

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 11-29-2012 TIME: 13:32
 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. JOSEPH'S HOSPITAL (14-0145) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-10,355	-17,079			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			236,657			10
10.01 HEALTH CLINIC - RHC II						10.01
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-10,355	219,578			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: 9515 HOLY CROSS LANE
 2 CITY: BREESE

STATE: IL

P.O.BOX:
 ZIP CODE: 62230

COUNTY: CLINTON

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	ST. JOSEPH'S HOSPITAL	14-0145	41180	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPIECE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC	RHC-BREESE	14-8503	41180		01/01/2009	N	O	N	15
15.01	HOSPITAL-BASED HEALTH CLINIC - RHC II	RHC-GERMANTOWN	14-8502	41180		01/01/2009	N	O	N	15.01
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011				TO: 06/30/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS	OTHER MEDICAID DAYS
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.	778	108			215	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: 12/14/2011		ENDING: 06/30/2012	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
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.			V 1 XIX 2 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 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N	RESPI- SICAL SPEECH RATORY 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 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.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 43,706 PAID LOSSES: SELF INSURANCE: 220,763			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 148005	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: HOSPITAL SISTERS HEALTH SYSTE CONTRACTOR'S NAME: NGS	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 4936 LAVERNA ROAD	P.O. BOX:	142
143	CITY: SPRINGFIELD	STATE: IL	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, 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	
	1	2	3	
			XIX	
			4	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

MULTICAMPUS

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

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

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

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

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	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	2	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 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
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	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			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.		Y	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/09/2012	Y	11/09/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

		Y/N	DATE	
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: SUSAN	LAST NAME: HORST	TITLE: DIRECTOR, THIRD PART	41
42	EMPLOYER: ST. JOHN'S HOSPITAL			42
43	PHONE NUMBER: 217-814-4395	E-MAIL ADDRESS: 800 E. CARPENTER SPFLD, IL 627		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	14,288,101		14,288,101	628,575.00	22.73
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B			49,439	49,439	386.00	128.08
4	PHYSICIAN-PART A ADMINISTRATIVE						
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		195,018	24,976	219,994	43,556.00	5.05
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		74,560		74,560	2,221.00	33.57
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		392,325		392,325	2,995.00	130.99
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		1,133,774		1,133,774	13,207.00	85.85
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		5,489,994		5,489,994		17
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		276,351		276,351		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A - ADMINISTRATIVE						
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		76,330		76,330	2,819.00	27.08
27	ADMINISTRATIVE & GENERAL		1,936,522	-142,529	1,793,993	87,435.00	20.52
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		744,098		744,098	16,167.00	46.03
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT		491,725	21,739	513,464	24,519.00	20.94
31	LAUNDRY & LINEN SERVICE		105,523	16,767	122,290	10,526.00	11.62
32	HOUSEKEEPING		387,959	60,629	448,588	36,550.00	12.27
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		479,044	-205,031	274,013	20,302.00	13.50
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA			205,031	205,031	15,829.00	12.95
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		499,987		499,987	12,752.00	39.21
39	CENTRAL SERVICES AND SUPPLY						
40	PHARMACY						
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		643,608		643,608	35,838.00	17.96
42	SOCIAL SERVICE		77,037	-3,780	73,257	2,109.00	34.74
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	15,032,199		-49,439	14,982,760	644,356.00	23.25
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	195,018		24,976	219,994	43,556.00	5.05
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	14,837,181		-74,415	14,762,766	600,800.00	24.57
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	1,600,659			1,600,659	18,423.00	86.88
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	5,489,994			5,489,994		37.19%
6	TOTAL (SUM OF LINES 3 THRU 5)	21,927,834		-74,415	21,853,419	619,223.00	35.29
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	5,441,833		-47,174	5,394,659	264,846.00	20.37

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,377,885 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)	3,273,438 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)	24,139 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	134,137 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	935,821 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	-4,351 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	25,276 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	5,766,345 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 13:32

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	74,560	1
2	HOSPITAL	74,560	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 OLTIC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
14.01	HOSPITAL-BASED HEALTH CLINIC - RHC II		14.01
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)				0.389083	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				2,096,731	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				10,270,181	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				3,995,953	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.				1,899,222	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)				1,899,222	19
			UNINSURED PATIENTS	INSURED PATIENTS		TOTAL
			1	2		3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	378,311		95,710		474,021 20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	147,194		37,239		184,433 21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	60,446		13,392		73,838 22
23	COST OF CHARITY CARE	86,748		23,847		110,595 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)					3,153,997 26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V					95,958 27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)					3,058,039 28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)					1,189,831 29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)					1,300,426 30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)					3,199,648 31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		1,530,619	1,530,619		1
2	00200		1,823,069	1,823,069		2
3	00300					3
4	00400	76,330	5,556,232	5,632,562	17,185	4
5.01	00540		50,358	50,358	90,700	5.01
5.02	00550		396,591	396,438	88,858	5.02
5.03	00560	132,445	24,293	156,738	-77,396	5.03
5.04	00570	428,585	9,277	437,862	-14,542	5.04
5.05	00580	339,635	250,064	589,699	-61,059	5.05
5.06	00590	1,036,010	4,860,307	5,896,317	-98,384	5.06
6	00600					6
7	00700	491,725	1,170,975	1,662,700	149,927	7
8	00800	105,523	19,819	125,342	16,767	8
9	00900	387,959	132,112	520,071	60,629	9
10	01000	479,044	74,441	553,485	-237,898	10
11	01100				237,898	11
12	01200					12
13	01300	499,987	8,873	508,860		13
14	01400					14
15	01500					15
16	01600	643,608	133,983	777,591		16
17	01700	77,037	61,080	138,117	-3,780	17
19	01900				523,405	19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	1,546,775	118,577	1,665,352	-52,110	30
31	03100	23,334	238	23,572	1,323	31
43	04300	222,094	73,571	295,665	17,696	43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,503,373	232,090	1,735,463	-13,797	50
51	05100	5,399	1,230	6,629	542	51
52	05200	432,156	35,711	467,867	40,138	52
53	05300	49,439	997,559	1,046,998	-523,405	53
54	05400	1,092,477	317,026	1,409,503	-16,971	54
57	05700	93,697	124,845	218,542	9,460	57
58	05800	78,323	92,361	170,684	6,479	58
60	06000	966,401	1,338,918	2,305,319		60
62.30	06250					62.30
63	06300		131,766	131,766		63
65	06500	338,154	182,246	520,400	-23,341	65
66	06600	993,046	413,549	1,406,595	23,050	66
69	06900	19,172	47,096	66,268	2,670	69
70	07000	59,012	8,156	67,168	6,827	70
71	07100	27,985	1,047,197	1,075,182	6,208	71
73	07300	340,124	1,147,876	1,488,000		73
76.97	07697	97,320	2,212	99,532	13,844	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
88	08800	428,054	1,926,637	2,354,691	80,799	88
88.01	08801	59,313	43,205	102,518	-102,518	88.01
91	09100	764,351	1,614,519	2,378,870		91
91.01	09101	255,349	566,572	821,921	-9,168	91.01
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		262,079	262,079		113
118		14,093,083	26,827,329	40,920,412	160,036	118
NONREIMBURSABLE COST CENTERS						
192	19200	191,641	1,112,095	1,303,736	-106,694	192
194	07950	3,377	13,094	16,471	2,265	194
194.01	07951		55,607	55,607	-55,607	194.01
200		14,288,101	28,008,125	42,296,226		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	1,530,619		1,530,619	1
2	00200	1,823,069		1,823,069	2
3	00300				3
4	00400	5,649,747	-1,099,198	4,550,549	4
5.01	00540	141,058		141,058	5.01
5.02	00550	485,296	1,350,087	1,835,383	5.02
5.03	00560	79,342	-13,942	65,400	5.03
5.04	00570	423,320		423,320	5.04
5.05	00580	528,640	-907	527,733	5.05
5.06	00590	5,797,933	-2,384,373	3,413,560	5.06
6	00600				6
7	00700	1,812,627		1,812,627	7
8	00800	142,109	-1,815	140,294	8
9	00900	580,700		580,700	9
10	01000	315,587	-5,260	310,327	10
11	01100	237,898	-5,269	232,629	11
12	01200				12
13	01300	508,860	-7,414	501,446	13
14	01400				14
15	01500				15
16	01600	777,591	-36,935	740,656	16
17	01700	134,337	-55,637	78,700	17
19	01900	523,405	-523,405		19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	1,613,242		1,613,242	30
31	03100	24,895		24,895	31
43	04300	313,361	-18,389	294,972	43
ANCILLARY SERVICE COST CENTERS					
50	05000	1,721,666	-88,137	1,633,529	50
51	05100	7,171		7,171	51
52	05200	508,005		508,005	52
53	05300	523,593	-450,432	73,161	53
54	05400	1,392,532	-817	1,391,715	54
57	05700	228,002		228,002	57
58	05800	177,163		177,163	58
60	06000	2,305,319	-32,783	2,272,536	60
62.30	06250				62.30
63	06300	131,766		131,766	63
65	06500	497,059	-23,400	473,659	65
66	06600	1,429,645	-141,312	1,288,333	66
69	06900	68,938	-34,866	34,072	69
70	07000	73,995		73,995	70
71	07100	1,081,390	-14,303	1,067,087	71
73	07300	1,488,000	-13,980	1,474,020	73
76.97	07697	113,376	-17,619	95,757	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
88	08800	2,435,490	-249	2,435,241	88
88.01	08801				88.01
91	09100	2,378,870	-1,530,305	848,565	91
91.01	09101	812,753	-515,109	297,644	91.01
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300	262,079	-262,079		113
118		41,080,448	-5,927,848	35,152,600	118
NONREIMBURSABLE COST CENTERS					
192	19200	1,197,042	-783,726	413,316	192
194	07950	18,736		18,736	194
194.01	07951				194.01
200		42,296,226	-6,711,574	35,584,652	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1		2	3	4	5	
1 RECLASS NON-PHYSICIAN ANESTHETISTIS	A	NONPHYSICIAN ANESTHETISTS	19	49,439	473,966	1
500 TOTAL RECLASSIFICATIONS				49,439	473,966	500
CODE LETTER - A						
1 TO RECLASS CAFETERIA COST	B	CAFETERIA	11	205,031	32,867	1
500 TOTAL RECLASSIFICATIONS				205,031	32,867	500
CODE LETTER - B						
1 TO RECLASS MANAGERS SALARY	C	ADMITTING	5.04	61,059		1
2 TO RECLASS MANAGERS SALARY	C	LAUNDRY & LINEN SERVICE	8	16,767		2
3 TO RECLASS MANAGERS SALARY	C	HOUSEKEEPING	9	60,629		3
4 TO RECLASS MANAGERS SALARY	C	INTENSIVE CARE UNIT	31	1,323		4
5 TO RECLASS MANAGERS SALARY	C	NURSERY	43	17,696		5
6 TO RECLASS MANAGERS SALARY	C	RECOVERY ROOM	51	542		6
7 TO RECLASS MANAGERS SALARY	C	DELIVERY ROOM & LABOR ROOM	52	40,138		7
8 TO RECLASS MANAGERS SALARY	C	RADIOLOGY-DIAGNOSTIC	54	20,582		8
9 TO RECLASS MANAGERS SALARY	C	COMPUTED TOMOGRAPHY (CT) SCAN	57	9,460		9
10 TO RECLASS MANAGERS SALARY	C	MAGNETIC RESONANCE IMAGING (M	58	6,479		10
11 TO RECLASS MANAGERS SALARY	C	PHYSICAL THERAPY	66	23,351		11
12 TO RECLASS MANAGERS SALARY	C	ELECTROCARDIOLOGY	69	2,670		12
13 TO RECLASS MANAGER SALARY	C	ELECTROENCEPHALOGRAPHY	70	6,827		13
14 TO RECLASS MANAGERS SALARY	C	MEDICAL SUPPLIES CHRGD TO PA	71	6,208		14
15 TO RECLASS MANAGERS SALARY	C	CARDIAC REHABILITATION	76.97	13,844		15
16 TO RECLASS MANAGERS SALARY	C	PHYSICIANS' PRIVATE OFFICES	192	41,782		16
17 TO RECLASS MANAGERS SALARY	C	PRIORITY CARE CARLYLE	91.01	1,032		17
500 TOTAL RECLASSIFICATIONS				330,389		500
CODE LETTER - C						
1 RECLASS SOCIAL SERV SLRY TO LIFELIN	D	LIFELINE	194	3,780		1
500 TOTAL RECLASSIFICATIONS				3,780		500
CODE LETTER - D						
1 RECLASS MISC EMPL BNFTS MEDICAL ART	E	EMPLOYEE BENEFITS	4		17,185	1
500 TOTAL RECLASSIFICATIONS					17,185	500
CODE LETTER - E						
1 RECLASS CCRH GERMANTOWN TO CCRH BRE	F	RURAL HEALTH CLINIC (RHC)	88	59,313	43,205	1
500 TOTAL RECLASSIFICATIONS				59,313	43,205	500
CODE LETTER - F						
1 RECLASS SLRY MAINT WORKR TO PLANTOP	G	OPERATION OF PLANT	7	21,739		1
2 RECLASS SLRY MAINT WORKR TO PLANTOP	G					2
3 RECLASS	G					3
500 TOTAL RECLASSIFICATIONS				21,739		500
CODE LETTER - G						
1 RECLASS PLANT EXP TO PANT OPS	H	OPERATION OF PLANT	7		128,188	1
2 RECLAS PLNT EXP TO PLANT OPS	H					2
3 RECLASS	H					3
500 TOTAL RECLASSIFICATIONS					128,188	500
CODE LETTER - H						
1 RECLASS TELEPNE EXP TO TELEPHONE EX	I	COMMUNICATIONS	5.01		15,099	1
2 RECLASS TELPHONE EXP TO TLPHN EXP	I					2
3 RECLASS	I					3
500 TOTAL RECLASSIFICATIONS					15,099	500
CODE LETTER - I						
1 RECLASS SWITCHBRD SAL TO FROM ADMT	J	COMMUNICATIONS	5.01	75,601		1
500 TOTAL RECLASSIFICATIONS				75,601		500
CODE LETTER - J						
1 REMOVE EMPLY BNFT COST 8610 TO 8620	K	INFORMATION SYSTEMS	5.02		88,858	1
500 TOTAL RECLASSIFICATIONS					88,858	500
CODE LETTER - K						

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

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 MOVE GRANT EXP RECLASS IN AUDIT	L	ADMIN & GENERAL	5.06		55,607 1
500 TOTAL RECLASSIFICATIONS					55,607 500
CODE LETTER - L					
GRAND TOTAL (INCREASES)				745,292	854,975

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 RECLASS NON-PHYSICIAN ANESTHETISTIS	A	ANESTHESIOLOGY	53	49,439	473,966	1
500 TOTAL RECLASSIFICATIONS				49,439	473,966	500
CODE LETTER - A						
1 TO RECLASS CAFETERIA COST	B	DIETARY	10	205,031	32,867	1
500 TOTAL RECLASSIFICATIONS				205,031	32,867	500
CODE LETTER - B						
1 TO RECLASS MANAGERS SALARY	C	PURCHASING	5.03	77,396		1
2 TO RECLASS MANAGERS SALARY	C	BUSINESS OFFICE	5.05	61,059		2
3 TO RECLASS MANAGERS SALARY	C	ADMIN & GENERAL	5.06	65,133		3
4 TO RECLASS MANAGERS SALARY	C	ADULTS & PEDIATRICS	30	52,110		4
5 TO RECLASS MANAGERS SALARY	C	OPERATING ROOM	50	13,797		5
6 TO RECLASS MANAGERS SALARY	C	RADIOLOGY-DIAGNOSTIC	54	37,553		6
7 TO RECLASS MANAGERS SALARY	C	RESPIRATORY THERAPY	65	23,341		7
8 TO RECLASS MANAGERS SALARY	C					8
9 TO RECLASS MANAGERS SALARY	C					9
10 TO RECLASS MANAGERS SALARY	C					10
11 TO RECLASS MANAGERS SALARY	C					11
12 TO RECLASS MANAGERS SALARY	C					12
13 TO RECLASS MANAGER SALARY	C					13
14 TO RECLASS MANAGERS SALARY	C					14
15 TO RECLASS MANAGERS SALARY	C					15
16 TO RECLASS MANAGERS SALARY	C					16
17 TO RECLASS MANAGERS SALARY	C					17
500 TOTAL RECLASSIFICATIONS				330,389		500
CODE LETTER - C						
1 RECLASS SOCIAL SERV SLRY TO LIFELIN	D	SOCIAL SERVICE	17	3,780		1
500 TOTAL RECLASSIFICATIONS				3,780		500
CODE LETTER - D						
1 RECLASS MISC EMPL BNFTS MEDICAL ART	E	PHYSICIANS' PRIVATE OFFICES	192		17,185	1
500 TOTAL RECLASSIFICATIONS					17,185	500
CODE LETTER - E						
1 RECLASS CCRH GERMANTOWN TO CCRH BRE	F	RHC II	88.01	59,313	43,205	1
500 TOTAL RECLASSIFICATIONS				59,313	43,205	500
CODE LETTER - F						
1 RECLASS SLRY MAINT WORKR TO PLANTOP	G	PRIORITY CARE CARLYLE	91.01	1,153		1
2 RECLASS SLRY MAINT WORKR TO PLANTOP	G	PHYSICIANS' PRIVATE OFFICES	192	19,274		2
3 RECLASS		LIFELINE	194	1,312		3
500 TOTAL RECLASSIFICATIONS				21,739		500
CODE LETTER - G						
1 RECLASS PLANT EXP TO PANT OPS	H	PRIORITY CARE CARLYLE	91.01		9,047	1
2 RECLAS PLNT EXP TO PLANT OPS	H	RURAL HEALTH CLINIC (RHC)	88		7,124	2
3 RECLASS	H	PHYSICIANS' PRIVATE OFFICES	192		112,017	3
500 TOTAL RECLASSIFICATIONS					128,188	500
CODE LETTER - H						
1 RECLASS TELEPNE EXP TO TELEPHONE EX	I	PHYSICAL THERAPY	66		301	1
2 RECLASS TELPHONE EXP TO TLPHN EXP	I	RURAL HEALTH CLINIC (RHC)	88		14,595	2
3 RECLASS		LIFELINE	194		203	3
500 TOTAL RECLASSIFICATIONS					15,099	500
CODE LETTER - I						
1 RECLASS SWITCHBRD SAL TO FROM ADMT	J	ADMITTING	5.04	75,601		1
500 TOTAL RECLASSIFICATIONS				75,601		500
CODE LETTER - J						
1 REMOVE EMPLY BNFT COST 8610 TO 8620	K	ADMIN & GENERAL	5.06		88,858	1
500 TOTAL RECLASSIFICATIONS					88,858	500
CODE LETTER - K						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 MOVE GRANT EXP RECLASS IN AUDIT	L	DEVELOPMENT	194.01		55,607	1
500 TOTAL RECLASSIFICATIONS					55,607	500
CODE LETTER - L						
GRAND TOTAL (DECREASES)				745,292	854,975	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1,432,837	36,500		36,500	15,000	1,454,337	1
2 LAND IMPROVEMENTS	3,463,354	181,475		181,475		3,644,829	2
3 BUILDINGS AND FIXTURES	17,545,411	4,444,869		4,444,869	3,191,290	18,798,990	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	12,215,354	776,199		776,199	92,404	12,899,149	5
6 MOVABLE EQUIPMENT	20,652,103	1,278,149		1,278,149	454,700	21,475,552	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	55,309,059	6,717,192		6,717,192	3,753,394	58,272,857	8
9 RECONCILING ITEMS	1,888,776	2,421,853		2,421,853	3,191,290	1,119,339	9
10 TOTAL (LINE 7 MINUS LINE 9)	53,420,283	4,295,339		4,295,339	562,104	57,153,518	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	1,530,619						1,530,619 1
2 CAP REL COSTS-MVBLE EQUIP	1,823,069						1,823,069 2
3 TOTAL (SUM OF LINES 1-2)	3,353,688						3,353,688 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	1,530,619						1,530,619 1
2 CAP REL COSTS-MVBLE EQUIP	1,823,069						1,823,069 2
3 TOTAL	3,353,688						3,353,688 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-5,333	PURCHASING	5.03	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-13,980	DRUGS CHARGED TO PATIENTS	73	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-907	BUSINESS OFFICE	5.05	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,727,253			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-8,609	PURCHASING	5.03	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-6,087			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-5,269	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-36,935	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-2,644	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		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	A	-523,405	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 REBATES & REFUNDS	B	-14,303	MEDICAL SUPPLIES CHRGED TO PATI	71	33
33.01 REBATES AND REFUNDS	B	-817	RADIOLOGY-DIAGNOSTIC	54	33.01
33.02 REBATES AND REFUNDS	B	-100	LABORATORY	60	33.02
33.03 REBATES AND REFUNDS	B	-2,616	DIETARY	10	33.03
34 CCRHC ADVERTISING	A	-249	RURAL HEALTH CLINIC (RHC)	88	34
35					35
36 MISCELLANEOUS INCOME	B	-16,500	INFORMATION SYSTEMS	5.02	36
36.01 MISCELLANEOUS INCOME	B	-12,884	ADMIN & GENERAL	5.06	36.01
36.02 MISCELLANEOUS INCOME	B	-7,414	NURSING ADMINISTRATION	13	36.02
36.03 MISCELLANEOUS INCOME	B	-18,413	EMPLOYEE BENEFITS	4	36.03
36.04 MISCELLANEOUS INCOME	B	-17,619	CARDIAC REHABILITATION	76.97	36.04
36.05 MISC INCOME	B	-120,326	PHYSICAL THERAPY	66	36.05
36.06 MISC INCOME	B	-1,815	LAUNDRY & LINEN SERVICE	8	36.06
36.07 MISC INCOME	B	-1,094	NURSERY	43	36.07
36.08 MISC INCOME	B	-1,500	OPERATING ROOM	50	36.08
37 LOSS ON SALE OF ASSET	A	-15,534	ADMIN & GENERAL	5.06	37
38 NON-ALLOW INTEREST	A	-262,079	INTEREST EXPENSE	113	38
39 MEDICAID TAX	A	-686,808	ADMIN & GENERAL	5.06	39
40 PHYSICIAN RECRUITMENT	A	-143,979	ADMIN & GENERAL	5.06	40
41 PHYSICIAN LEGAL FEES	A	-9,750	ADMIN & GENERAL	5.06	41
42 NON-ALLOW LOBBYING COST	A	-23,128	ADMIN & GENERAL	5.06	42
43 ADVERTISING COST	A	-258,460	ADMIN & GENERAL	5.06	43
44 MEDICAL GROUP EXPENSE	A	-783,726	PHYSICIANS' PRIVATE OFFICES	192	44
45 EMPLOYEE SELF INSURANCE	A	-924,032	EMPLOYEE BENEFITS	4	45
46 NON-ALLOW MEDICARE EXPENSE	A	-2,369	ADMIN & GENERAL	5.06	46
47 GRANT REVENUE LIFELINE	B	-55,637	SOCIAL SERVICE	17	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-6,711,574			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.06	ADMIN & GENERAL	CONTRACTED SERVICES HSHS	918,519	2,134,440	-1,215,921	1
2	5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES HSHS	1,366,587		1,366,587	2
3	4	EMPLOYEE BENEFITS	HEALTH & DENTAL PREMIUMS	2,659,932	2,816,685	-156,753	3
4	88	RURAL HEALTH CLINIC (RHC)	RURAL HEALTH CLINIC SERV	1,362,950	1,362,950		4
4.02	4	EMPLOYEE BENEFITS	RELATED PARTY SVS-SEB	1,568	1,568		4.02
4.03	5.02	INFORMATION SYSTEMS	RELATED PARTY SVS-SEB-SID	376,987	376,987		4.03
4.04	5.06	ADMIN & GENERAL	RELATED PARTY SVS-SID	378,000	378,000		4.04
4.05	5.06	ADMIN & GENERAL	RELATED SVS-SJH	1,052	1,052		4.05
4.06	17	SOCIAL SERVICE	RELATED SVS-SJH	143	143		4.06
4.07	30	ADULTS & PEDIATRICS	RELATED PARTY-SEB	2,489	2,489		4.07
4.08	50	OPERATING ROOM	RELATED PARTY SJH	268	268		4.08
4.09	53	ANESTHESIOLOGY	RELATED PARTY MEDICAL GRO	9,500	9,500		4.09
4.10	54	RADIOLOGY-DIAGNOSTIC	RELATED PARTY SEB	401	401		4.10
4.11	66	PHYSICAL THERAPY	RELATED PARTY SJH	55,301	55,301		4.11
4.12	76.97	CARDIAC REHABILITATION	RELATED PARTY SEB	2,876	2,876		4.12
4.13	91	EMERGENCY	RELATED PARTY MEDICAL GRO	13,663	13,663		4.13
5		TOTALS (SUM OF LINES 1-4)		7,150,236	7,156,323	-6,087	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	100.00	HOSPITAL SISTERS HRALTH SYSTEM		CORPORATE OFFICE	6
7	G		HSHS MEDICAL GROUP		PHYSICIAN OFFICES	7
8	G		ST. ELIZABETH BELLEVILLE		SISTER HOSPITAL	8
9	G		ST. JOHN'S HOSPITAL		SISTER HOSPITAL	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: FINANCIAL

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	VARIOUS	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	5.06 ADMIN & GENERAL	VARIOUS	28,065		28,065	171,400	152	12,525	626	1
2	43 NURSERY	VARIOUS	38,390		38,390	171,400	256	21,095	1,055	2
3	50 OPERATING ROOM	VARIOUS	86,637	86,637		204,100				3
4	53 ANESTHESIOLOGY	VARIOUS	472,351	438,351	34,000	171,400	266	21,919	1,096	4
5	54 RADIOLOGY-DIAGNOSTIC	VARIOUS	6,000		6,000	171,400	357	29,418	1,471	5
6	60 LABORATORY	VARIOUS	96,000		96,000	219,500	600	63,317	3,166	6
7	65 RESPIRATORY THERAPY	VARIOUS	74,820		74,820	171,400	624	51,420	2,571	7
8	66 PHYSICAL THERAPY	VARIOUS	67,050		67,050	171,400	559	46,064	2,303	8
9	69 ELECTROCARDIOLOGY	VARIOUS	34,866	34,866		171,400				9
10	91 EMERGENCY	VARIOUS	1,545,385	1,497,385	48,000	171,400	183	15,080	754	10
11	91.01 PRIORITY CARE CARLYLE	VARIOUS	515,109	515,109		171,400				11
200	TOTAL		2,964,673	2,572,348	392,325		2,997	260,838	13,042	200

PROVIDER CCN: 14-0145 ST. JOSEPH'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/29/2012 13:32

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	5.06 ADMIN & GENERAL	VARIOUS					12,525	15,540	15,540	1
2	43 NURSERY	VARIOUS					21,095	17,295	17,295	2
3	50 OPERATING ROOM	VARIOUS							86,637	3
4	53 ANESTHESIOLOGY	VARIOUS					21,919	12,081	450,432	4
5	54 RADIOLOGY-DIAGNOSTIC	VARIOUS					29,418			5
6	60 LABORATORY	VARIOUS					63,317	32,683	32,683	6
7	65 RESPIRATORY THERAPY	VARIOUS					51,420	23,400	23,400	7
8	66 PHYSICAL THERAPY	VARIOUS					46,064	20,986	20,986	8
9	69 ELECTROCARDIOLOGY	VARIOUS							34,866	9
10	91 EMERGENCY	VARIOUS					15,080	32,920	1,530,305	10
11	91.01 PRIORITY CARE CARLYLE	VARIOUS							515,109	11
200	TOTAL						260,838	154,905	2,727,253	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON- PATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,530,619	1,530,619				1
2 CAP REL COSTS-MVBLE EQUIP	1,823,069		1,823,069			2
4 EMPLOYEE BENEFITS	4,550,549	3,747	4,666	4,558,962		4
5.01 COMMUNICATIONS	141,058	2,333	14,702	24,336	182,429	5.01
5.02 INFORMATION SYSTEMS	1,835,383	16,130	352,506		10,000	5.02
5.03 PURCHASING	65,400	42,924	1,991	17,720	1,515	5.03
5.04 ADMITTING	423,320	10,753	4,914	133,282	909	5.04
5.05 BUSINESS OFFICE	527,733	11,217	4,142	89,675	8,788	5.05
5.06 ADMIN & GENERAL	3,413,560	315,440	23,126	312,529	14,546	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,812,627	81,713	34,106	165,286	7,879	7
8 LAUNDRY & LINEN SERVICE	140,294	22,434	5,053	39,366	303	8
9 HOUSEKEEPING	580,700	9,220	4,070	144,402	1,818	9
10 DIETARY	310,327	26,181	12,603	88,206	3,333	10
11 CAFETERIA	232,629	16,063		66,000		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	501,446	7,209	1,055	160,948	1,515	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	740,656	12,922	20,093	207,180	11,212	16
17 SOCIAL SERVICE	78,700	1,481	791	23,582	2,727	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	1,613,242	174,882	86,042	481,142	18,182	30
31 INTENSIVE CARE UNIT	24,895	15,629	160	7,937	1,818	31
43 NURSERY	294,972	6,162	13,894	77,189		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,633,529	83,313	119,128	479,500	10,909	50
51 RECOVERY ROOM	7,171	6,626	616	1,912		51
52 DELIVERY ROOM & LABOR ROOM	508,005	16,728	24,817	152,033		52
53 ANESTHESIOLOGY	73,161	4,143	21,976		303	53
54 RADIOLOGY-DIAGNOSTIC	1,391,715	51,808	256,356	346,210	7,273	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	228,002		237,849	33,207		57
58 MAGNETIC RESONANCE IMAGING (MRI)	177,163		186,985	27,298		58
60 LABORATORY	2,272,536	29,897	90,439	311,088	5,455	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	131,766					63
65 RESPIRATORY THERAPY	473,659	9,729	5,818	101,340	2,727	65
66 PHYSICAL THERAPY	1,288,333	112,223	48,814	327,182	10,000	66
69 ELECTROCARDIOLOGY	34,072		1,955	7,031		69
70 ELECTROENCEPHALOGRAPHY	73,995	5,235	15,453	21,194		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,067,087	6,581	5,073	11,007		71
73 DRUGS CHARGED TO PATIENTS	1,474,020	6,027	85,237	109,487	1,515	73
76.97 CARDIAC REHABILITATION	95,757	12,249	10,311	35,784	1,212	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	2,435,241	79,784	26,548	156,885	20,607	88
88.01 RHC II						88.01
91 EMERGENCY	848,565	46,544	15,545	259,497	5,152	91
91.01 PRIORITY CARE CARLYLE	297,644	13,326	22,241	82,159		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	35,152,600	1,260,653	1,759,075	4,501,594	149,698	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	413,316	269,966	63,994	55,486	32,731	192
194 LIFELINE	18,736			1,882		194
194.01 DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	35,584,652	1,530,619	1,823,069	4,558,962	182,429	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PRO- CESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMITTING 5.04	CASHIERING ACCTS REC & COLL 5.05	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS	2,214,019					5.02
5.03 PURCHASING		129,550				5.03
5.04 ADMITTING		387	573,565			5.04
5.05 BUSINESS OFFICE	2,214,019	1,242		2,856,816		5.05
5.06 ADMIN & GENERAL		1,374			4,080,575	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,765			2,103,376	7
8 LAUNDRY & LINEN SERVICE		696			208,146	8
9 HOUSEKEEPING		655			740,865	9
10 DIETARY		107			440,757	10
11 CAFETERIA		67			314,759	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		23			672,196	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		536			992,599	16
17 SOCIAL SERVICE		9			107,290	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,903	22,577	112,459	2,512,429	30
31 INTENSIVE CARE UNIT		10	303	1,509	52,261	31
43 NURSERY		1,338	4,285	21,344	419,184	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,179	67,456	336,012	2,734,026	50
51 RECOVERY ROOM		51	5,115	25,479	46,970	51
52 DELIVERY ROOM & LABOR ROOM		1,265	11,164	55,609	769,621	52
53 ANESTHESIOLOGY		1,114	38,320	190,879	329,896	53
54 RADIOLOGY-DIAGNOSTIC		1,967	66,832	332,904	2,455,065	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		420	54,943	273,681	828,102	57
58 MAGNETIC RESONANCE IMAGING (MRI)		224	20,463	101,931	514,064	58
60 LABORATORY		33,491	116,896	582,060	3,441,862	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		5,490	3,719	18,526	159,501	63
65 RESPIRATORY THERAPY		4,236	16,458	81,981	695,948	65
66 PHYSICAL THERAPY		1,938	25,325	126,148	1,939,963	66
69 ELECTROCARDIOLOGY		264	10,167	50,643	104,132	69
70 ELECTROENCEPHALOGRAPHY		177	3,352	16,696	136,102	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		40,319	17,151	85,433	1,232,651	71
73 DRUGS CHARGED TO PATIENTS		13,571	28,885	143,880	1,862,622	73
76.97 CARDIAC REHABILITATION		72	1,067	5,314	161,766	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)		4,256			2,723,321	88
88.01 RHC II						88.01
91 EMERGENCY		1,887	52,428	261,157	1,490,775	91
91.01 PRIORITY CARE CARLYLE		1,385	6,588	32,818	456,161	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,214,019	128,418	573,494	2,856,463	34,726,985	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES		1,132	71	353	837,049	192
194 LIFELINE					20,618	194
194.01 DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,214,019	129,550	573,565	2,856,816	35,584,652	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	5.06	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
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 BUSINESS OFFICE						5.05
5.06 ADMIN & GENERAL	4,080,575					5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	272,440	2,375,816				7
8 LAUNDRY & LINEN SERVICE	26,960	50,938	286,044			8
9 HOUSEKEEPING	95,961	20,936	21,768	879,530		9
10 DIETARY	57,089	59,445	1,562	3,687	562,540	10
11 CAFETERIA	40,769	36,472	1,269	28,431		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	87,066	16,368		7,957		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	128,566	29,340		8,442		16
17 SOCIAL SERVICE	13,897	3,362		2,620		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	325,422	397,079	89,210	345,448	562,540	30
31 INTENSIVE CARE UNIT	6,769	35,487	540	3,105		31
43 NURSERY	54,295	13,991	3,211	11,693		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	354,125	189,167	61,674	110,281		50
51 RECOVERY ROOM	6,084	15,044				51
52 DELIVERY ROOM & LABOR ROOM	99,685	37,983	17,882	23,143		52
53 ANESTHESIOLOGY	42,730	9,407				53
54 RADIOLOGY-DIAGNOSTIC	317,992	117,633	24,310	64,043		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	107,260					57
58 MAGNETIC RESONANCE IMAGING (MRI)	66,584					58
60 LABORATORY	445,815	67,883	9	51,089		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	20,659					63
65 RESPIRATORY THERAPY	90,143	22,090	1,412	11,111		65
66 PHYSICAL THERAPY	251,274	254,809	14,772	99,801		66
69 ELECTROCARDIOLOGY	13,488					69
70 ELECTROENCEPHALOGRAPHY	17,629	11,886				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	159,659	14,942				71
73 DRUGS CHARGED TO PATIENTS	241,256	13,685		6,598		73
76.97 CARDIAC REHABILITATION	20,953	27,812		7,035		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	352,738	181,152				88
88.01 RHC II						88.01
91 EMERGENCY	193,093	105,679	28,573	87,720		91
91.01 PRIORITY CARE CARLYLE	59,084	30,257				91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,969,485	1,762,847	266,192	872,204	562,540	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	108,419	612,969	19,852	7,326		192
194 LIFELINE	2,671					194
194.01 DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,080,575	2,375,816	286,044	879,530	562,540	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 BUSINESS OFFICE						5.05
5.06 ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	421,700					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	12,959	796,546				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	36,424		1,195,371			16
17 SOCIAL SERVICE	2,135			129,304		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	63,229	259,926	289,174	99,658	4,944,115	30
31 INTENSIVE CARE UNIT	761	3,128	4,258		106,309	31
43 NURSERY	7,949	32,675	57,835		600,833	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	53,146	218,472	25,901		3,746,792	50
51 RECOVERY ROOM	211	869	1,774		70,952	51
52 DELIVERY ROOM & LABOR ROOM	17,863	73,432	1,064		1,040,673	52
53 ANESTHESIOLOGY			12,064		394,097	53
54 RADIOLOGY-DIAGNOSTIC	38,750		176,698		3,194,491	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,657		138,378		1,077,397	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,516		55,351		638,515	58
60 LABORATORY	39,341		250,499		4,296,498	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			710		180,870	63
65 RESPIRATORY THERAPY	13,086		2,129		835,919	65
66 PHYSICAL THERAPY	44,288		16,321		2,621,228	66
69 ELECTROCARDIOLOGY	888		17,386		135,894	69
70 ELECTROENCEPHALOGRAPHY	2,072		1,419		169,108	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,325		6,032		1,415,609	71
73 DRUGS CHARGED TO PATIENTS	8,160		7,806		2,140,127	73
76.97 CARDIAC REHABILITATION	4,630		355		222,551	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	21,880		11,709		3,290,800	88
88.01 RHC II						88.01
91 EMERGENCY	25,622	105,326	115,315	29,646	2,181,749	91
91.01 PRIORITY CARE CARLYLE	21	41,626	3,193		590,342	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	401,913	735,454	1,195,371	129,304	33,894,869	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	19,449	61,092			1,666,156	192
194 LIFELINE	338				23,627	194
194.01 DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	421,700	796,546	1,195,371	129,304	35,584,652	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 INFORMATION SYSTEMS			5.02
5.03 PURCHASING			5.03
5.04 ADMITTING			5.04
5.05 BUSINESS OFFICE			5.05
5.06 ADMIN & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	4,944,115		30
31 INTENSIVE CARE UNIT	106,309		31
43 NURSERY	600,833		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	3,746,792		50
51 RECOVERY ROOM	70,952		51
52 DELIVERY ROOM & LABOR ROOM	1,040,673		52
53 ANESTHESIOLOGY	394,097		53
54 RADIOLOGY-DIAGNOSTIC	3,194,491		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,077,397		57
58 MAGNETIC RESONANCE IMAGING (MRI)	638,515		58
60 LABORATORY	4,296,498		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	180,870		63
65 RESPIRATORY THERAPY	835,919		65
66 PHYSICAL THERAPY	2,621,228		66
69 ELECTROCARDIOLOGY	135,894		69
70 ELECTROENCEPHALOGRAPHY	169,108		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,415,609		71
73 DRUGS CHARGED TO PATIENTS	2,140,127		73
76.97 CARDIAC REHABILITATION	222,551		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
88 RURAL HEALTH CLINIC (RHC)	3,290,800		88
88.01 RHC II			88.01
91 EMERGENCY	2,181,749		91
91.01 PRIORITY CARE CARLYLE	590,342		91.01
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
118 SUBTOTALS (SUM OF LINES 1-117)	33,894,869		118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES	1,666,156		192
194 LIFELINE	23,627		194
194.01 DEVELOPMENT			194.01
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	35,584,652		202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		BENEFITS 4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		3,747	4,666	8,413	4
5.01 COMMUNICATIONS		2,333	14,702	17,035	45
5.02 INFORMATION SYSTEMS	512,405	16,130	352,506	881,041	
5.03 PURCHASING		42,924	1,991	44,915	33
5.04 ADMITTING		10,753	4,914	15,667	246
5.05 BUSINESS OFFICE	2,436	11,217	4,142	17,795	165
5.06 ADMIN & GENERAL	40,164	315,440	23,126	378,730	577
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	4,540	81,713	34,106	120,359	305
8 LAUNDRY & LINEN SERVICE		22,434	5,053	27,487	73
9 HOUSEKEEPING		9,220	4,070	13,290	266
10 DIETARY		26,181	12,603	38,784	163
11 CAFETERIA		16,063		16,063	122
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		7,209	1,055	8,264	297
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		12,922	20,093	33,015	382
17 SOCIAL SERVICE		1,481	791	2,272	44
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	4,287	174,882	86,042	265,211	888
31 INTENSIVE CARE UNIT		15,629	160	15,789	15
43 NURSERY		6,162	13,894	20,056	142
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,500	83,313	119,128	203,941	885
51 RECOVERY ROOM		6,626	616	7,242	4
52 DELIVERY ROOM & LABOR ROOM		16,728	24,817	41,545	281
53 ANESTHESIOLOGY		4,143	21,976	26,119	53
54 RADIOLOGY-DIAGNOSTIC		51,808	256,356	308,164	639
57 COMPUTED TOMOGRAPHY (CT) SCAN			237,849	237,849	61
58 MAGNETIC RESONANCE IMAGING (MRI)			186,985	186,985	50
60 LABORATORY		29,897	90,439	120,336	574
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.					63
65 RESPIRATORY THERAPY		9,729	5,818	15,547	187
66 PHYSICAL THERAPY		112,223	48,814	161,037	604
69 ELECTROCARDIOLOGY			1,955	1,955	13
70 ELECTROENCEPHALOGRAPHY	360	5,235	15,453	21,048	39
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	66,960	6,581	5,073	78,614	20
73 DRUGS CHARGED TO PATIENTS		6,027	85,237	91,264	202
76.97 CARDIAC REHABILITATION		12,249	10,311	22,560	66
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
88 RURAL HEALTH CLINIC (RHC)	129	79,784	26,548	106,461	289
88.01 RHC II					88.01
91 EMERGENCY		46,544	15,545	62,089	479
91.01 PRIORITY CARE CARLYLE		13,326	22,241	35,567	152
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	632,781	1,260,653	1,759,075	3,652,509	8,308
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES		269,966	63,994	333,960	102
194 LIFELINE					3
194.01 DEVELOPMENT					194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	632,781	1,530,619	1,823,069	3,986,469	8,413

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON- PATIENT TELEPHONES 5.01	DATA PRO- CESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMITTING 5.04	CASHIERING ACCTS REC & COLL 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	17,080					5.01
5.02 INFORMATION SYSTEMS	936	881,977				5.02
5.03 PURCHASING	142		45,090			5.03
5.04 ADMITTING	85		135	16,133		5.04
5.05 BUSINESS OFFICE	823	881,977	432		901,192	5.05
5.06 ADMIN & GENERAL	1,362		478			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	738		614			7
8 LAUNDRY & LINEN SERVICE	28		242			8
9 HOUSEKEEPING	170		228			9
10 DIETARY	312		37			10
11 CAFETERIA			23			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	142		8			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,050		186			16
17 SOCIAL SERVICE	255		3			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	1,702		1,359	634	35,477	30
31 INTENSIVE CARE UNIT	170		3	9	476	31
43 NURSERY			466	120	6,733	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,021		1,454	1,895	106,000	50
51 RECOVERY ROOM			18	144	8,038	51
52 DELIVERY ROOM & LABOR ROOM			440	314	17,543	52
53 ANESTHESIOLOGY	28		388	1,076	60,216	53
54 RADIOLOGY-DIAGNOSTIC	681		685	1,877	105,020	54
57 COMPUTED TOMOGRAPHY (CT) SCAN			146	1,543	86,337	57
58 MAGNETIC RESONANCE IMAGING (MRI)			78	575	32,156	58
60 LABORATORY	511		11,657	3,306	183,584	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			1,911	104	5,844	63
65 RESPIRATORY THERAPY	255		1,474	462	25,862	65
66 PHYSICAL THERAPY	936		675	711	39,796	66
69 ELECTROCARDIOLOGY			92	286	15,976	69
70 ELECTROENCEPHALOGRAPHY			62	94	5,267	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			14,033	482	26,951	71
73 DRUGS CHARGED TO PATIENTS	142		4,724	811	45,389	73
76.97 CARDIAC REHABILITATION	113		25	30	1,677	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	1,929		1,481			88
88.01 RHC II						88.01
91 EMERGENCY	482		657	1,473	82,386	91
91.01 PRIORITY CARE CARLYLE			482	185	10,353	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	14,013	881,977	44,696	16,131	901,081	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	3,067		394	2	111	192
194 LIFELINE						194
194.01 DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,080	881,977	45,090	16,133	901,192	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	5.06	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
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 BUSINESS OFFICE						5.05
5.06 ADMIN & GENERAL	381,147					5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	25,447	147,463				7
8 LAUNDRY & LINEN SERVICE	2,518	3,162	33,510			8
9 HOUSEKEEPING	8,963	1,299	2,550	26,766		9
10 DIETARY	5,332	3,690	183	112	48,613	10
11 CAFETERIA	3,808	2,264	149	865		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,132	1,016		242		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	12,008	1,821		257		16
17 SOCIAL SERVICE	1,298	209		80		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	30,395	24,646	10,451	10,513	48,613	30
31 INTENSIVE CARE UNIT	632	2,203	63	94		31
43 NURSERY	5,071	868	376	356		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	33,076	11,741	7,225	3,356		50
51 RECOVERY ROOM	568	934				51
52 DELIVERY ROOM & LABOR ROOM	9,311	2,358	2,095	704		52
53 ANESTHESIOLOGY	3,991	584				53
54 RADIOLOGY-DIAGNOSTIC	29,701	7,301	2,848	1,949		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,018					57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,219					58
60 LABORATORY	41,651	4,213	1	1,555		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,930					63
65 RESPIRATORY THERAPY	8,420	1,371	165	338		65
66 PHYSICAL THERAPY	23,470	15,816	1,731	3,037		66
69 ELECTROCARDIOLOGY	1,260					69
70 ELECTROENCEPHALOGRAPHY	1,647	738				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,913	927				71
73 DRUGS CHARGED TO PATIENTS	22,534	849		201		73
76.97 CARDIAC REHABILITATION	1,957	1,726		214		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	32,947	11,244				88
88.01 RHC II						88.01
91 EMERGENCY	18,035	6,559	3,347	2,670		91
91.01 PRIORITY CARE CARLYLE	5,519	1,878				91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	370,771	109,417	31,184	26,543	48,613	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	10,127	38,046	2,326	223		192
194 LIFELINE	249					194
194.01 DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	381,147	147,463	33,510	26,766	48,613	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 BUSINESS OFFICE						5.05
5.06 ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	23,294					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	716	18,817				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,012		50,731			16
17 SOCIAL SERVICE	118			4,279		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,493	6,140	12,273	3,298	455,093	30
31 INTENSIVE CARE UNIT	42	74	181		19,751	31
43 NURSERY	439	772	2,454		37,853	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,936	5,161	1,099		379,790	50
51 RECOVERY ROOM	12	21	75		17,056	51
52 DELIVERY ROOM & LABOR ROOM	987	1,735	45		77,358	52
53 ANESTHESIOLOGY			512		92,914	53
54 RADIOLOGY-DIAGNOSTIC	2,140		7,499		468,504	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	202		5,873		342,029	57
58 MAGNETIC RESONANCE IMAGING (MRI)	139		2,349		228,551	58
60 LABORATORY	2,173		10,631		380,192	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			30		9,819	63
65 RESPIRATORY THERAPY	723		90		54,894	65
66 PHYSICAL THERAPY	2,446		693		250,952	66
69 ELECTROCARDIOLOGY	49		738		20,369	69
70 ELECTROENCEPHALOGRAPHY	114		60		29,069	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	128		256		136,324	71
73 DRUGS CHARGED TO PATIENTS	451		331		166,898	73
76.97 CARDIAC REHABILITATION	256		15		28,639	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	1,209		497		156,057	88
88.01 RHC II						88.01
91 EMERGENCY	1,415	2,488	4,894	981	187,955	91
91.01 PRIORITY CARE CARLYLE	1	983	136		55,256	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	22,201	17,374	50,731	4,279	3,595,323	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	1,074	1,443			390,875	192
194 LIFELINE	19				271	194
194.01 DEVELOPMENT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	23,294	18,817	50,731	4,279	3,986,469	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 INFORMATION SYSTEMS			5.02
5.03 PURCHASING			5.03
5.04 ADMITTING			5.04
5.05 BUSINESS OFFICE			5.05
5.06 ADMIN & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	455,093		30
31 INTENSIVE CARE UNIT	19,751		31
43 NURSERY	37,853		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	379,790		50
51 RECOVERY ROOM	17,056		51
52 DELIVERY ROOM & LABOR ROOM	77,358		52
53 ANESTHESIOLOGY	92,914		53
54 RADIOLOGY-DIAGNOSTIC	468,504		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	342,029		57
58 MAGNETIC RESONANCE IMAGING (MRI)	228,551		58
60 LABORATORY	380,192		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	9,819		63
65 RESPIRATORY THERAPY	54,894		65
66 PHYSICAL THERAPY	250,952		66
69 ELECTROCARDIOLOGY	20,369		69
70 ELECTROENCEPHALOGRAPHY	29,069		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	136,324		71
73 DRUGS CHARGED TO PATIENTS	166,898		73
76.97 CARDIAC REHABILITATION	28,639		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
88 RURAL HEALTH CLINIC (RHC)	156,057		88
88.01 RHC II			88.01
91 EMERGENCY	187,955		91
91.01 PRIORITY CARE CARLYLE	55,256		91.01
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113 INTEREST EXPENSE			113
118 SUBTOTALS (SUM OF LINES 1-117)	3,595,323		118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES	390,875		192
194 LIFELINE	271		194
194.01 DEVELOPMENT			194.01
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	3,986,469		202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NON- PATIENT TELEPHONES PHONES	DATA PRO- CESSING TIME SPENT
	1	2	4	5.01	5.02
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	204,681				1
2 CAP REL COSTS-MVBLE EQUIP		1,823,069			2
4 EMPLOYEE BENEFITS	501	4,666	14,162,485		4
5.01 COMMUNICATIONS	312	14,702	75,601	602	5.01
5.02 INFORMATION SYSTEMS	2,157	352,506		33	5.02
5.03 PURCHASING	5,740	1,991	55,049	5	5.03
5.04 ADMITTING	1,438	4,914	414,043	3	5.04
5.05 BUSINESS OFFICE	1,500	4,142	278,576	29	5.05
5.06 ADMIN & GENERAL	42,182	23,126	970,877	48	5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	10,927	34,106	513,464	26	7
8 LAUNDRY & LINEN SERVICE	3,000	5,053	122,290	1	8
9 HOUSEKEEPING	1,233	4,070	448,588	6	9
10 DIETARY	3,501	12,603	274,013	11	10
11 CAFETERIA	2,148		205,031		11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	964	1,055	499,987	5	13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	1,728	20,093	643,608	37	16
17 SOCIAL SERVICE	198	791	73,257	9	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	23,386	86,042	1,494,665	60	30
31 INTENSIVE CARE UNIT	2,090	160	24,657	6	31
43 NURSERY	824	13,894	239,790		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	11,141	119,128	1,489,576	36	50
51 RECOVERY ROOM	886	616	5,941		51
52 DELIVERY ROOM & LABOR ROOM	2,237	24,817	472,294		52
53 ANESTHESIOLOGY	554	21,976		1	53
54 RADIOLOGY-DIAGNOSTIC	6,928	256,356	1,075,506	24	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		237,849	103,157		57
58 MAGNETIC RESONANCE IMAGING (MRI)		186,985	84,802		58
60 LABORATORY	3,998	90,439	966,401	18	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.					63
65 RESPIRATORY THERAPY	1,301	5,818	314,813	9	65
66 PHYSICAL THERAPY	15,007	48,814	1,016,397	33	66
69 ELECTROCARDIOLOGY		1,955	21,842		69
70 ELECTROENCEPHALOGRAPHY	700	15,453	65,839		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	880	5,073	34,193		71
73 DRUGS CHARGED TO PATIENTS	806	85,237	340,124	5	73
76.97 CARDIAC REHABILITATION	1,638	10,311	111,164	4	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
88 RURAL HEALTH CLINIC (RHC)	10,669	26,548	487,367	68	88
88.01 RHC II					88.01
91 EMERGENCY	6,224	15,545	806,133	17	91
91.01 PRIORITY CARE CARLYLE	1,782	22,241	255,228		91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	168,580	1,759,075	13,984,273	494	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES	36,101	63,994	172,367	108	192
194 LIFELINE			5,845		194
194.01 DEVELOPMENT					194.01

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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	NON- PATIENT TELEPHONES PHONES 5.01	DATA PRO- CESSING TIME SPENT 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,530,619	1,823,069	4,558,962	182,429	2,214,019	202
203	UNIT COST MULT-WS B PT I	7.478071	1.000000	0.321904	303.038206	22,140.190000	203
204	COST TO BE ALLOC PER B PT II			8,413	17,080	881,977	204
205	UNIT COST MULT-WS B PT II			0.000594	28.372093	8,819.770000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND STORES SUPPLY EXP 5.03	ADMITTING REVENUE 5.04	CASHIERING ACCTS REC & COLL REVENUE 5.05	RECON- CILIATION 5A.06	ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING	3,109,280					5.03
5.04 ADMITTING	9,277	97,042,572				5.04
5.05 BUSINESS OFFICE	29,808		97,042,572			5.05
5.06 ADMIN & GENERAL	32,978			-4,080,575	31,504,077	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	42,355				2,103,376	7
8 LAUNDRY & LINEN SERVICE	16,694				208,146	8
9 HOUSEKEEPING	15,720				740,865	9
10 DIETARY	2,558				440,757	10
11 CAFETERIA	1,597				314,759	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	551				672,196	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	12,853				992,599	16
17 SOCIAL SERVICE	225				107,290	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	93,682	3,820,062	3,820,062		2,512,429	30
31 INTENSIVE CARE UNIT	238	51,274	51,274		52,261	31
43 NURSERY	32,114	725,039	725,039		419,184	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	100,291	11,413,847	11,413,847		2,734,026	50
51 RECOVERY ROOM	1,230	865,478	865,478		46,970	51
52 DELIVERY ROOM & LABOR ROOM	30,369	1,888,973	1,888,973		769,621	52
53 ANESTHESIOLOGY	26,739	6,483,870	6,483,870		329,896	53
54 RADIOLOGY-DIAGNOSTIC	47,217	11,308,256	11,308,256		2,455,065	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,090	9,296,539	9,296,539		828,102	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,378	3,462,439	3,462,439		514,064	58
60 LABORATORY	803,796	19,772,360	19,772,360		3,441,862	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	131,766	629,292	629,292		159,501	63
65 RESPIRATORY THERAPY	101,658	2,784,785	2,784,785		695,948	65
66 PHYSICAL THERAPY	46,515	4,285,079	4,285,079		1,939,963	66
69 ELECTROCARDIOLOGY	6,330	1,720,276	1,720,276		104,132	69
70 ELECTROENCEPHALOGRAPHY	4,250	567,126	567,126		136,102	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	967,718	2,902,036	2,902,036		1,232,651	71
73 DRUGS CHARGED TO PATIENTS	325,714	4,887,401	4,887,401		1,862,622	73
76.97 CARDIAC REHABILITATION	1,739	180,523	180,523		161,766	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	102,141				2,723,321	88
88.01 RHC II						88.01
91 EMERGENCY	45,279	8,871,125	8,871,125		1,490,775	91
91.01 PRIORITY CARE CARLYLE	33,237	1,114,796	1,114,796		456,161	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,082,107	97,030,576	97,030,576	-4,080,575	30,646,410	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	27,173	11,996	11,996		837,049	192
194 LIFELINE					20,618	194
194.01 DEVELOPMENT						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PURCHASING RECEIVING AND STORES SUPPLY EXP	ADMITTING REVENUE	CASHIERING ACCTS REC & COLL REVENUE	RECON- CILIATION	ACCUM COST	
		5.03	5.04	5.05	5A.06	5.06	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	129,550	573,565	2,856,816		4,080,575	202
203	UNIT COST MULT-WS B PT I	0.041666	0.005910	0.029439		0.129525	203
204	COST TO BE ALLOC PER B PT II	45,090	16,133	901,192		381,147	204
205	UNIT COST MULT-WS B PT II	0.014502	0.000166	0.009287		0.012098	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	HOURS OF	MEALS	MEALS	
	FEET	POUNDS OF	SERVICE	SERVED	SERVED	
	7	LAUNDRY	9	10	11	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7	139,924					7
8	3,000	304,408				8
9	1,233	23,165	18,128			9
10	3,501	1,662	76	17,327		10
11	2,148	1,351	586		19,948	11
12						12
13	964		164		613	13
14						14
15						15
16	1,728		174		1,723	16
17	198		54		101	17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	23,386	94,937	7,120	17,327	2,991	30
31	2,090	575	64		36	31
43	824	3,417	241		376	43
ANCILLARY SERVICE COST CENTERS						
50	11,141	65,633	2,273		2,514	50
51	886				10	51
52	2,237	19,030	477		845	52
53	554					53
54	6,928	25,871	1,320		1,833	54
57					173	57
58					119	58
60	3,998	10	1,053		1,861	60
62.30						62.30
63						63
65	1,301	1,503	229		619	65
66	15,007	15,720	2,057		2,095	66
69					42	69
70	700				98	70
71	880				110	71
73	806		136		386	73
76.97	1,638		145		219	76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
88	10,669				1,035	88
88.01						88.01
91	6,224	30,407	1,808		1,212	91
91.01	1,782				1	91.01
92						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118	103,823	283,281	17,977	17,327	19,012	118
NONREIMBURSABLE COST CENTERS						
192	36,101	21,127	151		920	192
194					16	194
194.01						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	
		7	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,375,816	286,044	879,530	562,540	421,700	202
203	UNIT COST MULT-WS B PT I	16.979332	0.939673	48.517763	32.466093	21.139964	203
204	COST TO BE ALLOC PER B PT II	147,463	33,510	26,766	48,613	23,294	204
205	UNIT COST MULT-WS B PT II	1.053879	0.110083	1.476500	2.805621	1.167736	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSNG HRS 13	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 COMMUNICATIONS				5.01
5.02 INFORMATION SYSTEMS				5.02
5.03 PURCHASING				5.03
5.04 ADMITTING				5.04
5.05 BUSINESS OFFICE				5.05
5.06 ADMIN & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION	9,166			13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY		3,369		16
17 SOCIAL SERVICE			567	17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	2,991	815	437	30
31 INTENSIVE CARE UNIT	36	12		31
43 NURSERY	376	163		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	2,514	73		50
51 RECOVERY ROOM	10	5		51
52 DELIVERY ROOM & LABOR ROOM	845	3		52
53 ANESTHESIOLOGY		34		53
54 RADIOLOGY-DIAGNOSTIC		498		54
57 COMPUTED TOMOGRAPHY (CT) SCAN		390		57
58 MAGNETIC RESONANCE IMAGING (MRI)		156		58
60 LABORATORY		706		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.		2		63
65 RESPIRATORY THERAPY		6		65
66 PHYSICAL THERAPY		46		66
69 ELECTROCARDIOLOGY		49		69
70 ELECTROENCEPHALOGRAPHY		4		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		17		71
73 DRUGS CHARGED TO PATIENTS		22		73
76.97 CARDIAC REHABILITATION		1		76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC (RHC)		33		88
88.01 RHC II				88.01
91 EMERGENCY	1,212	325	130	91
91.01 PRIORITY CARE CARLYLE	479	9		91.01
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	8,463	3,369	567	118
NONREIMBURSABLE COST CENTERS				
192 PHYSICIANS' PRIVATE OFFICES	703			192
194 LIFELINE				194
194.01 DEVELOPMENT				194.01

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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	
200	CROSS FOOT ADJUSTMENTS				200
201	NEGATIVE COST CENTER				201
202	COST TO BE ALLOC PER B PT I	796,546	1,195,371	129,304	202
203	UNIT COST MULT-WS B PT I	86.902247	354.814782	228.049383	203
204	COST TO BE ALLOC PER B PT II	18,817	50,731	4,279	204
205	UNIT COST MULT-WS B PT II	2.052913	15.058178	7.546737	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	4,944,115		4,944,115		4,944,115	30
31 INTENSIVE CARE UNIT	106,309		106,309		106,309	31
43 NURSERY	600,833		600,833	17,295	618,128	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,746,792		3,746,792		3,746,792	50
51 RECOVERY ROOM	70,952		70,952		70,952	51
52 DELIVERY ROOM & LABOR ROOM	1,040,673		1,040,673		1,040,673	52
53 ANESTHESIOLOGY	394,097		394,097	12,081	406,178	53
54 RADIOLOGY-DIAGNOSTIC	3,194,491		3,194,491		3,194,491	54
57 COMPUTED TOMOGRAPHY (CT) SC	1,077,397		1,077,397		1,077,397	57
58 MAGNETIC RESONANCE IMAGING	638,515		638,515		638,515	58
60 LABORATORY	4,296,498		4,296,498	32,683	4,329,181	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	180,870		180,870		180,870	63
65 RESPIRATORY THERAPY	835,919		835,919	23,400	859,319	65
66 PHYSICAL THERAPY	2,621,228		2,621,228	20,986	2,642,214	66
69 ELECTROCARDIOLOGY	135,894		135,894		135,894	69
70 ELECTROENCEPHALOGRAPHY	169,108		169,108		169,108	70
71 MEDICAL SUPPLIES CHRGED TO	1,415,609		1,415,609		1,415,609	71
73 DRUGS CHARGED TO PATIENTS	2,140,127		2,140,127		2,140,127	73
76.97 CARDIAC REHABILITATION	222,551		222,551		222,551	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	3,290,800		3,290,800		3,290,800	88
88.01 RHC II						88.01
91 EMERGENCY	2,181,749		2,181,749	32,920	2,214,669	91
91.01 PRIORITY CARE CARLYLE	590,342		590,342		590,342	91.01
92 OBSERVATION BEDS	403,831		403,831		403,831	92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	34,298,700		34,298,700	139,365	34,438,065	200
201 LESS OBSERVATION BEDS	403,831		403,831		403,831	201
202 TOTAL (SEE INSTRUCTIONS)	33,894,869		33,894,869		34,034,234	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	3,411,871		3,411,871			30
31 INTENSIVE CARE UNIT	51,274		51,274			31
43 NURSERY	712,299		712,299			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,828,381	9,300,120	11,128,501	0.336684	0.336684	0.336684 50
51 RECOVERY ROOM	176,478	668,583	845,061	0.083961	0.083961	0.083961 51
52 DELIVERY ROOM & LABOR ROOM	1,520,885	348,952	1,869,837	0.556558	0.556558	0.556558 52
53 ANESTHESIOLOGY	407,776	1,448,134	1,855,910	0.212347	0.212347	0.218857 53
54 RADIOLOGY-DIAGNOSTIC	797,579	10,301,216	11,098,795	0.287823	0.287823	0.287823 54
57 COMPUTED TOMOGRAPHY (CT) SC	1,366,847	7,801,608	9,168,455	0.117511	0.117511	0.117511 57
58 MAGNETIC RESONANCE IMAGING	102,263	3,270,423	3,372,686	0.189319	0.189319	0.189319 58
60 LABORATORY	2,460,308	17,012,011	19,472,319	0.220646	0.220646	0.222325 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	316,788	306,502	623,290	0.290186	0.290186	0.290186 63
65 RESPIRATORY THERAPY	1,983,304	783,538	2,766,842	0.302120	0.302120	0.310578 65
66 PHYSICAL THERAPY	94,815	4,088,694	4,183,509	0.626562	0.626562	0.631578 66
69 ELECTROCARDIOLOGY	148,374	1,377,996	1,526,370	0.089031	0.089031	0.089031 69
70 ELECTROENCEPHALOGRAPHY		547,892	547,892	0.308652	0.308652	0.308652 70
71 MEDICAL SUPPLIES CHRGD TO	709,971	2,123,773	2,833,744	0.499554	0.499554	0.499554 71
73 DRUGS CHARGED TO PATIENTS	2,023,187	2,813,321	4,836,508	0.442494	0.442494	0.442494 73
76.97 CARDIAC REHABILITATION		180,523	180,523	1.232812	1.232812	1.232812 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)						88
88.01 RHC II						88.01
91 EMERGENCY	727,616	4,991,052	5,718,668	0.381513	0.381513	0.387270 91
91.01 PRIORITY CARE CARLYLE	4,901	530,909	535,810	1.101775	1.101775	1.101775 91.01
92 OBSERVATION BEDS	58,275	316,311	374,586	1.078073	1.078073	1.078073 92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	18,903,192	68,211,558	87,114,750			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	18,903,192	68,211,558	87,114,750			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	455,093		455,093	4,383	103.83	1,947	202,157	30
31 INTENSIVE CARE UNIT	19,751		19,751	33	598.52	17	10,175	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	37,853		37,853	1,061	35.68			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	512,697		512,697	5,477		1,964	212,332	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	379,790	11,128,501	0.034128	709,409	24,211	50
51 RECOVERY ROOM	17,056	845,061	0.020183	67,033	1,353	51
52 DELIVERY ROOM & LABOR ROOM	77,358	1,869,837	0.041372	6,347	263	52
53 ANESTHESIOLOGY	92,914	1,855,910	0.050064	143,487	7,184	53
54 RADIOLOGY-DIAGNOSTIC	468,504	11,098,795	0.042212	535,861	22,620	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	342,029	9,168,455	0.037305	767,594	28,635	57
58 MAGNETIC RESONANCE IMAGING (M	228,551	3,372,686	0.067765	70,652	4,788	58
60 LABORATORY	380,192	19,472,319	0.019525	1,494,607	29,182	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	9,819	623,290	0.015754	161,691	2,547	63
65 RESPIRATORY THERAPY	54,894	2,766,842	0.019840	1,427,602	28,324	65
66 PHYSICAL THERAPY	250,952	4,183,509	0.059986	80,647	4,838	66
69 ELECTROCARDIOLOGY	20,369	1,526,370	0.013345	116,449	1,554	69
70 ELECTROENCEPHALOGRAPHY	29,069	547,892	0.053056			70
71 MEDICAL SUPPLIES CHRGD TO PA	136,324	2,833,744	0.048107	344,801	16,587	71
73 DRUGS CHARGED TO PATIENTS	166,898	4,836,508	0.034508	958,951	33,091	73
76.97 CARDIAC REHABILITATION	28,639	180,523	0.158645			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
88 RURAL HEALTH CLINIC (RHC)	156,057					88
88.01 RHC II						88.01
91 EMERGENCY	187,955	5,718,668	0.032867	506,512	16,648	91
91.01 PRIORITY CARE CARLYLE	55,256	535,810	0.103126	2,331	240	91.01
92 OBSERVATION BEDS	37,171	374,586	0.099232	30,381	3,015	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	3,119,797	82,939,306		7,424,355	225,080	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
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)					

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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	30
				PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	4,383		1,947		30
31 INTENSIVE CARE UNIT	33		17		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	1,061				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	5,477		1,964		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0145)	[]	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			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
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
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
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						
88	RURAL HEALTH CLINIC (RHC)					88
88.01	RHC II					88.01
91	EMERGENCY					91
91.01	PRIORITY CARE CARLYLE					91.01
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 (14-0145)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 + COL. 7)	(COL. 6 + COL. 7)	PGM COL. 10	(COL. 8 x COL. 10)	COL. 12	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	11,128,501			709,409		3,363,188	50
51 RECOVERY ROOM	845,061			67,033		190,186	51
52 DELIVERY ROOM & LABOR ROOM	1,869,837			6,347			52
53 ANESTHESIOLOGY	1,855,910			143,487		450,222	53
54 RADIOLOGY-DIAGNOSTIC	11,098,795			535,861		3,126,169	54
57 COMPUTED TOMOGRAPHY (CT) SCA	9,168,455			767,594		2,663,262	57
58 MAGNETIC RESONANCE IMAGING (3,372,686			70,652		933,524	58
60 LABORATORY	19,472,319			1,494,607		518,950	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	623,290			161,691		127,620	63
65 RESPIRATORY THERAPY	2,766,842			1,427,602		358,158	65
66 PHYSICAL THERAPY	4,183,509			80,647		1,312,275	66
69 ELECTROCARDIOLOGY	1,526,370			116,449		748,786	69
70 ELECTROENCEPHALOGRAPHY	547,892					203,377	70
71 MEDICAL SUPPLIES CHRGD TO P	2,833,744			344,801		647,048	71
73 DRUGS CHARGED TO PATIENTS	4,836,508			958,951		1,321,690	73
76.97 CARDIAC REHABILITATION	180,523					110,502	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
88 RURAL HEALTH CLINIC (RHC)							88
88.01 RHC II							88.01
91 EMERGENCY	5,718,668			506,512		1,394,808	91
91.01 PRIORITY CARE CARLYLE	535,810			2,331		66,056	91.01
92 OBSERVATION BEDS	374,586			30,381		107,628	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	82,939,306			7,424,355		17,643,449	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0145) [] 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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST	COST			
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS						
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.336684	3,363,188			1,132,332				50
51 RECOVERY ROOM	0.083961	190,186			15,968				51
52 DELIVERY ROOM & LABOR ROOM	0.556558								52
53 ANESTHESIOLOGY	0.212347	450,222			95,603				53
54 RADIOLOGY-DIAGNOSTIC	0.287823	3,126,169			899,783				54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.117511	2,663,262			312,963				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.189319	933,524			176,734				58
60 LABORATORY	0.220646	518,950			114,504				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.290186	127,620			37,034				63
65 RESPIRATORY THERAPY	0.302120	358,158	18,956		108,207	5,727			65
66 PHYSICAL THERAPY	0.626562	1,312,275			822,222				66
69 ELECTROCARDIOLOGY	0.089031	748,786			66,665				69
70 ELECTROENCEPHALOGRAPHY	0.308652	203,377			62,773				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.499554	647,048	3,013		323,235	1,505			71
73 DRUGS CHARGED TO PATIENTS	0.442494	1,321,690		18,653	584,840		8,254		73
76.97 CARDIAC REHABILITATION	1.232812	110,502			136,228				76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
88 RURAL HEALTH CLINIC (RHC)									88
88.01 RHC II									88.01
91 EMERGENCY	0.381513	1,394,808			532,137				91
91.01 PRIORITY CARE CARLYLE	1.101775	66,056			72,779				91.01
92 OBSERVATION BEDS	1.078073	107,628			116,031				92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		17,643,449	21,969	18,653	5,610,038	7,232	8,254		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		17,643,449	21,969	18,653	5,610,038	7,232	8,254		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	PER	INPAT	INPAT PGM
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)				
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	455,093		455,093	4,383	103.83	553	57,418 30
31 INTENSIVE CARE UNIT	19,751		19,751	33	598.52	6	3,591 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	37,853		37,853	1,061	35.68	327	11,667 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	512,697		512,697	5,477		886	72,676 200

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 (14-0145) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS										
50					379,790	11,128,501	0.034128			50
51					17,056	845,061	0.020183			51
52					77,358	1,869,837	0.041372			52
53					92,914	1,855,910	0.050064			53
54					468,504	11,098,795	0.042212			54
57					342,029	9,168,455	0.037305			57
58					228,551	3,372,686	0.067765			58
60					380,192	19,472,319	0.019525			60
62.30										62.30
63					9,819	623,290	0.015754			63
65					54,894	2,766,842	0.019840			65
66					250,952	4,183,509	0.059986			66
69					20,369	1,526,370	0.013345			69
70					29,069	547,892	0.053056			70
71					136,324	2,833,744	0.048107			71
73					166,898	4,836,508	0.034508			73
76.97					28,639	180,523	0.158645			76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
88					156,057					88
88.01										88.01
91					187,955	5,718,668	0.032867			91
91.01					55,256	535,810	0.103126			91.01
92					37,171	374,586	0.099232			92
OTHER REIMBURSABLE COST CENTERS										
200					3,119,797	82,939,306				200

PROVIDER CCN: 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 13:32

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

PROVIDER CCN: 14-0145 ST. JOSEPH'S HOSPITAL
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/29/2012 13:32

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	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	4,383		553	30
31 INTENSIVE CARE UNIT	33		6	31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	1,061		327	43
44 SKILLED NURSING FACILITY				44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	5,477		886	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0145)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST		HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
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
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
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						
88	RURAL HEALTH CLINIC (RHC)					88
88.01	RHC II					88.01
91	EMERGENCY					91
91.01	PRIORITY CARE CARLYLE					91.01
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 (14-0145) [] 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		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	CHARGES	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	11,128,501						50
51 RECOVERY ROOM	845,061						51
52 DELIVERY ROOM & LABOR ROOM	1,869,837						52
53 ANESTHESIOLOGY	1,855,910						53
54 RADIOLOGY-DIAGNOSTIC	11,098,795						54
57 COMPUTED TOMOGRAPHY (CT) SCA	9,168,455						57
58 MAGNETIC RESONANCE IMAGING (3,372,686						58
60 LABORATORY	19,472,319						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	623,290						63
65 RESPIRATORY THERAPY	2,766,842						65
66 PHYSICAL THERAPY	4,183,509						66
69 ELECTROCARDIOLOGY	1,526,370						69
70 ELECTROENCEPHALOGRAPHY	547,892						70
71 MEDICAL SUPPLIES CHRGD TO P	2,833,744						71
73 DRUGS CHARGED TO PATIENTS	4,836,508						73
76.97 CARDIAC REHABILITATION	180,523						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
88 RURAL HEALTH CLINIC (RHC)							88
88.01 RHC II							88.01
91 EMERGENCY	5,718,668						91
91.01 PRIORITY CARE CARLYLE	535,810						91.01
92 OBSERVATION BEDS	374,586						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	82,939,306						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0145) [] 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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.336684						50
51 RECOVERY ROOM	0.083961						51
52 DELIVERY ROOM & LABOR ROOM	0.556558						52
53 ANESTHESIOLOGY	0.212347						53
54 RADIOLOGY-DIAGNOSTIC	0.287823						54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.117511						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.189319						58
60 LABORATORY	0.220646						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.290186						63
65 RESPIRATORY THERAPY	0.302120						65
66 PHYSICAL THERAPY	0.626562						66
69 ELECTROCARDIOLOGY	0.089031						69
70 ELECTROENCEPHALOGRAPHY	0.308652						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.499554						71
73 DRUGS CHARGED TO PATIENTS	0.442494						73
76.97 CARDIAC REHABILITATION	1.232812						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
88 RURAL HEALTH CLINIC (RHC)							88
88.01 RHC II							88.01
91 EMERGENCY	0.381513						91
91.01 PRIORITY CARE CARLYLE	1.101775						91.01
92 OBSERVATION BEDS	1.078073						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 (14-0145) [] 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)	4,383	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,383	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	306	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,719	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)	1,947	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)	4,944,115	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	4,944,115	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,730,354	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	215,730	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,514,624	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.810796	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	705.00	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	676.16	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	28.84	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	52.22	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	15,979	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,928,136	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0145) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,128.02 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,196,255 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 2,196,255 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	106,309	33	3,221.48	17	54,765	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)					2,249,169	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					4,500,189	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 212,332 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 225,080 51
 52 TOTAL PROGRAM EXCLUDABLE COST 437,412 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 4,062,777 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) 358 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,128.02 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 403,831 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	455,093	4,944,115	0.092047	403,831	37,171	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 (14-0145) [] 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)	4,383	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,383	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	306	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,719	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)	553	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,061	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	327	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)	4,944,115	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	4,944,115	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,730,354	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	215,730	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,514,624	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.810796	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	705.00	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	676.16	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	28.84	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	52.22	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	15,979	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,928,136	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0145) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,124.38 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 621,782 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) 621,782 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)	600,833	1,061	566.29	327	185,177 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	106,309	33	3,221.48	6	19,329 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)					826,288 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 72,676 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 72,676 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) 358 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		1,675,420		30
31 INTENSIVE CARE UNIT		31,283		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.336684	709,409	238,847	50
51 RECOVERY ROOM	0.083961	67,033	5,628	51
52 DELIVERY ROOM & LABOR ROOM	0.556558	6,347	3,532	52
53 ANESTHESIOLOGY	0.218857	143,487	31,403	53
54 RADIOLOGY-DIAGNOSTIC	0.287823	535,861	154,233	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.117511	767,594	90,201	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.189319	70,652	13,376	58
60 LABORATORY	0.222325	1,494,607	332,289	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.290186	161,691	46,920	63
65 RESPIRATORY THERAPY	0.310578	1,427,602	443,382	65
66 PHYSICAL THERAPY	0.631578	80,647	50,935	66
69 ELECTROCARDIOLOGY	0.089031	116,449	10,368	69
70 ELECTROENCEPHALOGRAPHY	0.308652			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.499554	344,801	172,247	71
73 DRUGS CHARGED TO PATIENTS	0.442494	958,951	424,330	73
76.97 CARDIAC REHABILITATION	1.232812			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC (RHC)				88
88.01 RHC II				88.01
91 EMERGENCY	0.387270	506,512	196,157	91
91.01 PRIORITY CARE CARLYLE	1.101775	2,331	2,568	91.01
92 OBSERVATION BEDS	1.078073	30,381	32,753	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		7,424,355	2,249,169	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		7,424,355		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] 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	0.336684			50
51 RECOVERY ROOM	0.083961			51
52 DELIVERY ROOM & LABOR ROOM	0.556558			52
53 ANESTHESIOLOGY	0.212347			53
54 RADIOLOGY-DIAGNOSTIC	0.287823			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.117511			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.189319			58
60 LABORATORY	0.220646			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.290186			63
65 RESPIRATORY THERAPY	0.302120			65
66 PHYSICAL THERAPY	0.626562			66
69 ELECTROCARDIOLOGY	0.089031			69
70 ELECTROENCEPHALOGRAPHY	0.308652			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.499554			71
73 DRUGS CHARGED TO PATIENTS	0.442494			73
76.97 CARDIAC REHABILITATION	1.232812			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
88 RURAL HEALTH CLINIC (RHC)				88
88.01 RHC II				88.01
91 EMERGENCY	0.381513			91
91.01 PRIORITY CARE CARLYLE	1.101775			91.01
92 OBSERVATION BEDS	1.078073			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 (14-0145)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	1,811,283	1.01	1,647,126	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)			13,549	2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
3	MANAGED CARE SIMULATED PAYMENTS	26,149		20,230	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	49.90			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)	0.0059			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2132			31
32	SUM OF LINES 30 AND 31	0.2191			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0729			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	132,043	120,075		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)	621			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)	1,943,326	1,780,750		47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	2,064,459			48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	3,814,926			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	277,757			50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0145)
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)	4,092,683	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	4,092,683	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	519,088	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	2,547	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	69,071	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	48,350	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	69,038	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	3,619,398	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
70.96	LOW VOLUME PAYMENT ADJUSTMENT - 1	538,245	70.96
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	4,157,643	71
72	INTERIM PAYMENTS	4,167,998	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-10,355	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	92,340	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0145) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	15,486	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	5,610,038	2
3	PPS PAYMENTS	3,918,001	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	3,880	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	15,486	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	40,622	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	40,622	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	40,622	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	25,136	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	15,486	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	3,921,881	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	970,686	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	2,966,681	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	2,966,681	30
31	PRIMARY PAYER PAYMENTS	242	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,966,439	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	65,400	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	45,780	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	64,551	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	3,012,219	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-34	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	3,012,253	40
41	INTERIM PAYMENTS	3,029,332	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-17,079	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0145) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,107,659		3,031,133
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/13/2012	60,339		NONE
PROGRAM	.02			3.01
TO	.03			3.02
PROVIDER	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51		04/13/2012	1,801
PROVIDER	.52			3.50
TO	.53			3.51
PROGRAM	.54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99			3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		60,339		-1,801
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		4,167,998		3,029,332

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0145 ST. JOSEPH'S HOSPITAL
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/29/2012 13:32

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-0145) 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	1,497	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	1,964	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	24	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	4,058	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	87,114,750	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	474,021	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0145) [] 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	826,288	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	826,288	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	826,288	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))	826,288	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	3,324,475			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12,000,393			4
5	OTHER RECEIVABLES	204,814			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,612,973			6
7	INVENTORY	613,789			7
8	PREPAID EXPENSES	207,495			8
9	OTHER CURRENT ASSETS	2,740,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	14,477,993			11
FIXED ASSETS					
12	LAND	1,454,337			12
13	LAND IMPROVEMENTS	3,644,828			13
14	ACCUMULATED DEPRECIATION	-1,922,974			14
15	BUILDINGS	18,635,511			15
16	ACCUMULATED DEPRECIATION	-7,521,860			16
17	LEASEHOLD IMPROVEMENTS	163,480			17
18	ACCUMULATED AMORTIZATION	-88,578			18
19	FIXED EQUIPMENT	12,899,150			19
20	ACCUMULATED DEPRECIATION	-8,559,197			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	21,475,551			23
24	ACCUMULATED DEPRECIATION	-16,530,280			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	23,649,968			30
OTHER ASSETS					
31	INVESTMENTS	75,791,552			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	138,244			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	75,929,796			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	114,057,757			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	1,423,323			37
38	SALARIES, WAGES & FEES PAYABLE	2,211,195			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	2,740,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	2,482,240			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	8,856,758			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	8,200,000			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	11,713,355			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	19,913,355			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	28,770,113			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	85,287,644			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)	85,287,644			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	114,057,757			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		83,895,725							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		5,919,591							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		89,815,316							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 RESTRICTED GRANT		190,723							5
6 CHANGE IN TEMP RESTRICTED AS		77,511							6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		268,234							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		90,083,550							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 DIFF ACCRUED BENFT LIAB PENS		3,287,266							13
14 TRANSFERS		1,486,000							14
15 CHANGE IN TEMP RESTRICTED AS		22,640							15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		4,795,906							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		85,287,644							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	4,006,680		4,006,680	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	4,006,680		4,006,680	
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	51,135		51,135	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	51,135		51,135	
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	4,057,815		4,057,815	17
18 ANCILLARY SERVICES	16,846,444	68,396,218	85,242,662	18
19 OUTPATIENT SERVICES		7,742,095	7,742,095	19
20 RHC		4,397,128	4,397,128	20
20.01 RHC II				20.01
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	20,904,259	80,535,441	101,439,700	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		42,296,226	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			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)		42,296,226	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	101,439,700	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	54,632,192	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	46,807,508	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	42,296,226	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	4,511,282	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	120,847	6
7	INCOME FROM INVESTMENTS	575,329	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	907	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5,333	10
11	REBATES AND REFUNDS OF EXPENSES	31,816	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	1,815	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,269	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	36,935	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	2,644	21
22	RENTAL OF HOSPITAL SPACE	378,149	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISCELLANEOUS INCOME)	240,656	24
24.01	OTHER (SALE OF SCRAP)	8,609	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,408,309	25
26	TOTAL (LINE 5 PLUS LINE 25)	5,919,591	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)	5,919,591	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-014) [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	276,352	1
2	CAPITAL DRG OUTLIER PAYMENTS	1,405	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	11.21	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)	277,757	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
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 BUSINESS OFFICE						5.05
5.06 ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
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
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR						58
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
63 BLOOD STORING, PROCESSING & TR						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PAT						71
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
88 RURAL HEALTH CLINIC (RHC)						88
88.01 RHC II						88.01
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
91.01 PRIORITY CARE CARLYLE						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 LIFELINE						194
194.01 DEVELOPMENT						194.01
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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-1

CHECK APPLICABLE BOX [XX] RHC [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL (COL.1 + COL.2) 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE (COL.3+4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL.5+6) 7	
FACILITY HEALTH CARE STAFF COSTS								
1								
2		1,013,372	1,013,372		1,013,372		1,013,372	1
3	74,833	66,025	140,858		140,858		140,858	2
4	86,663	108,763	195,426		195,426		195,426	3
5								4
6	19,315	26,014	45,329	5,577	50,906		50,906	5
7								6
8								7
9								8
9	95,725	116,740	212,465	15,438	227,903		227,903	9
10	276,536	1,330,914	1,607,450	21,015	1,628,465		1,628,465	10
SUBTOTAL (SUM OF LINES 1-9) COSTS UNDER AGREEMENT								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		89,006	89,006	2,724	91,730		91,730	15
16								16
17								17
18		15,818	15,818		15,818		15,818	18
19		1,424	1,424	665	2,089		2,089	19
20								20
21		106,248	106,248	3,389	109,637		109,637	21
22	276,536	1,437,162	1,713,698	24,404	1,738,102		1,738,102	22
SUBTOTAL (SUM OF LINES 15-20) TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21) COSTS OTHER THAN RHC/FQHC SERVICES								
23		55,898	55,898	16,202	72,100		72,100	23
24								24
25								25
26								26
27								27
28		55,898	55,898	16,202	72,100		72,100	28
TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27) FACILITY OVERHEAD								
29		29,814	29,814	-5,350	24,464		24,464	29
30	151,518	403,763	555,281	45,543	600,824	-249	600,575	30
31	151,518	433,577	585,095	40,193	625,288	-249	625,039	31
32	428,054	1,926,637	2,354,691	80,799	2,435,490	-249	2,435,241	32
TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)								

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX [XX] RHC [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS (COL.1 x COL.3)	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1	PHYSICIANS	3.00	18,045	4,200	12,600	1
2	PHYSICIAN ASSISTANTS	1.33	3,255	2,100	2,793	2
3	NURSE PRACTITIONERS	2.09	6,672	2,100	4,389	3
4	SUBTOTAL (SUM OF LINES 1-3)	6.42	27,972		19,782	4
5	VISITING NURSE					5
6	CLINICAL PSYCHOLOGIST					6
7	CLINICAL SOCIAL WORKER					7
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	6.42	27,972			8
9	PHYSICIAN SERVICES UNDER AGREEMENTS					9
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WKST M-1, COL. 7, LINE 22)				1,738,102	10
11	TOTAL NONREIMBURSABLE COSTS (FROM WKST M-1, COL. 7, LINE 28)				72,100	11
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)				1,810,202	12
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)				0.960170	13
14	TOTAL FACILITY OVERHEAD (FROM WKST M-1, COL. 7, LINE 31)				625,039	14
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)				855,559	15
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)				1,480,598	16
17	ALLOWABLE DIRECT GME OVERHEAD (SEE INSTRUCTIONS)					17
18	SUBTRACT LINE 17 FROM LINE 16				1,480,598	18
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 x LINE 18)				1,421,626	19
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)				3,159,728	20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-3

CHECK [XX] RHC [] TITLE V [] TITLE XIX
 APPLICABLE BOXES: [] FQHC [XX] TITLE XVIII

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)		3,159,728	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)		87,866	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)		3,071,862	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)		27,972	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)			5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)		27,972	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)		109.82	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB 27, SEC. 505 OR YOUR CONTRACTOR)	78.07	78.54	8
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	109.82	109.82	109.82 9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	4,085	4,235	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)	448,615	465,088	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)			12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (LINE 9 x LINE 12)			13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (SEE INSTRUCTIONS)			14
15	GRADUATE MEDICAL EDUCATION PASS-THROUGH COST (SEE INSTRUCTIONS)			15
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLS. 1, 2, AND 3)	448,615	465,088	16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS)(FROM CONTRACTOR'S RECORDS)		1,073,377	16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS)(FROM PROVIDER'S RECORDS)			16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)			16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)		637,204	16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)		637,204	16.05
17	PRIMARY PAYOR PAYMENTS		686	17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS)(FROM CONTRACTOR RECORDS)		117,198	18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)		191,236	19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)		636,518	20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)		23,880	21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)		660,398	22
23	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,828	23
24	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			24
25	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			25
26	NET REIMBURSABLE AMOUNT (LINES 22 PLUS 23 PLUS OR MINUS LINE 25)		662,226	26
27	INTERIM PAYMENTS		425,569	27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)		236,657	29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2			30

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-4

CHECK [XX] RHC [] TITLE V [] TITLE XIX
 APPLICABLE BOXES: [] FQHC [XX] TITLE XVIII

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	
1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	1,628,465	1,628,465	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	0.002545	0.005521	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)	4,144	8,991	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)	24,586	9,726	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	28,730	18,717	5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	1,738,102	1,738,102	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	1,480,598	1,480,598	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	0.016530	0.010769	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)	24,474	15,945	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)	53,204	34,662	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	408	885	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10/ LINE 11)	130.40	39.17	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	81	340	13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)	10,562	13,318	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 2)		87,866	15
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 21)		23,880	16

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I
 COMPONENT NO: 14-8503

WORKSHEET M-5

CHECK APPLICABLE BOX [XX] RHC [] FQHC

DESCRIPTION	PART B		
	1 MM/DD/YYYY	2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		419,608	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/13/2012	5,961	3.01
	.02		3.02
	PROGRAM .03		3.03
	TO .04		3.04
	PROVIDER .05		3.05
	.06		3.06
	.07		3.07
	.08		3.08
	.09		3.09
	.50	NONE	3.50
	.51		3.51
	PROVIDER .52		3.52
	TO .53		3.53
	PROGRAM .54		3.54
	.55		3.55
	.56		3.56
	.57		3.57
	.58		3.58
	.59		3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	5,961	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST M-3, LINE 27)		425,569	4
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01		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
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99		5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.	PROGRAM .01		6.01
	TO .01		
	PROVIDER		
	PROVIDER		
	TO .02		6.02
	PROGRAM		
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	8
		NPR DATE:	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

RHC II
 COMPONENT NO: 14-8502

WORKSHEET M-1

CHECK APPLICABLE BOX [XX] RHC [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL (COL.1 + COL.2) 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE (COL.3+4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL.5+6) 7	
FACILITY HEALTH CARE STAFF COSTS								
1								1
2								2
3								3
4								4
5								5
6	5,577		5,577	-5,577				6
7								7
8								8
9	15,438		15,438	-15,438				9
10	21,015		21,015	-21,015				10
COSTS UNDER AGREEMENT								
11								11
12								12
13								13
14								14
OTHER HEALTH CARE COSTS								
15		2,724	2,724	-2,724				15
16								16
17								17
18								18
19		665	665	-665				19
20								20
21								21
22	21,015	3,389	24,404	-3,389				22
TOTAL COSTS OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)								
COSTS OTHER THAN RHC/FQHC SERVICES								
23								23
24								24
25								25
26								26
27								27
28								28
FACILITY OVERHEAD								
29		16,369	16,369	-16,369				29
30	38,298	7,245	45,543	-45,543				30
31	38,298	23,614	61,912	-61,912				31
32	59,313	27,003	86,316	-86,316				32

RHC II
 COMPONENT NO: 14-8502

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK APPLICABLE BOX [XX] RHC [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS (COL.1 x COL.3) 4	GREATER OF COL. 2 OR COL. 4 5	
1	1	2	3	4	5	1
2			4,200			2
3			2,100			3
4			2,100			4
5						5
6						6
7						7
8						8
9						9
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

RHC II
COMPONENT NO: 14-8502

WORKSHEET M-3

CHECK [XX] RHC [] TITLE V [] TITLE XIX
APPLICABLE BOXES: [] FQHC [XX] TITLE XVIII

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WKST M-2, LINE 20)	1
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 15)	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	3
4	TOTAL VISITS (FROM WKST M-2, COL. 5, LINE 8)	4
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WKST M-2, COL. 5, LINE 9)	5
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	6
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	7

CALCULATION OF LIMIT(1)
PRIOR TO ON OR AFTER
JANUARY 1 JANUARY 1 (SEE INSTR.)
1 2 3

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB 27, SEC. 505 OR YOUR CONTRACTOR)	8
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 x LINE 10)	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM CONTRACTOR RECORDS)	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES (LINE 9 x LINE 12)	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (SEE INSTRUCTIONS)	14
15	GRADUATE MEDICAL EDUCATION PASS-THROUGH COST (SEE INSTRUCTIONS)	15
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLS. 1, 2, AND 3)	16
16.01	TOTAL PROGRAM CHARGES (SEE INSTRUCTIONS)(FROM CONTRACTOR'S RECORDS)	16.01
16.02	TOTAL PROGRAM PREVENTIVE CHARGES (SEE INSTRUCTIONS)(FROM PROVIDER'S RECORDS)	16.02
16.03	TOTAL PROGRAM PREVENTIVE COSTS ((LINE 16.02/LINE 16.01) TIMES LINE 16)	16.03
16.04	TOTAL PROGRAM NON-PREVENTIVE COSTS ((LINE 16 MINUS LINE 16.03) TIMES 80%)	16.04
16.05	TOTAL PROGRAM COST (SEE INSTRUCTIONS)	16.05
17	PRIMARY PAYOR PAYMENTS	17
18	LESS: BENEFICIARY DEDUCTIBLE FOR RHC ONLY (SEE INSTRUCTIONS)(FROM CONTRACTOR RECORDS)	18
19	LESS: BENEFICIARY COINSURANCE FOR RHC/FQHC SERVICES (SEE INSTRUCTIONS) (FROM CONTRACTOR RECORDS)	19
20	NET MEDICARE COST EXCLUDING VACCINES (SEE INSTRUCTIONS)	20
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WKST M-4, LINE 16)	21
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 20 PLUS LINE 21)	22
23	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23
24	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	24
25	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	25
26	NET REIMBURSABLE AMOUNT (LINES 22 PLUS 23 PLUS OR MINUS LINE 25)	26
27	INTERIM PAYMENTS	27
28	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	28
29	BALANCE DUE COMPONENT/PROGRAM (LINE 26 MINUS LINES 27 AND 28)	29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2	30

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

RHC II
COMPONENT NO: 14-8502

WORKSHEET M-4

CHECK [XX] RHC [] TITLE V [] TITLE XIX
APPLICABLE BOXES: [] FQHC [XX] TITLE XVIII

PNEUMOCOCCAL SEASONAL
1 INFLUENZA
2

1 HEALTH CARE STAFF COST (FROM WKST M-1, COL. 7, LINE 10)	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 x LINE 2)	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE (FROM YOUR RECORDS)	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	5
6 TOTAL DIRECT COST OF THE FACILITY (FROM WKST M-1, COL. 7, LINE 22)	6
7 TOTAL OVERHEAD (FROM WKST M-2, LINE 16)	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 x LINE 8)	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COSTS AND THEIR ADMINISTRATION COSTS (SUM OF LINES 5 AND 9)	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10/ LINE 11)	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	13
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR THEIR ADMINISTRATION COSTS (LINE 12 x LINE 13)	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 2)	15
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINES AND THEIR ADMINISTRATION COSTS (SUM OF COLS. 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WKST M-3, LINE 21)	16