

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: 11-30-2012 TIME: 07:51  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ANTHONY'S MEMORIAL HOSPITAL (14-0032) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE 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		320,135	140,852		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		320,135	140,852		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: 503 N MAPLE  
 2 CITY: EFFINGHAM

STATE: IL

P.O. BOX:  
 ZIP CODE: 62401-

COUNTY: EFFINGHAM

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	14-0032	41180	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5940		N	06/27/1997	N	P	N	9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA	14-7661		N	02/17/1997	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011			TO: 06/30/2012				20
21	TYPE OF CONTROL				1				21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		OTHER	24
		MEDICAID		MEDICAID		MEDICAID			
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID		
		1	2	3	4	5	6		
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,690	534					96	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID 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.								26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.								27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX	
		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? 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.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60

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

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4). (SEE INSTRUCTIONS)

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

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

EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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.	N		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

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

141	NAME: HOSPITAL SISTERS HEALTH SYSTEM CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET: 4936 LAVERNA ROAD P.O. BOX:		142
143	CITY: SPRINGFIELD, IL 62707 STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

MULTICAMPUS

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

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

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

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
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	
<b>FINANCIAL DATA AND REPORTS</b>					
		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.	Y		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		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	
<b>BED COMPLEMENT</b>					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

	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	N		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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME:	LAST NAME:	TITLE:	41
42	EMPLOYER:			42
43	PHONE NUMBER:	E-MAIL ADDRESS:		43





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	32,078,773	32,078,773	1,357,557.00	23.63	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE						4
4.01	PHYSICIAN-PART A - 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 AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	724,571	724,571	31,041.00	23.34	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		847,745	847,745	34,258.00	24.75	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		397,534	397,534	5,993.00	66.33	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		2,201,570	2,201,570	26,553.00	82.91	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		30,507,378	30,507,378			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,571,395	1,571,395			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE						22
22.01	PHYSICIAN PART A - TEACHING						22.01
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		250,589	462,689	18,450.00	25.08	26
27	ADMINISTRATIVE & GENERAL		4,165,579	-212,100	3,953,479	185,058.00	21.36
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		158,085	158,085	1,390.00	113.73	28
29	MAINTENANCE & REPAIRS		594,530	594,530	27,050.00	21.98	29
30	OPERATION OF PLANT		152,414	152,414	10,112.00	15.07	30
31	LAUNDRY & LINEN SERVICE		95,354	95,354	8,518.00	11.19	31
32	HOUSEKEEPING		655,852	655,852	58,627.00	11.19	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		535,807	-210,974	324,833	23,687.00	13.71
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		70,286	210,974	281,260	21,717.00	12.95
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		487,330	487,330	15,000.00	32.49	38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY		1,222,670	1,222,670	31,317.20	39.04	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,027,520	2,027,520	85,622.00	23.68	41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	32,236,858		32,236,858	1,358,947.0	23.72	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	1,572,316		1,572,316	65,299.00	24.08	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	30,664,542		30,664,542	1,293,648.0	23.70	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	2,599,104		2,599,104	32,546.00	79.86	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	30,507,378		30,507,378		99.49%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	63,771,024		63,771,024	1,326,194.0	48.09	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	10,416,016		10,416,016	486,548.20	21.41	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,791,952	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)	8,537,870	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	339,530	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	2,275,539	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	21,504	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	145,614	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	13,112,009	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	170,877	25

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/30/2012 07:51

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7661

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: EFFINGHAM

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,041	2	5	1,048	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		402.00	51.00	104.00	544.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL			88,539.00	88,539.00	5
6 DIRECT NURSING SERVICE			496,503.00	496,503.00	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			68,975.00	68,975.00	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			7,720.00	7,720.00	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			4,793.00	4,793.00	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			5,372.00	5,372.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			48,020.00	48,020.00	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	00014	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	3,702	283	169	119	4,273	21
22 SKILLED NURSING VISIT CHARGES	466,452	35,658	21,294	14,994	538,398	22
23 PHYSICAL THERAPY VISITS	699	4	19	46	768	23
24 PHYSICAL THERAPY VISIT CHARGES	102,753	588	2,793	6,762	112,896	24
25 OCCUPATIONAL THERAPY VISITS	173	2	7	3	185	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	25,431	294	1,029	441	27,195	26
27 SPEECH PATHOLOGY VISITS	48				48	27
28 SPEECH PATHOLOGY VISIT CHARGES	7,056				7,056	28
29 MEDICAL SOCIAL SERVICE VISITS	24	1			25	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	4,410	184			4,594	30
31 HOME HEALTH AIDE VISITS	476	52	1	10	539	31
32 HOME HEALTH AIDE VISIT CHARGES	34,986	3,822	74	735	39,617	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	5,122	342	196	178	5,838	33
34 OTHER CHARGES	19,019	3,549	863	426	23,857	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	660,107	44,095	26,053	23,358	753,613	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	369		43	14	426	36
37 TOTAL NUMBER OF OUTLIER EPISODES		9			9	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
							TOTAL (COLS. 2 + 3)
	GROUP				SNF DAYS	SWING BED SNF DAYS	4
	1				2	3	
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL				25		25
7	RHX				14		14
8	RHL				18		18
9	RMX				14		14
10	RML				164		164
11	RLX						11
12	RUC						12
13	RUB						13
14	RUA						14
15	RVC				1		1
16	RVB				28		28
17	RVA				28		28
18	RHC				72		72
19	RHB				44		44
20	RHA				605		605
21	RMC				134		134
22	RMB				128		128
23	RMA				1,134		1,134
24	RLB						24
25	RLA						25
26	ES3						26
27	ES2						27
28	ES1				59		59
29	HE2						29
30	HE1						30
31	HD2				6		6
32	HD1				60		60
33	HC2						33
34	HC1				7		7
35	HB2						35
36	HB1				107		107
37	LE2						37
38	LE1						38
39	LD2						39
40	LD1						40
41	LC2						41
42	LC1				2		2
43	LB2						43
44	LB1						44
45	CE2						45
46	CE1				3		3
47	CD2						47
48	CD1				58		58
49	CC2						49
50	CC1				32		32
51	CB2						51
52	CB1				167		167
53	CA2						53
54	CA1				92		92
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2						65
66	BB1				12		12
67	BA2						67
68	BA1				3		3

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1		37		37 72
73	PC2				73
74	PC1		14		14 74
75	PB2				75
76	PB1		71		71 76
77	PA2				77
78	PA1		36		36 78
199	AAA				199
200	TOTAL		3,175		3,175 200

CBSA AT  
 BEGINNING  
 OF COST  
 REPORTING  
 PERIOD  
 1

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

SNF SERVICES

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

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

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	931,009		207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.337262	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				3,264,012	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5,125,590	5
6	MEDICAID CHARGES				32,891,554	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				11,093,071	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				2,703,469	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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					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)				2,703,469	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 FACILITY	4,733,646	862,987	5,596,633		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	1,596,479	291,053	1,887,532		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				0	22
23	COST OF CHARITY CARE	1,596,479	291,053	1,887,532		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				4,450,384	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				791,043	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				3,659,341	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,234,157	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				3,121,689	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				5,825,158	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		1,821,917	1,821,917	370,045	1
2	00200		4,993,646	4,993,646	33,569	2
3	00300					3
4	00400	250,589	13,347,948	13,598,537	330,422	4
5	00500	4,165,579	11,865,461	16,031,040	-402,737	5
6	00600	594,530	331,585	926,115		6
7	00700	152,414	1,472,353	1,624,767		7
8	00800	95,354	367,965	463,319		8
9	00900	655,852	268,914	924,766		9
10	01000	535,807	420,094	955,901	-385,883	10
11	01100	70,286	2,416	72,702	385,883	11
12	01200					12
13	01300	487,330	23,227	510,557		13
14	01400		1,527,535	1,527,535	-1,524,435	14
15	01500	1,222,670	2,925,623	4,148,293	-2,783,670	15
16	01600	2,027,520	787,966	2,815,486		16
17	01700		1,888	1,888		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	6,245,117	252,673	6,497,790		30
31	03100	1,246,609	38,873	1,285,482		31
43	04300		19,770	19,770		43
44	04400	724,571	33,329	757,900		44
ANCILLARY SERVICE COST CENTERS						
50	05000	3,388,567	13,014,118	16,402,685		50
52	05200	149,762	105,681	255,443		52
53	05300	951,518	1,764,353	2,715,871		53
54	05400	1,448,336	862,454	2,310,790		54
54.01	03630	171,449	54,057	225,506		54.01
54.02	03450	223,589	418,312	641,901		54.02
54.04	03480		57,729	57,729		54.04
54.06	05401		162,960	162,960		54.06
57	05700	214,882	465,430	680,312		57
58	05800	175,750	215,711	391,461		58
59	05900	190,688	142,319	333,007		59
60	06000	1,253,312	2,718,953	3,972,265		60
62.30	06250					62.30
65	06500	1,105,114	111,840	1,216,954		65
66	06600	860,592	64,632	925,224		66
67	06700	147,630	24,937	172,567		67
69	06900	468,327	333,565	801,892		69
70	07000	137,555	259,362	396,917		70
71	07100				1,524,435	71
73	07300				2,783,670	73
74	07400		54,238	54,238		74
76	03050					76
76.01	03650	169,388	37,874	207,262		76.01
76.02	03651	69,146	3,338	72,484		76.02
76.03	03950	206,311	1,031,244	1,237,555		76.03
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	1,424,884	597,502	2,022,386		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	719,922	167,075	886,997		101
SPECIAL PURPOSE COST CENTERS						
113	11300		331,299	331,299	-331,299	113
118		31,950,950	63,502,166	95,453,116		118
NONREIMBURSABLE COST CENTERS						
190	19000		35,803	35,803		190
192	19200		23,698	23,698		192
194	07950	126,902	25	126,927		194
194.01	07951					194.01
194.02	07952					194.02
194.03	07953	921	3,013,502	3,014,423		194.03
200		32,078,773	66,575,194	98,653,967		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	2,191,962	529,943	2,721,905	1
2	00200	CAP REL COSTS-MVBLE EQUIP	5,027,215	-37,275	4,989,940	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	13,928,959	-573,998	13,354,961	4
5	00500	ADMINISTRATIVE & GENERAL	15,628,303	-529,203	15,099,100	5
6	00600	MAINTENANCE & REPAIRS	926,115	-16,981	909,134	6
7	00700	OPERATION OF PLANT	1,624,767	-3,569	1,621,198	7
8	00800	LAUNDRY & LINEN SERVICE	463,319		463,319	8
9	00900	HOUSEKEEPING	924,766	-166	924,600	9
10	01000	DIETARY	570,018	-84,135	485,883	10
11	01100	CAFETERIA	458,585		458,585	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	510,557	-179	510,378	13
14	01400	CENTRAL SERVICES & SUPPLY	3,100		3,100	14
15	01500	PHARMACY	1,364,623	-3,400	1,361,223	15
16	01600	MEDICAL RECORDS & LIBRARY	2,815,486	-86,021	2,729,465	16
17	01700	SOCIAL SERVICE	1,888		1,888	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	6,497,790	-95,118	6,402,672	30
31	03100	INTENSIVE CARE UNIT	1,285,482		1,285,482	31
43	04300	NURSERY	19,770		19,770	43
44	04400	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	757,900		757,900	44
50	05000	OPERATING ROOM	16,402,685	-1,755,810	14,646,875	50
52	05200	DELIVERY ROOM & LABOR ROOM	255,443		255,443	52
53	05300	ANESTHESIOLOGY	2,715,871	-1,544,814	1,171,057	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,310,790	-11,093	2,299,697	54
54.01	03630	ULTRASOUND	225,506		225,506	54.01
54.02	03450	NUCLEAR MEDICINE-DIAGNOSTIC	641,901	-45	641,856	54.02
54.04	03480	RADIATION ONC	57,729	-3,833	53,896	54.04
54.06	05401	PET SCAN	162,960		162,960	54.06
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	680,312		680,312	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	391,461		391,461	58
59	05900	CARDIAC CATHETERIZATION	333,007		333,007	59
60	06000	LABORATORY	3,972,265	-26,268	3,945,997	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	1,216,954	-27,386	1,189,568	65
66	06600	PHYSICAL THERAPY	925,224		925,224	66
67	06700	OCCUPATIONAL THERAPY	172,567		172,567	67
69	06900	ELECTROCARDIOLOGY	801,892	-209,183	592,709	69
70	07000	ELECTROENCEPHALOGRAPHY	396,917	-222,517	174,400	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,524,435	-5,576	1,518,859	71
73	07300	DRUGS CHARGED TO PATIENTS	2,783,670	-78,886	2,704,784	73
74	07400	RENAL DIALYSIS	54,238		54,238	74
76	03050	BACTERIOLOGY & MICROBIOLOGY				76
76.01	03650	VASCULAR LAB	207,262	-840	206,422	76.01
76.02	03651	CARDIAC REHAB	72,484		72,484	76.02
76.03	03950	WOUND CARE	1,237,555	-200,828	1,036,727	76.03
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	2,022,386	-486,061	1,536,325	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	886,997		886,997	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	95,453,116	-5,473,242	89,979,874	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,803		35,803	190
192	19200	PHYSICIANS' PRIVATE OFFICES	23,698		23,698	192
194	07950	PHILANTHROPY DEVELOPMENT	126,927		126,927	194
194.01	07951	VENDING				194.01
194.02	07952	MEALS ON WHEELS				194.02
194.03	07953	PRAIRIE CARDIOVASCULAR	3,014,423		3,014,423	194.03
200		TOTAL (SUM OF LINES 118-199)	98,653,967	-5,473,242	93,180,725	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER		INCREASE	SALARY	OTHER
		1	2	LINE #		
					4	5
1 PERSONNELCOSTS	A	EMPLOYEE	BENEFITS	4	212,100	118,322 1
500 TOTAL RECLASSIFICATIONS					212,100	118,322 500
CODE LETTER - A						
1 CAFETERIA COSTS	B	CAFETERIA		11	210,974	174,909 1
500 TOTAL RECLASSIFICATIONS					210,974	174,909 500
CODE LETTER - B						
1 PHARMACY DRUGS	C	DRUGS CHARGED TO PATIENTS		73		2,783,670 1
500 TOTAL RECLASSIFICATIONS						2,783,670 500
CODE LETTER - C						
1 CENTRAL SUPPLY	D	MEDICAL SUPPLIES CHRGED TO PA		71		1,524,435 1
500 TOTAL RECLASSIFICATIONS						1,524,435 500
CODE LETTER - D						
1 BUSINESS PROPERTY INSURANCE	E	CAP REL COSTS-BLDG & FIXT		1		72,315 1
500 TOTAL RECLASSIFICATIONS						72,315 500
CODE LETTER - E						
1 INTEREST EXPENSE	F	CAP REL COSTS-BLDG & FIXT		1		297,730 1
2 INTEREST EXPENSE	F	CAP REL COSTS-MVBLE EQUIP		2		33,569 2
500 TOTAL RECLASSIFICATIONS						331,299 500
CODE LETTER - F						
GRAND TOTAL (INCREASES)					423,074	5,004,950

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE		OTHER 9	WKST A-7	
			LINE # 7	SALARY 8		REF. 10	
1 PERSONNEL COSTS	A	ADMINISTRATIVE & GENERAL	5	212,100	118,322		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				212,100	118,322		500
1 CAFETERIA COSTS	B	DIETARY	10	210,974	174,909		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				210,974	174,909		500
1 PHARMACY DRUGS	C	PHARMACY	15		2,783,670		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					2,783,670		500
1 CENTRAL SUPPLY	D	CENTRAL SERVICES & SUPPLY	14		1,524,435		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					1,524,435		500
1 BUSINESS PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL	5		72,315		9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					72,315		500
1 INTEREST EXPENSE	F						9 1
2 INTEREST EXPENSE	F	INTEREST EXPENSE	113		331,299		9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					331,299		500
GRAND TOTAL (DECREASES)				423,074	5,004,950		

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1,095,531	151,097		151,097		1,246,628		1
2 LAND IMPROVEMENTS	1,899,492	174,852		174,852		2,074,344	1,557,831	2
3 BUILDINGS AND FIXTURES	59,530,902	1,590,216		1,590,216		61,121,118	22,161,417	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	14,589,756	16,501		16,501		14,606,257	13,208,748	5
6 MOVABLE EQUIPMENT	60,074,059	3,429,275		3,429,275		63,503,334	48,905,778	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	137,189,740	5,361,941		5,361,941		142,551,681	85,833,774	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	137,189,740	5,361,941		5,361,941		142,551,681	85,833,774	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	1,821,917						1,821,917	1
2 CAP REL COSTS-MVBLE EQUIP	4,053,926	939,720					4,993,646	2
3 TOTAL (SUM OF LINES 1-2)	5,875,843	939,720					6,815,563	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	3,019,635		-297,730				2,721,905	1
2 CAP REL COSTS-MVBLE EQUIP	4,083,789	939,720	-33,569				4,989,940	2
3 TOTAL	7,103,424	939,720	-331,299				7,711,845	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.	5	
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-297,730	CAP REL COSTS-BLDG & FIXT	1	11	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)						3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-8,996	ADMINISTRATIVE & GENERAL	5		4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-3,706	CAP REL COSTS-MVBLE EQUIP	2	9	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)						8
9 PARKING LOT (CHAPTER 21)						9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,232,431				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-5,826	RADIOLOGY-DIAGNOSTIC	54		11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-399,760				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	-86,021	MEDICAL RECORDS & LIBRARY	16		18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20 VENDING MACHINES						20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114		25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	827,673	CAP REL COSTS-BLDG & FIXT	1	9	26
27 DEPRECIATION--MOVABLE EQUIPMENT	A		CAP REL COSTS-MVBLE EQUIP	2	9	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		OCCUPATIONAL THERAPY	67		30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32 CAH HIT ADJ FOR DEPRECIATION AND						32
33 TELEPHONE EMPLOYEE BENEFITS	A	-2,018	EMPLOYEE BENEFITS	4		33
34 TELEPHONE A&G SALARIES	A	-4,855	ADMINISTRATIVE & GENERAL	5		34
35 TELEPHONE A&G EXPENSES	A	-6,012	ADMINISTRATIVE & GENERAL	5		35
36 TELEVISION EMPLOYEE BENEFITS	A	-886	EMPLOYEE BENEFITS	4		36
37 TELEVISION MAINTENANCE SALARIES	A	-2,133	MAINTENANCE & REPAIRS	6		37
38 TELEVISION MAINTENANCE CABLE	A	-14,848	MAINTENANCE & REPAIRS	6		38
39 TELEVISION PLANT ELECTRIC	A	-679	OPERATION OF PLANT	7		39
40 RECYCLING	B	-2,151	OPERATION OF PLANT	7		40
41 BOND INDENTURE FEES	A	-5,882	ADMINISTRATIVE & GENERAL	5		41
42 NON-OPERATING BUILDINGS	A	-16,651	ADMINISTRATIVE & GENERAL	5		42
43 PHYSICIAN EXPENSE	A	-46,984	ADMINISTRATIVE & GENERAL	5		43
44 COMMUNITY RELATION ADVERTISING	A	-377,191	ADMINISTRATIVE & GENERAL	5		44
45 HOUSEKEEPING	B	-166	HOUSEKEEPING	9		45
45.02 INTEREST NEW EQUIP	A	-33,569	CAP REL COSTS-MVBLE EQUIP	2	11	45.02
45.04 LOBBYING EXPENSE	A	-22,902	ADMINISTRATIVE & GENERAL	5		45.04
45.05 COUNTRY CLUB DUES	A	-2,460	ADMINISTRATIVE & GENERAL	5		45.05
45.06 NAME BADGES	B	-25	EMPLOYEE BENEFITS	4		45.06
45.07 PHYSICIAN APPLICATIONS	B	-2,800	ADMINISTRATIVE & GENERAL	5		45.07
45.08 GUEST MEALS	B	-562	DIETARY	10		45.08
45.09 DIETARY SUPPLIES	B	-32,639	DIETARY	10		45.09
45.10 PHYSICIAN RECRUITMENT	A	-147,565	ADMINISTRATIVE & GENERAL	5		45.10
45.11 REBATES	B	-197	ADMINISTRATIVE & GENERAL	5		45.11
45.12 REBATES	B	-18,249	DIETARY	10		45.12
45.13 REBATES	B	-78,886	DRUGS CHARGED TO PATIENTS	73		45.13
45.14 REBATES	B	-95,118	ADULTS & PEDIATRICS	30		45.14
45.15 REBATES	B	-873	LABORATORY	60		45.15
45.16 REBATES	B	-21	ELECTROCARDIOLOGY	69		45.16
45.17 REBATES	B	-5,576	MEDICAL SUPPLIES CHRGED TO PATI	71		45.17
45.18 REBATES	B	-53,871	OPERATING ROOM	50		45.18

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
45.19 REBATES	B	-739	OPERATION OF PLANT	7	45.19
45.20 REBATES	B	-93	RADIOLOGY-DIAGNOSTIC	54	45.20
45.21 REBATES	B	-37	RESPIRATORY THERAPY	65	45.21
45.22 ALCOHOLIC BEVERAGES	A	-3,491	ADMINISTRATIVE & GENERAL	5	45.22
45.26 IN-SERVICE	B	-1,295	ADMINISTRATIVE & GENERAL	5	45.26
45.27 EEG'S RICHLAND MEMORIAL	B	-595	ELECTROENCEPHALOGRAPHY	70	45.27
45.28 MISC INCOME - SPIRIT COMMITTEE	B	-29,992	EMPLOYEE BENEFITS	4	45.28
45.30 IN-SERVICE	B	-179	NURSING ADMINISTRATION	13	45.30
45.40 MISC INC	B	-395	LABORATORY	60	45.40
45.43 DRUGS NON PATIENT	B	-3,400	PHARMACY	15	45.43
45.47 PHYSICIAN DUES	B	-15,800	ADMINISTRATIVE & GENERAL	5	45.47
45.48 DIABETES INSTRUCTION	B	-32,685	DIETARY	10	45.48
45.50 HOUSEKEEPING 900 W TEMPLE	B	-7,379	ADMINISTRATIVE & GENERAL	5	45.50
45.52 ASPR GRANT	B	-20,946	EMERGENCY	91	45.52
45.53 CRNA SALARIES	B	-1,168,246	OPERATING ROOM	50	45.53
45.54 MISC INCOME	B	-60	ADMINISTRATIVE & GENERAL	5	45.54
45.55 REIMB STUDENT FEES	B	-45	NUCLEAR MEDICINE-DIAGNOSTIC	54.02	45.55
45.56 MISC INCOME	B	-125	ELECTROCARDIOLOGY	69	45.56
45.57 BOUTIQUE SALES	B	-5,174	RADIOLOGY-DIAGNOSTIC	54	45.57
46					46
47					47
48					48
49					49
50					50
TOTAL (SUM OF LINES 1 THRU 49)		-5,473,242			
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1,868,417	4,919,100	-3,050,683	1
2	5	ADMINISTRATIVE & GENERAL	CCC (FAMIS) FEE	3,192,000		3,192,000	2
3	4	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	9,186,633	9,727,710	-541,077	3
4							4
5		TOTALS (SUM OF LINES 1-4)		14,247,050	14,646,810	-399,760	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		
G	HSHS		HSHS			CORPORATE OFFICE	6
							7
							8
							9
							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: FINANCIAL

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	91 EMERGENCY	EMERGENCY	465,115	465,115				1
2	53 ANESTHESIOLOGY	ANESTHESIA	1,544,814	1,544,814				2
3	69 ELECTROCARDIOLOGY	CARDIOLOGY	209,037	209,037				3
4	65 RESPIRATORY THERAPY	RESPIRATORY CAR	27,349	27,349				4
5	76.01 VASCULAR LAB	VASCULAR LAB	840	840				5
6	60 LABORATORY	LABORATORY	25,000	25,000				6
7	76.03 WOUND CARE	WOUND CARE	200,828	200,828				7
8	54 RADIOLOGY-DIAGNOSTIC	WOMENS WELLNESS						8
9	70 ELECTROENCEPHALOGRAPHY	NEUROLOGY	221,922	221,922				9
10	69 ELECTROCARDIOLOGY	PRAIRIE CARDIOV						10
11	50 OPERATING ROOM	HSHS MEDICAL GR	533,693	533,693				11
12	66 PHYSICAL THERAPY	SPEECH THERAPIS						12
13	54.04 RADIATION ONC	RADIATION ONCOL	3,833	3,833				13
200	TOTAL		3,232,431	3,232,431				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	91 EMERGENCY	EMERGENCY						465,115	1
2	53 ANESTHESIOLOGY	ANESTHESIA						1,544,814	2
3	69 ELECTROCARDIOLOGY	CARDIOLOGY						209,037	3
4	65 RESPIRATORY THERAPY	RESPIRATORY CAR						27,349	4
5	76.01 VASCULAR LAB	VASCULAR LAB						840	5
6	60 LABORATORY	LABORATORY						25,000	6
7	76.03 WOUND CARE	WOUND CARE						200,828	7
8	54 RADIOLOGY-DIAGNOSTIC	WOMENS WELLNESS							8
9	70 ELECTROENCEPHALOGRAPHY	NEUROLOGY						221,922	9
10	69 ELECTROCARDIOLOGY	PRAIRIE CARDIOV							10
11	50 OPERATING ROOM	HSHS MEDICAL GR						533,693	11
12	66 PHYSICAL THERAPY	SPEECH THERAPIS							12
13	54.04 RADIATION ONC	RADIATION ONCOL						3,833	13
200	TOTAL							3,232,431	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,721,905	2,721,905				1
2 CAP REL COSTS-MVBLE EQUIP	4,989,940		4,989,940			2
4 EMPLOYEE BENEFITS	13,354,961	6,841		13,361,802		4
5 ADMINISTRATIVE & GENERAL	15,099,100	714,031	658,634	1,669,162	18,140,927	5
6 MAINTENANCE & REPAIRS	909,134		9,756	250,418	1,169,308	6
7 OPERATION OF PLANT	1,621,198	38,579	1,661,570	64,428	3,385,775	7
8 LAUNDRY & LINEN SERVICE	463,319	465,566	2,730	40,308	971,923	8
9 HOUSEKEEPING	924,600		3,846	277,242	1,205,688	9
10 DIETARY	485,883	69,279	12,160	137,313	704,635	10
11 CAFETERIA	458,585	14,083	5,965	118,894	597,527	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	510,378	13,926	3,770	206,004	734,078	13
14 CENTRAL SERVICES & SUPPLY	3,100	52,907			56,007	14
15 PHARMACY	1,361,223	17,315	172,849	516,847	2,068,234	15
16 MEDICAL RECORDS & LIBRARY	2,729,465	41,882	13,983	857,073	3,642,403	16
17 SOCIAL SERVICE	1,888				1,888	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	6,402,672	353,977	124,779	2,639,941	9,521,369	30
31 INTENSIVE CARE UNIT	1,285,482	37,400	80,091	526,967	1,929,940	31
43 NURSERY	19,770	6,963	3,266		29,999	43
44 SKILLED NURSING FACILITY	757,900	52,191	1,661	306,291	1,118,043	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,646,875	257,834	659,493	1,432,415	16,996,617	50
52 DELIVERY ROOM & LABOR ROOM	255,443	40,868	1,277	63,307	360,895	52
53 ANESTHESIOLOGY	1,171,057	1,712	90,768	402,226	1,665,763	53
54 RADIOLOGY-DIAGNOSTIC	2,299,697	109,134	628,913	612,241	3,649,985	54
54.01 ULTRASOUND	225,506	3,757	2,716	72,475	304,454	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	641,856	21,238	38,220	94,516	795,830	54.02
54.04 RADIATION ONC	53,896		716		54,612	54.04
54.06 PET SCAN	162,960	1,747			164,707	54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	680,312	12,240	120,981	90,835	904,368	57
58 MAGNETIC RESONANCE IMAGING (MRI)	391,461	44,363	183,048	74,293	693,165	58
59 CARDIAC CATHETERIZATION	333,007	16,180	223,806	80,608	653,601	59
60 LABORATORY	3,945,997	64,072	81,775	529,800	4,621,644	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,189,568	6,098	42,740	467,154	1,705,560	65
66 PHYSICAL THERAPY	925,224	33,504	23,610	363,789	1,346,127	66
67 OCCUPATIONAL THERAPY	172,567	6,177		62,406	241,150	67
69 ELECTROCARDIOLOGY	592,709	39,348		198,361	830,418	69
70 ELECTROENCEPHALOGRAPHY	174,400	5,967	4,716	58,147	243,230	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,518,859				1,518,859	71
73 DRUGS CHARGED TO PATIENTS	2,704,784				2,704,784	73
74 RENAL DIALYSIS	54,238				54,238	74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	206,422	3,329	44,805	71,604	326,160	76.01
76.02 CARDIAC REHAB	72,484	4,473	7,912	29,229	114,098	76.02
76.03 WOUND CARE	1,036,727	38,938	5,567	87,212	1,168,444	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,536,325	82,584	24,759	602,327	2,245,995	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	886,997	11,689	10,729	304,325	1,213,740	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	89,979,874	2,690,192	4,951,611	13,308,158	89,856,188	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,803	4,831	186		40,820	190
192 PHYSICIANS' PRIVATE OFFICES	23,698		38,143		61,841	192
194 PHILANTHROPY DEVELOPMENT	126,927	1,852		53,644	182,423	194
194.01 VENDING		1,398			1,398	194.01

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/30/2012 07:51

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR	3,014,423	23,632			3,038,055	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	93,180,725	2,721,905	4,989,940	13,361,802	93,180,725	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	18,140,927					5
6 MAINTENANCE & REPAIRS	282,681	1,451,989				6
7 OPERATION OF PLANT	818,514	595,496	4,799,785			7
8 LAUNDRY & LINEN SERVICE	234,963	28,390	1,138,686	2,373,962		8
9 HOUSEKEEPING	291,476	9,979			1,507,143	9
10 DIETARY	170,346	45,397	169,443	15,835	41,237	10
11 CAFETERIA	144,453	1,124	34,444		14,705	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	177,464	1,265	34,060		14,540	13
14 CENTRAL SERVICES & SUPPLY	13,540		129,401		55,241	14
15 PHARMACY	499,998	23,893	42,350		18,084	15
16 MEDICAL RECORDS & LIBRARY	880,555	20,801	102,435		43,725	16
17 SOCIAL SERVICE	456					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	2,301,800	185,100	865,761	1,046,772	369,593	30
31 INTENSIVE CARE UNIT	466,565	55,094	91,474	93,059	39,050	31
43 NURSERY	7,252	7,871	17,030		7,270	43
44 SKILLED NURSING FACILITY	270,288	30,077	127,648	105,410	54,493	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,108,929	164,299	630,614	583,457	269,212	50
52 DELIVERY ROOM & LABOR ROOM	87,247	45,537	99,956		42,671	52
53 ANESTHESIOLOGY	402,700	11,665	4,188		1,788	53
54 RADIOLOGY-DIAGNOSTIC	882,388	50,035	266,921	84,108	113,948	54
54.01 ULTRASOUND	73,602	141	9,188	9,727	3,923	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	192,393	2,951	51,944	9,063	22,175	54.02
54.04 RADIATION ONC	13,203	1,968				54.04
54.06 PET SCAN	39,818		4,273		1,825	54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	218,632		29,936	23,937	12,780	57
58 MAGNETIC RESONANCE IMAGING (MRI)	167,573	562	108,503	45,225	46,320	58
59 CARDIAC CATHETERIZATION	158,009	2,108	39,572		16,894	59
60 LABORATORY	1,117,287	32,185	156,708	1,683	66,895	60
BLOOD CLOTTING FOR HEMOPHILIACS						
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	412,321	39,213	14,914	33,882	6,364	65
66 PHYSICAL THERAPY	325,428	9,979	81,944	14,075	34,979	66
67 OCCUPATIONAL THERAPY	58,298	141	15,107	2,784	6,449	67
69 ELECTROCARDIOLOGY	200,754	18,271	96,238	11,600	41,081	69
70 ELECTROENCEPHALOGRAPHY	58,801	141	14,594	518	6,230	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	367,186					71
73 DRUGS CHARGED TO PATIENTS	653,884					73
74 RENAL DIALYSIS	13,112					74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	78,850	562	8,141	1,526	3,475	76.01
76.02 CARDIAC REHAB	27,583	1,968	10,940	1,991	4,672	76.02
76.03 WOUND CARE	282,473	50,878	95,234	23,400	40,656	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	542,972		201,985		86,227	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	293,423	14,898	28,589	263,142	12,205	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	17,337,217	1,451,989	4,722,221	2,371,194	1,498,707	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,868		11,816		5,044	190
192 PHYSICIANS' PRIVATE OFFICES	14,950					192
194 PHILANTHROPY DEVELOPMENT	44,101		4,530		1,933	194
194.01 VENDING	338		3,419		1,459	194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR	734,453		57,799	2,768		194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	18,140,927	1,451,989	4,799,785	2,373,962	1,507,143	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,146,893					10
11 CAFETERIA		792,253				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		11,770	973,177			13
14 CENTRAL SERVICES & SUPPLY				254,189		14
15 PHARMACY		24,580		128	2,677,267	15
16 MEDICAL RECORDS & LIBRARY		67,176				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	890,173	210,175	454,380	2,644	9,805	30
31 INTENSIVE CARE UNIT	72,698	34,873	75,406	411	1,217	31
43 NURSERY				274		43
44 SKILLED NURSING FACILITY	149,365	24,347	52,654	220	458	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		110,834	239,629	194,275	1,843	50
52 DELIVERY ROOM & LABOR ROOM				1,563	3,990	52
53 ANESTHESIOLOGY		8,572		472	60,739	53
54 RADIOLOGY-DIAGNOSTIC		48,768		1,631	3,525	54
54.01 ULTRASOUND		4,419		237		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC		5,471		47	10,312	54.02
54.04 RADIATION ONC						54.04
54.06 PET SCAN						54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN		6,246		387	260	57
58 MAGNETIC RESONANCE IMAGING (MRI)		5,725		101		58
59 CARDIAC CATHETERIZATION				768	67	59
60 LABORATORY		47,642		15,087	65	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		42,957		1,168	241	65
66 PHYSICAL THERAPY		21,808		895	194	66
67 OCCUPATIONAL THERAPY		3,431		358	102	67
69 ELECTROCARDIOLOGY		24,538		446	1,118	69
70 ELECTROENCEPHALOGRAPHY		4,323		401		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				24,721	39	71
73 DRUGS CHARGED TO PATIENTS					2,572,579	73
74 RENAL DIALYSIS				4		74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB		4,706		1		76.01
76.02 CARDIAC REHAB		1,731		19		76.02
76.03 WOUND CARE		8,201		5,955	3,058	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		47,249	102,132	1,380	7,510	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		22,658	48,976	595	145	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,112,236	792,200	973,177	254,188	2,677,267	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
194 PHILANTHROPY DEVELOPMENT	34,657	53				194
194.01 VENDING						194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR				1		194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,146,893	792,253	973,177	254,189	2,677,267	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	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	4,757,095					16
17 SOCIAL SERVICE		2,344				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,789,501	1,868	19,648,941		19,648,941	30
31 INTENSIVE CARE UNIT	331,570	163	3,191,520		3,191,520	31
43 NURSERY			69,696		69,696	43
44 SKILLED NURSING FACILITY	636,024	313	2,569,340		2,569,340	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			23,299,709		23,299,709	50
52 DELIVERY ROOM & LABOR ROOM			641,859		641,859	52
53 ANESTHESIOLOGY			2,155,887		2,155,887	53
54 RADIOLOGY-DIAGNOSTIC			5,101,309		5,101,309	54
54.01 ULTRASOUND			405,691		405,691	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC			1,090,186		1,090,186	54.02
54.04 RADIATION ONC			69,783		69,783	54.04
54.06 PET SCAN			210,623		210,623	54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN			1,196,546		1,196,546	57
58 MAGNETIC RESONANCE IMAGING (MRI)			1,067,174		1,067,174	58
59 CARDIAC CATHETERIZATION			871,019		871,019	59
60 LABORATORY			6,059,196		6,059,196	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			2,256,620		2,256,620	65
66 PHYSICAL THERAPY			1,835,429		1,835,429	66
67 OCCUPATIONAL THERAPY			327,820		327,820	67
69 ELECTROCARDIOLOGY			1,224,464		1,224,464	69
70 ELECTROENCEPHALOGRAPHY			328,238		328,238	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,910,805		1,910,805	71
73 DRUGS CHARGED TO PATIENTS			5,931,247		5,931,247	73
74 RENAL DIALYSIS			67,354		67,354	74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB			423,421		423,421	76.01
76.02 CARDIAC REHAB			163,002		163,002	76.02
76.03 WOUND CARE			1,678,299		1,678,299	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			3,235,450		3,235,450	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			1,898,371		1,898,371	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,757,095	2,344	88,928,999		88,928,999	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			67,548		67,548	190
192 PHYSICIANS' PRIVATE OFFICES			76,791		76,791	192
194 PHILANTHROPY DEVELOPMENT			267,697		267,697	194
194.01 VENDING			6,614		6,614	194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR			3,833,076		3,833,076	194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	4,757,095	2,344	93,180,725		93,180,725 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		6,841		6,841	6,841	4
5 ADMINISTRATIVE & GENERAL		714,031	658,634	1,372,665	853	5
6 MAINTENANCE & REPAIRS			9,756	9,756	128	6
7 OPERATION OF PLANT		38,579	1,661,570	1,700,149	33	7
8 LAUNDRY & LINEN SERVICE		465,566	2,730	468,296	21	8
9 HOUSEKEEPING			3,846	3,846	142	9
10 DIETARY		69,279	12,160	81,439	70	10
11 CAFETERIA		14,083	5,965	20,048	61	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		13,926	3,770	17,696	105	13
14 CENTRAL SERVICES & SUPPLY		52,907		52,907		14
15 PHARMACY		17,315	172,849	190,164	264	15
16 MEDICAL RECORDS & LIBRARY		41,882	13,983	55,865	438	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		353,977	124,779	478,756	1,360	30
31 INTENSIVE CARE UNIT		37,400	80,091	117,491	269	31
43 NURSERY		6,963	3,266	10,229		43
44 SKILLED NURSING FACILITY		52,191	1,661	53,852	157	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		257,834	659,493	917,327	732	50
52 DELIVERY ROOM & LABOR ROOM		40,868	1,277	42,145	32	52
53 ANESTHESIOLOGY		1,712	90,768	92,480	206	53
54 RADIOLOGY-DIAGNOSTIC		109,134	628,913	738,047	313	54
54.01 ULTRASOUND		3,757	2,716	6,473	37	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC		21,238	38,220	59,458	48	54.02
54.04 RADIATION ONC			716	716		54.04
54.06 PET SCAN		1,747		1,747		54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN		12,240	120,981	133,221	46	57
58 MAGNETIC RESONANCE IMAGING (MRI)		44,363	183,048	227,411	38	58
59 CARDIAC CATHETERIZATION		16,180	223,806	239,986	41	59
60 LABORATORY		64,072	81,775	145,847	271	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		6,098	42,740	48,838	239	65
66 PHYSICAL THERAPY		33,504	23,610	57,114	186	66
67 OCCUPATIONAL THERAPY		6,177		6,177	32	67
69 ELECTROCARDIOLOGY		39,348		39,348	101	69
70 ELECTROENCEPHALOGRAPHY		5,967	4,716	10,683	30	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB		3,329	44,805	48,134	37	76.01
76.02 CARDIAC REHAB		4,473	7,912	12,385	15	76.02
76.03 WOUND CARE		38,938	5,567	44,505	45	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		82,584	24,759	107,343	308	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		11,689	10,729	22,418	156	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		2,690,192	4,951,611	7,641,803	6,814	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,831	186	5,017		190
192 PHYSICIANS' PRIVATE OFFICES			38,143	38,143		192
194 PHILANTHROPY DEVELOPMENT		1,852		1,852	27	194
194.01 VENDING		1,398		1,398		194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR		23,632		23,632		194.03

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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 MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)		2,721,905	4,989,940	7,711,845	6,841 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,373,518					5
6 MAINTENANCE & REPAIRS	21,403	31,287				6
7 OPERATION OF PLANT	61,973	12,834	1,774,989			7
8 LAUNDRY & LINEN SERVICE	17,790	612	421,093	907,812		8
9 HOUSEKEEPING	22,069	215			26,272	9
10 DIETARY	12,898	978	62,661	6,055	719	10
11 CAFETERIA	10,937	24	12,738		256	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	13,437	27	12,595		253	13
14 CENTRAL SERVICES & SUPPLY	1,025		47,853		963	14
15 PHARMACY	37,857	515	15,661		315	15
16 MEDICAL RECORDS & LIBRARY	66,671	448	37,881		762	16
17 SOCIAL SERVICE	35					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	174,279	3,988	320,164	400,291	6,443	30
31 INTENSIVE CARE UNIT	35,326	1,187	33,827	35,586	681	31
43 NURSERY	549	170	6,298		127	43
44 SKILLED NURSING FACILITY	20,465	648	47,205	40,309	950	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	311,091	3,540	233,205	223,116	4,693	50
52 DELIVERY ROOM & LABOR ROOM	6,606	981	36,964		744	52
53 ANESTHESIOLOGY	30,490	251	1,549		31	53
54 RADIOLOGY-DIAGNOSTIC	66,809	1,078	98,709	32,163	1,986	54
54.01 ULTRASOUND	5,573	3	3,398	3,720	68	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	14,567	64	19,209	3,466	387	54.02
54.04 RADIATION ONC	1,000	42				54.04
54.06 PET SCAN	3,015		1,580		32	54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	16,554		11,070	9,154	223	57
58 MAGNETIC RESONANCE IMAGING (MRI)	12,688	12	40,125	17,294	807	58
59 CARDIAC CATHETERIZATION	11,964	45	14,634		294	59
60 LABORATORY	84,595	694	57,952	643	1,166	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	31,219	845	5,515	12,957	111	65
66 PHYSICAL THERAPY	24,640	215	30,303	5,382	610	66
67 OCCUPATIONAL THERAPY	4,414	3	5,587	1,065	112	67
69 ELECTROCARDIOLOGY	15,200	394	35,590	4,436	716	69
70 ELECTROENCEPHALOGRAPHY	4,452	3	5,397	198	109	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	27,801					71
73 DRUGS CHARGED TO PATIENTS	49,508					73
74 RENAL DIALYSIS	993					74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	5,970	12	3,011	583	61	76.01
76.02 CARDIAC REHAB	2,088	42	4,046	761	81	76.02
76.03 WOUND CARE	21,387	1,096	35,218	8,948	709	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	41,111		74,695		1,503	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	22,216	321	10,573	100,627	213	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,312,665	31,287	1,746,306	906,754	26,125	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	747		4,370		88	190
192 PHYSICIANS' PRIVATE OFFICES	1,132					192
194 PHILANTHROPY DEVELOPMENT	3,339		1,675		34	194
194.01 VENDING	26		1,264		25	194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR	55,609		21,374	1,058		194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,373,518	31,287	1,774,989	907,812	26,272	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	164,820					10
11 CAFETERIA		44,064				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		655	44,768			13
14 CENTRAL SERVICES & SUPPLY				102,748		14
15 PHARMACY		1,367		52	246,195	15
16 MEDICAL RECORDS & LIBRARY		3,736				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	127,927	11,691	20,903	1,069	902	30
31 INTENSIVE CARE UNIT	10,447	1,940	3,469	166	112	31
43 NURSERY				111		43
44 SKILLED NURSING FACILITY	21,465	1,354	2,422	89	42	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		6,164	11,023	78,530	169	50
52 DELIVERY ROOM & LABOR ROOM				632	367	52
53 ANESTHESIOLOGY		477		191	5,585	53
54 RADIOLOGY-DIAGNOSTIC		2,712		659	324	54
54.01 ULTRASOUND		246		96		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC		304		19	948	54.02
54.04 RADIATION ONC						54.04
54.06 PET SCAN						54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN		347		156	24	57
58 MAGNETIC RESONANCE IMAGING (MRI)		318		41		58
59 CARDIAC CATHETERIZATION				310	6	59
60 LABORATORY		2,650		6,098	6	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,389		472	22	65
66 PHYSICAL THERAPY		1,213		362	18	66
67 OCCUPATIONAL THERAPY		191		145	9	67
69 ELECTROCARDIOLOGY		1,365		180	103	69
70 ELECTROENCEPHALOGRAPHY		240		162		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				9,992	4	71
73 DRUGS CHARGED TO PATIENTS					236,569	73
74 RENAL DIALYSIS				2		74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB		262				76.01
76.02 CARDIAC REHAB		96		8		76.02
76.03 WOUND CARE		456		2,407	281	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		2,628	4,698	558	691	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		1,260	2,253	241	13	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	159,839	44,061	44,768	102,748	246,195	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
194 PHILANTHROPY DEVELOPMENT	4,981	3				194
194.01 VENDING						194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR						194.03

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WORKSHEET B  
PART II

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	164,820	44,064	44,768	102,748	246,195	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	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	165,801					16
17 SOCIAL SERVICE		35				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	132,077	28	1,679,878		1,679,878	30
31 INTENSIVE CARE UNIT	11,556	2	252,059		252,059	31
43 NURSERY			17,484		17,484	43
44 SKILLED NURSING FACILITY	22,168	5	211,131		211,131	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			1,789,590		1,789,590	50
52 DELIVERY ROOM & LABOR ROOM			88,471		88,471	52
53 ANESTHESIOLOGY			131,260		131,260	53
54 RADIOLOGY-DIAGNOSTIC			942,800		942,800	54
54.01 ULTRASOUND			19,614		19,614	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC			98,470		98,470	54.02
54.04 RADIATION ONC			1,758		1,758	54.04
54.06 PET SCAN			6,374		6,374	54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN			170,795		170,795	57
58 MAGNETIC RESONANCE IMAGING (MRI)			298,734		298,734	58
59 CARDIAC CATHETERIZATION			267,280		267,280	59
60 LABORATORY			299,922		299,922	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			102,607		102,607	65
66 PHYSICAL THERAPY			120,043		120,043	66
67 OCCUPATIONAL THERAPY			17,735		17,735	67
69 ELECTROCARDIOLOGY			97,433		97,433	69
70 ELECTROENCEPHALOGRAPHY			21,274		21,274	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			37,797		37,797	71
73 DRUGS CHARGED TO PATIENTS			286,077		286,077	73
74 RENAL DIALYSIS			995		995	74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB			58,070		58,070	76.01
76.02 CARDIAC REHAB			19,522		19,522	76.02
76.03 WOUND CARE			115,052		115,052	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY			233,535		233,535	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			160,291		160,291	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	165,801	35	7,546,051		7,546,051	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			10,222		10,222	190
192 PHYSICIANS' PRIVATE OFFICES			39,275		39,275	192
194 PHILANTHROPY DEVELOPMENT			11,911		11,911	194
194.01 VENDING			2,713		2,713	194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR			101,673		101,673	194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	165,801	35	7,711,845		7,711,845 202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	311,563					1
2 CAP REL COSTS-MVBLE EQUIP		7,606,964				2
4 EMPLOYEE BENEFITS	783		31,609,096			4
5 ADMINISTRATIVE & GENERAL	81,732	1,004,061	3,948,624	-18,140,927	75,039,798	5
6 MAINTENANCE & REPAIRS		14,873	592,397		1,169,308	6
7 OPERATION OF PLANT	4,416	2,532,998	152,414		3,385,775	7
8 LAUNDRY & LINEN SERVICE	53,291	4,162	95,354		971,923	8
9 HOUSEKEEPING		5,863	655,852		1,205,688	9
10 DIETARY	7,930	18,538	324,833		704,635	10
11 CAFETERIA	1,612	9,093	281,260		597,527	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,594	5,747	487,330		734,078	13
14 CENTRAL SERVICES & SUPPLY	6,056				56,007	14
15 PHARMACY	1,982	263,501	1,222,670		2,068,234	15
16 MEDICAL RECORDS & LIBRARY	4,794	21,317	2,027,520		3,642,403	16
17 SOCIAL SERVICE					1,888	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	40,518	190,221	6,245,117		9,521,369	30
31 INTENSIVE CARE UNIT	4,281	122,096	1,246,609		1,929,940	31
43 NURSERY	797	4,979			29,999	43
44 SKILLED NURSING FACILITY	5,974	2,532	724,571		1,118,043	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,513	1,005,370	3,388,567		16,996,617	50
52 DELIVERY ROOM & LABOR ROOM	4,678	1,946	149,762		360,895	52
53 ANESTHESIOLOGY	196	138,372	951,518		1,665,763	53
54 RADIOLOGY-DIAGNOSTIC	12,492	958,753	1,448,336		3,649,985	54
54.01 ULTRASOUND	430	4,141	171,449		304,454	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	2,431	58,265	223,589		795,830	54.02
54.04 RADIATION ONC		1,091			54,612	54.04
54.06 PET SCAN	200				164,707	54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,401	184,430	214,882		904,368	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,078	279,050	175,750		693,165	58
59 CARDIAC CATHETERIZATION	1,852	341,183	190,688		653,601	59
60 LABORATORY	7,334	124,662	1,253,312		4,621,644	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	698	65,155	1,105,114		1,705,560	65
66 PHYSICAL THERAPY	3,835	35,992	860,592		1,346,127	66
67 OCCUPATIONAL THERAPY	707		147,630		241,150	67
69 ELECTROCARDIOLOGY	4,504		469,248		830,418	69
70 ELECTROENCEPHALOGRAPHY	683	7,189	137,555		243,230	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					1,518,859	71
73 DRUGS CHARGED TO PATIENTS					2,704,784	73
74 RENAL DIALYSIS					54,238	74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	381	68,304	169,388		326,160	76.01
76.02 CARDIAC REHAB	512	12,062	69,146		114,098	76.02
76.03 WOUND CARE	4,457	8,487	206,311		1,168,444	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,453	37,744	1,424,884		2,245,995	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,338	16,356	719,922		1,213,740	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	307,933	7,548,533	31,482,194	-18,140,927	71,715,261	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	553	284			40,820	190
192 PHYSICIANS' PRIVATE OFFICES		58,147			61,841	192
194 PHILANTHROPY DEVELOPMENT	212		126,902		182,423	194
194.01 VENDING	160				1,398	194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR	2,705				3,038,055	194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,721,905	4,989,940	13,361,802		18,140,927	202
203	UNIT COST MULT-WS B PT I	8.736291	0.655970	0.422720		0.241751	203
204	COST TO BE ALLOC PER B PT II			6,841		1,373,518	204
205	UNIT COST MULT-WS B PT II			0.000216		0.018304	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS MAINT. HOURS 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	10,331					6
7 OPERATION OF PLANT	4,237	224,632				7
8 LAUNDRY & LINEN SERVICE	202	53,291	862,022			8
9 HOUSEKEEPING	71			1,897,288		9
10 DIETARY	323	7,930	5,750	51,912	109,802	10
11 CAFETERIA	8	1,612		18,511		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9	1,594		18,304		13
14 CENTRAL SERVICES & SUPPLY		6,056		69,541		14
15 PHARMACY	170	1,982		22,765		15
16 MEDICAL RECORDS & LIBRARY	148	4,794		55,044		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	1,317	40,518	380,099	465,266	85,224	30
31 INTENSIVE CARE UNIT	392	4,281	33,791	49,159	6,960	31
43 NURSERY	56	797		9,152		43
44 SKILLED NURSING FACILITY	214	5,974	38,276	68,599	14,300	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,169	29,513	211,862	338,901		50
52 DELIVERY ROOM & LABOR ROOM	324	4,678		53,717		52
53 ANESTHESIOLOGY	83	196		2,251		53
54 RADIOLOGY-DIAGNOSTIC	356	12,492	30,541	143,445		54
54.01 ULTRASOUND	1	430	3,532	4,938		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	21	2,431	3,291	27,915		54.02
54.04 RADIATION ONC	14					54.04
54.06 PET SCAN		200		2,297		54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,401	8,692	16,088		57
58 MAGNETIC RESONANCE IMAGING (MRI)	4	5,078	16,422	58,310		58
59 CARDIAC CATHETERIZATION	15	1,852		21,267		59
60 LABORATORY	229	7,334	611	84,212		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	279	698	12,303	8,012		65
66 PHYSICAL THERAPY	71	3,835	5,111	44,034		66
67 OCCUPATIONAL THERAPY	1	707	1,011	8,119		67
69 ELECTROCARDIOLOGY	130	4,504	4,212	51,716		69
70 ELECTROENCEPHALOGRAPHY	1	683	188	7,843		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	4	381	554	4,375		76.01
76.02 CARDIAC REHAB	14	512	723	5,882		76.02
76.03 WOUND CARE	362	4,457	8,497	51,180		76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		9,453		108,548		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	106	1,338	95,551	15,364		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	10,331	221,002	861,017	1,886,667	106,484	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		553		6,350		190
192 PHYSICIANS' PRIVATE OFFICES						192
194 PHILANTHROPY DEVELOPMENT		212		2,434	3,318	194
194.01 VENDING		160		1,837		194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR		2,705	1,005			194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS MAINT. HOURS 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,451,989	4,799,785	2,373,962	1,507,143	1,146,893	202
203	UNIT COST MULT-WS B PT I	140.546801	21.367325	2.753946	0.794367	10.445101	203
204	COST TO BE ALLOC PER B PT II	31,287	1,774,989	907,812	26,272	164,820	204
205	UNIT COST MULT-WS B PT II	3.028458	7.901764	1.053119	0.013847	1.501066	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS SERVED	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	74,583					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,108	573,719				13
14 CENTRAL SERVICES & SUPPLY			15,674,527			14
15 PHARMACY	2,314		7,887	2,896,946		15
16 MEDICAL RECORDS & LIBRARY	6,324				10,000	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	19,786	267,872	163,066	10,609	7,966	30
31 INTENSIVE CARE UNIT	3,283	44,454	25,359	1,317	697	31
43 NURSERY			16,873			43
44 SKILLED NURSING FACILITY	2,292	31,041	13,565	496	1,337	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,434	141,269	11,980,078	1,994		50
52 DELIVERY ROOM & LABOR ROOM			96,367	4,317		52
53 ANESTHESIOLOGY	807		29,100	65,723		53
54 RADIOLOGY-DIAGNOSTIC	4,591		100,591	3,814		54
54.01 ULTRASOUND	416		14,610			54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	515		2,875	11,158		54.02
54.04 RADIATION ONC						54.04
54.06 PET SCAN						54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	588		23,848	281		57
58 MAGNETIC RESONANCE IMAGING (MRI)	539		6,224			58
59 CARDIAC CATHETERIZATION			47,358	72		59
60 LABORATORY	4,485		930,337	70		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,044		72,018	261		65
66 PHYSICAL THERAPY	2,053		55,162	210		66
67 OCCUPATIONAL THERAPY	323		22,071	110		67
69 ELECTROCARDIOLOGY	2,310		27,488	1,210		69
70 ELECTROENCEPHALOGRAPHY	407		24,757			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,524,393	42		71
73 DRUGS CHARGED TO PATIENTS				2,783,670		73
74 RENAL DIALYSIS			231			74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	443		39			76.01
76.02 CARDIAC REHAB	163		1,150			76.02
76.03 WOUND CARE	772		367,227	3,309		76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,448	60,210	85,105	8,126		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,133	28,873	36,695	157		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	74,578	573,719	15,674,474	2,896,946	10,000	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
194 PHILANTHROPY DEVELOPMENT	5					194
194.01 VENDING						194.01
194.02 MEALS ON WHEELS						194.02
194.03 PRAIRIE CARDIOVASCULAR			53			194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		MEALS SERVED					
		11	13	14	15	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	792,253	973,177	254,189	2,677,267	4,757,095	202
203	UNIT COST MULT-WS B PT I	10.622434	1.696261	0.016217	0.924169	475.709500	203
204	COST TO BE ALLOC PER B PT II	44,064	44,768	102,748	246,195	165,801	204
205	UNIT COST MULT-WS B PT II	0.590805	0.078031	0.006555	0.084984	16.580100	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		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			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	10,000		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	7,966		30
31 INTENSIVE CARE UNIT	697		31
43 NURSERY			43
44 SKILLED NURSING FACILITY	1,337		44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC			54.02
54.04 RADIATION ONC			54.04
54.06 PET SCAN			54.06
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
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76 BACTERIOLOGY & MICROBIOLOGY			76
76.01 VASCULAR LAB			76.01
76.02 CARDIAC REHAB			76.02
76.03 WOUND CARE			76.03
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY			91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	10,000		118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
194 PHILANTHROPY DEVELOPMENT			194
194.01 VENDING			194.01
194.02 MEALS ON WHEELS			194.02
194.03 PRAIRIE CARDIOVASCULAR			194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
200 CROSS FOOT ADJUSTMENTS		17	200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	2,344		202
203 UNIT COST MULT-WS B PT I	0.234400		203
204 COST TO BE ALLOC PER B PT II	35		204
205 UNIT COST MULT-WS B PT II	0.003500		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,648,941		19,648,941		19,648,941	30
31 INTENSIVE CARE UNIT	3,191,520		3,191,520		3,191,520	31
43 NURSERY	69,696		69,696		69,696	43
44 SKILLED NURSING FACILITY	2,569,340		2,569,340		2,569,340	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,299,709		23,299,709		23,299,709	50
52 DELIVERY ROOM & LABOR ROOM	641,859		641,859		641,859	52
53 ANESTHESIOLOGY	2,155,887		2,155,887		2,155,887	53
54 RADIOLOGY-DIAGNOSTIC	5,101,309		5,101,309		5,101,309	54
54.01 ULTRASOUND	405,691		405,691		405,691	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	1,090,186		1,090,186		1,090,186	54.02
54.04 RADIATION ONC	69,783		69,783		69,783	54.04
54.06 PET SCAN	210,623		210,623		210,623	54.06
57 COMPUTED TOMOGRAPHY (CT) SC	1,196,546		1,196,546		1,196,546	57
58 MAGNETIC RESONANCE IMAGING	1,067,174		1,067,174		1,067,174	58
59 CARDIAC CATHETERIZATION	871,019		871,019		871,019	59
60 LABORATORY	6,059,196		6,059,196		6,059,196	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,256,620		2,256,620		2,256,620	65
66 PHYSICAL THERAPY	1,835,429		1,835,429		1,835,429	66
67 OCCUPATIONAL THERAPY	327,820		327,820		327,820	67
69 ELECTROCARDIOLOGY	1,224,464		1,224,464		1,224,464	69
70 ELECTROENCEPHALOGRAPHY	328,238		328,238		328,238	70
71 MEDICAL SUPPLIES CHRGED TO	1,910,805		1,910,805		1,910,805	71
73 DRUGS CHARGED TO PATIENTS	5,931,247		5,931,247		5,931,247	73
74 RENAL DIALYSIS	67,354		67,354		67,354	74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	423,421		423,421		423,421	76.01
76.02 CARDIAC REHAB	163,002		163,002		163,002	76.02
76.03 WOUND CARE	1,678,299		1,678,299		1,678,299	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	3,235,450		3,235,450		3,235,450	91
92 OBSERVATION BEDS	1,614,065		1,614,065		1,614,065	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,898,371		1,898,371		1,898,371	101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	90,543,064		90,543,064		90,543,064	200
201 LESS OBSERVATION BEDS	1,614,065		1,614,065		1,614,065	201
202 TOTAL (SEE INSTRUCTIONS)	88,928,999		88,928,999		88,928,999	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,792,918		13,792,918			30
31 INTENSIVE CARE UNIT	2,911,839		2,911,839			31
43 NURSERY	1,020,856		1,020,856			43
44 SKILLED NURSING FACILITY	931,009		931,009			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,405,308	24,987,564	57,392,872	0.405969	0.405969	0.405969 50
52 DELIVERY ROOM & LABOR ROOM	2,040,181	161,766	2,201,947	0.291496	0.291496	0.291496 52
53 ANESTHESIOLOGY	2,199,969	3,500,747	5,700,716	0.378178	0.378178	0.378178 53
54 RADIOLOGY-DIAGNOSTIC	2,438,617	12,999,394	15,438,011	0.330438	0.330438	0.330438 54
54.01 ULTRASOUND	341,527	2,818,064	3,159,591	0.128400	0.128400	0.128400 54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	1,251,864	10,363,032	11,614,896	0.093861	0.093861	0.093861 54.02
54.04 RADIATION ONC	34,637	6,380	41,017	1.701319	1.701319	1.701319 54.04
54.06 PET SCAN	63,287	703,600	766,887	0.274647	0.274647	0.274647 54.06
57 COMPUTED TOMOGRAPHY (CT) SC	5,340,917	19,987,074	25,327,991	0.047242	0.047242	0.047242 57
58 MAGNETIC RESONANCE IMAGING	1,192,879	13,798,624	14,991,503	0.071185	0.071185	0.071185 58
59 CARDIAC CATHETERIZATION	190,587	1,429,888	1,620,475	0.537508	0.537508	0.537508 59
60 LABORATORY	8,667,029	12,302,148	20,969,177	0.288957	0.288957	0.288957 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	3,950,802	799,931	4,750,733	0.475005	0.475005	0.475005 65
66 PHYSICAL THERAPY	1,383,558	1,237,192	2,620,750	0.700345	0.700345	0.700345 66
67 OCCUPATIONAL THERAPY	340,780	207,211	547,991	0.598222	0.598222	0.598222 67
69 ELECTROCARDIOLOGY	2,166,708	7,253,579	9,420,287	0.129982	0.129982	0.129982 69
70 ELECTROENCEPHALOGRAPHY	525,807	1,204,138	1,729,945	0.189739	0.189739	0.189739 70
71 MEDICAL SUPPLIES CHRGD TO	8,179,262	6,871,804	15,051,066	0.126955	0.126955	0.126955 71
73 DRUGS CHARGED TO PATIENTS	16,952,933	7,475,699	24,428,632	0.242799	0.242799	0.242799 73
74 RENAL DIALYSIS	132,456	4,500	136,956	0.491793	0.491793	0.491793 74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	260,823	1,386,974	1,647,797	0.256962	0.256962	0.256962 76.01
76.02 CARDIAC REHAB	882	238,581	239,463	0.680698	0.680698	0.680698 76.02
76.03 WOUND CARE	32,206	5,310,651	5,342,857	0.314120	0.314120	0.314120 76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	3,199,575	13,172,346	16,371,921	0.197622	0.197622	0.197622 91
92 OBSERVATION BEDS	55,707	2,229,518	2,285,225	0.706305	0.706305	0.706305 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		1,223,820	1,223,820			101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	112,004,923	151,674,225	263,679,148			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	112,004,923	151,674,225	263,679,148			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,679,878		1,679,878	21,888	76.75	13,090	1,004,658	30
31 INTENSIVE CARE UNIT	252,059		252,059	1,758	143.38	1,289	184,817	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	17,484		17,484	1,751	9.99			43
44 SKILLED NURSING FACILITY	211,131		211,131	3,371	62.63	3,175	198,850	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,160,552		2,160,552	28,768		17,554	1,388,325	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0032) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

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	1,789,590	57,392,872	0.031181	19,251,707	600,287	50
52 DELIVERY ROOM & LABOR ROOM	88,471	2,201,947	0.040179	73,552	2,955	52
53 ANESTHESIOLOGY	131,260	5,700,716	0.023025	1,121,815	25,830	53
54 RADIOLOGY-DIAGNOSTIC	942,800	15,438,011	0.061070	1,670,706	102,030	54
54.01 ULTRASOUND	19,614	3,159,591	0.006208	187,556	1,164	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	98,470	11,614,896	0.008478	872,600	7,398	54.02
54.04 RADIATION ONC	1,758	41,017	0.042860	15,651	671	54.04
54.06 PET SCAN	6,374	766,887	0.008312	37,557	312	54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	170,795	25,327,991	0.006743	3,444,013	23,223	57
58 MAGNETIC RESONANCE IMAGING (M	298,734	14,991,503	0.019927	894,133	17,817	58
59 CARDIAC CATHETERIZATION	267,280	1,620,475	0.164939	79,961	13,189	59
60 LABORATORY	299,922	20,969,177	0.014303	6,477,354	92,646	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	102,607	4,750,733	0.021598	2,637,255	56,959	65
66 PHYSICAL THERAPY	120,043	2,620,750	0.045805	811,845	37,187	66
67 OCCUPATIONAL THERAPY	17,735	547,991	0.032364	186,116	6,023	67
69 ELECTROCARDIOLOGY	97,433	9,420,287	0.010343	1,342,263	13,883	69
70 ELECTROENCEPHALOGRAPHY	21,274	1,729,945	0.012298	295,892	3,639	70
71 MEDICAL SUPPLIES CHRGED TO PA	37,797	15,051,066	0.002511	4,057,546	10,188	71
73 DRUGS CHARGED TO PATIENTS	286,077	24,428,632	0.011711	11,026,977	129,137	73
74 RENAL DIALYSIS	995	136,956	0.007265	118,004	857	74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB	58,070	1,647,797	0.035241	179,274	6,318	76.01
76.02 CARDIAC REHAB	19,522	239,463	0.081524	710	58	76.02
76.03 WOUND CARE	115,052	5,342,857	0.021534	19,586	422	76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	233,535	16,371,921	0.014264	1,973,963	28,157	91
92 OBSERVATION BEDS	137,994	2,285,225	0.060385	41,979	2,535	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	5,363,202	243,798,706		56,818,015	1,182,885	200

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/30/2012 07:51

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: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/30/2012 07:51

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	21,888		13,090		30
31 INTENSIVE CARE UNIT	1,758		1,289		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,751				43
44 SKILLED NURSING FACILITY	3,371		3,175		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	28,768		17,554		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0032) [ ] 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
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC						54.02
54.04 RADIATION ONC						54.04
54.06 PET SCAN						54.06
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
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB						76.01
76.02 CARDIAC REHAB						76.02
76.03 WOUND CARE						76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
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 (14-0032)	[ ] 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	57,392,872		19,251,707		10,918,125	50
52	DELIVERY ROOM & LABOR ROOM	2,201,947		73,552		141	52
53	ANESTHESIOLOGY	5,700,716		1,121,815		1,220,151	53
54	RADIOLOGY-DIAGNOSTIC	15,438,011		1,670,706		2,553,227	54
54.01	ULTRASOUND	3,159,591		187,556		706,268	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	11,614,896		872,600		5,124,188	54.02
54.04	RADIATION ONC	41,017		15,651		6,380	54.04
54.06	PET SCAN	766,887		37,557		300,456	54.06
57	COMPUTED TOMOGRAPHY (CT) SCA	25,327,991		3,444,013		6,742,602	57
58	MAGNETIC RESONANCE IMAGING (	14,991,503		894,133		4,841,782	58
59	CARDIAC CATHETERIZATION	1,620,475		79,961		674,886	59
60	LABORATORY	20,969,177		6,477,354		776,467	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	4,750,733		2,637,255		236,172	65
66	PHYSICAL THERAPY	2,620,750		811,845		12,119	66
67	OCCUPATIONAL THERAPY	547,991		186,116		1,288	67
69	ELECTROCARDIOLOGY	9,420,287		1,342,263		2,810,610	69
70	ELECTROENCEPHALOGRAPHY	1,729,945		295,892		431,477	70
71	MEDICAL SUPPLIES CHRGED TO P	15,051,066		4,057,546		2,368,980	71
73	DRUGS CHARGED TO PATIENTS	24,428,632		11,026,977		5,397,858	73
74	RENAL DIALYSIS	136,956		118,004		3,600	74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB	1,647,797		179,274		753,182	76.01
76.02	CARDIAC REHAB	239,463		710		139,548	76.02
76.03	WOUND CARE	5,342,857		19,586		1,636,146	76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	16,371,921		1,973,963		2,862,400	91
92	OBSERVATION BEDS	2,285,225		41,979		748,656	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	243,798,706		56,818,015		51,266,709	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0032) [ ] 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	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.405969		10,918,125			4,432,420		50
52 DELIVERY ROOM & LABOR ROOM	0.291496		141			41		52
53 ANESTHESIOLOGY	0.378178		1,220,151			461,434		53
54 RADIOLOGY-DIAGNOSTIC	0.330438		2,553,227			843,683		54
54.01 ULTRASOUND	0.128400		706,268			90,685		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.093861		5,124,188			480,961		54.02
54.04 RADIATION ONC	1.701319		6,380			10,854		54.04
54.06 PET SCAN	0.274647		300,456			82,519		54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.047242		6,742,602			318,534		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071185		4,841,782			344,662		58
59 CARDIAC CATHETERIZATION	0.537508		674,886			362,757		59
60 LABORATORY	0.288957		776,467			224,366		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.475005		236,172			112,183		65
66 PHYSICAL THERAPY	0.700345		12,119			8,487		66
67 OCCUPATIONAL THERAPY	0.598222		1,288			771		67
69 ELECTROCARDIOLOGY	0.129982		2,810,610			365,329		69
70 ELECTROENCEPHALOGRAPHY	0.189739		431,477			81,868		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.126955		2,368,980			300,754		71
73 DRUGS CHARGED TO PATIENTS	0.242799		5,397,858			1,310,595		73
74 RENAL DIALYSIS	0.491793		3,600			1,770		74
76 BACTERIOLOGY & MICROBIOLOGY								76
76.01 VASCULAR LAB	0.256962		753,182			193,539		76.01
76.02 CARDIAC REHAB	0.680698		139,548			94,990		76.02
76.03 WOUND CARE	0.314120		1,636,146			513,946		76.03
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.197622		2,862,400			565,673		91
92 OBSERVATION BEDS	0.706305		748,656			528,779		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			51,266,709			11,731,600		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			51,266,709			11,731,600		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5940) [ ] 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
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC						54.02
54.04 RADIATION ONC						54.04
54.06 PET SCAN						54.06
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
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB						76.01
76.02 CARDIAC REHAB						76.02
76.03 WOUND CARE						76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[XX] SNF (14-5940)		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	57,392,872		26,700			50
52	DELIVERY ROOM & LABOR ROOM	2,201,947					52
53	ANESTHESIOLOGY	5,700,716		1,318			53
54	RADIOLOGY-DIAGNOSTIC	15,438,011		47,009			54
54.01	ULTRASOUND	3,159,591		4,746			54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	11,614,896		14,592			54.02
54.04	RADIATION ONC	41,017					54.04
54.06	PET SCAN	766,887					54.06
57	COMPUTED TOMOGRAPHY (CT) SCA	25,327,991		385			57
58	MAGNETIC RESONANCE IMAGING (	14,991,503					58
59	CARDIAC CATHETERIZATION	1,620,475					59
60	LABORATORY	20,969,177		263,732			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	4,750,733		305,066			65
66	PHYSICAL THERAPY	2,620,750		300,858			66
67	OCCUPATIONAL THERAPY	547,991		89,030			67
69	ELECTROCARDIOLOGY	9,420,287		7,527			69
70	ELECTROENCEPHALOGRAPHY	1,729,945		939			70
71	MEDICAL SUPPLIES CHRGED TO P	15,051,066		78,963			71
73	DRUGS CHARGED TO PATIENTS	24,428,632		967,854			73
74	RENAL DIALYSIS	136,956					74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB	1,647,797		13,656			76.01
76.02	CARDIAC REHAB	239,463					76.02
76.03	WOUND CARE	5,342,857					76.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	16,371,921		36			91
92	OBSERVATION BEDS	2,285,225		87			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	243,798,706		2,122,498			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [XX] SNF (14-5940) [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.405969						50
52 DELIVERY ROOM & LABOR ROOM	0.291496						52
53 ANESTHESIOLOGY	0.378178						53
54 RADIOLOGY-DIAGNOSTIC	0.330438						54
54.01 ULTRASOUND	0.128400						54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.093861						54.02
54.04 RADIATION ONC	1.701319						54.04
54.06 PET SCAN	0.274647						54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.047242						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071185						58
59 CARDIAC CATHETERIZATION	0.537508						59
60 LABORATORY	0.288957						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.475005						65
66 PHYSICAL THERAPY	0.700345						66
67 OCCUPATIONAL THERAPY	0.598222						67
69 ELECTROCARDIOLOGY	0.129982						69
70 ELECTROENCEPHALOGRAPHY	0.189739						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.126955						71
73 DRUGS CHARGED TO PATIENTS	0.242799						73
74 RENAL DIALYSIS	0.491793						74
76 BACTERIOLOGY & MICROBIOLOGY							76
76.01 VASCULAR LAB	0.256962						76.01
76.02 CARDIAC REHAB	0.680698						76.02
76.03 WOUND CARE	0.314120						76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.197622						91
92 OBSERVATION BEDS	0.706305						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/30/2012 07:51

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)	4	(COL.3 + COL.4)	6	(COL.5 x COL.6)	
	1	2	3		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,679,878		1,679,878	21,888	76.75	2,455	188,421	30
31 INTENSIVE CARE UNIT	252,059		252,059	1,758	143.38	56	8,029	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	17,484		17,484	1,751	9.99	809	8,082	43
44 SKILLED NURSING FACILITY	211,131		211,131	3,371	62.63			44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,160,552		2,160,552	28,768		3,320	204,532	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0032) [ ] SUB (OTHER)  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF  
 BOXES [XX] TITLE XIX [ ] IRF

[ ] PPS  
 [ ] TEFRA  
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL
	(FROM WKST B, PT. II, COL. 26) 1	(FROM WKST C, PT. I, COL. 8) 2	(COL.1 ÷ COL.2) 3		(COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,789,590	57,392,872	0.031181		50
52 DELIVERY ROOM & LABOR ROOM	88,471	2,201,947	0.040179		52
53 ANESTHESIOLOGY	131,260	5,700,716	0.023025		53
54 RADIOLOGY-DIAGNOSTIC	942,800	15,438,011	0.061070		54
54.01 ULTRASOUND	19,614	3,159,591	0.006208		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	98,470	11,614,896	0.008478		54.02
54.04 RADIATION ONC	1,758	41,017	0.042860		54.04
54.06 PET SCAN	6,374	766,887	0.008312		54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	170,795	25,327,991	0.006743		57
58 MAGNETIC RESONANCE IMAGING (M	298,734	14,991,503	0.019927		58
59 CARDIAC CATHETERIZATION	267,280	1,620,475	0.164939		59
60 LABORATORY	299,922	20,969,177	0.014303		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	102,607	4,750,733	0.021598		65
66 PHYSICAL THERAPY	120,043	2,620,750	0.045805		66
67 OCCUPATIONAL THERAPY	17,735	547,991	0.032364		67
69 ELECTROCARDIOLOGY	97,433	9,420,287	0.010343		69
70 ELECTROENCEPHALOGRAPHY	21,274	1,729,945	0.012298		70
71 MEDICAL SUPPLIES CHRGED TO PA	37,797	15,051,066	0.002511		71
73 DRUGS CHARGED TO PATIENTS	286,077	24,428,632	0.011711		73
74 RENAL DIALYSIS	995	136,956	0.007265		74
76 BACTERIOLOGY & MICROBIOLOGY					76
76.01 VASCULAR LAB	58,070	1,647,797	0.035241		76.01
76.02 CARDIAC REHAB	19,522	239,463	0.081524		76.02
76.03 WOUND CARE	115,052	5,342,857	0.021534		76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	233,535	16,371,921	0.014264		91
92 OBSERVATION BEDS	137,994	2,285,225	0.060385		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	5,363,202	243,798,706			200

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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APPORIONMENT 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: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	21,888		2,455		30
31 INTENSIVE CARE UNIT	1,758		56		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,751		809		43
44 SKILLED NURSING FACILITY	3,371				44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	28,768		3,320		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK  TITLE V  HOSPITAL (14-0032)  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  SNF  TEFRA  
 BOXES  TITLE XIX  IRF  NF  OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC						54.02
54.04 RADIATION ONC						54.04
54.06 PET SCAN						54.06
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
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 BACTERIOLOGY & MICROBIOLOGY						76
76.01 VASCULAR LAB						76.01
76.02 CARDIAC REHAB						76.02
76.03 WOUND CARE						76.03
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
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 (14-0032) [ ] 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	57,392,872						50
52 DELIVERY ROOM & LABOR ROOM	2,201,947						52
53 ANESTHESIOLOGY	5,700,716						53
54 RADIOLOGY-DIAGNOSTIC	15,438,011						54
54.01 ULTRASOUND	3,159,591						54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	11,614,896						54.02
54.04 RADIATION ONC	41,017						54.04
54.06 PET SCAN	766,887						54.06
57 COMPUTED TOMOGRAPHY (CT) SCA	25,327,991						57
58 MAGNETIC RESONANCE IMAGING (	14,991,503						58
59 CARDIAC CATHETERIZATION	1,620,475						59
60 LABORATORY	20,969,177						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	4,750,733						65
66 PHYSICAL THERAPY	2,620,750						66
67 OCCUPATIONAL THERAPY	547,991						67
69 ELECTROCARDIOLOGY	9,420,287						69
70 ELECTROENCEPHALOGRAPHY	1,729,945						70
71 MEDICAL SUPPLIES CHRGED TO P	15,051,066						71
73 DRUGS CHARGED TO PATIENTS	24,428,632						73
74 RENAL DIALYSIS	136,956						74
76 BACTERIOLOGY & MICROBIOLOGY							76
76.01 VASCULAR LAB	1,647,797						76.01
76.02 CARDIAC REHAB	239,463						76.02
76.03 WOUND CARE	5,342,857						76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	16,371,921						91
92 OBSERVATION BEDS	2,285,225						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	243,798,706						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0032) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.405969						50
52 DELIVERY ROOM & LABOR ROOM	0.291496						52
53 ANESTHESIOLOGY	0.378178						53
54 RADIOLOGY-DIAGNOSTIC	0.330438						54
54.01 ULTRASOUND	0.128400						54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.093861						54.02
54.04 RADIATION ONC	1.701319						54.04
54.06 PET SCAN	0.274647						54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.047242						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071185						58
59 CARDIAC CATHETERIZATION	0.537508						59
60 LABORATORY	0.288957						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.475005						65
66 PHYSICAL THERAPY	0.700345						66
67 OCCUPATIONAL THERAPY	0.598222						67
69 ELECTROCARDIOLOGY	0.129982						69
70 ELECTROENCEPHALOGRAPHY	0.189739						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.126955						71
73 DRUGS CHARGED TO PATIENTS	0.242799						73
74 RENAL DIALYSIS	0.491793						74
76 BACTERIOLOGY & MICROBIOLOGY							76
76.01 VASCULAR LAB	0.256962						76.01
76.02 CARDIAC REHAB	0.680698						76.02
76.03 WOUND CARE	0.314120						76.03
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.197622						91
92 OBSERVATION BEDS	0.706305						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 (14-0032) [ ] 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)	21,888	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,888	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,090	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,090	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)	19,648,941	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	19,648,941	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	19,648,941	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0032) [ ] 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) 897.70 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 11,750,893 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) 11,750,893 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	3,191,520	1,758	1,815.43	1,289	2,340,089	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)					16,983,464	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					31,074,446	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,189,475 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,182,885 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,372,360 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 28,702,086 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 1,798 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 897.70 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,614,065 89

COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
90 CAPITAL-RELATED COST	1,679,878	19,648,941	0.085495	1,614,065	137,994	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5940) [ ] 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)	3,371	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,371	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,371	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,175	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)	2,569,340	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	2,569,340	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,569,340	37

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/30/2012 07:51

WORKSHEET D-1  
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5940) [ ] TEFRA  
BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	2,569,340	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	762.19	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	2,419,953	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	2,419,953	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	2,419,953	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	763,699	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	3,183,652	86

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0032) [ ] 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)	21,888	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,888	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,090	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,455	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,751	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	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)	19,648,941	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	19,648,941	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	19,648,941	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0032) [ ] 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) 897.70 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,203,854 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 2,203,854 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)	69,696	1,751	39.80	809	32,198 42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS  
 43 INTENSIVE CARE UNIT 3,191,520 1,758 1,815.43 56 101,664 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) 2,337,716 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 204,532 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 204,532 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 1,798 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	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3
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 (14-0032) [ ] 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)		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		8,781,518			30
31 INTENSIVE CARE UNIT		2,138,664			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.405969	19,251,707	7,815,596		50
52 DELIVERY ROOM & LABOR ROOM	0.291496	73,552	21,440		52
53 ANESTHESIOLOGY	0.378178	1,121,815	424,246		53
54 RADIOLOGY-DIAGNOSTIC	0.330438	1,670,706	552,065		54
54.01 ULTRASOUND	0.128400	187,556	24,082		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.093861	872,600	81,903		54.02
54.04 RADIATION ONC	1.701319	15,651	26,627		54.04
54.06 PET SCAN	0.274647	37,557	10,315		54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.047242	3,444,013	162,702		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071185	894,133	63,649		58
59 CARDIAC CATHETERIZATION	0.537508	79,961	42,980		59
60 LABORATORY	0.288957	6,477,354	1,871,677		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.475005	2,637,255	1,252,709		65
66 PHYSICAL THERAPY	0.700345	811,845	568,572		66
67 OCCUPATIONAL THERAPY	0.598222	186,116	111,339		67
69 ELECTROCARDIOLOGY	0.129982	1,342,263	174,470		69
70 ELECTROENCEPHALOGRAPHY	0.189739	295,892	56,142		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.126955	4,057,546	515,126		71
73 DRUGS CHARGED TO PATIENTS	0.242799	11,026,977	2,677,339		73
74 RENAL DIALYSIS	0.491793	118,004	58,034		74
76 BACTERIOLOGY & MICROBIOLOGY					76
76.01 VASCULAR LAB	0.256962	179,274	46,067		76.01
76.02 CARDIAC REHAB	0.680698	710	483		76.02
76.03 WOUND CARE	0.314120	19,586	6,152		76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.197622	1,973,963	390,099		91
92 OBSERVATION BEDS	0.706305	41,979	29,650		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		56,818,015	16,983,464		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		56,818,015			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5940) [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.405969	26,700	10,839	50
52 DELIVERY ROOM & LABOR ROOM	0.291496			52
53 ANESTHESIOLOGY	0.378178	1,318	498	53
54 RADIOLOGY-DIAGNOSTIC	0.330438	47,009	15,534	54
54.01 ULTRASOUND	0.128400	4,746	609	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.093861	14,592	1,370	54.02
54.04 RADIATION ONC	1.701319			54.04
54.06 PET SCAN	0.274647			54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.047242	385	18	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071185			58
59 CARDIAC CATHETERIZATION	0.537508			59
60 LABORATORY	0.288957	263,732	76,207	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.475005	305,066	144,908	65
66 PHYSICAL THERAPY	0.700345	300,858	210,704	66
67 OCCUPATIONAL THERAPY	0.598222	89,030	53,260	67
69 ELECTROCARDIOLOGY	0.129982	7,527	978	69
70 ELECTROENCEPHALOGRAPHY	0.189739	939	178	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.126955	78,963	10,025	71
73 DRUGS CHARGED TO PATIENTS	0.242799	967,854	234,994	73
74 RENAL DIALYSIS	0.491793			74
76 BACTERIOLOGY & MICROBIOLOGY				76
76.01 VASCULAR LAB	0.256962	13,656	3,509	76.01
76.02 CARDIAC REHAB	0.680698			76.02
76.03 WOUND CARE	0.314120			76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.197622	36	7	91
92 OBSERVATION BEDS	0.706305	87	61	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,122,498	763,699	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,122,498		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0032) [ ] 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	0.405969			50
52 DELIVERY ROOM & LABOR ROOM	0.291496			52
53 ANESTHESIOLOGY	0.378178			53
54 RADIOLOGY-DIAGNOSTIC	0.330438			54
54.01 ULTRASOUND	0.128400			54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.093861			54.02
54.04 RADIATION ONC	1.701319			54.04
54.06 PET SCAN	0.274647			54.06
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.047242			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.071185			58
59 CARDIAC CATHETERIZATION	0.537508			59
60 LABORATORY	0.288957			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.475005			65
66 PHYSICAL THERAPY	0.700345			66
67 OCCUPATIONAL THERAPY	0.598222			67
69 ELECTROCARDIOLOGY	0.129982			69
70 ELECTROENCEPHALOGRAPHY	0.189739			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.126955			71
73 DRUGS CHARGED TO PATIENTS	0.242799			73
74 RENAL DIALYSIS	0.491793			74
76 BACTERIOLOGY & MICROBIOLOGY				76
76.01 VASCULAR LAB	0.256962			76.01
76.02 CARDIAC REHAB	0.680698			76.02
76.03 WOUND CARE	0.314120			76.03
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.197622			91
92 OBSERVATION BEDS	0.706305			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 (14-0032)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	24,175,227	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	251,070	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	128.09	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)	0.0323	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1407	31
32	SUM OF LINES 30 AND 31	0.1730	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0400	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	967,009	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)	25,393,306	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)	25,393,306	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,960,291	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0032)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
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)	27,353,597	59
60	PRIMARY PAYER PAYMENTS	28,205	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	27,325,392	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,000,817	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	14,318	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	573,960	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	401,772	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	522,740	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	24,712,029	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)	24,712,029	71
72	INTERIM PAYMENTS	24,391,894	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	320,135	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





ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0032) [ ] 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		24,112,472		9,037,883	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	279,422          NONE          279,422		248,418          NONE          248,418	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)		279,422		248,418	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		24,391,894		9,286,301	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          NONE		NONE          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)		320,135		140,852	6.01
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		24,712,029		9,427,153	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [XX] SNF (14-5940)  
 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		919,555		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		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)		919,555		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		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		919,555		7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____	NPR DATE: _____	8

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/30/2012 07:51

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0032) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	6,881	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	14,379	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	21,848	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	263,679,148	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	5,596,633	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/30/2012 07:51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VI

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

1	PROSPECTIVE PAYMENT AMOUNT		
2	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	954,198	1
3	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
4	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
5	SUBTOTAL (SUM OF LINES 1-3)	954,198	4
6	COMPUTATION OF NET COST OF COVERED SERVICES		
7	MEDICAL AND OTHER SERVICES		5
8	DEDUCTIBLES		6
9	COINSURANCE	34,643	7
10	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
11	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
12	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
13	UTILIZATION REVIEW		11
14	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	919,555	12
15	INPATIENT PRIMARY PAYER PAYMENTS		13
16	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
17	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	919,555	15
18	INTERIM PAYMENTS	919,555	16
19	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
20	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)		18
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0032) [ ] 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

	INPATIENT	OUTPATIENT	
	TITLE V OR	TITLE V OR	
	TITLE XIX	TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	2,337,716		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,337,716		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,337,716		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	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))	2,337,716		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	9,184,852			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	52,952,770			4
5	OTHER RECEIVABLES	412,214			5
6	ALLOWANCE FOR UNCOLLECTIBLE				
	NOTES & ACCOUNTS RECEIVABLE	-34,999,168			6
7	INVENTORY	5,389,291			7
8	PREPAID EXPENSES	176,329			8
9	OTHER CURRENT ASSETS	11,658,849			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	44,775,137			11
FIXED ASSETS					
12	LAND	1,246,628			12
13	LAND IMPROVEMENTS	2,074,344			13
14	ACCUMULATED DEPRECIATION	-1,557,831			14
15	BUILDINGS	75,727,376			15
16	ACCUMULATED DEPRECIATION	-35,370,165			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	63,503,334			19
20	ACCUMULATED DEPRECIATION	-48,905,778			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	56,717,908			30
OTHER ASSETS					
31	INVESTMENTS	213,881,263			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	247,272			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	214,128,535			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	315,621,580			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	3,458,703			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	11,138,957			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	12,345,600			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	26,943,260			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	18,496,900			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	18,038,218			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	36,535,118			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	63,478,378			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	252,143,202			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)	252,143,202			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	315,621,580			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		244,301,944							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		17,230,502							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		261,532,446							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 REV. RECOGN. OF MIN. PENSION									5
6 NET ASSETS RELEASED FROM RES	328,640								6
7 CHG IN TEMP. RESTRICTED NET	20,835								7
8 PROCEEDS FROM GRANT FOR EQUI	235,375								8
9 PRAIRIE REVENUE	2,197,752								9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,782,602							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		264,315,048							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER (TO)/FROM AFFILIATE	4,385,000								13
14 REV. RECOGN. OF MIN. PENSION	7,786,846								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		12,171,846							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		252,143,202							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	16,760,464		16,760,464	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	931,009		931,009	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	17,691,473		17,691,473	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	17,691,473		17,691,473	18
19 ANCILLARY SERVICES	93,292,594	150,450,405	243,742,999	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY		1,223,820	1,223,820	23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER PATIENT REVENUES	1,020,856		1,020,856	28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	112,004,923	151,674,225	263,679,148	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		98,653,967	29
30 PROVISION FOR BAD DEBT	4,450,384		30
31 PRAIRIE			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		4,450,384	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)		103,104,351	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	263,679,148	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	147,340,423	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	116,338,725	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	103,104,351	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	13,234,374	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	2,062,262	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	4	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	8,996	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	42,068	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	3,400	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	86,021	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	8,431	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (AUXILIARY)	53,373	24
24.01	OTHER (DIABETES INSTRUCTION)	32,685	24.01
24.02	OTHER (HOUSEKEEPING)	166	24.02
24.03	OTHER (PHYSICIAN APPLICATION)	2,800	24.03
24.04	OTHER (RENTAL INCOME-900 W TEMPLE (EMC))	485,159	24.04
24.05	OTHER (RECYCLING)	2,151	24.05
24.06	OTHER (UNCLAIMED PROPERTY)		24.06
24.07	OTHER (PHYSICIAN DUES)	15,800	24.07
24.08	OTHER (PERSONNEL - NAME TAGS)	25	24.08
24.09	OTHER (LIFELINE - HOME CARE)		24.09
24.10	OTHER (MEDICAL OFFICE - INHOUSE)		24.10
24.11	OTHER (RENTAL INCOME)	99,697	24.11
24.12	OTHER (HOUSEKEEPING-900 W TEMPLE (EMC))	7,379	24.12
24.13	OTHER (NEUROLOGY - EEG)	595	24.13
24.14	OTHER (SPIRIT COMMITTEE ACTIVITIES)	29,992	24.14
24.15	OTHER (ASSETS RELEASED FOR OPERATIONS)		24.15
24.16	OTHER (COMMUNITY SERVICES - IN SERVICE)	1,295	24.16
24.17	OTHER (PATIENT SERVICES)	60	24.17
24.18	OTHER (QUALITY OKLAHOMA STUDY)		24.18
24.19	OTHER (PET SCAN ALLIANCE IMAGING SALARIES)		24.19
24.20	OTHER (RADIATION ONCOLOGY CARLE RN SALARIE)		24.20
24.21	OTHER (RADIATION ONCOLOGY - RN BENEFITS)		24.21
24.22	OTHER (RADIATION ONCOLOGY - RENT)		24.22
24.23	OTHER (ASPR)	20,946	24.23
24.24	OTHER (NUC MED REIMBURSEMENT STUDENT FEES)	45	24.24
24.25	OTHER (IHA GRANT T1)		24.25
24.26	OTHER (PHYSICAL THERAPY)		24.26
24.27	OTHER (LAB-SURVEILLANCE PROGRAM)	520	24.27
24.28	OTHER (RADIOLOGY FILM/SCRAP)	5,826	24.28
24.29	OTHER (ANESTHESIA LEASE INCOME)	1,168,246	24.29
24.30	OTHER (WOMENS WELLNESS RETAIL)	5,174	24.30
24.31	OTHER (NURSING SERVICE ADMIN)	177	24.31
24.99	OTHER (GAIN/LOSS ON SALE OF FIXED ASSETS)	276	24.99
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	4,143,569	25
26	TOTAL (LINE 5 PLUS LINE 25)	17,377,943	26
27	OTHER EXPENSES (GAIN/LOSS ON SALE OF FIXED ASSETS)		27
27.01	OTHER EXPENSES (RENTAL PROPERTIES DEPRECIATION)	58,823	27.01
27.02	OTHER EXPENSES (RENTAL PROPERTIES EXPENSE)	88,618	27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	147,441	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	17,230,502	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						
2 CAPITAL RELATED-BLDGS & FIXTURES						1
3 CAPITAL RELATED-MOVABLE EQUIPMENT						2
4 PLANT OPERATION & MAINTENANCE					28,459	28,459
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL	88,539		142		22,515	111,196
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	496,503		46,987			543,490
9 PHYSICAL THERAPY	68,975		8,903			77,878
10 OCCUPATIONAL THERAPY	7,720		4,600			12,320
11 SPEECH PATHOLOGY	4,793		709			5,502
12 MEDICAL SOCIAL SERVICES	5,372		440			5,812
13 HOME HEALTH AIDE	48,020		17,468			65,488
14 SUPPLIES (SEE INSTRUCTIONS)					36,852	36,852
15 DRUGS						13
16 DME						14
17 HHA NONREIMBURSABLE SERVICES						
18 HOME DIALYSIS AIDE SERVICES						15
19 RESPIRATORY THERAPY						16
20 PRIVATE DUTY NURSING						17
21 CLINIC						18
22 HEALTH PROMOTION ACTIVITIES						19
23 DAY CARE PROGRAM						20
24 HOME DELIVERED MEALS PROGRAM						21
25 HOMEMAKER SERVICE						22
26 ALL OTHERS						23
27 TOTAL (SUM OF LINES 1-23)	719,922		79,249		87,826	886,997

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7661

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3		28,459		28,459	3
4					4
5		111,196		111,196	5
6					6
7		543,490		543,490	7
8		77,878		77,878	8
9		12,320		12,320	9
10		5,502		5,502	10
11		5,812		5,812	11
12		65,488		65,488	12
13		36,852		36,852	13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24		886,997		886,997	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7661

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
1									1
2									2
3	28,459			28,459					3
4									4
5	111,196			28,459		139,655	139,655		5
	HHA REIMBURSABLE SERVICES								
6	543,490					543,490	101,562	645,052	6
7	77,878					77,878	14,553	92,431	7
8	12,320					12,320	2,302	14,622	8
9	5,502					5,502	1,028	6,530	9
10	5,812					5,812	1,086	6,898	10
11	65,488					65,488	12,238	77,726	11
12	36,852					36,852	6,886	43,738	12
13									13
14									14
	HHA NONREIMBURSABLE SERVICES								
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	886,997			28,459		886,997		886,997	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE			28,459				3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES			28,459		-139,655	747,342	5
6 SKILLED NURSING CARE						543,490	6
7 PHYSICAL THERAPY						77,878	7
8 OCCUPATIONAL THERAPY						12,320	8
9 SPEECH PATHOLOGY						5,502	9
10 MEDICAL SOCIAL SERVICES						5,812	10
11 HOME HEALTH AIDE						65,488	11
12 SUPPLIES (SEE INSTRUCTIONS)						36,852	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)			28,459		-139,655	747,342	24
25 COST TO BE ALLOC (PER W/S H)			28,459			139,655	25
26 UNIT COST MULTIPLIER			1.000000			0.186869	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7661

WORKSHEET H-2  
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	465,521		465,521			1
2 SKILLED NURSING CARE	1,061,614		1,061,614	344,908	1,406,522	2
3 PHYSICAL THERAPY	150,982		150,982	49,053	200,035	3
4 OCCUPATIONAL THERAPY	22,209		22,209	7,216	29,425	4
5 SPEECH PATHOLOGY	10,624		10,624	3,452	14,076	5
6 MEDICAL SOCIAL SERVICES	11,386		11,386	3,699	15,085	6
7 HOME HEALTH AIDE	121,723		121,723	39,547	161,270	7
8 SUPPLIES	54,312		54,312	17,646	71,958	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	1,898,371		1,898,371	465,521	1,898,371	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.324892		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS MAINT. HOURS	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	1,338	16,356		88,539		59,845	106	1,338	1
2 SKILLED NURSING CARE				496,503		854,934			2
3 PHYSICAL THERAPY				68,975		121,588			3
4 OCCUPATIONAL THERAPY				7,720		17,885			4
5 SPEECH PATHOLOGY				4,793		8,556			5
6 MEDICAL SOCIAL SERVICES				5,372		9,169			6
7 HOME HEALTH AIDE				48,020		98,025			7
8 SUPPLIES						43,738			8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	1,338	16,356		719,922		1,213,740	106	1,338	20
21 TOTAL COST TO BE ALLOCATED	11,689	10,729		304,325		293,423	14,898	28,589	21
22 UNIT COST MULTIPLIER	8.736173						140.547170		22
22 UNIT COST MULTIPLIER		0.655967		0.422719		0.241751		21.366966	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7661

WORKSHEET H-2  
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	
1 ADMINISTRATIVE AND GENERAL	95,551	15,364		2,133		28,873	36,695	157	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	95,551	15,364		2,133		28,873	36,695	157	20
21 TOTAL COST TO BE ALLOCATED	263,142	12,205		22,658		48,976	595	145	21
22 UNIT COST MULTIPLIER	2.753943						0.016215		22
22 UNIT COST MULTIPLIER		0.794389		10.622597		1.696256		0.923567	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	ANCILLARY COSTS (FROM PART II) 2	COSTS (COLS. 1+2) 3	VISITS 4	COST PER VISIT (COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	1,406,522		1,406,522	6,094	230.80	1
2	PHYSICAL THERAPY	3	200,035		200,035	1,032	193.83	2
3	OCCUPATIONAL THERAPY	4	29,425		29,425	316	93.12	3
4	SPEECH PATHOLOGY	5	14,076		14,076	56	251.36	4
5	MEDICAL SOCIAL SERVICES	6	15,085		15,085	35	431.00	5
6	HOME HEALTH AIDE	7	161,270		161,270	533	302.57	6
7	TOTAL (SUM OF LINES 1-6)		1,826,413		1,826,413	8,066		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS  
 COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	ANCILLARY COSTS (FROM PART II) 2	COSTS (COLS. 1+2) 3	CHARGES (FROM HHA RECORD) 4	(COL.3 ÷ COL.4) 5	
15	COST OF MEDICAL SUPPLIES	8	71,958		71,958			15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7661

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	2,524	1,749		582,539	403,669		986,208
2 PHYSICAL THERAPY	472	296		91,488	57,374		148,862
3 OCCUPATIONAL THERAPY	102	83		9,498	7,729		17,227
4 SPEECH PATHOLOGY	44	4		11,060	1,005		12,065
5 MEDICAL SOCIAL SERVICES	13	12		5,603	5,172		10,775
6 HOME HEALTH AIDE	289	250		87,443	75,643		163,086
7 TOTAL (SUM OF LINES 1-6)	3,444	2,394		787,631	550,592		1,338,223

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS			TOTAL PROGRAM COST (SUM OF COLS.9-10)
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	1	2	3	4	
8 SKILLED NURSING CARE	00014	2,524	1,749		8
9 PHYSICAL THERAPY	00014	472	296		9
10 OCCUPATIONAL THERAPY	00014	102	83		10
11 SPEECH PATHOLOGY	00014	44	4		11
12 MEDICAL SOCIAL SERVICES	00014	13	12		12
13 HOME HEALTH AIDE	00014	289	250		13
14 TOTAL (SUM OF LINES 8-13)		3,444	2,394		14

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

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

FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66	0.700345		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67	0.598222		COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.126955		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.242799		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7661

WORKSHEET H-4  
 PARTS I & II

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

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	496,217	342,370	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4,725	7,726	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	12,664	10,257	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	9,688	3,702	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	5,067	2,978	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	528,361	367,033	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	528,361	367,033	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	528,361	367,033	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	528,361	367,033	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	528,361	367,033	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	528,361	367,033	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 14-7661

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		528,361		367,033	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		528,361		367,033	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 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 (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		528,361		367,033	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-003) [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		1,940,580	1
3	CAPITAL DRG OUTLIER PAYMENTS		19,711	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		59.69	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)			7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)			8
10	SUM OF LINES 7 AND 8			9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)			10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)			11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		1,960,291	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-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					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
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC					54.02
54.04 RADIATION ONC					54.04
54.06 PET SCAN					54.06
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
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 BACTERIOLOGY & MICROBIOLOGY					76
76.01 VASCULAR LAB					76.01
76.02 CARDIAC REHAB					76.02
76.03 WOUND CARE					76.03
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
194 PHILANTHROPY DEVELOPMENT					194
194.01 VENDING					194.01
194.02 MEALS ON WHEELS					194.02
194.03 PRAIRIE CARDIOVASCULAR					194.03

PROVIDER CCN: 14-0032 ST. ANTHONY'S MEMORIAL HOSPITA  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/30/2012 07:51

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

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