
52 DELIVERY ROOM & LABOR ROOM	1,304,121	15,266,537	0.085423	23,940	2,045	52
53 ANESTHESIOLOGY	18,201	25,640,387	0.000710	3,599,071	2,555	53
54 RADIOLOGY-DIAGNOSTIC	894,556	36,972,810	0.024195	6,823,160	165,086	54
54.01 ULTRASOUND	125,200	27,654,440	0.004527	3,936,602	17,821	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	101,553	7,198,651	0.014107	2,311,083	32,602	54.02
54.03 MAMMOGRAPHY	439,873	11,140,076	0.039486	8,963	354	54.03
55 RADIOLOGY-THERAPEUTIC	1,073,810	17,307,875	0.062042	298,541	18,522	55
56 RADIOISOTOPE	203,648	21,096,274	0.009653	5,038,008	48,632	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	277,778	80,372,615	0.003456	12,563,278	43,419	57
58 MAGNETIC RESONANCE IMAGING (M	237,969	52,698,784	0.004516	7,216,658	32,590	58
59 CARDIAC CATHETERIZATION	446,560	31,229,575	0.014299	13,216,837	188,988	59
60 LABORATORY	937,208	193,134,730	0.004853	43,190,859	209,605	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	67,958	8,337,883	0.008151	2,521,756	20,555	63
64 INTRAVENOUS THERAPY	5,788	3,615,111	0.001601	1,970,169	3,154	64
65 RESPIRATORY THERAPY	194,375	51,395,743	0.003782	24,258,418	91,745	65
66 PHYSICAL THERAPY	111,112	7,671,973	0.014483	4,636,486	67,150	66
66.01 REHAB OUTPATIENT	20,208	7,458,139	0.002710			66.01
67 OCCUPATIONAL THERAPY	7,543	3,895,814	0.001936	2,331,326	4,513	67
68 SPEECH PATHOLOGY	1,979	707,626	0.002797	481,870	1,348	68
69 ELECTROCARDIOLOGY	35,865	38,921,553	0.000921	11,020,719	10,150	69
70 ELECTROENCEPHALOGRAPHY	51,185	2,745,838	0.018641	431,088	8,036	70
71 MEDICAL SUPPLIES CHRGD TO PA	243,826	50,100,115	0.004867	11,379,650	55,385	71
72 IMPL. DEV. CHARGED TO PATIENT	178,445	22,317,721	0.007996	7,706,000	61,617	72
73 DRUGS CHARGED TO PATIENTS	388,449	104,444,652	0.003719	34,143,916	126,981	73
74 RENAL DIALYSIS	8,573	3,925,232	0.002184	2,761,875	6,032	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	617,729	11,260,550	0.054858	102,958	5,648	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	1,442	450,968	0.003198			90.04
90.05 OFF SITE IMAGING CENTER	12,740	8,434,933	0.001510	38,254	58	90.05
91 EMERGENCY	2,015,716	67,860,420	0.029704	8,457,986	251,236	91
92 OBSERVATION BEDS		14,761,420	14,761,420			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	13,243,648	1,091,316,345	1,091,316,345	233,898,418	1,928,204	200

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
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
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
 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
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	64,572		28,761		30
31 INTENSIVE CARE UNIT	5,700		2,905		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	11,344				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	81,616		31,666		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES						54.02
54.03 MAMMOGRAPHY						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC						90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT						90.04
90.05 OFF SITE 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	[] TITLE V	[XX] HOSPITAL (14-0290)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 + COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	105,812,435		16,089,917		8,925,830	50
50.01	ENDOSCOPY	36,510,782		4,042,365		7,563,061	50.01
51	RECOVERY ROOM	20,974,683		3,296,665		1,329,221	51
52	DELIVERY ROOM & LABOR ROOM	15,266,537		23,940			52
53	ANESTHESIOLOGY	25,640,387		3,599,071		2,210,629	53
54	RADIOLOGY-DIAGNOSTIC	36,972,810		6,823,160		5,096,620	54
54.01	ULTRASOUND	27,654,440		3,936,602		3,131,171	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	7,198,651		2,311,083		1,286,069	54.02
54.03	MAMMOGRAPHY	11,140,076		8,963		159,365	54.03
55	RADIOLOGY-THERAPEUTIC	17,307,875		298,541		6,752,226	55
56	RADIOISOTOPE	21,096,274		5,038,008		4,172,676	56
57	COMPUTED TOMOGRAPHY (CT) SCA	80,372,615		12,563,278		12,911,008	57
58	MAGNETIC RESONANCE IMAGING (52,698,784		7,216,658		7,848,743	58
59	CARDIAC CATHETERIZATION	31,229,575		13,216,837		4,427,439	59
60	LABORATORY	193,134,730		43,190,859		5,395,998	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,337,883		2,521,756		592,167	63
64	INTRAVENOUS THERAPY	3,615,111		1,970,169		157,135	64
65	RESPIRATORY THERAPY	51,395,743		24,258,418		1,094,115	65
66	PHYSICAL THERAPY	7,671,973		4,636,486			66
66.01	REHAB OUTPATIENT	7,458,139					66.01
67	OCCUPATIONAL THERAPY	3,895,814		2,331,326			67
68	SPEECH PATHOLOGY	707,626		481,870			68
69	ELECTROCARDIOLOGY	38,921,553		11,020,719		4,409,224	69
70	ELECTROENCEPHALOGRAPHY	2,745,838		431,088		343,375	70
71	MEDICAL SUPPLIES CHRGED TO P	50,100,115		11,379,650		4,576,973	71
72	IMPL. DEV. CHARGED TO PATIEN	22,317,721		7,706,000		1,837,179	72
73	DRUGS CHARGED TO PATIENTS	104,444,652		34,143,916		7,602,988	73
74	RENAL DIALYSIS	3,925,232		2,761,875		34,348	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	ENTEROSTOMAL THERAPY						90.01
90.02	PROCEDURE CLINIC	11,260,550		102,958		4,584,429	90.02
90.03	IMMEDIATE CARE CENTERS						90.03
90.04	EPILEPSY MONITORING UNIT	450,968				4,038	90.04
90.05	OFF SITE IMAGING CENTER	8,434,933		38,254		2,361,848	90.05
91	EMERGENCY	67,860,420		8,457,986		6,043,188	91
92	OBSERVATION BEDS	14,761,420				4,041,142	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,091,316,345		233,898,418		108,892,205	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.162842	8,925,830			1,453,500			50
50.01 ENDOSCOPY	0.126265	7,563,061			954,950			50.01
51 RECOVERY ROOM	0.138075	1,329,221			183,532			51
52 DELIVERY ROOM & LABOR ROOM	0.533895							52
53 ANESTHESIOLOGY	0.038241	2,210,629			84,537			53
54 RADIOLOGY-DIAGNOSTIC	0.193546	5,096,620			986,430			54
54.01 ULTRASOUND	0.085125	3,131,171			266,541			54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.221164	1,286,069			284,432			54.02
54.03 MAMMOGRAPHY	0.290207	159,365			46,249			54.03
55 RADIOLOGY-THERAPEUTIC	0.233120	6,752,226			1,574,079			55
56 RADIOISOTOPE	0.112073	4,172,676			467,644			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042836	12,911,008			553,056			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.048469	7,848,743			380,421			58
59 CARDIAC CATHETERIZATION	0.207725	4,427,439			919,690			59
60 LABORATORY	0.070095	5,395,998		77	378,232		5	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.319457	592,167			189,172			63
64 INTRAVENOUS THERAPY	0.142662	157,135			22,417			64
65 RESPIRATORY THERAPY	0.100395	1,094,115			109,844			65
66 PHYSICAL THERAPY	0.226433							66
66.01 REHAB OUTPATIENT	0.255745							66.01
67 OCCUPATIONAL THERAPY	0.160358							67
68 SPEECH PATHOLOGY	0.278266							68
69 ELECTROCARDIOLOGY	0.055632	4,409,224			245,294			69
70 ELECTROENCEPHALOGRAPHY	0.149656	343,375			51,388			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.233585	4,576,973			1,069,112			71
72 IMPL. DEV. CHARGED TO PATIENT	0.764981	1,837,179			1,405,407			72
73 DRUGS CHARGED TO PATIENTS	0.187218	7,602,988		211,099	1,423,416		39,522	73
74 RENAL DIALYSIS	0.273751	34,348			9,403			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 ENTEROSTOMAL THERAPY								90.01
90.02 PROCEDURE CLINIC	0.459315	4,584,429			2,105,697			90.02
90.03 IMMEDIATE CARE CENTERS								90.03
90.04 EPILEPSY MONITORING UNIT	0.327731	4,038			1,323			90.04
90.05 OFF SITE IMAGING CENTER	0.136034	2,361,848			321,292			90.05
91 EMERGENCY	0.253553	6,043,188	11,880		1,532,268	3,012		91
92 OBSERVATION BEDS		4,041,142						92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		108,892,205	11,957	211,099	17,019,326	3,017	39,522	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		108,892,205	11,957	211,099	17,019,326	3,017	39,522	202

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
 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
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	8,756,366		8,756,366	135.61	11,856	1,607,792	30
31 INTENSIVE CARE UNIT	1,089,518		1,089,518	191.14	352	67,281	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY	502,498		502,498	44.30	4,809	213,039	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	10,348,382		10,348,382		17,017	1,888,112	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26)	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL.1 ÷ COL.2)		(COL.3 x COL.4)
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,908,339	105,812,435	0.018035		50
50.01 ENDOSCOPY	947,099	36,510,782	0.025940		50.01
51 RECOVERY ROOM	364,800	20,974,683	0.017392		51
52 DELIVERY ROOM & LABOR ROOM	1,304,121	15,266,537	0.085423		52
53 ANESTHESIOLOGY	18,201	25,640,387	0.000710		53
54 RADIOLOGY-DIAGNOSTIC	894,556	36,972,810	0.024195		54
54.01 ULTRASOUND	125,200	27,654,440	0.004527		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	101,553	7,198,651	0.014107		54.02
54.03 MAMMOGRAPHY	439,873	11,140,076	0.039486		54.03
55 RADIOLOGY-THERAPEUTIC	1,073,810	17,307,875	0.062042		55
56 RADIOISOTOPE	203,648	21,096,274	0.009653		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	277,778	80,372,615	0.003456		57
58 MAGNETIC RESONANCE IMAGING (M	237,969	52,698,784	0.004516		58
59 CARDIAC CATHETERIZATION	446,560	31,229,575	0.014299		59
60 LABORATORY	937,208	193,134,730	0.004853		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	67,958	8,337,883	0.008151		63
64 INTRAVENOUS THERAPY	5,788	3,615,111	0.001601		64
65 RESPIRATORY THERAPY	194,375	51,395,743	0.003782		65
66 PHYSICAL THERAPY	111,112	7,671,973	0.014483		66
66.01 REHAB OUTPATIENT	20,208	7,458,139	0.002710		66.01
67 OCCUPATIONAL THERAPY	7,543	3,895,814	0.001936		67
68 SPEECH PATHOLOGY	1,979	707,626	0.002797		68
69 ELECTROCARDIOLOGY	35,865	38,921,553	0.000921		69
70 ELECTROENCEPHALOGRAPHY	51,185	2,745,838	0.018641		70
71 MEDICAL SUPPLIES CHRGED TO PA	243,826	50,100,115	0.004867		71
72 IMPL. DEV. CHARGED TO PATIENT	178,445	22,317,721	0.007996		72
73 DRUGS CHARGED TO PATIENTS	388,449	104,444,652	0.003719		73
74 RENAL DIALYSIS	8,573	3,925,232	0.002184		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC	617,729	11,260,550	0.054858		90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT	1,442	450,968	0.003198		90.04
90.05 OFF SITE IMAGING CENTER	12,740	8,434,933	0.001510		90.05
91 EMERGENCY	2,015,716	67,860,420	0.029704		91
92 OBSERVATION BEDS		14,761,420	14,761,420		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	13,243,648	1,091,316,345	1,091,316,345		200

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
 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
 05/29/2012 14:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
 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
 05/29/2012 14:29

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	64,572		11,856		30
31 INTENSIVE CARE UNIT	5,700		352		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	11,344		4,809		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	81,616		17,017		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES						54.02
54.03 MAMMOGRAPHY						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC						90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT						90.04
90.05 OFF SITE 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 [] TITLE V [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	(COL. 9 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	105,812,435						50
50.01 ENDOSCOPY	36,510,782						50.01
51 RECOVERY ROOM	20,974,683						51
52 DELIVERY ROOM & LABOR ROOM	15,266,537						52
53 ANESTHESIOLOGY	25,640,387						53
54 RADIOLOGY-DIAGNOSTIC	36,972,810						54
54.01 ULTRASOUND	27,654,440						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	7,198,651						54.02
54.03 MAMMOGRAPHY	11,140,076						54.03
55 RADIOLOGY-THERAPEUTIC	17,307,875						55
56 RADIOISOTOPE	21,096,274						56
57 COMPUTED TOMOGRAPHY (CT) SCA	80,372,615						57
58 MAGNETIC RESONANCE IMAGING (52,698,784						58
59 CARDIAC CATHETERIZATION	31,229,575						59
60 LABORATORY	193,134,730						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	8,337,883						63
64 INTRAVENOUS THERAPY	3,615,111						64
65 RESPIRATORY THERAPY	51,395,743						65
66 PHYSICAL THERAPY	7,671,973						66
66.01 REHAB OUTPATIENT	7,458,139						66.01
67 OCCUPATIONAL THERAPY	3,895,814						67
68 SPEECH PATHOLOGY	707,626						68
69 ELECTROCARDIOLOGY	38,921,553						69
70 ELECTROENCEPHALOGRAPHY	2,745,838						70
71 MEDICAL SUPPLIES CHRGED TO P	50,100,115						71
72 IMPL. DEV. CHARGED TO PATIEN	22,317,721						72
73 DRUGS CHARGED TO PATIENTS	104,444,652						73
74 RENAL DIALYSIS	3,925,232						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 ENTEROSTOMAL THERAPY							90.01
90.02 PROCEDURE CLINIC	11,260,550						90.02
90.03 IMMEDIATE CARE CENTERS							90.03
90.04 EPILEPSY MONITORING UNIT	450,968						90.04
90.05 OFF SITE IMAGING CENTER	8,434,933						90.05
91 EMERGENCY	67,860,420						91
92 OBSERVATION BEDS	14,761,420						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,091,316,345						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	SERVICES 2	DED & COINS 3	DED & COINS 4	SERVICES 5	DED & COINS 6	DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.162842						50
50.01 ENDOSCOPY	0.126265						50.01
51 RECOVERY ROOM	0.138075						51
52 DELIVERY ROOM & LABOR ROOM	0.533895						52
53 ANESTHESIOLOGY	0.038241						53
54 RADIOLOGY-DIAGNOSTIC	0.193546						54
54.01 ULTRASOUND	0.085125						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.221164						54.02
54.03 MAMMOGRAPHY	0.290207						54.03
55 RADIOLOGY-THERAPEUTIC	0.233120						55
56 RADIOISOTOPE	0.112073						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042836						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.048469						58
59 CARDIAC CATHETERIZATION	0.207725						59
60 LABORATORY	0.070095						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.319457						63
64 INTRAVENOUS THERAPY	0.142662						64
65 RESPIRATORY THERAPY	0.100395						65
66 PHYSICAL THERAPY	0.226433						66
66.01 REHAB OUTPATIENT	0.255745						66.01
67 OCCUPATIONAL THERAPY	0.160358						67
68 SPEECH PATHOLOGY	0.278266						68
69 ELECTROCARDIOLOGY	0.055632						69
70 ELECTROENCEPHALOGRAPHY	0.149656						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.233585						71
72 IMPL. DEV. CHARGED TO PATIENT	0.764981						72
73 DRUGS CHARGED TO PATIENTS	0.187218						73
74 RENAL DIALYSIS	0.273751						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 ENTEROSTOMAL THERAPY							90.01
90.02 PROCEDURE CLINIC	0.459315						90.02
90.03 IMMEDIATE CARE CENTERS							90.03
90.04 EPILEPSY MONITORING UNIT	0.327731						90.04
90.05 OFF SITE IMAGING CENTER	0.136034						90.05
91 EMERGENCY	0.253553						91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	64,572	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	64,572	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	64,572	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)	28,761	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)	77,026,802	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	77,026,802	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.639048	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,866.65	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)	77,026,802	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0290) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,192.88 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 34,308,422 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 34,308,422 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	11,455,294	5,700	2,009.70	2,905	5,838,179	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)					36,856,663	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					77,003,264	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 4,455,541 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,928,204 51
 52 TOTAL PROGRAM EXCLUDABLE COST 6,383,745 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 70,619,519 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,192.88 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	64,572	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	64,572	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	64,572	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)	11,856	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)	11,344	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	4,809	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)	77,026,802	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	77,026,802	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.639048	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,866.65	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)	77,026,802	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,192.88 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 14,142,785 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 14,142,785 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	8,369,856	11,344	737.82	4,809	3,548,176 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	11,455,294	5,700	2,009.70	352	707,414 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)					18,398,375 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,888,112 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 1,888,112 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

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

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		54,871,827			30
31 INTENSIVE CARE UNIT		11,513,116			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.162842	16,089,917	2,620,114		50
50.01 ENDOSCOPY	0.126265	4,042,365	510,409		50.01
51 RECOVERY ROOM	0.138075	3,296,665	455,187		51
52 DELIVERY ROOM & LABOR ROOM	0.533895	23,940	12,781		52
53 ANESTHESIOLOGY	0.038241	3,599,071	137,632		53
54 RADIOLOGY-DIAGNOSTIC	0.193546	6,823,160	1,320,595		54
54.01 ULTRASOUND	0.085125	3,936,602	335,103		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.221164	2,311,083	511,128		54.02
54.03 MAMMOGRAPHY	0.290207	8,963	2,601		54.03
55 RADIOLOGY-THERAPEUTIC	0.233120	298,541	69,596		55
56 RADIOISOTOPE	0.112073	5,038,008	564,625		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042836	12,563,278	538,161		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.048469	7,216,658	349,784		58
59 CARDIAC CATHETERIZATION	0.207725	13,216,837	2,745,467		59
60 LABORATORY	0.070095	43,190,859	3,027,463		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.319457	2,521,756	805,593		63
64 INTRAVENOUS THERAPY	0.142662	1,970,169	281,068		64
65 RESPIRATORY THERAPY	0.100395	24,258,418	2,435,424		65
66 PHYSICAL THERAPY	0.226433	4,636,486	1,049,853		66
66.01 REHAB OUTPATIENT	0.255745				66.01
67 OCCUPATIONAL THERAPY	0.160358	2,331,326	373,847		67
68 SPEECH PATHOLOGY	0.278266	481,870	134,088		68
69 ELECTROCARDIOLOGY	0.055632	11,020,719	613,105		69
70 ELECTROENCEPHALOGRAPHY	0.149656	431,088	64,515		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.233585	11,379,650	2,658,116		71
72 IMPL. DEV. CHARGED TO PATIENT	0.764981	7,706,000	5,894,944		72
73 DRUGS CHARGED TO PATIENTS	0.187218	34,143,916	6,392,356		73
74 RENAL DIALYSIS	0.273751	2,761,875	756,066		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC	0.459315	102,958	47,290		90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT	0.327731				90.04
90.05 OFF SITE IMAGING CENTER	0.136034	38,254	5,204		90.05
91 EMERGENCY	0.253553	8,457,986	2,144,548		91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		233,898,418	36,856,663		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		233,898,418			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.162842			50
50.01 ENDOSCOPY	0.126265			50.01
51 RECOVERY ROOM	0.138075			51
52 DELIVERY ROOM & LABOR ROOM	0.533895			52
53 ANESTHESIOLOGY	0.038241			53
54 RADIOLOGY-DIAGNOSTIC	0.193546			54
54.01 ULTRASOUND	0.085125			54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.221164			54.02
54.03 MAMMOGRAPHY	0.290207			54.03
55 RADIOLOGY-THERAPEUTIC	0.233120			55
56 RADIOISOTOPE	0.112073			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.042836			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.048469			58
59 CARDIAC CATHETERIZATION	0.207725			59
60 LABORATORY	0.070095			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.319457			63
64 INTRAVENOUS THERAPY	0.142662			64
65 RESPIRATORY THERAPY	0.100395			65
66 PHYSICAL THERAPY	0.226433			66
66.01 REHAB OUTPATIENT	0.255745			66.01
67 OCCUPATIONAL THERAPY	0.160358			67
68 SPEECH PATHOLOGY	0.278266			68
69 ELECTROCARDIOLOGY	0.055632			69
70 ELECTROENCEPHALOGRAPHY	0.149656			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.233585			71
72 IMPL. DEV. CHARGED TO PATIENT	0.764981			72
73 DRUGS CHARGED TO PATIENTS	0.187218			73
74 RENAL DIALYSIS	0.273751			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 ENTEROSTOMAL THERAPY				90.01
90.02 PROCEDURE CLINIC	0.459315			90.02
90.03 IMMEDIATE CARE CENTERS				90.03
90.04 EPILEPSY MONITORING UNIT	0.327731			90.04
90.05 OFF SITE IMAGING CENTER	0.136034			90.05
91 EMERGENCY	0.253553			91
92 OBSERVATION BEDS				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 (14-0290)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	49,889,501	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,924,793	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	339.00	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
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0212	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2245	31
32	SUM OF LINES 30 AND 31	0.2457	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0949	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,734,514	34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	56,548,808	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)	56,548,808	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,492,433	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0290)
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		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	61,041,241	59
60	PRIMARY PAYER PAYMENTS	427,375	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	60,613,866	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,607,968	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	238,644	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	958,764	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	671,135	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	726,560	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	56,438,389	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	56,438,389	71
72	INTERIM PAYMENTS	54,927,406	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	1,510,983	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0290) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	42,539	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	17,019,326	2
3	PPS PAYMENTS	16,707,933	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	32,613	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	42,539	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	223,056	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	223,056	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	223,056	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	180,517	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	42,539	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	16,740,546	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,391	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,024,997	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	12,755,697	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	12,755,697	30
31	PRIMARY PAYER PAYMENTS	34,137	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	12,721,560	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	755,736	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	529,015	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	620,176	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	13,250,575	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	13,250,575	40
41	INTERIM PAYMENTS	13,178,969	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	71,606	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0290) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		54,343,306		12,700,169	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.		584,100		478,800	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		54,927,406		13,178,969	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	1,510,983		71,606	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		56,438,389		13,250,575	7

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER
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
05/29/2012 14:29

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0290) CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	18,032 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	31,666 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	70,272 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,252,494,729 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	40,592,520 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30 30
31	OTHER ADJUSTMENTS (SPECIFY)	31 31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0290) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	18,398,375 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	18,398,375 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	18,398,375 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))	18,398,375 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

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	28,209,000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	40,047,000			4
5	OTHER RECEIVABLES	801,000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4,012,000			7
8	PREPAID EXPENSES	779,000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	73,848,000			11
FIXED ASSETS					
12	LAND	11,000,000			12
13	LAND IMPROVEMENTS	18,902,305			13
14	ACCUMULATED DEPRECIATION	-7,102,984			14
15	BUILDINGS	171,680,652			15
16	ACCUMULATED DEPRECIATION	-46,710,526			16
17	LEASEHOLD IMPROVEMENTS	12,792,671			17
18	ACCUMULATED AMORTIZATION	-4,206,084			18
19	FIXED EQUIPMENT	8,694,464			19
20	ACCUMULATED DEPRECIATION	-4,949,159			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	92,850,029			23
24	ACCUMULATED DEPRECIATION	-77,882,649			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	175,068,719			30
OTHER ASSETS					
31	INVESTMENTS	2,648,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	32,727,281			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	35,375,281			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	284,292,000			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	1,850,000			37
38	SALARIES, WAGES & FEES PAYABLE	13,921,000			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	33,017,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	48,788,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	42,366,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	42,366,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	91,154,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	193,138,000			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	193,138,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	284,292,000			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	158,315,000								1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)	19,117,000								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	177,432,000								3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 TRANSFERS FROM AFFILIATES					14,966,000				6
7 NET ASSETS RELEASED							416,000		7
8 RECONCILE AMOUNT							324,000		8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)					14,966,000			740,000	10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	177,432,000				14,966,000			740,000	11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	177,432,000				14,966,000			740,000	19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	120,533,604		120,533,604	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	120,533,604		120,533,604	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	20,074,572		20,074,572	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)	20,074,572		20,074,572	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	140,608,176		140,608,176	17
18 ANCILLARY SERVICES	516,385,441	595,501,111	1,111,886,552	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER OP REVENUE - PHYSICIANS		4,717,596	4,717,596	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	656,993,617	600,218,707	1,257,212,324	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		305,820,354	29
30 INTEREST EXPENSE	7,372,000		30
31 DOCTORS OFFICE BUILDING	1,144,053		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		8,516,053	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)		314,336,407	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,257,212,324	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	928,587,324	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	328,625,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	314,336,407	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	14,288,593	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	169,000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	3,335	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	1,904	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	156,670	20
21	RENTAL OF VENDING MACHINES	15,842	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (CAPITATION REVENUE)	1,040,162	24
24.01	OTHER (PRENATAL CLASS TUITION)	9,299	24.01
24.02	OTHER (DOCTORS BUILDING)	1,126,342	24.02
24.03	OTHER (FOUNDATION RESTRICTED FUNDS UTILILIZE)	195,007	24.03
24.04	OTHER (INCOME FROM EASEMENT)	153,196	24.04
24.05	OTHER (PHYSICIANS OFFICE RENTAL)	800,190	24.05
24.06	OTHER (EDUCATION FEES)	23,768	24.06
24.07	OTHER (OTHER MISC INCOME)	684,531	24.07
24.08	OTHER (STARBUCKS COFFEE SHOP)	382,280	24.08
24.09	OTHER (EMRGENCY PREPARED MISC)	41,964	24.09
24.10	OTHER (PLANT OPERATION MISC INCOME)	29,330	24.10
24.11	OTHER (CHAPEL INCOME)	4,550	24.11
24.12	OTHER (OTHER MISC)	1,599	24.12
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	4,838,969	25
26	TOTAL (LINE 5 PLUS LINE 25)	19,127,562	26
27	OTHER EXPENSES (UNRECONCILED VARIANCE)	10,562	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	10,562	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	19,117,000	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-029) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	4,050,731		1
3	CAPITAL DRG OUTLIER PAYMENTS	235,115		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	192.53		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)	0.0212		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2245		8
10	SUM OF LINES 7 AND 8	0.2457		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0510		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	206,587		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,492,433		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 ENDOSCOPY					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES					54.02
54.03 MAMMOGRAPHY					54.03
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 REHAB OUTPATIENT					66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC					90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT					90.04
90.05 OFF SITE IMAGING CENTER					90.05
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190

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PERIOD FROM 01/01/2011 TO 12/31/2011

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	44.54		18.36				62.90	30
31 INTENSIVE CARE UNIT	50.96		6.18				57.14	31
43 NURSERY			42.39				42.39	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	15.21	8.44					23.65	50
50.01 ENDOSCOPY	11.07	20.71					31.78	50.01
51 RECOVERY ROOM	15.72	6.34					22.06	51
52 DELIVERY ROOM & LABOR ROOM	0.16						0.16	52
53 ANESTHESIOLOGY	14.04	8.62					22.66	53
54 RADIOLOGY-DIAGNOSTIC	18.45	13.78					32.23	54
54.01 ULTRASOUND	14.23	11.32					25.55	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	32.10	17.87					49.97	54.02
54.03 MAMMOGRAPHY	0.08	1.43					1.51	54.03
55 RADIOLOGY-THERAPEUTIC	1.72	39.01					40.73	55
56 RADIOISOTOPE	23.88	19.78					43.66	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15.63	16.06					31.69	57
58 MAGNETIC RESONANCE IMAGING (MRI)	13.69	14.89					28.58	58
59 CARDIAC CATHETERIZATION	42.32	14.18					56.50	59
60 LABORATORY	22.36	2.79					25.15	60
63 BLOOD STORING, PROCESSING & TRA	30.24	7.10					37.34	63
64 INTRAVENOUS THERAPY	54.50	4.35					58.85	64
65 RESPIRATORY THERAPY	47.20	2.13					49.33	65
66 PHYSICAL THERAPY	60.43						60.43	66
67 OCCUPATIONAL THERAPY	59.84						59.84	67
68 SPEECH PATHOLOGY	68.10						68.10	68
69 ELECTROCARDIOLOGY	28.32	11.33					39.65	69
70 ELECTROENCEPHALOGRAPHY	15.70	12.51					28.21	70
71 MEDICAL SUPPLIES CHRGED TO PATI	22.71	9.14					31.85	71
72 IMPL. DEV. CHARGED TO PATIENT	34.53	8.23					42.76	72
73 DRUGS CHARGED TO PATIENTS	32.69	7.48					40.17	73
74 RENAL DIALYSIS	70.36	0.88					71.24	74
90.02 PROCEDURE CLINIC	0.91	40.71					41.62	90.02
90.04 EPILEPSY MONITORING UNIT		0.90					0.90	90.04
90.05 OFF SITE IMAGING CENTER	0.45	28.00					28.45	90.05
91 EMERGENCY	12.46	8.92					21.38	91
92 OBSERVATION BEDS		27.38					27.38	92
200 TOTAL CHARGES	21.43	10.00					31.43	200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	14,438,157	5.38	-14,438,157	-11.51		1
2	CAP REL COSTS-MVBLE EQUIP	9,304,661	3.46	-9,304,661	-7.42		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	15,088,754	5.62	-15,088,754	-12.03		4
5	ADMINISTRATIVE & GENERAL	56,012,571	20.86	-56,012,571	-44.67		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	10,199,601	3.80	-10,199,601	-8.13		7
8	LAUNDRY & LINEN SERVICE	1,025,892	0.38	-1,025,892	-0.82		8
9	HOUSEKEEPING	4,062,906	1.51	-4,062,906	-3.24		9
10	DIETARY	2,507,025	0.93	-2,507,025	-2.00		10
11	CAFETERIA	1,081,229	0.40	-1,081,229	-0.86		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,160,830	0.80	-2,160,830	-1.72		13
14	CENTRAL SERVICES & SUPPLY	893,556	0.33	-893,556	-0.71		14
15	PHARMACY	3,011,554	1.12	-3,011,554	-2.40		15
16	MEDICAL RECORDS & LIBRARY	2,584,563	0.96	-2,584,563	-2.06		16
17	SOCIAL SERVICE	3,016,820	1.12	-3,016,820	-2.41		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)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	34,115,099	12.70	42,911,703	34.22	77,026,802	28.68
31	INTENSIVE CARE UNIT	5,772,611	2.15	5,682,683	4.53	11,455,294	4.27
43	NURSERY	4,798,703	1.79	3,571,153	2.85	8,369,856	3.12
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	9,008,119	3.35	8,222,545	6.56	17,230,664	6.42
50.01	ENDOSCOPY	1,712,021	0.64	2,898,021	2.31	4,610,042	1.72
51	RECOVERY ROOM	1,362,123	0.51	1,533,964	1.22	2,896,087	1.08
52	DELIVERY ROOM & LABOR ROOM	3,619,157	1.35	4,531,566	3.61	8,150,723	3.03
53	ANESTHESIOLOGY	673,476	0.25	307,050	0.24	980,526	0.37
54	RADIOLOGY-DIAGNOSTIC	3,555,683	1.32	3,600,246	2.87	7,155,929	2.66
54.01	ULTRASOUND	1,406,437	0.52	947,658	0.76	2,354,095	0.88
54.02	RADIOLOGY-SPECIAL PROCEDURES	957,980	0.36	634,103	0.51	1,592,083	0.59
54.03	MAMMOGRAPHY	1,610,219	0.60	1,622,705	1.29	3,232,924	1.20
55	RADIOLOGY-THERAPEUTIC	1,207,917	0.45	2,826,899	2.25	4,034,816	1.50
56	RADIOISOTOPE	1,402,194	0.52	962,138	0.77	2,364,332	0.88
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,895,000	0.71	1,547,826	1.23	3,442,826	1.28
58	MAGNETIC RESONANCE IMAGING (MRI)	1,383,505	0.52	1,170,733	0.93	2,554,238	0.95
59	CARDIAC CATHETERIZATION	3,995,063	1.49	2,492,112	1.99	6,487,175	2.42
60	LABORATORY	8,121,038	3.02	5,416,789	4.32	13,537,827	5.04
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	1,904,911	0.71	758,681	0.61	2,663,592	0.99
64	INTRAVENOUS THERAPY	347,424	0.13	168,316	0.13	515,740	0.19
65	RESPIRATORY THERAPY	3,257,424	1.21	1,902,471	1.52	5,159,895	1.92
66	PHYSICAL THERAPY	1,057,610	0.39	679,577	0.54	1,737,187	0.65
66.01	REHAB OUTPATIENT	1,280,508	0.48	626,875	0.50	1,907,383	0.71
67	OCCUPATIONAL THERAPY	410,931	0.15	213,795	0.17	624,726	0.23
68	SPEECH PATHOLOGY	130,898	0.05	66,010	0.05	196,908	0.07
69	ELECTROCARDIOLOGY	1,238,395	0.46	926,900	0.74	2,165,295	0.81
70	ELECTROENCEPHALOGRAPHY	204,895	0.08	206,035	0.16	410,930	0.15
71	MEDICAL SUPPLIES CHRGD TO PATI	8,047,341	3.00	3,655,305	2.92	11,702,646	4.36
72	IMPL. DEV. CHARGED TO PATIENT	12,865,629	4.79	4,207,001	3.36	17,072,630	6.36
73	DRUGS CHARGED TO PATIENTS	11,117,758	4.14	8,436,159	6.73	19,553,917	7.28
74	RENAL DIALYSIS	826,075	0.31	248,461	0.20	1,074,536	0.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90.01	ENTEROSTOMAL THERAPY						90.01
90.02	PROCEDURE CLINIC	2,584,745	0.96	2,587,395	2.06	5,172,140	1.93
90.03	IMMEDIATE CARE CENTERS						90.03
90.04	EPILEPSY MONITORING UNIT	101,329	0.04	46,467	0.04	147,796	0.06
90.05	OFF SITE IMAGING CENTER	805,031	0.30	342,410	0.27	1,147,441	0.43
91	EMERGENCY	8,604,848	3.20	8,601,369	6.86	17,206,217	6.41
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	481,660	0.18	460,819	0.37	942,479	0.35
192	PHYSICIANS' PRIVATE OFFICES	375,553	0.14	106,127	0.08	481,680	0.18
192.01	POB	927,153	0.35	262,002	0.21	1,189,155	0.44

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COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
194	COMMUNITY PROGRAMS	15,651	0.01	6,050		21,701	0.01	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	268,570,233	100.00			268,570,233	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,908,339	105,812,435	0.018035	16,089,917	290,182	50
50.01 ENDOSCOPY	947,099	36,510,782	0.025940	4,042,365	104,859	50.01
51 RECOVERY ROOM	364,800	20,974,683	0.017392	3,296,665	57,336	51
52 DELIVERY ROOM & LABOR ROOM	1,304,121	15,266,537	0.085423	23,940	2,045	52
53 ANESTHESIOLOGY	18,201	25,640,387	0.000710	3,599,071	2,555	53
54 RADIOLOGY-DIAGNOSTIC	894,556	36,972,810	0.024195	6,823,160	165,086	54
54.01 ULTRASOUND	125,200	27,654,440	0.004527	3,936,602	17,821	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	101,553	7,198,651	0.014107	2,311,083	32,602	54.02
54.03 MAMMOGRAPHY	439,873	11,140,076	0.039486	8,963	354	54.03
55 RADIOLOGY-THERAPEUTIC	1,073,810	17,307,875	0.062042	298,541	18,522	55
56 RADIOISOTOPE	203,648	21,096,274	0.009653	5,038,008	48,632	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	277,778	80,372,615	0.003456	12,563,278	43,419	57
58 MAGNETIC RESONANCE IMAGING (MRI)	237,969	52,698,784	0.004516	7,216,658	32,590	58
59 CARDIAC CATHETERIZATION	446,560	31,229,575	0.014299	13,216,837	188,988	59
60 LABORATORY	937,208	193,134,730	0.004853	43,190,859	209,605	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	67,958	8,337,883	0.008151	2,521,756	20,555	63
64 INTRAVENOUS THERAPY	5,788	3,615,111	0.001601	1,970,169	3,154	64
65 RESPIRATORY THERAPY	194,375	51,395,743	0.003782	24,258,418	91,745	65
66 PHYSICAL THERAPY	111,112	7,671,973	0.014483	4,636,486	67,150	66
66.01 REHAB OUTPATIENT	20,208	7,458,139	0.002710			66.01
67 OCCUPATIONAL THERAPY	7,543	3,895,814	0.001936	2,331,326	4,513	67
68 SPEECH PATHOLOGY	1,979	707,626	0.002797	481,870	1,348	68
69 ELECTROCARDIOLOGY	35,865	38,921,553	0.000921	11,020,719	10,150	69
70 ELECTROENCEPHALOGRAPHY	51,185	2,745,838	0.018641	431,088	8,036	70
71 MEDICAL SUPPLIES CHRGED TO PATI	243,826	50,100,115	0.004867	11,379,650	55,385	71
72 IMPL. DEV. CHARGED TO PATIENT	178,445	22,317,721	0.007996	7,706,000	61,617	72
73 DRUGS CHARGED TO PATIENTS	388,449	104,444,652	0.003719	34,143,916	126,981	73
74 RENAL DIALYSIS	8,573	3,925,232	0.002184	2,761,875	6,032	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	617,729	11,260,550	0.054858	102,958	5,648	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	1,442	450,968	0.003198			90.04
90.05 OFF SITE IMAGING CENTER	12,740	8,434,933	0.001510	38,254	58	90.05
91 EMERGENCY	2,015,716	67,860,420	0.029704	8,457,986	251,236	91
92 OBSERVATION BEDS		14,761,420				92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	13,243,648	1,091,316,345		233,898,418	1,928,204	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	8,756,366		8,756,366	64,572	135.61	28,761	3,900,279 30
31	INTENSIVE CARE UNIT	1,089,518		1,089,518	5,700	191.14	2,905	555,262 31
200	TOTAL	9,845,884		9,845,884	70,272		31,666	4,455,541 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4,455,541	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,928,204	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6,383,745	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							6,337	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							31,666	
PER DISCHARGE CAPITAL COSTS							1,007.38	
PER DIEM CAPITAL COSTS							201.60	

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)	70,619,519
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	300,283,361
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.235

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)	6,383,745
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.021

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)	17,009,923
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)	108,857,857
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.156