

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: 02-27-2013 TIME: 13:15____
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. MARY MEDICAL CENTER (14-0064) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2011 AND ENDING 09/30/2012, 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	333,311	-917,735	-11,859		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	333,311	-917,735	-11,859		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: 3333 N SEMINARY
 2 CITY: GALESBURG

STATE: IL

P.O. BOX:
 ZIP CODE: 61401

COUNTY: KNOX

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL ST. MARY MEDICAL CENTER	14-0064	37900	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2011			TO: 09/30/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
		IN-STATE	IN-STATE	OUT-OF-STATE	OUT-OF-STATE		
		MEDICAID PAID DAYS 1	MEDICAID ELIGIBLE UNPAID DAYS 2	MEDICAID PAID DAYS 3	MEDICAID ELIGIBLE UNPAID DAYS 4		
24	IF THIS PROVIDER IS AN IPHS 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.	1,590	378			12	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 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.						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.			2			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.			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.				1		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: 10/01/2011		ENDING: 09/30/2012	38

39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1	2
								N	N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N
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
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 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 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE: 285,468			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	Y	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

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

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

141	NAME: OSF HEALTHCARE SYSTEM	CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICE	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 800 NE GLEN OAK AVE	P.O. BOX:		142
143	CITY: PEORIA	STATE: IL	ZIP CODE: 61603	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.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	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

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?
ENTER 'Y' FOR YES OR 'N' FOR NO. N 165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN
COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.
NAME COUNTY STATE ZIP CODE CBSA FTE/CAMPUS
0 1 2 3 4 5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT
167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167
168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168
169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 0.75 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3

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

		Y/N	Y/N
APPROVED EDUCATIONAL ACTIVITIES		1	2
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	
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
			Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N 14

BED COMPLEMENT			
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/19/2012	Y	12/19/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 1 2 36
- 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
- 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. N 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: JENNIFER LAST NAME: DAVIS TITLE: MGR THIRD PARTY REIM 41
- 42 EMPLOYER: OSF HEALTHCARE SYSTEM 42
- 43 PHONE NUMBER: 309-655-4096 E-MAIL ADDRESS: JENNIFER.Y.DAVIS@OSFHEALTHCARE 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	38,255,469	46,321	38,301,790	1,266,157.00	30.25 1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE		1,343,651		1,343,651	13,696.00	98.11 3
4.01	PHYSICIAN-PART A - TEACHING		512,560		512,560	2,972.79	172.42 4
5	PHYSICIAN-PART B		1,928,200		1,928,200	11,183.37	172.42 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
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		11,896,194	278,604	12,174,798	128,269.00	94.92 10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		769,866		769,866	10,619.00	72.50 11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		40,883		40,883	172.00	237.69 13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		4,809,000		4,809,000	96,340.00	49.92 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)		9,267,786		9,267,786		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		2,418,156		2,418,156		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		264,447		264,447		21
22	PHYSICIAN PART A - ADMINISTRATIVE		45,231		45,231		22
22.01	PHYSICIAN PART A - TEACHING						22.01 23
23	PHYSICIAN PART B		170,149		170,149		23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		39,039	-39,039			26
27	ADMINISTRATIVE & GENERAL		3,083,944	-7,821	3,076,123	109,960.00	27.97 27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		289,814		289,814	2,106.00	137.61 28
29	MAINTENANCE & REPAIRS		513,838	-392	513,446	29,087.00	17.65 29
30	OPERATION OF PLANT		115,935	-202	115,733	4,735.00	24.44 30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		631,981	-1,540	630,441	69,016.00	9.13 32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		597,517	-418,106	179,411	17,999.00	9.97 34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			415,016	415,016	34,016.00	12.20 36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		688,947	-22,067	666,880	21,352.00	31.23 38
39	CENTRAL SERVICES AND SUPPLY		99,495		99,495	9,184.00	10.83 39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		705,708	-1,955	703,753	48,030.00	14.65 41
42	SOCIAL SERVICE		118,955	-450	118,505	6,712.00	17.66 42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	35,273,432	46,321	35,319,753	1,243,383.63	28.41 1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	11,896,194	278,604	12,174,798	128,269.00	94.92 2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	23,377,238	-232,283	23,144,955	1,115,114.63	20.76 3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	5,619,749		5,619,749	107,131.00	52.46 4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	9,313,017		9,313,017		40.24 5
6	TOTAL (SUM OF LINES 3 THRU 5)	38,310,004	-232,283	38,077,721	1,222,245.63	31.15 6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	6,885,173	-76,556	6,808,617	352,197.00	19.33 7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,971,069	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	298,000	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	6,277,776	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)	61,365	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	235,698	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	2,206,070	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	4,786	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	111,005	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	12,165,769	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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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	6,582,977	1
2	HOSPITAL	6,582,977	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.189442	1																																																																																																		
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)																																																																																																								
2	NET REVENUE FROM MEDICAID				5,774,022	2																																																																																																		
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3																																																																																																		
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4																																																																																																		
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5																																																																																																		
6	MEDICAID CHARGES				31,806,752	6																																																																																																		
7	MEDICAID COST (LINE 1 TIMES LINE 6)				6,025,535	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.				251,513	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)				251,513	19																																																																																																		
<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">UNINSURED</th> <th style="text-align: center;">INSURED</th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">PATIENTS</th> <th style="text-align: center;">PATIENTS</th> <th style="text-align: center;">TOTAL</th> <th></th> <th></th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>20</td> <td>TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY</td> <td style="text-align: right;">23,081,795</td> <td style="text-align: right;">1,203,860</td> <td style="text-align: right;">24,285,655</td> <td></td> <td>20</td> </tr> <tr> <td>21</td> <td>COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)</td> <td style="text-align: right;">4,372,661</td> <td style="text-align: right;">228,062</td> <td style="text-align: right;">4,600,723</td> <td></td> <td>21</td> </tr> <tr> <td>22</td> <td>PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE</td> <td style="text-align: right;">299,793</td> <td style="text-align: right;">15,636</td> <td style="text-align: right;">315,429</td> <td></td> <td>22</td> </tr> <tr> <td>23</td> <td>COST OF CHARITY CARE</td> <td style="text-align: right;">4,072,868</td> <td style="text-align: right;">212,426</td> <td style="text-align: right;">4,285,294</td> <td></td> <td>23</td> </tr> <tr> <td>24</td> <td>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)</td> <td></td> <td></td> <td></td> <td style="text-align: center;">N</td> <td>24</td> </tr> <tr> <td>25</td> <td>TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)</td> <td></td> <td></td> <td style="text-align: right;">6,212,301</td> <td></td> <td>25</td> </tr> <tr> <td>26</td> <td>MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V</td> <td></td> <td></td> <td style="text-align: right;">442,789</td> <td></td> <td>26</td> </tr> <tr> <td>27</td> <td>NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)</td> <td></td> <td></td> <td style="text-align: right;">5,769,512</td> <td></td> <td>27</td> </tr> <tr> <td>28</td> <td>COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)</td> <td></td> <td></td> <td style="text-align: right;">1,092,988</td> <td></td> <td>28</td> </tr> <tr> <td>29</td> <td>COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)</td> <td></td> <td></td> <td style="text-align: right;">5,378,282</td> <td></td> <td>29</td> </tr> <tr> <td>30</td> <td>TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)</td> <td></td> <td></td> <td style="text-align: right;">5,629,795</td> <td></td> <td>30</td> </tr> </tbody> </table>								UNINSURED	INSURED						PATIENTS	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	23,081,795	1,203,860	24,285,655		20	21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,372,661	228,062	4,600,723		21	22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	299,793	15,636	315,429		22	23	COST OF CHARITY CARE	4,072,868	212,426	4,285,294		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)			6,212,301		25	26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			442,789		26	27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			5,769,512		27	28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,092,988		28	29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			5,378,282		29	30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			5,629,795		30
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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		1,094,905	1,094,905	12,446	1
2	00200		1,490,247	1,490,247	-9,021	2
3	00300					3
4	00400	39,039	10,155,021	10,194,060	1,705,100	4
5	00500	3,083,944	11,409,185	14,493,129	-43,891	5
6	00600	513,838	918,516	1,432,354	-392	6
7	00700	115,935	1,001,259	1,117,194	-202	7
8	00800		242,382	242,382		8
9	00900	631,981	189,287	821,268	-1,042	9
10	01000	597,517	571,099	1,168,616	-814,226	10
11	01100				812,699	11
12	01200					12
13	01300	688,947	223,982	912,929	-21,387	13
14	01400	99,495	198,372	297,867		14
15	01500					15
16	01600	705,708	131,465	837,173	-1,903	16
17	01700	118,955	783	119,738	-450	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	4,307,882	542,840	4,850,722	-5,183	30
31	03100	910,717	214,844	1,125,561	-678	31
43	04300	217,983	25,668	243,651	-277	43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,392,858	5,044,576	6,437,434	-3,843,093	50
51	05100	973,142	109,506	1,082,648	-848	51
52	05200	482,051	82,396	564,447	-255	52
53	05300	1,345,297	511,242	1,856,539		53
54	05400	1,160,047	954,356	2,114,403	-2,882	54
56	05600	166,766	323,315	490,081	-225	56
57	05700	320,130	1,105,821	1,425,951	-812	57
58	05800	212,569	507,899	720,468	-300	58
59	05900	12,087	290,879	302,966	-136,681	59
60	06000	1,015,905	604,716	1,620,621	-277	60
62.30	06250					62.30
63	06300		589,613	589,613		63
65	06500		109,568	721,784	-678,124	65
65.10	06501	612,216	66,264	344,021	-818	65.10
65.20	06502	277,757	8,509	239,989	-121,523	65.20
66	06600	231,480	39,773	794,680	-59,845	66
67	06700	754,907	-215,969	198,499	32,192	67
68	06800	215,969	20,587	155,444	25,623	68
69	06900	134,857	715	715		69
70	07000	128,464	16,471	144,935	52,918	70
71	07100				2,173,386	71
72	07200				2,427,819	72
73	07300				-250	73
76.97	07697	760,241	3,468,021	4,228,262		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	4,130,591	614,993	4,745,584	-2,933	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118		26,359,275	42,861,605	69,220,880	1,494,665	118
NONREIMBURSABLE COST CENTERS						
190	19000	42,326	76,309	118,635	695	190
192	19200	11,274,183	-2,347,142	8,927,041	-1,622,212	192
193	19300		7,164	7,164	4,533	193
194	07950					194
194.10	07951		16,805	16,805		194.10
194.20	07952	86,671	62,779	149,450	-180	194.20
194.30	07953	42,016	530,048	572,064	-2,960	194.30
194.40	07954	450,998	183,889	634,887	4,516	194.40
194.50	07955		83,147	83,147		194.50
194.70	07956				120,943	194.70
200		38,255,469	41,474,604	79,730,073		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	1,107,351		1,107,351	1
2	00200	1,481,226		1,481,226	2
3	00300				3
4	00400	11,899,160	-500,592	11,398,568	4
5	00500	14,449,238	-3,989,243	10,459,995	5
6	00600	1,431,962	-4,500	1,427,462	6
7	00700	1,116,992	-70,702	1,046,290	7
8	00800	242,382		242,382	8
9	00900	820,226		820,226	9
10	01000	354,390		354,390	10
11	01100	812,699		812,699	11
12	01200				12
13	01300	891,542		891,542	13
14	01400	297,867		297,867	14
15	01500				15
16	01600	835,270	-51,406	783,864	16
17	01700	119,288		119,288	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	4,845,539		4,845,539	30
31	03100	1,124,883		1,124,883	31
43	04300	243,374	-319	243,055	43
ANCILLARY SERVICE COST CENTERS					
50	05000	2,594,341		2,594,341	50
51	05100	1,081,800		1,081,800	51
52	05200	564,192		564,192	52
53	05300	1,856,539	-1,589,825	266,714	53
54	05400	2,111,521	-30,153	2,081,368	54
56	05600	489,856	-3,179	486,677	56
57	05700	1,425,139	-27,442	1,397,697	57
58	05800	720,168	-12,599	707,569	58
59	05900	166,285	-9,260	157,025	59
60	06000	1,620,344		1,620,344	60
62.30	06250				62.30
63	06300	589,613		589,613	63
65	06500	43,660		43,660	65
65.10	06501	343,203		343,203	65.10
65.20	06502	118,466		118,466	65.20
66	06600	734,835	-5,654	729,181	66
67	06700	230,691		230,691	67
68	06800	181,067		181,067	68
69	06900	715		715	69
70	07000	197,853		197,853	70
71	07100	2,173,386		2,173,386	71
72	07200	2,427,819		2,427,819	72
73	07300	4,228,012	-10,692	4,217,320	73
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	4,742,651	-2,281,530	2,461,121	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118		70,715,545	-8,587,096	62,128,449	118
NONREIMBURSABLE COST CENTERS					
190	19000	119,330		119,330	190
192	19200	7,304,829		7,304,829	192
193	19300	11,697		11,697	193
194	07950				194
194.10	07951	16,805		16,805	194.10
194.20	07952	149,270		149,270	194.20
194.30	07953	569,104		569,104	194.30
194.40	07954	639,403		639,403	194.40
194.50	07955	83,147		83,147	194.50
194.70	07956	120,943		120,943	194.70
200		79,730,073	-8,587,096	71,142,977	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 CONVENT DEPRECIATION RECLASS	A	NONPAID WORKERS	193			4,533 1
500 TOTAL RECLASSIFICATIONS						4,533 500
CODE LETTER - A						
1 PHYSICIANS PRIVATE PRACTICE	B					1
2 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192			3,312 2
3 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192			3,705 3
4 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192			3,969 4
5 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192			11,753 5
6 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192			8,870 6
7 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192			17,324 7
8 PHYSICIANS PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	192			8,022 8
500 TOTAL RECLASSIFICATIONS						56,955 500
CODE LETTER - B						
1 DEPREC RECLASS	C	GIFT, FLOWER, COFFEE SHOP & C	190			920 1
2 DEPREC RECLASS	C	INDUSTRIAL MEDICINE	194.40			1,689 2
3 DEPREC RECLASS	C					3
500 TOTAL RECLASSIFICATIONS						2,609 500
CODE LETTER - C						
1 PROPERTY INSURANCE RECLASS	D	CAP REL COSTS-BLDG & FIXT	1			28,885 1
2 PROPERTY INSURANCE RECLASS	D	CAP REL COSTS-MVBLE EQUIP	2			38,637 2
500 TOTAL RECLASSIFICATIONS						67,522 500
CODE LETTER - D						
1 PHYSICIAN BENEFIT RECLASS	E	EMPLOYEE BENEFITS	4			1,678,184 1
500 TOTAL RECLASSIFICATIONS						1,678,184 500
CODE LETTER - E						
1 DIETARY ALLOWANCE	F	CAFETERIA	11		415,016	397,683 1
500 TOTAL RECLASSIFICATIONS					415,016	397,683 500
CODE LETTER - F						
1 EKG SALARY RECLASS	G	ELECTROENCEPHALOGRAPHY	70		53,468	1
500 TOTAL RECLASSIFICATIONS					53,468	500
CODE LETTER - G						
1 CARDIO PULMONARY REHAB	H	FITNESS CENTER	194.70		116,578	4,365 1
500 TOTAL RECLASSIFICATIONS					116,578	4,365 500
CODE LETTER - H						
1 VACATION RECLASS	I					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 TEAM AWARD RECLASS PY & CY	J	ADMINISTRATIVE & GENERAL	5	133,300	1
2 TEAM AWARD RECLASS PY & CY	J	MAINTENANCE & REPAIRS	6	4,128	2
3 TEAM AWARD RECLASS PY & CY	J	OPERATION OF PLANT	7	1,398	3
4 TEAM AWARD RECLASS PY & CY	J	HOUSEKEEPING	9	9,718	4
5 TEAM AWARD RECLASS PY & CY	J	DIETARY	10	7,313	5
6 TEAM AWARD RECLASS PY & CY	J	NURSING ADMINISTRATION	13	4,582	6
7 TEAM AWARD RECLASS PY & CY	J				7
8 TEAM AWARD RECLASS PY & CY	J	MEDICAL RECORDS & LIBRARY	16	7,377	8
9 TEAM AWARD RECLASS PY & CY	J	SOCIAL SERVICE	17	1,950	9
10 TEAM AWARD RECLASS PY & CY	J	ADULTS & PEDIATRICS	30	29,097	10
11 TEAM AWARD RECLASS PY & CY	J	INTENSIVE CARE UNIT	31	6,922	11
12 TEAM AWARD RECLASS PY & CY	J	NURSERY	43	1,203	12
13 TEAM AWARD RECLASS PY & CY	J	OPERATING ROOM	50	10,205	13
14 TEAM AWARD RECLASS PY & CY	J	RECOVERY ROOM	51	6,760	14
15 TEAM AWARD RECLASS PY & CY	J	DELIVERY ROOM & LABOR ROOM	52	3,185	15
16 TEAM AWARD RECLASS PY & CY	J	ANESTHESIOLOGY	53	2,990	16
17 TEAM AWARD RECLASS PY & CY	J	RADIOLOGY-DIAGNOSTIC	54	9,718	17
18 TEAM AWARD RECLASS PY & CY	J	RADIOISOTOPE	56	975	18
19 TEAM AWARD RECLASS PY & CY	J	COMPUTED TOMOGRAPHY (CT) SCAN	57	1,788	19
20 TEAM AWARD RECLASS PY & CY	J	MAGNETIC RESONANCE IMAGING (M	58	1,300	20
21 TEAM AWARD RECLASS PY & CY	J				21
22 TEAM AWARD RECLASS PY & CY	J	LABORATORY	60	9,523	22
23 TEAM AWARD RECLASS PY & CY	J	RESPIRATORY THERAPY	65	4,290	23
24 TEAM AWARD RECLASS PY & CY	J	CARDIAC STRESS LAB	65.10	1,462	24
25 TEAM AWARD RECLASS PY & CY	J	CARDIAC REHAB	65.20	1,300	25
26 TEAM AWARD RECLASS PY & CY	J	PHYSICAL THERAPY	66	5,070	26
27 TEAM AWARD RECLASS PY & CY	J	OCCUPATIONAL THERAPY	67	975	27
28 TEAM AWARD RECLASS PY & CY	J	SPEECH PATHOLOGY	68	325	28
29 TEAM AWARD RECLASS PY & CY	J	ELECTROENCEPHALOGRAPHY	70	650	29
30 TEAM AWARD RECLASS PY & CY	J	DRUGS CHARGED TO PATIENTS	73	4,550	30
31 TEAM AWARD RECLASS PY & CY	J	EMERGENCY	91	12,187	31
32 TEAM AWARD RECLASS PY & CY	J	GIFT, FLOWER, COFFEE SHOP & C	190	975	32
33 TEAM AWARD RECLASS PY & CY	J	PHYSICIANS' PRIVATE OFFICES	192	4,777	33
34 TEAM AWARD RECLASS PY & CY	J	FUND DEVELOPMENT	194.20	1,300	34
35 TEAM AWARD RECLASS PY & CY	J				35
36 TEAM AWARD RECLASS PY & CY	J	INDUSTRIAL MEDICINE	194.40	2,827	36
37 TEAM AWARD RECLASS PY & CY	J				37
38 TEAM AWARD RECLASS PY & CY	J	EMPLOYEE BENEFITS	4	321,036	38
500 TOTAL RECLASSIFICATIONS				615,156	500
CODE LETTER - J					
1 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4	120,509	1
2 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4		186,464 2
500 TOTAL RECLASSIFICATIONS				120,509	186,464 500
CODE LETTER - K					
1 NON PATIENT DIETARY REV RECLASS	L				1
2 NON PATIENT DIETARY REV RECLASS	L				2
500 TOTAL RECLASSIFICATIONS					500
CODE LETTER - L					
1 PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5		31,452 1
500 TOTAL RECLASSIFICATIONS					31,452 500
CODE LETTER - M					
1 REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	98,878	5,562 1
2 REHAB ADMIN RECLASS	N	OCCUPATIONAL THERAPY	67	31,069	1,748 2
3 REHAB ADMIN RECLASS	N	SPEECH PATHOLOGY	68	24,330	1,368 3
500 TOTAL RECLASSIFICATIONS				154,277	8,678 500
CODE LETTER - N					
1 IMPLANTABLE MEDICAL DEVICE RECLASS	O	IMPL. DEV. CHARGED TO PATIENT	72		2,427,819 1
2 IMPLANTABLE MEDICAL DEVICE RECLASS	O				2
500 TOTAL RECLASSIFICATIONS					2,427,819 500
CODE LETTER - O					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 MED/SURG SUP RECLASS	P	MEDICAL SUPPLIES CHRGED TO PA	71		2,173,386	1
2 MED/SURG SUP RECLASS	P					2
3 MED/SURG SUP RECLASS	P					3
500 TOTAL RECLASSIFICATIONS					2,173,386	500
CODE LETTER - P						
1 GALESBURG CLINIC ADMIN VACATION REC	Q	PHYSICIANS' PRIVATE OFFICES	192	107,710		1
500 TOTAL RECLASSIFICATIONS				107,710		500
CODE LETTER - Q						
1 DISABILITY RECLASS	R	HOUSEKEEPING	9		498	1
2		DIETARY	10		1,563	2
3		NURSING ADMINISTRATION	13		680	3
4		MEDICAL RECORDS & LIBRARY	16		52	4
5		ADULTS & PEDIATRICS	30		135	5
6		ADULTS & PEDIATRICS	30		437	6
7		ADULTS & PEDIATRICS	30		435	7
8		ADULTS & PEDIATRICS	30		1,001	8
9		ADULTS & PEDIATRICS	30		1,086	9
10		OPERATING ROOM	50		6,817	10
11		RECOVERY ROOM	51		7,115	11
12		PHYSICIANS' PRIVATE OFFICES	192		2,028	12
500 TOTAL RECLASSIFICATIONS					21,847	500
CODE LETTER - R						
1 TEAM AWARD ADJ	S	RECOVERY ROOM	51	2,990		1
2		ANESTHESIOLOGY	53	2,980		2
500 TOTAL RECLASSIFICATIONS				5,970		500
CODE LETTER - S						
1 VACATION ACCRUAL	T	PHYSICIANS' PRIVATE OFFICES	192	57,865		1
500 TOTAL RECLASSIFICATIONS				57,865		500
CODE LETTER - T						
GRAND TOTAL (INCREASES)				1,646,549	7,061,497	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CONVENT DEPRECIATION RECLASS	A	CAP REL COSTS-BLDG & FIXT	1		4,533	9 1
500 TOTAL RECLASSIFICATIONS					4,533	500
CODE LETTER - A						
1 PHYSICIANS PRIVATE PRACTICE	B					9 1
2 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-BLDG & FIXT	1		3,312	9 2
3 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-BLDG & FIXT	1		3,705	9 3
4 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-BLDG & FIXT	1		3,969	9 4
5 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		11,753	9 5
6 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		8,870	9 6
7 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		17,324	9 7
8 PHYSICIANS PRIVATE PRACTICE	B	CAP REL COSTS-MVBLE EQUIP	2		8,022	9 8
500 TOTAL RECLASSIFICATIONS					56,955	500
CODE LETTER - B						
1 DEPREC RECLASS	C	CAP REL COSTS-BLDG & FIXT	1		920	9 1
2 DEPREC RECLASS	C	CAP REL COSTS-MVBLE EQUIP	2		1,689	9 2
3 DEPREC RECLASS	C					9 3
500 TOTAL RECLASSIFICATIONS					2,609	500
CODE LETTER - C						
1 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		28,885	9 1
2 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		38,637	9 2
500 TOTAL RECLASSIFICATIONS					67,522	500
CODE LETTER - D						
1 PHYSICIAN BENEFIT RECLASS	E	PHYSICIANS' PRIVATE OFFICES	192		1,678,184	1
500 TOTAL RECLASSIFICATIONS					1,678,184	500
CODE LETTER - E						
1 DIETARY ALLOWANCE	F	DIETARY	10	415,016	397,683	1
500 TOTAL RECLASSIFICATIONS				415,016	397,683	500
CODE LETTER - F						
1 EKG SALARY RECLASS	G	RESPIRATORY THERAPY	65	53,468		1
500 TOTAL RECLASSIFICATIONS				53,468		500
CODE LETTER - G						
1 CARDIO PULMONARY REHAB	H	CARDIAC REHAB	65.20	116,578	4,365	1
500 TOTAL RECLASSIFICATIONS				116,578	4,365	500
CODE LETTER - H						
1 VACATION RECLASS	I					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 TEAM AWARD RECLASS PY & CY	J	ADMINISTRATIVE & GENERAL	5	109,669		1
2 TEAM AWARD RECLASS PY & CY	J	MAINTENANCE & REPAIRS	6	4,520		2
3 TEAM AWARD RECLASS PY & CY	J	OPERATION OF PLANT	7	1,600		3
4 TEAM AWARD RECLASS PY & CY	J	HOUSEKEEPING	9	10,760		4
5 TEAM AWARD RECLASS PY & CY	J	DIETARY	10	8,840		5
6 TEAM AWARD RECLASS PY & CY	J	NURSING ADMINISTRATION	13	25,969		6
7 TEAM AWARD RECLASS PY & CY	J					7
8 TEAM AWARD RECLASS PY & CY	J	MEDICAL RECORDS & LIBRARY	16	9,280		8
9 TEAM AWARD RECLASS PY & CY	J	SOCIAL SERVICE	17	2,400		9
10 TEAM AWARD RECLASS PY & CY	J	ADULTS & PEDIATRICS	30	34,280		10
11 TEAM AWARD RECLASS PY & CY	J	INTENSIVE CARE UNIT	31	7,600		11
12 TEAM AWARD RECLASS PY & CY	J	NURSERY	43	1,480		12
13 TEAM AWARD RECLASS PY & CY	J	OPERATING ROOM	50	12,720		13
14 TEAM AWARD RECLASS PY & CY	J	RECOVERY ROOM	51	7,618		14
15 TEAM AWARD RECLASS PY & CY	J	DELIVERY ROOM & LABOR ROOM	52	3,440		15
16 TEAM AWARD RECLASS PY & CY	J	ANESTHESIOLOGY	53	2,980		16
17 TEAM AWARD RECLASS PY & CY	J	RADIOLOGY-DIAGNOSTIC	54	12,600		17
18 TEAM AWARD RECLASS PY & CY	J	RADIOISOTOPE	56	1,200		18
19 TEAM AWARD RECLASS PY & CY	J	COMPUTED TOMOGRAPHY (CT) SCAN	57	2,600		19
20 TEAM AWARD RECLASS PY & CY	J	MAGNETIC RESONANCE IMAGING (M	58	1,600		20
21 TEAM AWARD RECLASS PY & CY	J					21
22 TEAM AWARD RECLASS PY & CY	J	LABORATORY	60	9,800		22
23 TEAM AWARD RECLASS PY & CY	J	RESPIRATORY THERAPY	65	5,000		23
24 TEAM AWARD RECLASS PY & CY	J	CARDIAC STRESS LAB	65.10	2,280		24
25 TEAM AWARD RECLASS PY & CY	J	CARDIAC REHAB	65.20	1,880		25
26 TEAM AWARD RECLASS PY & CY	J	PHYSICAL THERAPY	66	6,400		26
27 TEAM AWARD RECLASS PY & CY	J	OCCUPATIONAL THERAPY	67	1,600		27
28 TEAM AWARD RECLASS PY & CY	J	SPEECH PATHOLOGY	68	400		28
29 TEAM AWARD RECLASS PY & CY	J	ELECTROENCEPHALOGRAPHY	70	1,200		29
30 TEAM AWARD RECLASS PY & CY	J	DRUGS CHARGED TO PATIENTS	73	4,800		30
31 TEAM AWARD RECLASS PY & CY	J	EMERGENCY	91	15,120		31
32 TEAM AWARD RECLASS PY & CY	J	GIFT, FLOWER, COFFEE SHOP & C	190	1,200		32
33 TEAM AWARD RECLASS PY & CY	J	PHYSICIANS' PRIVATE OFFICES	192	5,760		33
34 TEAM AWARD RECLASS PY & CY	J	FUND DEVELOPMENT	194.20	1,480		34
35 TEAM AWARD RECLASS PY & CY	J					35
36 TEAM AWARD RECLASS PY & CY	J	PUBLIC RELATIONS/MARKETING	194.30	2,960		36
37 TEAM AWARD RECLASS PY & CY	J					37
38 TEAM AWARD RECLASS PY & CY	J	EMPLOYEE BENEFITS	4	294,120		38
500 TOTAL RECLASSIFICATIONS				615,156		500
CODE LETTER - J						
1 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4		120,509	1
2 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS	4	186,464		2
500 TOTAL RECLASSIFICATIONS				186,464	120,509	500
CODE LETTER - K						
1 NON PATIENT DIETARY REV RECLASS	L					1
2 NON PATIENT DIETARY REV RECLASS	L					2
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - L						
1 PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5	31,452		1
500 TOTAL RECLASSIFICATIONS				31,452		500
CODE LETTER - M						
1 REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	154,277	8,678	1
2 REHAB ADMIN RECLASS	N					2
3 REHAB ADMIN RECLASS	N					3
500 TOTAL RECLASSIFICATIONS				154,277	8,678	500
CODE LETTER - N						
1 IMPLANTABLE MEDICAL DEVICE RECLASS	O	OPERATING ROOM	50		2,348,219	1
2 IMPLANTABLE MEDICAL DEVICE RECLASS	O	CARDIAC CATHETERIZATION	59		79,600	2
500 TOTAL RECLASSIFICATIONS					2,427,819	500
CODE LETTER - O						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 MED/SURG SUP RECLASS	P	OPERATING ROOM	50		1,492,359	1
2 MED/SURG SUP RECLASS	P	CARDIAC CATHETERIZATION	59		57,081	2
3 MED/SURG SUP RECLASS	P	RESPIRATORY THERAPY	65		623,946	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					2,173,386	500
1 GALESBURG CLINIC ADMIN VACATION REC	Q	PHYSICIANS' PRIVATE OFFICES	192		107,710	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					107,710	500
1 DISABILITY RECLASS	R	HOUSEKEEPING	9	498		1
2		DIETARY	10	1,563		2
3		NURSING ADMINISTRATION	13	680		3
4		MEDICAL RECORDS & LIBRARY	16	52		4
5		ADULTS & PEDIATRICS	30	135		5
6		ADULTS & PEDIATRICS	30	437		6
7		ADULTS & PEDIATRICS	30	435		7
8		ADULTS & PEDIATRICS	30	1,001		8
9		ADULTS & PEDIATRICS	30	1,086		9
10		OPERATING ROOM	50	6,817		10
11		RECOVERY ROOM	51	7,115		11
12		PHYSICIANS' PRIVATE OFFICES	192	2,028		12
500 TOTAL RECLASSIFICATIONS CODE LETTER - R				21,847		500
1 TEAM AWARD ADJ	S	RECOVERY ROOM	51	2,980		1
2		ANESTHESIOLOGY	53	2,990		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - S				5,970		500
1 VACATION ACCRUAL	T	PHYSICIANS' PRIVATE OFFICES	192		57,865	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - T GRAND TOTAL (DECREASES)				1,600,228	7,107,818	500

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	314,848					314,848	1
2 LAND IMPROVEMENTS	925,068					925,068	2
3 BUILDINGS AND FIXTURES	33,794,013	107,774		107,774		33,901,787	3
4 BUILDING IMPROVEMENTS	38,298					38,298	4
5 FIXED EQUIPMENT	147,855					147,855	5
6 MOVABLE EQUIPMENT	36,495,743	1,780,949		1,780,949		38,276,692	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	71,715,825	1,888,723		1,888,723		73,604,548	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	71,715,825	1,888,723		1,888,723		73,604,548	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	1,094,905						1,094,905 1
2 CAP REL COSTS-MVBLE EQUIP	1,490,247						1,490,247 2
3 TOTAL (SUM OF LINES 1-2)	2,585,152						2,585,152 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	35,180,002		35,180,002	0.477960				1
2 CAP REL COSTS-MVBLE EQUIP	38,424,546		38,424,546	0.522040				2
3 TOTAL (SUM OF LINES 1-2)	73,604,548		73,604,548	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
1 CAP REL COSTS-BLDG & FIXT	1,107,351						1,107,351 1
2 CAP REL COSTS-MVBLE EQUIP	1,481,226						1,481,226 2
3 TOTAL	2,588,577						2,588,577 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-61,893	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,281,530			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,734,717			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	B	-10,692	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-24,419	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			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		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					33
34					34
35					35
36					36
37					37
37.02 TRANSCRIPTION	B	-26,987	MEDICAL RECORDS & LIBRARY	16	37.02
37.04 NEWBORN	B	-319	NURSERY	43	37.04
37.06 RADIOLOGY	B	-226	RADIOLOGY-DIAGNOSTIC	54	37.06
37.09 PLANT MAINTAINANCE	B	-4,500	MAINTENANCE & REPAIRS	6	37.09
37.10 DPA PROVIDER TAX	A	-2,037,721	ADMINISTRATIVE & GENERAL	5	37.10
37.13 COMMUNITY HEALTH EDUCATION	B	-16,090	ADMINISTRATIVE & GENERAL	5	37.13
37.14 PROPERTY TAX	A	-100,646	ADMINISTRATIVE & GENERAL	5	37.14
37.15 CRNA SALARIES	A	-1,589,825	ANESTHESIOLOGY	53	37.15
37.17 ER & CRNA EMPLOYEE BENEFITS	A	-434,637	EMPLOYEE BENEFITS	4	37.17
37.19 PHYSICIAN RECRUITMENT	A	-25,129	ADMINISTRATIVE & GENERAL	5	37.19
37.20 IHA, AHA, CHA DUES	A	-21,145	ADMINISTRATIVE & GENERAL	5	37.20
37.22 PHYSICAL THERAPY	B	-5,654	PHYSICAL THERAPY	66	37.22
37.23 CHAPLAINCY SVCS	B	-989	ADMINISTRATIVE & GENERAL	5	37.23
37.30 TEAM ACCRUAL PRIOR YEAR	A	120,509	EMPLOYEE BENEFITS	4	37.30
37.31 FINANCE CHG ON PT ACCTS	B	-113,559	ADMINISTRATIVE & GENERAL	5	37.31
37.32 TEAM ACCRUAL CURRENT YEAR	A	-186,464	EMPLOYEE BENEFITS	4	37.32
37.33 OTHER GENERAL SVCS	B	-2,601	ADMINISTRATIVE & GENERAL	5	37.33
38					38
39					39
40					40
41 DISASTER PREPAREDNESS	B	-27,862	ADMINISTRATIVE & GENERAL	5	41
42					42
43					43
44					44

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/27/2013 13:15

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
				COST CENTER 3	LINE NO. 4	
45						45
46						46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-8,587,096			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1						1	
2	5	ADMINISTRATIVE & GENERAL	SISTERS SERVICES	38,646	38,646	2	
3	5	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE CHARGES	4,538,696	6,120,304	-1,581,608	3
4	7	OPERATION OF PLANT	CORPORATE OFFICE CHARGES	140,372	211,074	-70,702	4
4.04	54	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINT	188,978	206,479	-17,501	4.04
4.05	56	RADIOISOTOPE	SFI PURCHASED MAINT	34,332	37,511	-3,179	4.05
4.06	57	COMPUTED TOMOGRAPHY (CT) SCAN	SFI PURCHASED MAINT	296,326	323,768	-27,442	4.06
4.07	58	MAGNETIC RESONANCE IMAGING (MRI)	SFI PURCHASED MAINT	136,003	148,602	-12,599	4.07
4.08	59	CARDIAC CATHETERIZATION	SFI PURCHASED MAINT	99,988	109,248	-9,260	4.08
4.09	54	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED SERVICES	303,594	316,020	-12,426	4.09
4.12	60	LABORATORY	SYSTEMS LAB	537,501	537,501		4.12
5		TOTALS (SUM OF LINES 1-4)		6,314,436	8,049,153	-1,734,717	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 -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B OSF HEALTHCARE SYSTEMS	100.00				6
7						7
8						8
9						9
10						10

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	59	CARDIAC CATHETERIZATION								1
2	65	RESPIRATORY THERAPY								2
3	91	EMERGENCY	2,482,058	1,960,826	521,232	142,500	2,927	200,528	10,026	3
4	5	ADMINISTRATIVE & GENERAL								4
5	91	EMERGENCY	34,727		34,727	142,500	589	40,352	2,018	5
6	13	NURSING ADMINISTRATION				142,500				6
200		TOTAL	2,516,785	1,960,826	555,959		3,516	240,880	12,044	200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/27/2013 13:15

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.		12	13	14	15	16	17	18	
10	11								
1	59	CARDIAC CATHETERIZATION							1
2	65	RESPIRATORY THERAPY							2
3	91	EMERGENCY				200,528	320,704	2,281,530	3
4	5	ADMINISTRATIVE & GENERAL							4
5	91	EMERGENCY				40,352			5
6	13	NURSING ADMINISTRATION							6
200		TOTAL				240,880	320,704	2,281,530	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	1,107,351	1,107,351				1
2 CAP REL COSTS-MVBLE EQUIP	1,481,226		1,481,226			2
4 EMPLOYEE BENEFITS	11,398,568			11,398,568		4
5 ADMINISTRATIVE & GENERAL	10,459,995	229,783	456,299	993,222	12,139,299	5
6 MAINTENANCE & REPAIRS	1,427,462	141,507		165,782	1,734,751	6
7 OPERATION OF PLANT	1,046,290	66,678	106,567	37,368	1,256,903	7
8 LAUNDRY & LINEN SERVICE	242,382	4,888			247,270	8
9 HOUSEKEEPING	820,226	4,893	1,749	203,557	1,030,425	9
10 DIETARY	354,390	21,086	11,468	57,928	444,872	10
11 CAFETERIA	812,699	14,014		134,001	960,714	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	891,542	3,066	49,986	215,323	1,159,917	13
14 CENTRAL SERVICES & SUPPLY	297,867	14,445	41,617	32,125	386,054	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	783,864	5,246	757	227,228	1,017,095	16
17 SOCIAL SERVICE	119,288	1,161		38,263	158,712	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	4,845,539	155,740	16,115	1,388,261	6,405,655	30
31 INTENSIVE CARE UNIT	1,124,883	12,911	3,290	293,834	1,434,918	31
43 NURSERY	243,055	5,079	1,553	70,293	319,980	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,594,341	55,363	171,307	446,714	3,267,725	50
51 RECOVERY ROOM	1,081,800	24,647		311,638	1,418,085	51
52 DELIVERY ROOM & LABOR ROOM	564,192	21,130	24,890	155,563	765,775	52
53 ANESTHESIOLOGY	266,714	313	72,118		339,145	53
54 RADIOLOGY-DIAGNOSTIC	2,081,368	58,101	160,215	373,627	2,673,311	54
56 RADIOISOTOPE	486,677	2,699		53,773	543,149	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,397,697	10,105		103,102	1,510,904	57
58 MAGNETIC RESONANCE IMAGING (MRI)	707,569	5,172	10,828	68,538	792,107	58
59 CARDIAC CATHETERIZATION	157,025	5,133	53,061	3,903	219,122	59
60 LABORATORY	1,620,344	19,450	72,321	327,927	2,040,042	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	589,613				589,613	63
65 RESPIRATORY THERAPY	43,660	5,878	29,111	180,180	258,829	65
65.10 CARDIAC STRESS LAB	343,203	8,836	16,926	89,418	458,383	65.10
65.20 CARDIAC REHAB	118,466	950	12	36,912	156,340	65.20
66 PHYSICAL THERAPY	729,181	45,342	2,311	225,428	1,002,262	66
67 OCCUPATIONAL THERAPY	230,691	13,166	2,644	79,562	326,063	67
68 SPEECH PATHOLOGY	181,067	12,294	3,177	51,374	247,912	68
69 ELECTROCARDIOLOGY	715	549	27		1,291	69
70 ELECTROENCEPHALOGRAPHY	197,853	4,590	21,456	58,565	282,464	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,173,386				2,173,386	71
72 IMPL. DEV. CHARGED TO PATIENT	2,427,819				2,427,819	72
73 DRUGS CHARGED TO PATIENTS	4,217,320	8,224	36,931	245,387	4,507,862	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,461,121	44,387	59,214	798,761	3,363,483	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	62,128,449	1,026,826	1,425,950	7,467,557	58,061,637	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	119,330			13,594	132,924	190
192 PHYSICIANS' PRIVATE OFFICES	7,304,829	35,942	53,473	3,692,709	11,086,953	192
193 NONPAID WORKERS	11,697	21,282			32,979	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION	16,805				16,805	194.10
194.20 FUND DEVELOPMENT	149,270	710		27,926	177,906	194.20
194.30 PUBLIC RELATIONS/MARKETING	569,104	446		12,610	582,160	194.30
194.40 INDUSTRIAL MEDICINE	639,403	13,186	1,680	146,531	800,800	194.40
194.50 FOUNDATION	83,147				83,147	194.50
194.70 FITNESS CENTER	120,943	8,959	123	37,641	167,666	194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	71,142,977	1,107,351	1,481,226	11,398,568	71,142,977	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	12,139,299					5
6 MAINTENANCE & REPAIRS	356,904	2,091,655				6
7 OPERATION OF PLANT	258,593	189,477	1,704,973			7
8 LAUNDRY & LINEN SERVICE	50,873	13,891	12,451	324,485		8
9 HOUSEKEEPING	211,998	13,905	12,463		1,268,791	9
10 DIETARY	91,527	59,921	53,708		40,561	10
11 CAFETERIA	197,655	39,822	35,693		26,956	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	238,639	8,713	7,810		5,898	13
14 CENTRAL SERVICES & SUPPLY	79,426	41,047	36,791		27,785	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	209,255	14,907	13,362		10,091	16
17 SOCIAL SERVICE	32,653	3,299	2,957		2,233	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	1,317,887	442,560	396,685	157,312	299,577	30
31 INTENSIVE CARE UNIT	295,217	36,690	32,886	33,551	24,836	31
43 NURSERY	65,832	14,434	12,937		9,770	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	672,295	157,325	141,014	30,049	106,495	50
51 RECOVERY ROOM	291,754	70,040	62,778	26,965	47,411	51
52 DELIVERY ROOM & LABOR ROOM	157,549	60,046	53,821	23,818	40,646	52
53 ANESTHESIOLOGY	69,775	891	798		603	53
54 RADIOLOGY-DIAGNOSTIC	550,002	165,105	147,988	13,173	111,762	54
56 RADIOISOTOPE	111,746	7,669	6,874		5,191	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	310,850	28,715	25,738		19,437	57
58 MAGNETIC RESONANCE IMAGING (MRI)	162,967	14,698	13,174		9,949	58
59 CARDIAC CATHETERIZATION	45,082	14,587	13,075		9,874	59
60 LABORATORY	419,714	55,272	49,542		37,414	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	121,306					63
65 RESPIRATORY THERAPY	53,251	16,703	14,971		11,306	65
65.10 CARDIAC STRESS LAB	94,307	25,110	22,506		16,997	65.10
65.20 CARDIAC REHAB	32,165	2,700	2,420		1,828	65.20
66 PHYSICAL THERAPY	206,203	128,847	115,489	10,350	87,218	66
67 OCCUPATIONAL THERAPY	67,084	37,414	33,535		25,326	67
68 SPEECH PATHOLOGY	51,005	34,936	31,314		23,649	68
69 ELECTROCARDIOLOGY	266	1,559	1,397		1,055	69
70 ELECTROENCEPHALOGRAPHY	58,114	13,042	11,690		8,828	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	447,148					71
72 IMPL. DEV. CHARGED TO PATIENT	499,495					72
73 DRUGS CHARGED TO PATIENTS	927,439	23,370	20,947		15,819	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	691,996	126,133	113,056	29,267	85,381	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	9,447,972	1,862,828	1,499,870	324,485	1,113,896	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,348					190
192 PHYSICIANS' PRIVATE OFFICES	2,281,007	102,137	91,548		69,137	192
193 NONPAID WORKERS	6,785	60,477	54,208		40,938	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION	3,457					194.10
194.20 FUND DEVELOPMENT	36,602	2,018	1,809		1,366	194.20
194.30 PUBLIC RELATIONS/MARKETING	119,772	1,267	1,135		857	194.30
194.40 INDUSTRIAL MEDICINE	164,755	37,470	33,585		25,364	194.40
194.50 FOUNDATION	17,106					194.50
194.70 FITNESS CENTER	34,495	25,458	22,818		17,233	194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	12,139,299	2,091,655	1,704,973	324,485	1,268,791	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
	10	11	13	14	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	690,589					10
11 CAFETERIA		1,260,840				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		30,570	1,451,547			13
14 CENTRAL SERVICES & SUPPLY		12,988		584,091		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		68,394		1,253	1,334,357	16
17 SOCIAL SERVICE		9,567		170		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	587,121	306,490	658,893	92,563	81,207	30
31 INTENSIVE CARE UNIT	81,900	59,619	129,562	19,856	17,789	31
43 NURSERY		12,418	26,986	2,107	4,983	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		96,810	210,383	287,982	124,701	50
51 RECOVERY ROOM		55,121	119,786	21,644	42,298	51
52 DELIVERY ROOM & LABOR ROOM		23,569	51,219	9,893	6,935	52
53 ANESTHESIOLOGY		24,171		23,441	39,381	53
54 RADIOLOGY-DIAGNOSTIC		82,871		11,626	73,306	54
56 RADIOISOTOPE		8,427		623	25,213	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		22,017		14,184	143,749	57
58 MAGNETIC RESONANCE IMAGING (MRI)		11,784		675	56,143	58
59 CARDIAC CATHETERIZATION		760		1,448	3,991	59
60 LABORATORY		81,826		16,472	203,267	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					9,483	63
65 RESPIRATORY THERAPY		41,341		5,006	32,047	65
65.10 CARDIAC STRESS LAB		15,016		1,846	28,294	65.10
65.20 CARDIAC REHAB		1,235		77	3,643	65.20
66 PHYSICAL THERAPY		38,426		1,447	28,318	66
67 OCCUPATIONAL THERAPY		8,236		108	7,462	67
68 SPEECH PATHOLOGY		11,848		86	3,054	68
69 ELECTROCARDIOLOGY				147	9,524	69
70 ELECTROENCEPHALOGRAPHY		8,268		137	8,055	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					90,758	71
72 IMPL. DEV. CHARGED TO PATIENT					54,679	72
73 DRUGS CHARGED TO PATIENTS		41,911		2,199	154,512	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		137,200	254,718	58,615	81,565	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	669,021	1,210,883	1,451,547	573,605	1,334,357	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,629		25		190
192 PHYSICIANS' PRIVATE OFFICES				8,549		192
193 NONPAID WORKERS	21,568			66		193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT		5,132		3		194.20
194.30 PUBLIC RELATIONS/MARKETING		3,358		146		194.30
194.40 INDUSTRIAL MEDICINE		26,325		923		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER		12,513		774		194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	690,589	1,260,840	1,451,547	584,091	1,334,357	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	209,591				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	177,171	10,923,121		10,923,121	30
31 INTENSIVE CARE UNIT	24,621	2,191,445		2,191,445	31
43 NURSERY	7,799	477,246		477,246	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		5,094,779		5,094,779	50
51 RECOVERY ROOM		2,155,882		2,155,882	51
52 DELIVERY ROOM & LABOR ROOM		1,193,271		1,193,271	52
53 ANESTHESIOLOGY		498,205		498,205	53
54 RADIOLOGY-DIAGNOSTIC		3,829,144		3,829,144	54
56 RADIOISOTOPE		708,892		708,892	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,075,594		2,075,594	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,061,497		1,061,497	58
59 CARDIAC CATHETERIZATION		307,939		307,939	59
60 LABORATORY		2,903,549		2,903,549	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		720,402		720,402	63
65 RESPIRATORY THERAPY		433,454		433,454	65
65.10 CARDIAC STRESS LAB		662,459		662,459	65.10
65.20 CARDIAC REHAB		200,408		200,408	65.20
66 PHYSICAL THERAPY		1,618,560		1,618,560	66
67 OCCUPATIONAL THERAPY		505,228		505,228	67
68 SPEECH PATHOLOGY		403,804		403,804	68
69 ELECTROCARDIOLOGY		15,239		15,239	69
70 ELECTROENCEPHALOGRAPHY		390,598		390,598	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		2,711,292		2,711,292	71
72 IMPL. DEV. CHARGED TO PATIENT		2,981,993		2,981,993	72
73 DRUGS CHARGED TO PATIENTS		5,694,059		5,694,059	73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY		4,941,414		4,941,414	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	209,591	54,699,474		54,699,474	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		162,926		162,926	190
192 PHYSICIANS' PRIVATE OFFICES		13,639,331		13,639,331	192
193 NONPAID WORKERS		217,021		217,021	193
194 OTHER NONREIMBURSABLE					194
194.10 MEDICAL TRANSPORTATION		20,262		20,262	194.10
194.20 FUND DEVELOPMENT		224,836		224,836	194.20
194.30 PUBLIC RELATIONS/MARKETING		708,695		708,695	194.30
194.40 INDUSTRIAL MEDICINE		1,089,222		1,089,222	194.40
194.50 FOUNDATION		100,253		100,253	194.50
194.70 FITNESS CENTER		280,957		280,957	194.70
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	209,591	71,142,977		71,142,977	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	1,550,571	229,783	456,299	2,236,653	2,236,653	5
6 MAINTENANCE & REPAIRS	10,345	141,507		151,852	65,759	6
7 OPERATION OF PLANT		66,678	106,567	173,245	47,645	7
8 LAUNDRY & LINEN SERVICE		4,888		4,888	9,373	8
9 HOUSEKEEPING		4,893	1,749	6,642	39,060	9
10 DIETARY		21,086	11,468	32,554	16,864	10
11 CAFETERIA		14,014		14,014	36,418	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,883	3,066	49,986	56,935	43,969	13
14 CENTRAL SERVICES & SUPPLY	1,730	14,445	41,617	57,792	14,634	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	10,155	5,246	757	16,158	38,555	16
17 SOCIAL SERVICE		1,161		1,161	6,016	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	8,932	155,740	16,115	180,787	242,819	30
31 INTENSIVE CARE UNIT	6,237	12,911	3,290	22,438	54,393	31
43 NURSERY		5,079	1,553	6,632	12,129	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	149,231	55,363	171,307	375,901	123,870	50
51 RECOVERY ROOM	1,173	24,647		25,820	53,755	51
52 DELIVERY ROOM & LABOR ROOM	494	21,130	24,890	46,514	29,028	52
53 ANESTHESIOLOGY	494	313	72,118	72,925	12,856	53
54 RADIOLOGY-DIAGNOSTIC	219,717	58,101	160,215	438,033	101,337	54
56 RADIOISOTOPE		2,699		2,699	20,589	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		10,105		10,105	57,274	57
58 MAGNETIC RESONANCE IMAGING (MRI)	349,817	5,172	10,828	365,817	30,026	58
59 CARDIAC CATHETERIZATION		5,133	53,061	58,194	8,306	59
60 LABORATORY		19,450	72,321	91,771	77,332	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					22,350	63
65 RESPIRATORY THERAPY	994	5,878	29,111	35,983	9,811	65
65.10 CARDIAC STRESS LAB		8,836	16,926	25,762	17,376	65.10
65.20 CARDIAC REHAB		950	12	962	5,926	65.20
66 PHYSICAL THERAPY	9,749	45,342	2,311	57,402	37,993	66
67 OCCUPATIONAL THERAPY		13,166	2,644	15,810	12,360	67
68 SPEECH PATHOLOGY		12,294	3,177	15,471	9,398	68
69 ELECTROCARDIOLOGY		549	27	576	49	69
70 ELECTROENCEPHALOGRAPHY	1,319	4,590	21,456	27,365	10,707	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					82,387	71
72 IMPL. DEV. CHARGED TO PATIENT					92,031	72
73 DRUGS CHARGED TO PATIENTS		8,224	36,931	45,155	170,880	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,730	44,387	59,214	105,331	127,500	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,326,571	1,026,826	1,425,950	4,779,347	1,740,775	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					5,039	190
192 PHYSICIANS' PRIVATE OFFICES	92,762	35,942	53,473	182,177	420,276	192
193 NONPAID WORKERS		21,282		21,282	1,250	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION					637	194.10
194.20 FUND DEVELOPMENT		710		710	6,744	194.20
194.30 PUBLIC RELATIONS/MARKETING		446		446	22,068	194.30
194.40 INDUSTRIAL MEDICINE	5,190	13,186	1,680	20,056	30,356	194.40
194.50 FOUNDATION					3,152	194.50
194.70 FITNESS CENTER		8,959	123	9,082	6,356	194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,424,523	1,107,351	1,481,226	5,013,100	2,236,653	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	217,611					6
7 OPERATION OF PLANT	19,713	240,603				7
8 LAUNDRY & LINEN SERVICE	1,445	1,757	17,463			8
9 HOUSEKEEPING	1,447	1,759		48,908		9
10 DIETARY	6,234	7,579		1,564	64,795	10
11 CAFETERIA	4,143	5,037		1,039		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	907	1,102		227		13
14 CENTRAL SERVICES & SUPPLY	4,270	5,192		1,071		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,551	1,886		389		16
17 SOCIAL SERVICE	343	417		86		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	46,042	55,979	8,466	11,547	55,087	30
31 INTENSIVE CARE UNIT	3,817	4,641	1,806	957	7,684	31
43 NURSERY	1,502	1,826		377		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,368	19,900	1,617	4,105		50
51 RECOVERY ROOM	7,287	8,859	1,451	1,828		51
52 DELIVERY ROOM & LABOR ROOM	6,247	7,595	1,282	1,567		52
53 ANESTHESIOLOGY	93	113		23		53
54 RADIOLOGY-DIAGNOSTIC	17,177	20,884	709	4,308		54
56 RADIOISOTOPE	798	970		200		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,987	3,632		749		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,529	1,859		384		58
59 CARDIAC CATHETERIZATION	1,518	1,845		381		59
60 LABORATORY	5,750	6,991		1,442		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	1,738	2,113		436		65
65.10 CARDIAC STRESS LAB	2,612	3,176		655		65.10
65.20 CARDIAC REHAB	281	342		70		65.20
66 PHYSICAL THERAPY	13,405	16,298	557	3,362		66
67 OCCUPATIONAL THERAPY	3,892	4,732		976		67
68 SPEECH PATHOLOGY	3,635	4,419		912		68
69 ELECTROCARDIOLOGY	162	197		41		69
70 ELECTROENCEPHALOGRAPHY	1,357	1,650		340		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,431	2,956		610		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	13,123	15,954	1,575	3,291		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	193,804	211,660	17,463	42,937	62,771	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	10,626	12,919		2,665		192
193 NONPAID WORKERS	6,292	7,650		1,578	2,024	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	210	255		53		194.20
194.30 PUBLIC RELATIONS/MARKETING	132	160		33		194.30
194.40 INDUSTRIAL MEDICINE	3,898	4,739		978		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	2,649	3,220		664		194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	217,611	240,603	17,463	48,908	64,795	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 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	60,651					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,471	104,611				13
14 CENTRAL SERVICES & SUPPLY	625		83,584			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,290		179	62,008		16
17 SOCIAL SERVICE	460		24		8,507	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	14,743	47,486	13,246	3,778	7,191	30
31 INTENSIVE CARE UNIT	2,868	9,337	2,841	828	999	31
43 NURSERY	597	1,945	302	232	317	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,657	15,162	41,212	5,802		50
51 RECOVERY ROOM	2,652	8,633	3,097	1,968		51
52 DELIVERY ROOM & LABOR ROOM	1,134	3,691	1,416	323		52
53 ANESTHESIOLOGY	1,163		3,354	1,832		53
54 RADIOLOGY-DIAGNOSTIC	3,986		1,664	3,411		54
56 RADIOISOTOPE	405		89	1,173		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,059		2,030	6,688		57
58 MAGNETIC RESONANCE IMAGING (MRI)	567		97	2,612		58
59 CARDIAC CATHETERIZATION	37		207	186		59
60 LABORATORY	3,936		2,357	9,382		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				441		63
65 RESPIRATORY THERAPY	1,989		716	1,491		65
65.10 CARDIAC STRESS LAB	722		264	1,316		65.10
65.20 CARDIAC REHAB	59		11	169		65.20
66 PHYSICAL THERAPY	1,848		207	1,318		66
67 OCCUPATIONAL THERAPY	396		15	347		67
68 SPEECH PATHOLOGY	570		12	142		68
69 ELECTROCARDIOLOGY			21	443		69
70 ELECTROENCEPHALOGRAPHY	398		20	375		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				4,223		71
72 IMPL. DEV. CHARGED TO PATIENT				2,544		72
73 DRUGS CHARGED TO PATIENTS	2,016		315	7,189		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	6,600	18,357	8,388	3,795		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	58,248	104,611	82,084	62,008	8,507	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	126		4			190
192 PHYSICIANS' PRIVATE OFFICES			1,223			192
193 NONPAID WORKERS			9			193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	247					194.20
194.30 PUBLIC RELATIONS/MARKETING	162		21			194.30
194.40 INDUSTRIAL MEDICINE	1,266		132			194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	602		111			194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	60,651	104,611	83,584	62,008	8,507	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	24	25		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
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	687,171		687,171	30
31 INTENSIVE CARE UNIT	112,609		112,609	31
43 NURSERY	25,859		25,859	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	608,594		608,594	50
51 RECOVERY ROOM	115,350		115,350	51
52 DELIVERY ROOM & LABOR ROOM	98,797		98,797	52
53 ANESTHESIOLOGY	92,359		92,359	53
54 RADIOLOGY-DIAGNOSTIC	591,509		591,509	54
56 RADIOISOTOPE	26,923		26,923	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	84,524		84,524	57
58 MAGNETIC RESONANCE IMAGING (MRI)	402,891		402,891	58
59 CARDIAC CATHETERIZATION	70,674		70,674	59
60 LABORATORY	198,961		198,961	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	22,791		22,791	63
65 RESPIRATORY THERAPY	54,277		54,277	65
65.10 CARDIAC STRESS LAB	51,883		51,883	65.10
65.20 CARDIAC REHAB	7,820		7,820	65.20
66 PHYSICAL THERAPY	132,390		132,390	66
67 OCCUPATIONAL THERAPY	38,528		38,528	67
68 SPEECH PATHOLOGY	34,559		34,559	68
69 ELECTROCARDIOLOGY	1,489		1,489	69
70 ELECTROENCEPHALOGRAPHY	42,212		42,212	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	86,610		86,610	71
72 IMPL. DEV. CHARGED TO PATIENT	94,575		94,575	72
73 DRUGS CHARGED TO PATIENTS	231,552		231,552	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	303,914		303,914	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	4,218,821		4,218,821	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,169		5,169	190
192 PHYSICIANS' PRIVATE OFFICES	629,886		629,886	192
193 NONPAID WORKERS	40,085		40,085	193
194 OTHER NONREIMBURSABLE				194
194.10 MEDICAL TRANSPORTATION	637		637	194.10
194.20 FUND DEVELOPMENT	8,219		8,219	194.20
194.30 PUBLIC RELATIONS/MARKETING	23,022		23,022	194.30
194.40 INDUSTRIAL MEDICINE	61,425		61,425	194.40
194.50 FOUNDATION	3,152		3,152	194.50
194.70 FITNESS CENTER	22,684		22,684	194.70
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	5,013,100		5,013,100	202

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	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	226,077					1
2 CAP REL COSTS-MVBLE EQUIP		1,489,044				2
4 EMPLOYEE BENEFITS			35,302,691			4
5 ADMINISTRATIVE & GENERAL	46,912	458,707	3,076,123	-12,139,299	59,003,678	5
6 MAINTENANCE & REPAIRS	28,890		513,446		1,734,751	6
7 OPERATION OF PLANT	13,613	107,129	115,733		1,256,903	7
8 LAUNDRY & LINEN SERVICE	998				247,270	8
9 HOUSEKEEPING	999	1,758	630,441		1,030,425	9
10 DIETARY	4,305	11,529	179,411		444,872	10
11 CAFETERIA	2,861		415,016		960,714	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	626	50,250	666,880		1,159,917	13
14 CENTRAL SERVICES & SUPPLY	2,949	41,837	99,495		386,054	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,071	761	703,753		1,017,095	16
17 SOCIAL SERVICE	237		118,505		158,712	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	31,796	16,200	4,299,605		6,405,655	30
31 INTENSIVE CARE UNIT	2,636	3,307	910,039		1,434,918	31
43 NURSERY	1,037	1,561	217,706		319,980	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,303	172,211	1,383,526		3,267,725	50
51 RECOVERY ROOM	5,032		965,179		1,418,085	51
52 DELIVERY ROOM & LABOR ROOM	4,314	25,021	481,796		765,775	52
53 ANESTHESIOLOGY	64	72,499			339,145	53
54 RADIOLOGY-DIAGNOSTIC	11,862	161,061	1,157,165		2,673,311	54
56 RADIOISOTOPE	551		166,541		543,149	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,063		319,318		1,510,904	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,056	10,885	212,269		792,107	58
59 CARDIAC CATHETERIZATION	1,048	53,341	12,087		219,122	59
60 LABORATORY	3,971	72,703	1,015,628		2,040,042	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					589,613	63
65 RESPIRATORY THERAPY	1,200	29,265	558,038		258,829	65
65.10 CARDIAC STRESS LAB	1,804	17,015	276,939		458,383	65.10
65.20 CARDIAC REHAB	194	12	114,322		156,340	65.20
66 PHYSICAL THERAPY	9,257	2,323	698,178		1,002,262	66
67 OCCUPATIONAL THERAPY	2,688	2,658	246,413		326,063	67
68 SPEECH PATHOLOGY	2,510	3,194	159,112		247,912	68
69 ELECTROCARDIOLOGY	112	27			1,291	69
70 ELECTROENCEPHALOGRAPHY	937	21,569	181,382		282,464	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					2,173,386	71
72 IMPL. DEV. CHARGED TO PATIENT					2,427,819	72
73 DRUGS CHARGED TO PATIENTS	1,679	37,126	759,991		4,507,862	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,062	59,527	2,473,856		3,363,483	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	209,637	1,433,476	23,127,893	-12,139,299	45,922,338	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			42,101		132,924	190
192 PHYSICIANS' PRIVATE OFFICES	7,338	53,755	11,436,747		11,086,953	192
193 NONPAID WORKERS	4,345				32,979	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION					16,805	194.10
194.20 FUND DEVELOPMENT	145		86,491		177,906	194.20
194.30 PUBLIC RELATIONS/MARKETING	91		39,056		582,160	194.30
194.40 INDUSTRIAL MEDICINE	2,692	1,689	453,825		800,800	194.40
194.50 FOUNDATION					83,147	194.50
194.70 FITNESS CENTER	1,829	124	116,578		167,666	194.70

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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	1,107,351	1,481,226	11,398,568		12,139,299	202
203	UNIT COST MULT-WS B PT I	4.898114	0.994750	0.322881		0.205738	203
204	COST TO BE ALLOC PER B PT II					2,236,653	204
205	UNIT COST MULT-WS B PT II					0.037907	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING	MEALS SERVED	
	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET		
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	150,275					6
7 OPERATION OF PLANT	13,613	136,662				7
8 LAUNDRY & LINEN SERVICE	998	998	441,613			8
9 HOUSEKEEPING	999	999		134,665		9
10 DIETARY	4,305	4,305		4,305	69,160	10
11 CAFETERIA	2,861	2,861		2,861		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	626	626		626		13
14 CENTRAL SERVICES & SUPPLY	2,949	2,949		2,949		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,071	1,071		1,071		16
17 SOCIAL SERVICE	237	237		237		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	31,796	31,796	214,095	31,796	58,798	30
31 INTENSIVE CARE UNIT	2,636	2,636	45,662	2,636	8,202	31
43 NURSERY	1,037	1,037		1,037		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,303	11,303	40,895	11,303		50
51 RECOVERY ROOM	5,032	5,032	36,699	5,032		51
52 DELIVERY ROOM & LABOR ROOM	4,314	4,314	32,416	4,314		52
53 ANESTHESIOLOGY	64	64		64		53
54 RADIOLOGY-DIAGNOSTIC	11,862	11,862	17,928	11,862		54
56 RADIOISOTOPE	551	551		551		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,063	2,063		2,063		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,056	1,056		1,056		58
59 CARDIAC CATHETERIZATION	1,048	1,048		1,048		59
60 LABORATORY	3,971	3,971		3,971		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	1,200	1,200		1,200		65
65.10 CARDIAC STRESS LAB	1,804	1,804		1,804		65.10
65.20 CARDIAC REHAB	194	194		194		65.20
66 PHYSICAL THERAPY	9,257	9,257	14,086	9,257		66
67 OCCUPATIONAL THERAPY	2,688	2,688		2,688		67
68 SPEECH PATHOLOGY	2,510	2,510		2,510		68
69 ELECTROCARDIOLOGY	112	112		112		69
70 ELECTROENCEPHALOGRAPHY	937	937		937		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	1,679	1,679		1,679		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,062	9,062	39,832	9,062		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	133,835	120,222	441,613	118,225	67,000	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	7,338	7,338		7,338		192
193 NONPAID WORKERS	4,345	4,345		4,345	2,160	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	145	145		145		194.20
194.30 PUBLIC RELATIONS/MARKETING	91	91		91		194.30
194.40 INDUSTRIAL MEDICINE	2,692	2,692		2,692		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	1,829	1,829		1,829		194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,091,655	1,704,973	324,485	1,268,791	690,589	202
203	UNIT COST MULT-WS B PT I	13.918849	12.475838	0.734772	9.421832	9.985382	203
204	COST TO BE ALLOC PER B PT II	217,611	240,603	17,463	48,908	64,795	204
205	UNIT COST MULT-WS B PT II	1.448085	1.760570	0.039544	0.363183	0.936885	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTE'S	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
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	39,801					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	965	21,085				13
14 CENTRAL SERVICES & SUPPLY	410		2,173,498			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,159		4,662	288,739,431		16
17 SOCIAL SERVICE	302		631		14,216	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	9,675	9,571	344,441	17,573,428	12,017	30
31 INTENSIVE CARE UNIT	1,882	1,882	73,888	3,849,541	1,670	31
43 NURSERY	392	392	7,842	1,078,316	529	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,056	3,056	1,071,628	26,985,658		50
51 RECOVERY ROOM	1,740	1,740	80,540	9,153,437		51
52 DELIVERY ROOM & LABOR ROOM	744	744	36,814	1,500,650		52
53 ANESTHESIOLOGY	763		87,227	8,522,270		53
54 RADIOLOGY-DIAGNOSTIC	2,616		43,261	15,863,666		54
56 RADIOISOTOPE	266		2,320	5,456,251		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	695		52,780	31,107,874		57
58 MAGNETIC RESONANCE IMAGING (MRI)	372		2,512	12,149,509		58
59 CARDIAC CATHETERIZATION	24		5,387	863,766		59
60 LABORATORY	2,583		61,295	43,967,520		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				2,052,119		63
65 RESPIRATORY THERAPY	1,305		18,629	6,935,166		65
65.10 CARDIAC STRESS LAB	474		6,870	6,122,889		65.10
65.20 CARDIAC REHAB	39		287	788,355		65.20
66 PHYSICAL THERAPY	1,213		5,384	6,128,072		66
67 OCCUPATIONAL THERAPY	260		403	1,614,807		67
68 SPEECH PATHOLOGY	374		319	661,000		68
69 ELECTROCARDIOLOGY			548	2,060,924		69
70 ELECTROENCEPHALOGRAPHY	261		508	1,743,160		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				19,640,379		71
72 IMPL. DEV. CHARGED TO PATIENT				11,832,791		72
73 DRUGS CHARGED TO PATIENTS	1,323		8,182	33,436,860		73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,331	3,700	218,116	17,651,023		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	38,224	21,085	2,134,474	288,739,431	14,216	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	83		94			190
192 PHYSICIANS' PRIVATE OFFICES			31,814			192
193 NONPAID WORKERS			245			193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	162		13			194.20
194.30 PUBLIC RELATIONS/MARKETING	106		542			194.30
194.40 INDUSTRIAL MEDICINE	831		3,434			194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	395		2,882			194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
		FTE'S					
		11	13	14	16	17	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,260,840	1,451,547	584,091	1,334,357	209,591	202
203	UNIT COST MULT-WS B PT I	31.678601	68.842637	0.268733	0.004621	14.743317	203
204	COST TO BE ALLOC PER B PT II	60,651	104,611	83,584	62,008	8,507	204
205	UNIT COST MULT-WS B PT II	1.523856	4.961394	0.038456	0.000215	0.598410	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

	GENERAL SERVICE COST CENTERS	
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
	INPATIENT ROUTINE SERV COST CENTERS	
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
	ANCILLARY SERVICE COST CENTERS	
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63	BLOOD STORING, PROCESSING & TRANS.	63
65	RESPIRATORY THERAPY	65
65.10	CARDIAC STRESS LAB	65.10
65.20	CARDIAC REHAB	65.20
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
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	
	SPECIAL PURPOSE COST CENTERS	
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192	PHYSICIANS' PRIVATE OFFICES	192
193	NONPAID WORKERS	193
194	OTHER NONREIMBURSABLE	194
194.10	MEDICAL TRANSPORTATION	194.10
194.20	FUND DEVELOPMENT	194.20
194.30	PUBLIC RELATIONS/MARKETING	194.30
194.40	INDUSTRIAL MEDICINE	194.40
194.50	FOUNDATION	194.50
194.70	FITNESS CENTER	194.70

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION

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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,923,121		10,923,121		10,923,121	30
31 INTENSIVE CARE UNIT	2,191,445		2,191,445		2,191,445	31
43 NURSERY	477,246		477,246		477,246	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,094,779		5,094,779		5,094,779	50
51 RECOVERY ROOM	2,155,882		2,155,882		2,155,882	51
52 DELIVERY ROOM & LABOR ROOM	1,193,271		1,193,271		1,193,271	52
53 ANESTHESIOLOGY	498,205		498,205		498,205	53
54 RADIOLOGY-DIAGNOSTIC	3,829,144		3,829,144		3,829,144	54
56 RADIOISOTOPE	708,892		708,892		708,892	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,075,594		2,075,594		2,075,594	57
58 MAGNETIC RESONANCE IMAGING	1,061,497		1,061,497		1,061,497	58
59 CARDIAC CATHETERIZATION	307,939		307,939		307,939	59
60 LABORATORY	2,903,549		2,903,549		2,903,549	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	720,402		720,402		720,402	63
65 RESPIRATORY THERAPY	433,454		433,454		433,454	65
65.10 CARDIAC STRESS LAB	662,459		662,459		662,459	65.10
65.20 CARDIAC REHAB	200,408		200,408		200,408	65.20
66 PHYSICAL THERAPY	1,618,560		1,618,560		1,618,560	66
67 OCCUPATIONAL THERAPY	505,228		505,228		505,228	67
68 SPEECH PATHOLOGY	403,804		403,804		403,804	68
69 ELECTROCARDIOLOGY	15,239		15,239		15,239	69
70 ELECTROENCEPHALOGRAPHY	390,598		390,598		390,598	70
71 MEDICAL SUPPLIES CHRGED TO	2,711,292		2,711,292		2,711,292	71
72 IMPL. DEV. CHARGED TO PATIE	2,981,993		2,981,993		2,981,993	72
73 DRUGS CHARGED TO PATIENTS	5,694,059		5,694,059		5,694,059	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,941,414		4,941,414	320,704	5,262,118	91
92 OBSERVATION BEDS	1,010,366		1,010,366		1,010,366	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	55,709,840		55,709,840	320,704	56,030,544	200
201 LESS OBSERVATION BEDS	1,010,366		1,010,366		1,010,366	201
202 TOTAL (SEE INSTRUCTIONS)	54,699,474		54,699,474		55,020,178	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	16,080,675		16,080,675			30
31 INTENSIVE CARE UNIT	3,849,541		3,849,541			31
43 NURSERY	1,078,316		1,078,316			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,396,151	18,589,507	26,985,658	0.188796	0.188796	0.188796 50
51 RECOVERY ROOM	1,405,540	7,747,897	9,153,437	0.235527	0.235527	0.235527 51
52 DELIVERY ROOM & LABOR ROOM	1,151,608	349,042	1,500,650	0.795169	0.795169	0.795169 52
53 ANESTHESIOLOGY	6,689,129	1,833,141	8,522,270	0.058459	0.058459	0.058459 53
54 RADIOLOGY-DIAGNOSTIC	2,575,601	13,288,065	15,863,666	0.241378	0.241378	0.241378 54
56 RADIOISOTOPE	363,670	5,092,581	5,456,251	0.129923	0.129923	0.129923 56
57 COMPUTED TOMOGRAPHY (CT) SC	5,188,175	25,919,699	31,107,874	0.066722	0.066722	0.066722 57
58 MAGNETIC RESONANCE IMAGING	638,243	11,511,266	12,149,509	0.087370	0.087370	0.087370 58
59 CARDIAC CATHETERIZATION	248,858	614,908	863,766	0.356507	0.356507	0.356507 59
60 LABORATORY	12,554,478	31,413,042	43,967,520	0.066038	0.066038	0.066038 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,329,018	723,101	2,052,119	0.351053	0.351053	0.351053 63
65 RESPIRATORY THERAPY	6,197,009	738,157	6,935,166	0.062501	0.062501	0.062501 65
65.10 CARDIAC STRESS LAB	1,427,284	4,695,605	6,122,889	0.108194	0.108194	0.108194 65.10
65.20 CARDIAC REHAB		788,355	788,355	0.254210	0.254210	0.254210 65.20
66 PHYSICAL THERAPY	1,405,440	4,722,632	6,128,072	0.264122	0.264122	0.264122 66
67 OCCUPATIONAL THERAPY	471,602	1,143,205	1,614,807	0.312872	0.312872	0.312872 67
68 SPEECH PATHOLOGY	297,140	363,860	661,000	0.610899	0.610899	0.610899 68
69 ELECTROCARDIOLOGY	731,128	1,329,796	2,060,924	0.007394	0.007394	0.007394 69
70 ELECTROENCEPHALOGRAPHY	22,832	1,720,328	1,743,160	0.224075	0.224075	0.224075 70
71 MEDICAL SUPPLIES CHRGED TO	10,640,263	9,000,116	19,640,379	0.138047	0.138047	0.138047 71
72 IMPL. DEV. CHARGED TO PATIE	8,322,600	3,510,191	11,832,791	0.252011	0.252011	0.252011 72
73 DRUGS CHARGED TO PATIENTS	17,448,956	15,987,904	33,436,860	0.170293	0.170293	0.170293 73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,659,158	12,991,865	17,651,023	0.279951	0.279951	0.298120 91
92 OBSERVATION BEDS		1,492,753	1,492,753	0.676847	0.676847	0.676847 92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	113,172,415	175,567,016	288,739,431			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	113,172,415	175,567,016	288,739,431			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	687,171		687,171	13,157	52.23	6,781	354,172	30
31 INTENSIVE CARE UNIT	112,609		112,609	1,670	67.43	946	63,789	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	25,859		25,859	529	48.88			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	825,639		825,639	15,356		7,727	417,961	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0064) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	608,594	26,985,658	0.022552	3,664,663	82,645	50
51	RECOVERY ROOM	115,350	9,153,437	0.012602	706,472	8,903	51
52	DELIVERY ROOM & LABOR ROOM	98,797	1,500,650	0.065836	8,542	562	52
53	ANESTHESIOLOGY	92,359	8,522,270	0.010837	1,224,249	13,267	53
54	RADIOLOGY-DIAGNOSTIC	591,509	15,863,666	0.037287	1,500,253	55,940	54
56	RADIOISOTOPE	26,923	5,456,251	0.004934	203,669	1,005	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	84,524	31,107,874	0.002717	2,524,043	6,858	57
58	MAGNETIC RESONANCE IMAGING (M	402,891	12,149,509	0.033161	348,428	11,554	58
59	CARDIAC CATHETERIZATION	70,674	863,766	0.081821	129,639	10,607	59
60	LABORATORY	198,961	43,967,520	0.004525	7,024,791	31,787	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	22,791	2,052,119	0.011106	774,950	8,607	63
65	RESPIRATORY THERAPY	54,277	6,935,166	0.007826	3,882,306	30,383	65
65.10	CARDIAC STRESS LAB	51,883	6,122,889	0.008474	927,515	7,860	65.10
65.20	CARDIAC REHAB	7,820	788,355	0.009919			65.20
66	PHYSICAL THERAPY	132,390	6,128,072	0.021604	917,025	19,811	66
67	OCCUPATIONAL THERAPY	38,528	1,614,807	0.023859	335,109	7,995	67
68	SPEECH PATHOLOGY	34,559	661,000	0.052283	226,227	11,828	68
69	ELECTROCARDIOLOGY	1,489	2,060,924	0.000722	428,373	309	69
70	ELECTROENCEPHALOGRAPHY	42,212	1,743,160	0.024216	14,670	355	70
71	MEDICAL SUPPLIES CHRGED TO PA	86,610	19,640,379	0.004410	5,684,234	25,067	71
72	IMPL. DEV. CHARGED TO PATIENT	94,575	11,832,791	0.007993	4,133,956	33,043	72
73	DRUGS CHARGED TO PATIENTS	231,552	33,436,860	0.006925	9,487,250	65,699	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	303,914	17,651,023	0.017218	1,930,279	33,236	91
92	OBSERVATION BEDS	63,562	1,492,753	0.042580			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	3,456,744	267,730,899		46,076,643	467,321	200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	13,157		6,781		30
31 INTENSIVE CARE UNIT	1,670		946		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	529				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	15,356		7,727		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0064)	[]	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					
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY					65
65.10	CARDIAC STRESS LAB					65.10
65.20	CARDIAC REHAB					65.20
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
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 APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0064) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA							
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	26,985,658			3,664,663	6,746,598		50				
51	RECOVERY ROOM	9,153,437			706,472	2,797,313		51				
52	DELIVERY ROOM & LABOR ROOM	1,500,650			8,542	5,206		52				
53	ANESTHESIOLOGY	8,522,270			1,224,249	1,833,141		53				
54	RADIOLOGY-DIAGNOSTIC	15,863,666			1,500,253	3,496,478		54				
56	RADIOISOTOPE	5,456,251			203,669	2,084,284		56				
57	COMPUTED TOMOGRAPHY (CT) SCA	31,107,874			2,524,043	8,239,037		57				
58	MAGNETIC RESONANCE IMAGING (12,149,509			348,428	3,178,060		58				
59	CARDIAC CATHETERIZATION	863,766			129,639	291,367		59				
60	LABORATORY	43,967,520			7,024,791	946,656		60				
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30				
63	BLOOD STORING, PROCESSING &	2,052,119			774,950	310,888		63				
65	RESPIRATORY THERAPY	6,935,166			3,882,306	275,298		65				
65.10	CARDIAC STRESS LAB	6,122,889			927,515	2,202,827		65.10				
65.20	CARDIAC REHAB	788,355				527,471		65.20				
66	PHYSICAL THERAPY	6,128,072			917,025	886		66				
67	OCCUPATIONAL THERAPY	1,614,807			335,109			67				
68	SPEECH PATHOLOGY	661,000			226,227			68				
69	ELECTROCARDIOLOGY	2,060,924			428,373	509,433		69				
70	ELECTROENCEPHALOGRAPHY	1,743,160			14,670	549,022		70				
71	MEDICAL SUPPLIES CHRGED TO P	19,640,379			5,684,234	3,266,520		71				
72	IMPL. DEV. CHARGED TO PATIEN	11,832,791			4,133,956	1,530,045		72				
73	DRUGS CHARGED TO PATIENTS	33,436,860			9,487,250	6,090,714		73				
76.97	CARDIAC REHABILITATION							76.97				
76.98	HYPERBARIC OXYGEN THERAPY							76.98				
76.99	LITHOTRIPSY							76.99				
OUTPATIENT SERVICE COST CENTERS												
91	EMERGENCY	17,651,023			1,930,279	3,075,764		91				
92	OBSERVATION BEDS	1,492,753				626,690		92				
OTHER REIMBURSABLE COST CENTERS												
200	TOTAL (SUM OF LINES 50-199)	267,730,899			46,076,643	48,583,698		200				

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0064) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.188796	6,746,598			1,273,731		50
51 RECOVERY ROOM	0.235527	2,797,313			658,843		51
52 DELIVERY ROOM & LABOR ROOM	0.795169	5,206			4,140		52
53 ANESTHESIOLOGY	0.058459	1,833,141			107,164		53
54 RADIOLOGY-DIAGNOSTIC	0.241378	3,496,478			843,973		54
56 RADIOISOTOPE	0.129923	2,084,284			270,796		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.066722	8,239,037			549,725		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087370	3,178,060			277,667		58
59 CARDIAC CATHETERIZATION	0.356507	291,367			103,874		59
60 LABORATORY	0.066038	946,656			62,515		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.351053	310,888			109,138		63
65 RESPIRATORY THERAPY	0.062501	275,298			17,206		65
65.10 CARDIAC STRESS LAB	0.108194	2,202,827			238,333		65.10
65.20 CARDIAC REHAB	0.254210	527,471			134,088		65.20
66 PHYSICAL THERAPY	0.264122	886			234		66
67 OCCUPATIONAL THERAPY	0.312872						67
68 SPEECH PATHOLOGY	0.610899						68
69 ELECTROCARDIOLOGY	0.007394	509,433			3,767		69
70 ELECTROENCEPHALOGRAPHY	0.224075	549,022			123,022		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.138047	3,266,520			450,933		71
72 IMPL. DEV. CHARGED TO PATIENT	0.252011	1,530,045			385,588		72
73 DRUGS CHARGED TO PATIENTS	0.170293	6,090,714		23,109	1,037,206		73
76.97 CARDIAC REHABILITATION						3,935	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.279951	3,075,764			861,063		91
92 OBSERVATION BEDS	0.676847	626,690			424,173		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		48,583,698		23,109	7,937,179		3,935 200
201 LESS BPB CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		48,583,698		23,109	7,937,179		3,935 202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		(COL.5 x COL.6)	200
	1	2	3		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	687,171		687,171	13,157	52.23	1,316	68,735	30
31 INTENSIVE CARE UNIT	112,609		112,609	1,670	67.43	144	9,710	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	25,859		25,859	529	48.88	431	21,067	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	825,639		825,639	15,356		1,891	99,512	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0064) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	608,594	26,985,658	0.022552	50
51	RECOVERY ROOM	115,350	9,153,437	0.012602	51
52	DELIVERY ROOM & LABOR ROOM	98,797	1,500,650	0.065836	52
53	ANESTHESIOLOGY	92,359	8,522,270	0.010837	53
54	RADIOLOGY-DIAGNOSTIC	591,509	15,863,666	0.037287	54
56	RADIOISOTOPE	26,923	5,456,251	0.004934	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	84,524	31,107,874	0.002717	57
58	MAGNETIC RESONANCE IMAGING (M	402,891	12,149,509	0.033161	58
59	CARDIAC CATHETERIZATION	70,674	863,766	0.081821	59
60	LABORATORY	198,961	43,967,520	0.004525	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	22,791	2,052,119	0.011106	63
65	RESPIRATORY THERAPY	54,277	6,935,166	0.007826	65
65.10	CARDIAC STRESS LAB	51,883	6,122,889	0.008474	65.10
65.20	CARDIAC REHAB	7,820	788,355	0.009919	65.20
66	PHYSICAL THERAPY	132,390	6,128,072	0.021604	66
67	OCCUPATIONAL THERAPY	38,528	1,614,807	0.023859	67
68	SPEECH PATHOLOGY	34,559	661,000	0.052283	68
69	ELECTROCARDIOLOGY	1,489	2,060,924	0.000722	69
70	ELECTROENCEPHALOGRAPHY	42,212	1,743,160	0.024216	70
71	MEDICAL SUPPLIES CHRGED TO PA	86,610	19,640,379	0.004410	71
72	IMPL. DEV. CHARGED TO PATIENT	94,575	11,832,791	0.007993	72
73	DRUGS CHARGED TO PATIENTS	231,552	33,436,860	0.006925	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	303,914	17,651,023	0.017218	91
92	OBSERVATION BEDS	63,562	1,492,753	0.042580	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	3,456,744	267,730,899		200

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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	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
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/27/2013 13:15

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	13,157		1,316		30
31 INTENSIVE CARE UNIT	1,670		144		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	529		431		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	15,356		1,891		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
65.10 CARDIAC STRESS LAB						65.10
65.20 CARDIAC REHAB						65.20
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
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 (14-0064) [] 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	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	O/P PGM	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	26,985,658						50
51 RECOVERY ROOM	9,153,437						51
52 DELIVERY ROOM & LABOR ROOM	1,500,650						52
53 ANESTHESIOLOGY	8,522,270						53
54 RADIOLOGY-DIAGNOSTIC	15,863,666						54
56 RADIOISOTOPE	5,456,251						56
57 COMPUTED TOMOGRAPHY (CT) SCA	31,107,874						57
58 MAGNETIC RESONANCE IMAGING (12,149,509						58
59 CARDIAC CATHETERIZATION	863,766						59
60 LABORATORY	43,967,520						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	2,052,119						63
65 RESPIRATORY THERAPY	6,935,166						65
65.10 CARDIAC STRESS LAB	6,122,889						65.10
65.20 CARDIAC REHAB	788,355						65.20
66 PHYSICAL THERAPY	6,128,072						66
67 OCCUPATIONAL THERAPY	1,614,807						67
68 SPEECH PATHOLOGY	661,000						68
69 ELECTROCARDIOLOGY	2,060,924						69
70 ELECTROENCEPHALOGRAPHY	1,743,160						70
71 MEDICAL SUPPLIES CHRGED TO P	19,640,379						71
72 IMPL. DEV. CHARGED TO PATIEN	11,832,791						72
73 DRUGS CHARGED TO PATIENTS	33,436,860						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	17,651,023						91
92 OBSERVATION BEDS	1,492,753						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	267,730,899						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0064) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9	SERVICES 2	DED & COINS 3	DED & COINS 4	SERVICES 5	DED & COINS 6	DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.188796						50
51 RECOVERY ROOM	0.235527						51
52 DELIVERY ROOM & LABOR ROOM	0.795169						52
53 ANESTHESIOLOGY	0.058459						53
54 RADIOLOGY-DIAGNOSTIC	0.241378						54
56 RADIOISOTOPE	0.129923						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.066722						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087370						58
59 CARDIAC CATHETERIZATION	0.356507						59
60 LABORATORY	0.066038						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.351053						63
65 RESPIRATORY THERAPY	0.062501						65
65.10 CARDIAC STRESS LAB	0.108194						65.10
65.20 CARDIAC REHAB	0.254210						65.20
66 PHYSICAL THERAPY	0.264122						66
67 OCCUPATIONAL THERAPY	0.312872						67
68 SPEECH PATHOLOGY	0.610899						68
69 ELECTROCARDIOLOGY	0.007394						69
70 ELECTROENCEPHALOGRAPHY	0.224075						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.138047						71
72 IMPL. DEV. CHARGED TO PATIENT	0.252011						72
73 DRUGS CHARGED TO PATIENTS	0.170293						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.279951						91
92 OBSERVATION BEDS	0.676847						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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0064) [] 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)	13,157	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,157	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,940	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)	6,781	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)	10,923,121	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	10,923,121	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,338,879	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,338,879	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.761783	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,200.91	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)	10,923,121	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0064) [] 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) 830.21 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,629,654 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 5,629,654 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	2,191,445	1,670	1,312.24	946	1,241,379	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)					7,158,504	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					14,029,537	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 417,961 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 467,321 51
 52 TOTAL PROGRAM EXCLUDABLE COST 885,282 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 13,144,255 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) 1,217 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 830.21 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,010,366 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	687,171	10,923,121	0.062910	1,010,366	63,562	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0064) [] 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)	13,157	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,157	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,940	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)	1,316	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)	529	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	431	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)	10,923,121	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	10,923,121	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,338,879	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,338,879	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.761783	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,200.91	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)	10,923,121	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0064) [] 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) 830.21 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,092,556 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 1,092,556 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)	477,246	529	902.17	431	388,835 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,191,445	1,670	1,312.24	144	188,963 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)					1,670,354 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 99,512 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 99,512 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) 1,217 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK TITLE V HOSPITAL (14-0064) SUB (OTHER) S/B SNF PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF S/B NF TEFRA
 BOXES TITLE XIX IRF NF ICF/MR OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		8,389,114		30
31 INTENSIVE CARE UNIT		2,134,378		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.188796	3,664,663	691,874	50
51 RECOVERY ROOM	0.235527	706,472	166,393	51
52 DELIVERY ROOM & LABOR ROOM	0.795169	8,542	6,792	52
53 ANESTHESIOLOGY	0.058459	1,224,249	71,568	53
54 RADIOLOGY-DIAGNOSTIC	0.241378	1,500,253	362,128	54
56 RADIOISOTOPE	0.129923	203,669	26,461	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.066722	2,524,043	168,409	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087370	348,428	30,442	58
59 CARDIAC CATHETERIZATION	0.356507	129,639	46,217	59
60 LABORATORY	0.066038	7,024,791	463,903	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.351053	774,950	272,049	63
65 RESPIRATORY THERAPY	0.062501	3,882,306	242,648	65
65.10 CARDIAC STRESS LAB	0.108194	927,515	100,352	65.10
65.20 CARDIAC REHAB	0.254210			65.20
66 PHYSICAL THERAPY	0.264122	917,025	242,206	66
67 OCCUPATIONAL THERAPY	0.312872	335,109	104,846	67
68 SPEECH PATHOLOGY	0.610899	226,227	138,202	68
69 ELECTROCARDIOLOGY	0.007394	428,373	3,167	69
70 ELECTROENCEPHALOGRAPHY	0.224075	14,670	3,287	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.138047	5,684,234	784,691	71
72 IMPL. DEV. CHARGED TO PATIENT	0.252011	4,133,956	1,041,802	72
73 DRUGS CHARGED TO PATIENTS	0.170293	9,487,250	1,615,612	73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.298120	1,930,279	575,455	91
92 OBSERVATION BEDS	0.676847			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		46,076,643	7,158,504	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		46,076,643		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] 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	0.188796			50
51 RECOVERY ROOM	0.235527			51
52 DELIVERY ROOM & LABOR ROOM	0.795169			52
53 ANESTHESIOLOGY	0.058459			53
54 RADIOLOGY-DIAGNOSTIC	0.241378			54
56 RADIOISOTOPE	0.129923			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.066722			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087370			58
59 CARDIAC CATHETERIZATION	0.356507			59
60 LABORATORY	0.066038			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.351053			63
65 RESPIRATORY THERAPY	0.062501			65
65.10 CARDIAC STRESS LAB	0.108194			65.10
65.20 CARDIAC REHAB	0.254210			65.20
66 PHYSICAL THERAPY	0.264122			66
67 OCCUPATIONAL THERAPY	0.312872			67
68 SPEECH PATHOLOGY	0.610899			68
69 ELECTROCARDIOLOGY	0.007394			69
70 ELECTROENCEPHALOGRAPHY	0.224075			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.138047			71
72 IMPL. DEV. CHARGED TO PATIENT	0.252011			72
73 DRUGS CHARGED TO PATIENTS	0.170293			73
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.279951			91
92 OBSERVATION BEDS	0.676847			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 (14-0064)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	10,868,717	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	207,635	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)	95.67	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)	0.0224	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1391	31
32	SUM OF LINES 30 AND 31	0.1615	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0325	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	353,233	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)	11,429,585	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	18,272,327	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	16,561,642	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	882,708	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0064)
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)	17,444,350	59
60	PRIMARY PAYER PAYMENTS	8,246	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	17,436,104	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,433,684	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	4,311	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	294,622	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	206,235	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	237,041	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	16,204,344	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)	16,204,344	71
72	INTERIM PAYMENTS	15,871,033	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	333,311	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	161,676	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 (14-0064) [] 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		15,871,033		6,517,804	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		15,871,033		6,517,804	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				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/27/2013 13:15

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-0064) 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	3,510	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	7,727	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,788	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	13,610	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	288,739,431	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	24,285,655	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)	1,415,342	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,427,201	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 + LINE 31)	-11,859	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] 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	1,670,354	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,670,354	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,670,354	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))	1,670,354	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	905,169			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	62,330,042			4
5	OTHER RECEIVABLES	2,049,706			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-46,913,697			6
7	INVENTORY	1,068,793			7
8	PREPAID EXPENSES	204,763			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	19,644,776			11
FIXED ASSETS					
12	LAND	314,848			12
13	LAND IMPROVEMENTS	925,068			13
14	ACCUMULATED DEPRECIATION	-889,659			14
15	BUILDINGS	33,901,787			15
16	ACCUMULATED DEPRECIATION	-21,065,387			16
17	LEASEHOLD IMPROVEMENTS	38,298			17
18	ACCUMULATED AMORTIZATION	-38,298			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	38,276,691			23
24	ACCUMULATED DEPRECIATION	-32,065,404			24
25	MINOR EQUIPMENT DEPRECIABLE	147,855			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)	19,545,799			30
OTHER ASSETS					
31	INVESTMENTS	75,560,392			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	5,931,788			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	81,492,180			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	120,682,755			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	1,682,717			37
38	SALARIES, WAGES & FEES PAYABLE	6,327,687			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	6,795,477			43
44	OTHER CURRENT LIABILITIES	10,694			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	14,816,575			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	143,600			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	143,600			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	14,960,175			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	105,722,580			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)	105,722,580			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	120,682,755			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		95,186,094							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		9,743,356							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		104,929,450							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		104,929,450							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CHANGE IN RESTRICTED ASSETS		-793,130							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		-793,130							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		105,722,580							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	15,011,200		15,011,200	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	15,011,200		15,011,200	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3,447,138		3,447,138	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)	3,447,138		3,447,138	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	18,458,338		18,458,338	18
19 ANCILLARY SERVICES	93,596,886	198,087,118	291,684,004	19
20 OUTPATIENT SERVICES		12,469,815	12,469,815	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	112,055,224	210,556,933	322,612,157	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		79,730,073	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	6,638,492		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		6,638,492	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)		86,368,565	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	322,612,157	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	233,911,422	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	88,700,735	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	86,368,565	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	2,332,170	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	264,728	6
7	INCOME FROM INVESTMENTS	4,097,740	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	225,719	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	2,655,561	24
24.01	OTHER (ASSETS RELEASED FOR OPERATIONS)	62,080	24.01
24.02	OTHER (ASSETS RELEASED-CAPITAL)	105,358	24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,411,186	25
26	TOTAL (LINE 5 PLUS LINE 25)	9,743,356	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	9,743,356	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1 CAPITAL DRG OTHER THAN OUTLIER		870,853	1
2 CAPITAL DRG OUTLIER PAYMENTS		11,855	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		37.19	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)			7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)			8
9 SUM OF LINES 7 AND 8			9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)			10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)			11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		882,708	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
65.10 CARDIAC STRESS LAB					65.10
65.20 CARDIAC REHAB					65.20
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
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					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
194 OTHER NONREIMBURSABLE					194
194.10 MEDICAL TRANSPORTATION					194.10
194.20 FUND DEVELOPMENT					194.20
194.30 PUBLIC RELATIONS/MARKETING					194.30
194.40 INDUSTRIAL MEDICINE					194.40
194.50 FOUNDATION					194.50
194.70 FITNESS CENTER					194.70

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/27/2013 13:15

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