

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 02-26-2013 TIME: 13:52
 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 MEDICAL CENTER (14-0162) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2011 AND ENDING 09/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-74,304	-1,958	122,021		1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-74,304	-1,958	122,021		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: 2200 E WASHINGTON
 2 CITY: BLOOMINGTON

STATE: IL

P.O.BOX:
 ZIP CODE: 61701

COUNTY: MCLEAN

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0162	14060	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5590	14060		01/01/1988	N	P	O	9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2011			TO: 09/30/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF		MEDICAID	OTHER			
		MEDICAID	ELIGIBLE	STATE	MEDICAID					
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID			
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS			
		1	2	3	4	5	6			
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.	3,047	483			4	40	24		
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25		
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			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.				1			27		
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35		
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36		
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37		
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38		
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1 N	2 N	39

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE: 288,343			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.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 149006	140
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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: OSF HEALTHCARE SYSTEM	CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 52280	141
142	STREET: 800 NE GLEN OAK AVE	P.O. BOX:		142
143	CITY: PEORIA	STATE: IL	ZIP CODE: 61603	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 0.75 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	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
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: JENNIFER	LAST NAME: DAVIS	TITLE: MGR THIRD PARTY REIM	41
42	EMPLOYER: OSF HEALTHCARE SYSTEM			42
43	PHONE NUMBER: (309) 655-4096	E-MAIL ADDRESS: JENNIFER.Y.DAVIS@OSFHEALTHCARE		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	67,543,826	-16,262	67,527,564	2,030,349.00	33.26
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A ADMINISTRATIVE		328,298		328,298	1,882.00	174.44
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	464,779	2,488	467,267	22,979.00	20.33
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		28,249,268	58,588	28,307,856	440,672.00	64.24
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,718,868		1,718,868	24,801.00	69.31
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		168,000		168,000	1,160.00	144.83
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		8,862,359		8,862,359	177,541.00	49.92
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		12,001,852		12,001,852		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		4,718,983		4,718,983		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		45,010		45,010		22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES						25
26	EMPLOYEE BENEFITS						26
27	ADMINISTRATIVE & GENERAL		5,663,424	-135,920	5,527,504	164,762.00	33.55
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		527,094		527,094	5,742.00	91.80
29	MAINTENANCE & REPAIRS		619,869	-11,276	608,593	24,287.00	25.06
30	OPERATION OF PLANT		388,998	483	389,481	15,706.00	24.80
31	LAUNDRY & LINEN SERVICE		24,081	38	24,119	2,270.00	10.63
32	HOUSEKEEPING		910,470	8,889	919,359	78,914.00	11.65
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		796,652	-344,381	452,271	41,645.00	10.86
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA		60,603	348,614	409,217	18,148.00	22.55
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		989,557	10,874	1,000,431	32,255.00	31.02
39	CENTRAL SERVICES AND SUPPLY		173,588	-715	172,873	13,234.00	13.06
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		968,079	6,232	974,311	50,037.00	19.47
42	SOCIAL SERVICE		187,525	884	188,409	8,534.00	22.08
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	68,070,920	-16,262	68,054,658	2,036,091.00	33.42	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	28,714,047	61,076	28,775,123	463,651.00	62.06	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	39,356,873	-77,338	39,279,535	1,572,440.00	24.98	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	10,749,227		10,749,227	203,502.00	52.82	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	12,046,862		12,046,862		30.67%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	62,152,962	-77,338	62,075,624	1,775,942.00	34.95	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	11,309,940	-116,278	11,193,662	455,534.00	24.57	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	4,533,890	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	406,000	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	6,399,162	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	44,645	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	125,144	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	1,144,300	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	4,001,703	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	43,345	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	111,001	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	16,809,190	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL	15,882,845	2
3	SUBPROVIDER - IPF	15,876,275	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF	6,570	8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N 1	DATE 2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
					SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
	GROUP 1						
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL						6
7	RHX						7
8	RHL						8
9	RMX						9
10	RML				63		63
11	RLX						11
12	RUC						12
13	RUB						13
14	RUA						14
15	RVC						15
16	RVB						16
17	RVA						17
18	RHC				21		21
19	RHB						19
20	RHA				44		44
21	RMC				60		60
22	RMB				6		6
23	RMA				622		622
24	RLB						24
25	RLA						25
26	ES3						26
27	ES2						27
28	ES1				40		40
29	HE2						29
30	HE1						30
31	HD2						31
32	HD1						32
33	HC2						33
34	HC1						34
35	HB2						35
36	HB1				93		93
37	LE2						37
38	LE1						38
39	LD2						39
40	LD1						40
41	LC2						41
42	LC1						42
43	LB2						43
44	LB1						44
45	CE2						45
46	CE1						46
47	CD2						47
48	CD1						48
49	CC2						49
50	CC1				18		18
51	CB2						51
52	CB1				75		75
53	CA2						53
54	CA1				106		106
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2						65
66	BB1						66
67	BA2						67
68	BA1						68

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1	4		4 74
75	PB2			75
76	PB1	8		8 76
77	PA2			77
78	PA1	5		5 78
199	AAA			199
200	TOTAL	1,165		1,165 200

CBSA AT
 BEGINNING
 OF COST
 REPORTING
 PERIOD
 1

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

SNF SERVICES

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

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

ASSOCIATED
 WITH
 DIRECT
 PATIENT
 CARE AND
 RELATED
 EXPENSES PERCENTAGE EXPENSES?
 1 2 3

202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	810,848		207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.182325	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				7,611,062	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				48,046,022	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				8,759,991	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.				1,148,929	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)				1,148,929	19
		UNINSURED	INSURED		TOTAL	
		PATIENTS	PATIENTS			
		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	16,725,459	4,932,269		21,657,728	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,049,469	899,276		3,948,745	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	185,857	54,808		240,665	22
23	COST OF CHARITY CARE	2,863,612	844,468		3,708,080	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)				9,028,126	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				336,164	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				8,691,962	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,584,762	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				5,292,842	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				6,441,771	30
31						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		3,778,672	3,778,672	-481,915	1
2	00200		3,171,286	3,171,286	-156,049	2
3	00300					3
4	00400		11,987,421	11,987,421	2,563,358	4
5	00500	5,663,424	19,760,195	25,423,619	-147,709	5
6	00600	619,869	1,092,534	1,712,403	-11,276	6
7	00700	388,998	2,103,064	2,492,062	483	7
8	00800	24,081	446,459	470,540	38	8
9	00900	910,470	75,716	986,186	8,889	9
10	01000	796,652	418,654	1,215,306	-515,712	10
11	01100	60,603	5,154	65,757	519,945	11
12	01200					12
13	01300	989,557	224,392	1,213,949	10,874	13
14	01400	173,588	180,314	353,902	-715	14
15	01500					15
16	01600	968,079	281,121	1,249,200	6,232	16
17	01700	187,525	19,342	206,867	884	17
19	01900					19
20	02000					20
21	02100					21
22	02200		175,511	175,511		22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	10,927,536	1,727,788	12,655,324	-2,081,523	30
43	04300		2,196	2,196	427,016	43
44	04400	464,779	25,929	490,708	2,507	44
ANCILLARY SERVICE COST CENTERS						
50	05000	2,358,893	10,635,241	12,994,134	-8,379,137	50
51	05100	356,344	10,971	367,315	1,323	51
52	05200	-195	8,960	8,765	1,691,443	52
53	05300		846,962	846,962		53
54	05400	1,221,562	518,567	1,740,129	-655,994	54
54.10	03440	260,032	334,754	594,786	132,536	54.10
54.20	03630	440,453	121,439	561,892	106,379	54.20
54.30	05401	248,482	213,246	461,728	68,016	54.30
55	05500		26,210	26,210		55
56	05600	214,037	679,437	893,474	131,389	56
57	05700	400,172	861,970	1,262,142	219,490	57
58	05800	206,051	891,313	1,097,364	475	58
59	05900	639,381	3,258,449	3,897,830	-1,973,766	59
60	06000	1,900,513	1,703,610	3,604,123	5,349	60
62.30	06250					62.30
65	06500	598,516	178,505	777,021	-103,839	65
66	06600	2,201,545	1,037,071	3,238,616	5,768	66
67	06700	428,606	27,715	456,321	-1,176	67
68	06800	178,951	20,007	198,958	258	68
69	06900	184,451	58,940	243,391	941	69
70	07000	157,263	-17,266	139,997	348	70
71	07100	129,169	1,088,093	1,217,262	2,784,349	71
72	07200				7,682,517	72
73	07300	1,996,738	4,627,304	6,624,042	1,619	73
74	07400		150,243	150,243		74
76	03330	97	878,538	878,635		76
76.10	03950					76.10
76.20	03951	189,310	225,009	414,319	3,088	76.20
76.97	07697	149,934	4,737	154,671	-20,249	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	235,897	210,008	445,905	572	90
91	09100	2,423,195	1,197,812	3,621,007	10,334	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	39,294,558	75,273,593	114,568,151	1,857,360	118
NONREIMBURSABLE COST CENTERS						
190	19000	257,714	596,532	854,246	77,738	190
192	19200	26,555,206	6,488,233	33,043,439	-2,000,688	192
192.10	19201	31,300	58,196	89,496	-126	192.10
192.20	19202	565,296	976,440	1,541,736	33,307	192.20
192.30	19203	107,948	107,155	215,103	4,415	192.30
192.40	19204	731,804	242,076	973,880	7,233	192.40
192.60	19205				20,761	192.60
200	TOTAL (SUM OF LINES 118-199)	67,543,826	83,742,225	151,286,051		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	3,296,757		3,296,757	1
2	00200	3,015,237		3,015,237	2
3	00300				3
4	00400	14,550,779	-199,963	14,350,816	4
5	00500	25,275,910	-9,230,707	16,045,203	5
6	00600	1,701,127	-74	1,701,053	6
7	00700	2,492,545	-158,367	2,334,178	7
8	00800	470,578		470,578	8
9	00900	995,075	-2,521	992,554	9
10	01000	699,594		699,594	10
11	01100	585,702		585,702	11
12	01200				12
13	01300	1,224,823	-73,359	1,151,464	13
14	01400	353,187		353,187	14
15	01500				15
16	01600	1,255,432	-62,355	1,193,077	16
17	01700	207,751		207,751	17
19	01900				19
20	02000				20
21	02100				21
22	02200	175,511	-175,511		22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	10,573,801	-9,440	10,564,361	30
43	04300	429,212		429,212	43
44	04400	493,215		493,215	44
ANCILLARY SERVICE COST CENTERS					
50	05000	4,614,997		4,614,997	50
51	05100	368,638		368,638	51
52	05200	1,700,208		1,700,208	52
53	05300	846,962	-539,167	307,795	53
54	05400	1,084,135	-47,599	1,036,536	54
54.10	03440	727,322	-2,278	725,044	54.10
54.20	03630	668,271		668,271	54.20
54.30	05401	529,744		529,744	54.30
55	05500	26,210		26,210	55
56	05600	1,024,863	-3,423	1,021,440	56
57	05700	1,481,632	-21,301	1,460,331	57
58	05800	1,097,839	-45,243	1,052,596	58
59	05900	1,924,064		1,924,064	59
60	06000	3,609,472	-62,427	3,547,045	60
62.30	06250				62.30
65	06500	673,182		673,182	65
66	06600	3,244,384	-26,743	3,217,641	66
67	06700	455,145	-3,100	452,045	67
68	06800	199,216	-1,779	197,437	68
69	06900	244,332		244,332	69
70	07000	140,345		140,345	70
71	07100	4,001,611		4,001,611	71
72	07200	7,682,517		7,682,517	72
73	07300	6,625,661	-305,306	6,320,355	73
74	07400	150,243		150,243	74
76	03330	878,635	-166,910	711,725	76
76.10	03950				76.10
76.20	03951	417,407	-3,289	414,118	76.20
76.97	07697	134,422		134,422	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	446,477	-4,000	442,477	90
91	09100	3,631,341	-652,681	2,978,660	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	116,425,511	-11,797,543	104,627,968	118
NONREIMBURSABLE COST CENTERS					
190	19000	931,984		931,984	190
192	19200	31,042,751		31,042,751	192
192.10	19201	89,370		89,370	192.10
192.20	19202	1,575,043		1,575,043	192.20
192.30	19203	219,518		219,518	192.30
192.40	19204	981,113		981,113	192.40
192.60	19205	20,761		20,761	192.60
200	TOTAL (SUM OF LINES 118-199)	151,286,051	-11,797,543	139,488,508	200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 13:52

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 FIRE INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		59,464 1
2		CAP REL COSTS-MVBLE EQUIP	2		54,889 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					114,353 500
1 CAFETERIA RECLASS	B	CAFETERIA	11	347,723	171,331 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				347,723	171,331 500
1 CARDIAC REHAB RECLASS	C	NONALLOWABLE CARDIAC REHAB	192.60	20,089	635 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				20,089	635 500
1 ALTERNATE BIRTHING CENTER RECLASS	D	NURSERY	43	360,223	66,793 1
2		DELIVERY ROOM & LABOR ROOM	52	1,426,870	264,573 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				1,787,093	331,366 500
1 DEPRECIATION RECLASS	E	GIFT, FLOWER, COFFEE SHOP & C	190		77,592 1
2		PHYSICIANS' PRIVATE OFFICES	192		631,425 2
3		FUND DEV, MKTING, COMM HEALTH	192.20		36,255 3
4		INDUSTRIAL MEDICINE	192.40		7,045 4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					752,317 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1	1	2	3	4	5
1 VACATION RECLASS	F	ADMINISTRATIVE & GENERAL	5	8,941	1
2		MAINTENANCE & REPAIRS	6	979	2
3		OPERATION OF PLANT	7	614	3
4		LAUNDRY & LINEN SERVICE	8	38	4
5		HOUSEKEEPING	9	1,437	5
6		DIETARY	10	1,258	6
7		CAFETERIA	11	96	7
8		NURSING ADMINISTRATION	13	1,562	8
9		CENTRAL SERVICES & SUPPLY	14	274	9
10		MEDICAL RECORDS & LIBRARY	16	1,528	10
11		SOCIAL SERVICE	17	296	11
12		ADULTS & PEDIATRICS	30	17,251	12
13					13
14		SKILLED NURSING FACILITY	44	734	14
15		OPERATING ROOM	50	3,724	15
16		RECOVERY ROOM	51	563	16
17					17
18		RADIOLOGY-DIAGNOSTIC	54	1,928	18
19		MAMOGRAPHY	54.10	411	19
20		ULTRASOUND	54.20	695	20
21		ECHOCARDIOLOGY	54.30	392	21
22		RADIOISOTOPE	56	338	22
23		COMPUTED TOMOGRAPHY (CT) SCAN	57	632	23
24		MAGNETIC RESONANCE IMAGING (M	58	325	24
25		CARDIAC CATHETERIZATION	59	1,009	25
26		LABORATORY	60	3,000	26
27		RESPIRATORY THERAPY	65	945	27
28		PHYSICAL THERAPY	66	3,475	28
29		OCCUPATIONAL THERAPY	67	677	29
30		SPEECH PATHOLOGY	68	283	30
31		ELECTROCARDIOLOGY	69	291	31
32		ELECTROENCEPHALOGRAPHY	70	248	32
33		MEDICAL SUPPLIES CHRGED TO PA	71	204	33
34		DRUGS CHARGED TO PATIENTS	73	3,152	34
35					35
36		PAIN CLINIC	76.20	299	36
37		CARDIAC REHABILITATION	76.97	237	37
38		CLINIC	90	372	38
39		EMERGENCY	91	3,825	39
40		GIFT, FLOWER, COFFEE SHOP & C	190	407	40
41		PHYSICIANS' PRIVATE OFFICES	192	41,922	41
42		CARDIOLOGY CLINIC	192.10	49	42
43		FUND DEV, MKTING, COMM HEALTH	192.20	892	43
44		MCLEAN CO EMS	192.30	170	44
45		INDUSTRIAL MEDICINE	192.40	1,156	45
500 TOTAL RECLASSIFICATIONS				106,629	500
CODE LETTER - F					
1 TEAM AWARD ADJUSTMENT RECLASS	G	ADMINISTRATIVE & GENERAL	5		77,960 1
2		ADMINISTRATIVE & GENERAL	5		1,308 2
500 TOTAL RECLASSIFICATIONS					79,268 500
CODE LETTER - G					
1 EMPLOYEE BENEFIT RECLASS	H	EMPLOYEE BENEFITS	4		2,669,987 1
500 TOTAL RECLASSIFICATIONS					2,669,987 500
CODE LETTER - H					
1 TELEPHONE	I	ADMINISTRATIVE & GENERAL	5		17,968 1
500 TOTAL RECLASSIFICATIONS					17,968 500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER	
		COST CENTER	LINE #		SALARY
	1	2	3	4	5
1 TEAM AWARD	J	ADMINISTRATIVE & GENERAL	5	68,502	1
2		HOUSEKEEPING	9	7,452	2
3		DIETARY	10	2,084	3
4		CAFETERIA	11	795	4
5		NURSING ADMINISTRATION	13	9,312	5
6		MEDICAL RECORDS & LIBRARY	16	4,704	6
7		SOCIAL SERVICE	17	588	7
8		ADULTS & PEDIATRICS	30	19,685	8
9		SKILLED NURSING FACILITY	44	1,773	9
10		OPERATING ROOM	50	2,406	10
11		RECOVERY ROOM	51	760	11
12		RADIOLOGY-DIAGNOSTIC	54	940	12
13		ECHOCARDIOLOGY	54.30	89	13
14		RADIOISOTOPE	56	333	14
15		COMPUTED TOMOGRAPHY (CT) SCAN	57	366	15
16		MAGNETIC RESONANCE IMAGING (M	58	150	16
17		CARDIAC CATHETERIZATION	59	336	17
18		LABORATORY	60	2,349	18
19		RESPIRATORY THERAPY	65	1,500	19
20		PHYSICAL THERAPY	66	2,293	20
21		ELECTROCARDIOLOGY	69	650	21
22		ELECTROENCEPHALOGRAPHY	70	100	22
23		PAIN CLINIC	76.20	2,789	23
24		CARDIAC REHABILITATION	76.97	238	24
25		CLINIC	90	200	25
26		EMERGENCY	91	6,509	26
27		MCLEAN CO EMS	192.30	4,245	27
28		NONALLOWABLE CARDIAC REHAB	192.60	37	28
500 TOTAL RECLASSIFICATIONS				141,185	500
CODE LETTER - J					
1 IMPLANTABLE MEDICAL DEVICE RECLASS	K	IMPL. DEV. CHARGED TO PATIENT	72		7,682,517 1
2					2
3					3
500 TOTAL RECLASSIFICATIONS					7,682,517 500
CODE LETTER - K					
1 MED/SURG SUPPLY RECLASS	L	MEDICAL SUPPLIES CHRGED TO PA	71		2,798,720 1
2					2
3					3
500 TOTAL RECLASSIFICATIONS					2,798,720 500
CODE LETTER - L					
1 DISABILITY RECLASS	M	ADMINISTRATIVE & GENERAL	5		5,328 1
2		ADULTS & PEDIATRICS	30		13,369 2
3		SKILLED NURSING FACILITY	44		19 3
4		OPERATING ROOM	50		397 4
5		RADIOLOGY-DIAGNOSTIC	54		4,298 5
6		RESPIRATORY THERAPY	65		664 6
7		ELECTROCARDIOLOGY	69		311 7
8		EMERGENCY	91		182 8
9		PHYSICIANS' PRIVATE OFFICES	192		708 9
10		INDUSTRIAL MEDICINE	192.40		379 10
500 TOTAL RECLASSIFICATIONS					25,655 500
CODE LETTER - M					
1 RADIOLOGY ADMIN RECLASS	N	RADIOLOGY-DIAGNOSTIC	54	97,321	15,877 1
2		RADIOISOTOPE	56	112,383	18,335 2
3		ECHOCARDIOLOGY	54.30	58,062	9,473 3
4		ULTRASOUND	54.20	49,414	8,061 4
5		MAMOGRAPHY	54.10	38,190	6,231 5
6		COMPUTED TOMOGRAPHY (CT) SCAN	57	131,964	21,530 6
7		RADIOLOGY-DIAGNOSTIC	54	13,828	34,654 7
8		ULTRASOUND	54.20	14,675	36,776 8
9		MAMOGRAPHY	54.10	23,460	58,790 9
10		MAMOGRAPHY	54.10	1,860	4,660 10
11		COMPUTED TOMOGRAPHY (CT) SCAN	57	18,539	46,459 11
500 TOTAL RECLASSIFICATIONS				559,696	260,846 500
CODE LETTER - N					
GRAND TOTAL (INCREASES)				2,962,415	14,904,963

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 FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	5		114,353	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					114,353	500
1 CAFETERIA RECLASS	B	DIETARY	10	347,723	171,331	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				347,723	171,331	500
1 CARDIAC REHAB RECLASS	C	CARDIAC REHABILITATION	76.97	20,089	635	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				20,089	635	500
1 ALTERNATE BIRTHING CENTER RECLASS	D	ADULTS & PEDIATRICS	30	360,223	66,793	1
2		ADULTS & PEDIATRICS	30	1,426,870	264,573	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				1,787,093	331,366	500
1 DEPRECIATION RECLASS	E	CAP REL COSTS-BLDG & FIXT	1		541,379	9 1
2		CAP REL COSTS-MVBLE EQUIP	2		210,938	9 2
3						3
4						4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					752,317	500

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 VACATION RECLASS	F	EMPLOYEE BENEFITS	4		106,629	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
500 TOTAL RECLASSIFICATIONS					106,629	500
CODE LETTER - F						
1 TEAM AWARD ADJUSTMENT RECLASS	G	ADMINISTRATIVE & GENERAL	5	77,960		1
2		ADMINISTRATIVE & GENERAL	5	1,308		2
500 TOTAL RECLASSIFICATIONS				79,268		500
CODE LETTER - G						
1 EMPLOYEE BENEFIT RECLASS	H	PHYSICIANS' PRIVATE OFFICES	192		2,669,987	1
500 TOTAL RECLASSIFICATIONS					2,669,987	500
CODE LETTER - H						
1 TELEPHONE	I	ADMINISTRATIVE & GENERAL	5	17,968		1
500 TOTAL RECLASSIFICATIONS				17,968		500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 TEAM AWARD	J	ADMINISTRATIVE & GENERAL	5	110,799		1
2		MAINTENANCE & REPAIRS	6	12,255		2
3		OPERATION OF PLANT	7	131		3
4		CENTRAL SERVICES & SUPPLY	14	989		4
5		MAMOGRAPHY	54.10	1,066		5
6		ULTRASOUND	54.20	3,242		6
7		OCCUPATIONAL THERAPY	67	1,853		7
8		SPEECH PATHOLOGY	68	25		8
9		DRUGS CHARGED TO PATIENTS	73	1,533		9
10		GIFT, FLOWER, COFFEE SHOP & C	190	261		10
11		PHYSICIANS' PRIVATE OFFICES	192	4,048		11
12		CARDIOLOGY CLINIC	192.10	175		12
13		FUND DEV, MKTING, COMM HEALTH	192.20	3,840		13
14		INDUSTRIAL MEDICINE	192.40	968		14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
500 TOTAL RECLASSIFICATIONS				141,185		500
CODE LETTER - J						
1 IMPLANTABLE MEDICAL DEVICE RECLASS	K	OPERATING ROOM	50		6,726,074	1
2		CARDIAC CATHETERIZATION	59		941,868	2
3		MEDICAL SUPPLIES CHRGED TO PA	71		14,575	3
500 TOTAL RECLASSIFICATIONS					7,682,517	500
CODE LETTER - K						
1 MED/SURG SUPPLY RECLASS	L	OPERATING ROOM	50		1,659,193	1
2		CARDIAC CATHETERIZATION	59		1,033,243	2
3		RESPIRATORY THERAPY	65		106,284	3
500 TOTAL RECLASSIFICATIONS					2,798,720	500
CODE LETTER - L						
1 DISABILITY RECLASS	M	ADMINISTRATIVE & GENERAL	5	5,328		1
2		ADULTS & PEDIATRICS	30	13,369		2
3		SKILLED NURSING FACILITY	44	19		3
4		OPERATING ROOM	50	397		4
5		RADIOLOGY-DIAGNOSTIC	54	4,298		5
6		RESPIRATORY THERAPY	65	664		6
7		ELECTROCARDIOLOGY	69	311		7
8		EMERGENCY	91	182		8
9		PHYSICIANS' PRIVATE OFFICES	192	708		9
10		INDUSTRIAL MEDICINE	192.40	379		10
500 TOTAL RECLASSIFICATIONS				25,655		500
CODE LETTER - M						
1 RADIOLOGY ADMIN RECLASS	N	RADIOLOGY-DIAGNOSTIC	54	485,876	79,270	1
2		RADIOLOGY-DIAGNOSTIC	54	72,362	181,339	2
3		RADIOLOGY-DIAGNOSTIC	54	1,458	237	3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
500 TOTAL RECLASSIFICATIONS				559,696	260,846	500
CODE LETTER - N						
GRAND TOTAL (DECREASES)				2,978,677	14,888,701	

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	1,635,357					1,635,357	1
2 LAND IMPROVEMENTS	2,308,315					2,308,315	2
3 BUILDINGS AND FIXTURES	106,625,596	1,365,231		1,365,231		107,990,827	3
4 BUILDING IMPROVEMENTS	195,305					195,305	4
5 FIXED EQUIPMENT	67,315,797	1,976,341		1,976,341		69,292,138	5
6 MOVABLE EQUIPMENT	102,891					102,891	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	178,183,261	3,341,572		3,341,572		181,524,833	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	178,183,261	3,341,572		3,341,572		181,524,833	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	3,778,672						3,778,672 1
2 CAP REL COSTS-MVBLE EQUIP	3,171,286						3,171,286 2
3 TOTAL (SUM OF LINES 1-2)	6,949,958						6,949,958 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	3,296,757						3,296,757 1
2 CAP REL COSTS-MVBLE EQUIP	3,015,237						3,015,237 2
3 TOTAL	6,311,994						6,311,994 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-59,573	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-34,346	NURSING ADMINISTRATION	13	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,270,926			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-6,009,706			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-305,306	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-62,355	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
34 PATIENT ACCOUNTS	B	-60	ADMINISTRATIVE & GENERAL	5	34
35 PERSONNEL	B	-6,053	ADMINISTRATIVE & GENERAL	5	35
36 MEDICAL STAFF EXPENSE	B	-44,000	ADMINISTRATIVE & GENERAL	5	36
37 DISASTER PREPAREDNESS	B	-29,176	ADMINISTRATIVE & GENERAL	5	37
38					38
39 PLANT MAINTENANCE	B	-74	MAINTENANCE & REPAIRS	6	39
40 HOUSEKEEPING	B	-2,521	HOUSEKEEPING	9	40
41					41
42 CLINICAL EDUCATION	B	-28,229	NURSING ADMINISTRATION	13	42
43					43
44					44
45					45
46 RADIOLOGY ADMIN	B	-1,341	RADIOLOGY-DIAGNOSTIC	54	46
47 COLLEGE AVE - RADIOLOGY ADMIN	B	-240	RADIOLOGY-DIAGNOSTIC	54	47
48 LABORATORY	B	-12,427	LABORATORY	60	48
49 FORT JESSE PHYSICAL THERAPY	B	-14,253	PHYSICAL THERAPY	66	49
49.01 COLLEGE AVE - PHYSICAL THERAPY	B	-12,420	PHYSICAL THERAPY	66	49.01
49.02 REHAB ADMINISTRATION	B	-20	PHYSICAL THERAPY	66	49.02
49.03 INDUSTRIAL REHAB	B	-30	PHYSICAL THERAPY	66	49.03
49.04 COLLEGE AVE - OCCUPATIONAL THERAPY	B	-3,100	OCCUPATIONAL THERAPY	67	49.04
49.05 SPEECH - LANGUAGE PATHOLOGY	B	-1,533	SPEECH PATHOLOGY	68	49.05
49.06 AUDIOLOGY	B	-246	SPEECH PATHOLOGY	68	49.06
49.07 ENDOSCOPY	B	-37	ENDOSCOPY	76	49.07
49.09 PAIN CLINIC	B	-3,289	PAIN CLINIC	76.20	49.09
49.10 WOUND CLINIC	B	-4,000	CLINIC	90	49.10
49.12 PRE-EMPLOYMENT PHYSICALS	A	-243,308	EMPLOYEE BENEFITS	4	49.12
49.13 MEDICAID ASSESSMENT	B	-3,040,920	ADMINISTRATIVE & GENERAL	5	49.13
49.14 PHYSICIAN RECRUITMENT	A	-3,857	ADMINISTRATIVE & GENERAL	5	49.14

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.15 PROPERTY TAXES	A	-142,527	ADMINISTRATIVE & GENERAL	5	49.15
49.16 TEAM AWARD ADJUSTMENT PRIOR YEAR	A	-77,960	ADMINISTRATIVE & GENERAL	5	49.16
49.17 TEAM AWARD ADJUSTMENT CURRENT YEA	A	-1,308	ADMINISTRATIVE & GENERAL	5	49.17
49.18 AHA, IHA & CHA DUES (LOBBYING)	A	-25,448	ADMINISTRATIVE & GENERAL	5	49.18
49.19 UNEMPLOYMENT COMP	A	43,345	EMPLOYEE BENEFITS	4	49.19
49.20 RESIDENT	A	-175,511	I&R SRVCES-OTHER PRGM COSTS APP	22	49.20
49.21 REVENUE CYCLE ADMINISTRATION	B	-215,048	ADMINISTRATIVE & GENERAL	5	49.21
49.22 UTILIZATION MANAGEMENT	B	-30	ADMINISTRATIVE & GENERAL	5	49.22
49.23 ALTERNATE BIRTHING CENTER	B	-9,440	ADULTS & PEDIATRICS	30	49.23
49.24 MAMMOGRAPHY	B	-250	MAMMOGRAPHY	54.10	49.24
49.25 PHYSICAL THERAPY	B	-20	PHYSICAL THERAPY	66	49.25
50 TOTAL (SUM OF LINES 1 THRU 49)		-11,797,543			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	8,369,267	13,949,932	-5,580,665	1
2	7	OPERATION OF PLANT	CORP OFFICE CHARGES	237,501	395,868	-158,367	2
3	13	NURSING ADMINISTRATION	CORP OFFICE CHARGES	16,172	26,956	-10,784	3
4	58	MAGNETIC RESONANCE IMAGING (MRI)	ET MAINT AGREE, EQUIP TEC	446,014	491,257	-45,243	4
4.01	56	RADIOISOTOPE	ET MAINT AGREE, EQUIP TEC	33,744	37,167	-3,423	4.01
4.02	57	COMPUTED TOMOGRAPHY (CT) SCAN	ET MAINT AGREE, EQUIP TEC	209,986	231,287	-21,301	4.02
4.03	54.10	MAMOGRAPHY	ET MAINT AGREE, EQUIP TEC	19,990	22,018	-2,028	4.03
4.04	54	RADIOLOGY-DIAGNOSTIC	ET MAINT AGREE, EQUIP TEC	207,235	228,257	-21,022	4.04
4.05	76	ENDOSCOPY	ENDOSCOPY	556,243	723,116	-166,873	4.05
4.06	60	LABORATORY	OSF SYSTEM LAB	1,146,160	1,146,160		4.06
4.07	30	ADULTS & PEDIATRICS	ELECTRONIC ICU	102,712	102,712		4.07
5		TOTALS (SUM OF LINES 1-4)		11,345,024	17,354,730	-6,009,706	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED			6
7						7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	60 LABORATORY	BLOOMINGTON MED	50,000	50,000		219,500			1
2	53 ANESTHESIOLOGY	MCLEAN COUNTY A	539,167	539,167		200,300			2
3	91 EMERGENCY	HEARTLAND EMERG	637,869	469,869	168,000	171,400	1,160	95,588	4,779
4	54 RADIOLOGY-DIAGNOSTIC	MEDICAL DIRECTO	24,996	24,996		231,100			4
5	91 EMERGENCY	ER ON TIME	110,400	110,400		171,400			5
6	5 ADMINISTRATIVE & GENERAL	PALLIATIVE CARE	4,082	4,082		171,400			6
200	TOTAL		1,366,514	1,198,514	168,000		1,160	95,588	4,779

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 13:52

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	60	LABORATORY	BLOOMINGTON MED					50,000	1
2	53	ANESTHESIOLOGY	MCLEAN COUNTY A					539,167	2
3	91	EMERGENCY	HEARTLAND EMERG			95,588	72,412	542,281	3
4	54	RADIOLOGY-DIAGNOSTIC	MEDICAL DIRECTO					24,996	4
5	91	EMERGENCY	ER ON TIME					110,400	5
6	5	ADMINISTRATIVE & GENERAL	PALLIATIVE CARE					4,082	6
200		TOTAL				95,588	72,412	1,270,926	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,296,757	3,296,757				1
2 CAP REL COSTS-MVBLE EQUIP	3,015,237		3,015,237			2
4 EMPLOYEE BENEFITS	14,350,816			14,350,816		4
5 ADMINISTRATIVE & GENERAL	16,045,203	244,100	531,409	1,174,694	17,995,406	5
6 MAINTENANCE & REPAIRS	1,701,053	419,550	22,315	129,337	2,272,255	6
7 OPERATION OF PLANT	2,334,178	109,743	79,278	82,772	2,605,971	7
8 LAUNDRY & LINEN SERVICE	470,578	13,560		5,126	489,264	8
9 HOUSEKEEPING	992,554	30,319	6,921	195,380	1,225,174	9
10 DIETARY	699,594	37,570	15,847	96,116	849,127	10
11 CAFETERIA	585,702	23,539	682	86,966	696,889	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,151,464	35,826	164,870	212,610	1,564,770	13
14 CENTRAL SERVICES & SUPPLY	353,187	37,661	354,606	36,739	782,193	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,193,077	36,231	1,153	207,059	1,437,520	16
17 SOCIAL SERVICE	207,751	1,232		40,040	249,023	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	10,564,361	529,591	209,869	1,947,517	13,251,338	30
43 NURSERY	429,212	26,640	20,112	76,554	552,518	43
44 SKILLED NURSING FACILITY	493,215	41,771	6,497	99,303	640,786	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,614,997	169,431	317,448	502,526	5,604,402	50
51 RECOVERY ROOM	368,638	16,586	5,784	76,011	467,019	51
52 DELIVERY ROOM & LABOR ROOM	1,700,208	105,535	98,037	303,194	2,206,974	52
53 ANESTHESIOLOGY	307,795	3,903	59,279		370,977	53
54 RADIOLOGY-DIAGNOSTIC	1,036,536	34,660	52,307	163,976	1,287,479	54
54.10 MAMOGRAPHY	725,044	28,170	30,487	68,619	852,320	54.10
54.20 ULTRASOUND	668,271	8,359	52,404	106,683	835,717	54.20
54.30 ECHOCARDIOLOGY	529,744	20,720	79,312	65,248	695,024	54.30
55 RADIOLOGY-THERAPEUTIC	26,210				26,210	55
56 RADIOISOTOPE	1,021,440	12,675	29,982	69,513	1,133,610	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,460,331	34,652	50,951	117,240	1,663,174	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,052,596	27,277	100,246	43,890	1,224,009	58
59 CARDIAC CATHETERIZATION	1,924,064	40,307	87,737	136,166	2,188,274	59
60 LABORATORY	3,547,045	135,358	89,676	405,030	4,177,109	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	673,182	15,676	33,601	127,574	850,033	65
66 PHYSICAL THERAPY	3,217,641	42,407	88,443	469,094	3,817,585	66
67 OCCUPATIONAL THERAPY	452,045	9,484		90,837	552,366	67
68 SPEECH PATHOLOGY	197,437	6,102	6,758	38,085	248,382	68
69 ELECTROCARDIOLOGY	244,332	13,146	41,213	39,333	338,024	69
70 ELECTROENCEPHALOGRAPHY	140,345	10,352	35,997	33,495	220,189	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,001,611	15,098		27,494	4,044,203	71
72 IMPL. DEV. CHARGED TO PATIENT	7,682,517				7,682,517	72
73 DRUGS CHARGED TO PATIENTS	6,320,355	16,908	112,298	424,687	6,874,248	73
74 RENAL DIALYSIS	150,243	46,913			197,156	74
76 ENDOSCOPY	711,725	42,151		21	753,897	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	414,118		24,381	40,888	479,387	76.20
76.97 CARDIAC REHABILITATION	134,422	63,152	83,904	27,695	309,173	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	442,477		672	50,254	493,403	90
91 EMERGENCY	2,978,660	103,211	30,503	517,130	3,629,504	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	104,627,968	2,609,566	2,924,979	8,334,896	97,834,599	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	931,984	33,850	77,277	54,800	1,097,911	190
192 PHYSICIANS' PRIVATE OFFICES	31,042,751	561,044		5,651,349	37,255,144	192
192.10 RADIOLOGY CLINIC	89,370			6,625	95,995	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,575,043	46,781		119,509	1,741,333	192.20
192.30 MCLEAN CO EMS	219,518			23,879	243,397	192.30
192.40 INDUSTRIAL MEDICINE	981,113	35,743		155,481	1,172,337	192.40
192.60 NONALLOWABLE CARDIAC REHAB	20,761	9,773	12,981	4,277	47,792	192.60

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 13:52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	139,488,508	3,296,757	3,015,237	14,350,816	139,488,508 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	17,995,406					5
6 MAINTENANCE & REPAIRS	336,564	2,608,819				6
7 OPERATION OF PLANT	385,994	105,827	3,097,792			7
8 LAUNDRY & LINEN SERVICE	72,469	13,076	16,183	590,992		8
9 HOUSEKEEPING	181,472	29,237	36,185		1,472,068	9
10 DIETARY	125,772	36,230	44,839		21,674	10
11 CAFETERIA	103,223	22,699	28,093		13,580	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	231,772	34,547	42,757		20,667	13
14 CENTRAL SERVICES & SUPPLY	115,858	36,317	44,948		21,726	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	212,924	34,938	43,240		20,901	16
17 SOCIAL SERVICE	36,885	1,188	1,470		711	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	1,962,775	510,691	632,049	254,149	305,514	30
43 NURSERY	81,838	25,689	31,794	17,277	15,368	43
44 SKILLED NURSING FACILITY	94,913	40,280	49,852	46,780	24,097	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	830,118	163,384	202,210	59,324	97,742	50
51 RECOVERY ROOM	69,174	15,994	19,795		9,568	51
52 DELIVERY ROOM & LABOR ROOM	326,895	101,768	125,952	68,436	60,881	52
53 ANESTHESIOLOGY	54,949	3,763	4,658		2,251	53
54 RADIOLOGY-DIAGNOSTIC	190,700	33,423	41,366	8,539	19,995	54
54.10 MAMOGRAPHY	126,245	27,164	33,619	2,724	16,251	54.10
54.20 ULTRASOUND	123,786	8,061	9,976	2,760	4,822	54.20
54.30 ECHOCARDIOLOGY	102,946	19,981	24,729		11,953	54.30
55 RADIOLOGY-THERAPEUTIC	3,882					55
56 RADIOISOTOPE	167,909	12,223	15,127	716	7,312	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	246,348	33,415	41,356	16,256	19,990	57
58 MAGNETIC RESONANCE IMAGING (MRI)	181,299	26,303	32,554	8,178	15,735	58
59 CARDIAC CATHETERIZATION	324,125	38,869	48,105	16,391	23,253	59
60 LABORATORY	618,709	130,527	161,545		78,086	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	125,906	15,117	18,709		9,043	65
66 PHYSICAL THERAPY	565,457	40,894	50,612		24,464	66
67 OCCUPATIONAL THERAPY	81,816	9,145	11,318		5,471	67
68 SPEECH PATHOLOGY	36,790	5,884	7,282		3,520	68
69 ELECTROCARDIOLOGY	50,068	12,677	15,690	10,906	7,584	69
70 ELECTROENCEPHALOGRAPHY	32,614	9,982	12,354	1,242	5,972	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	599,023	14,559	18,019		8,710	71
72 IMPL. DEV. CHARGED TO PATIENT	1,137,927					72
73 DRUGS CHARGED TO PATIENTS	1,018,207	16,305	20,180		9,754	73
74 RENAL DIALYSIS	29,203	45,239	55,990		27,064	74
76 ENDOSCOPY	111,666	40,647	50,306		24,316	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	71,006					76.20
76.97 CARDIAC REHABILITATION	45,794	60,898	75,370		36,432	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	73,082					90
91 EMERGENCY	537,599	99,528	123,179	77,314	59,541	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	11,825,702	1,876,469	2,191,411	590,992	1,033,948	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	162,621	32,642	40,399		19,527	190
192 PHYSICIANS' PRIVATE OFFICES	5,518,163	581,395	719,554		347,814	192
192.10 RADIOLOGY CLINIC	14,219					192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	257,925	74,421	92,106		44,521	192.20
192.30 MCLEAN CO EMS	36,052					192.30
192.40 INDUSTRIAL MEDICINE	173,645	34,468	42,658		20,620	192.40
192.60 NONALLOWABLE CARDIAC REHAB	7,079	9,424	11,664		5,638	192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,995,406	2,608,819	3,097,792	590,992	1,472,068	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES + SUPPLY	MEDICAL RECORDS + LIBRARY	
	10	11	13	14	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,077,642					10
11 CAFETERIA		864,484				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		21,384	1,915,897			13
14 CENTRAL SERVICES & SUPPLY		8,871	32,521	1,042,434		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		33,383		1,273	1,784,179	16
17 SOCIAL SERVICE		5,685		12		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,001,305	258,961	949,387	101,612	141,580	30
43 NURSERY		9,214	33,778	4,463	5,871	43
44 SKILLED NURSING FACILITY	76,337	15,142	55,510	3,060	2,946	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		65,337	239,533	427,411	125,705	50
51 RECOVERY ROOM		8,028	29,431	1,803	7,688	51
52 DELIVERY ROOM & LABOR ROOM		36,497	133,801	18,610	23,290	52
53 ANESTHESIOLOGY				25,932	14,647	53
54 RADIOLOGY-DIAGNOSTIC		20,127		3,587	39,863	54
54.10 MAMOGRAPHY		3,814		705	14,328	54.10
54.20 ULTRASOUND		6,714		1,195	23,448	54.20
54.30 ECHOCARDIOLOGY		7,114	26,079	1,588	17,319	54.30
55 RADIOLOGY-THERAPEUTIC					105	55
56 RADIOISOTOPE		8,028		1,570	52,553	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		12,270		3,386	148,360	57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,500		20	66,039	58
59 CARDIAC CATHETERIZATION		13,899	50,954	51,478	82,272	59
60 LABORATORY		59,038		26,575	248,751	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		18,813	68,969	7,831	27,330	65
66 PHYSICAL THERAPY		9,585		1,616	27,796	66
67 OCCUPATIONAL THERAPY		5,057		1	8,399	67
68 SPEECH PATHOLOGY		2,900		19	3,308	68
69 ELECTROCARDIOLOGY		5,028	18,434	4,370	15,663	69
70 ELECTROENCEPHALOGRAPHY		3,300		37	2,515	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		5,771		211,614	133,022	71
72 IMPL. DEV. CHARGED TO PATIENT					126,643	72
73 DRUGS CHARGED TO PATIENTS		31,354		96,421	329,915	73
74 RENAL DIALYSIS					2,801	74
76 ENDOSCOPY				17	12,131	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC			26,970	866	11,695	76.20
76.97 CARDIAC REHABILITATION		3,414	12,516	401	1,151	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				1,044	2,621	90
91 EMERGENCY		64,923	238,014	32,159	64,424	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,077,642	748,151	1,915,897	1,030,676	1,784,179	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,242		235		190
192 PHYSICIANS' PRIVATE OFFICES		73,337		9,446		192
192.10 RADIOLOGY CLINIC		1,228		143		192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED		16,827		335		192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE		16,170		1,537		192.40
192.60 NONALLOWABLE CARDIAC REHAB		529		62		192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,077,642	864,484	1,915,897	1,042,434	1,784,179	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	294,974				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	274,079	19,643,440		19,643,440	30
43 NURSERY		777,810		777,810	43
44 SKILLED NURSING FACILITY	20,895	1,070,598		1,070,598	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		7,815,166		7,815,166	50
51 RECOVERY ROOM		628,500		628,500	51
52 DELIVERY ROOM & LABOR ROOM		3,103,104		3,103,104	52
53 ANESTHESIOLOGY		477,177		477,177	53
54 RADIOLOGY-DIAGNOSTIC		1,645,079		1,645,079	54
54.10 MAMOGRAPHY		1,077,170		1,077,170	54.10
54.20 ULTRASOUND		1,016,479		1,016,479	54.20
54.30 ECHOCARDIOLOGY		906,733		906,733	54.30
55 RADIOLOGY-THERAPEUTIC		30,197		30,197	55
56 RADIOISOTOPE		1,399,048		1,399,048	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,184,555		2,184,555	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,558,637		1,558,637	58
59 CARDIAC CATHETERIZATION		2,837,620		2,837,620	59
60 LABORATORY		5,500,340		5,500,340	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,141,751		1,141,751	65
66 PHYSICAL THERAPY		4,538,009		4,538,009	66
67 OCCUPATIONAL THERAPY		673,573		673,573	67
68 SPEECH PATHOLOGY		308,085		308,085	68
69 ELECTROCARDIOLOGY		478,444		478,444	69
70 ELECTROENCEPHALOGRAPHY		288,205		288,205	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		5,034,921		5,034,921	71
72 IMPL. DEV. CHARGED TO PATIENT		8,947,087		8,947,087	72
73 DRUGS CHARGED TO PATIENTS		8,396,384		8,396,384	73
74 RENAL DIALYSIS		357,453		357,453	74
76 ENDOSCOPY		992,980		992,980	76
76.10 DIABETES SERVICES					76.10
76.20 PAIN CLINIC		589,924		589,924	76.20
76.97 CARDIAC REHABILITATION		545,149		545,149	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		570,150		570,150	90
91 EMERGENCY		4,926,185		4,926,185	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	294,974	89,459,953		89,459,953	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,361,577		1,361,577	190
192 PHYSICIANS' PRIVATE OFFICES		44,504,853		44,504,853	192
192.10 RADIOLOGY CLINIC		111,585		111,585	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED		2,227,468		2,227,468	192.20
192.30 MCLEAN CO EMS		279,449		279,449	192.30
192.40 INDUSTRIAL MEDICINE		1,461,435		1,461,435	192.40
192.60 NONALLOWABLE CARDIAC REHAB		82,188		82,188	192.60
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	294,974	139,488,508		139,488,508	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	2,707,755	244,100	531,409	3,483,264	3,483,264	5
6 MAINTENANCE & REPAIRS	487	419,550	22,315	442,352	65,146	6
7 OPERATION OF PLANT		109,743	79,278	189,021	74,713	7
8 LAUNDRY & LINEN SERVICE		13,560		13,560	14,027	8
9 HOUSEKEEPING	1,800	30,319	6,921	39,040	35,126	9
10 DIETARY		37,570	15,847	53,417	24,344	10
11 CAFETERIA		23,539	682	24,221	19,980	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,758	35,826	164,870	203,454	44,862	13
14 CENTRAL SERVICES & SUPPLY		37,661	354,606	392,267	22,425	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,123	36,231	1,153	40,507	41,214	16
17 SOCIAL SERVICE		1,232		1,232	7,139	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	16,178	529,591	209,869	755,638	379,916	30
43 NURSERY		26,640	20,112	46,752	15,841	43
44 SKILLED NURSING FACILITY		41,771	6,497	48,268	18,371	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,125	169,431	317,448	532,004	160,678	50
51 RECOVERY ROOM		16,586	5,784	22,370	13,389	51
52 DELIVERY ROOM & LABOR ROOM		105,535	98,037	203,572	63,274	52
53 ANESTHESIOLOGY		3,903	59,279	63,182	10,636	53
54 RADIOLOGY-DIAGNOSTIC	176,826	34,660	52,307	263,793	36,912	54
54.10 MAMOGRAPHY	205,607	28,170	30,487	264,264	24,436	54.10
54.20 ULTRASOUND		8,359	52,404	60,763	23,960	54.20
54.30 ECHOCARDIOLOGY		20,720	79,312	100,032	19,926	54.30
55 RADIOLOGY-THERAPEUTIC					751	55
56 RADIOISOTOPE	53,167	12,675	29,982	95,824	32,501	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	276,648	34,652	50,951	362,251	47,683	57
58 MAGNETIC RESONANCE IMAGING (MRI)	364,740	27,277	100,246	492,263	35,092	58
59 CARDIAC CATHETERIZATION	430,819	40,307	87,737	558,863	62,738	59
60 LABORATORY	2,642	135,358	89,676	227,676	119,758	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		15,676	33,601	49,277	24,370	65
66 PHYSICAL THERAPY	718,615	42,407	88,443	849,465	109,450	66
67 OCCUPATIONAL THERAPY		9,484		9,484	15,836	67
68 SPEECH PATHOLOGY		6,102	6,758	12,860	7,121	68
69 ELECTROCARDIOLOGY		13,146	41,213	54,359	9,691	69
70 ELECTROENCEPHALOGRAPHY		10,352	35,997	46,349	6,313	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	137,526	15,098		152,624	115,947	71
72 IMPL. DEV. CHARGED TO PATIENT					220,258	72
73 DRUGS CHARGED TO PATIENTS		16,908	112,298	129,206	197,085	73
74 RENAL DIALYSIS		46,913		46,913	5,652	74
76 ENDOSCOPY		42,151		42,151	21,614	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	61,264		24,381	85,645	13,744	76.20
76.97 CARDIAC REHABILITATION		63,152	83,904	147,056	8,864	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	75,847		672	76,519	14,146	90
91 EMERGENCY	2,723	103,211	30,503	136,437	104,058	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,283,650	2,609,566	2,924,979	10,818,195	2,288,987	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,850	77,277	111,127	31,477	190
192 PHYSICIANS' PRIVATE OFFICES	838,959	561,044		1,400,003	1,068,165	192
192.10 RADIOLOGY CLINIC					2,752	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	3,553	46,781		50,334	49,924	192.20
192.30 MCLEAN CO EMS					6,978	192.30
192.40 INDUSTRIAL MEDICINE	2,575	35,743		38,318	33,611	192.40
192.60 NONALLOWABLE CARDIAC REHAB		9,773	12,981	22,754	1,370	192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,128,737	3,296,757	3,015,237	12,440,731	3,483,264	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS	507,498					6
7	OPERATION OF PLANT	20,587	284,321				7
8	LAUNDRY & LINEN SERVICE	2,544	1,485	31,616			8
9	HOUSEKEEPING	5,688	3,321		83,175		9
10	DIETARY	7,048	4,115		1,225	90,149	10
11	CAFETERIA	4,416	2,578		767		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	6,721	3,924		1,168		13
14	CENTRAL SERVICES & SUPPLY	7,065	4,125		1,228		14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	6,797	3,969		1,181		16
17	SOCIAL SERVICE	231	135		40		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	99,346	58,011	13,595	17,262	83,763	30
43	NURSERY	4,997	2,918	924	868		43
44	SKILLED NURSING FACILITY	7,836	4,575	2,503	1,362	6,386	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	31,783	18,559	3,174	5,523		50
51	RECOVERY ROOM	3,111	1,817		541		51
52	DELIVERY ROOM & LABOR ROOM	19,797	11,560	3,661	3,440		52
53	ANESTHESIOLOGY	732	427		127		53
54	RADIOLOGY-DIAGNOSTIC	6,502	3,797	457	1,130		54
54.10	MAMOGRAPHY	5,284	3,086	146	918		54.10
54.20	ULTRASOUND	1,568	916	148	272		54.20
54.30	ECHOCARDIOLOGY	3,887	2,270		675		54.30
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE	2,378	1,388	38	413		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	6,500	3,796	870	1,129		57
58	MAGNETIC RESONANCE IMAGING (MRI)	5,117	2,988	438	889		58
59	CARDIAC CATHETERIZATION	7,561	4,415	877	1,314		59
60	LABORATORY	25,392	14,827		4,412		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	2,941	1,717		511		65
66	PHYSICAL THERAPY	7,955	4,645		1,382		66
67	OCCUPATIONAL THERAPY	1,779	1,039		309		67
68	SPEECH PATHOLOGY	1,145	668		199		68
69	ELECTROCARDIOLOGY	2,466	1,440	583	429		69
70	ELECTROENCEPHALOGRAPHY	1,942	1,134	66	337		70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,832	1,654		492		71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS	3,172	1,852		551		73
74	RENAL DIALYSIS	8,800	5,139		1,529		74
76	ENDOSCOPY	7,907	4,617		1,374		76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC						76.20
76.97	CARDIAC REHABILITATION	11,847	6,918		2,058		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC						90
91	EMERGENCY	19,361	11,306	4,136	3,364		91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (SUM OF LINES 1-117)	365,035	201,131	31,616	58,419	90,149	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,350	3,708		1,103		190
192	PHYSICIANS' PRIVATE OFFICES	113,098	66,042		19,653		192
192.10	CARDIOLOGY CLINIC						192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	14,477	8,454		2,516		192.20
192.30	MCLEAN CO EMS						192.30
192.40	INDUSTRIAL MEDICINE	6,705	3,915		1,165		192.40
192.60	NONALLOWABLE CARDIAC REHAB	1,833	1,071		319		192.60
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	507,498	284,321	31,616	83,175	90,149	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	51,962					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,285	261,414				13
14 CENTRAL SERVICES & SUPPLY	533	4,437	432,080			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,007		528	96,203		16
17 SOCIAL SERVICE	342		5			17
19 NONPHYSICIAN ANESTHETISTS					9,124	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	15,565	129,540	42,117	7,651	8,478	30
43 NURSERY	554	4,609	1,850	317		43
44 SKILLED NURSING FACILITY	910	7,574	1,268	159	646	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,927	32,683	177,159	6,793		50
51 RECOVERY ROOM	483	4,016	747	415		51
52 DELIVERY ROOM & LABOR ROOM	2,194	18,256	7,714	1,259		52
53 ANESTHESIOLOGY			10,749	792		53
54 RADIOLOGY-DIAGNOSTIC	1,210		1,487	2,154		54
54.10 MAMOGRAPHY	229		292	774		54.10
54.20 ULTRASOUND	404		496	1,267		54.20
54.30 ECHOCARDIOLOGY	428	3,558	658	936		54.30
55 RADIOLOGY-THERAPEUTIC				6		55
56 RADIOISOTOPE	483		651	2,840		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	738		1,403	8,017		57
58 MAGNETIC RESONANCE IMAGING (MRI)	270		8	3,569		58
59 CARDIAC CATHETERIZATION	835	6,952	21,337	4,446		59
60 LABORATORY	3,549		11,015	13,442		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,131	9,410	3,246	1,477		65
66 PHYSICAL THERAPY	576		670	1,502		66
67 OCCUPATIONAL THERAPY	304			454		67
68 SPEECH PATHOLOGY	174		8	179		68
69 ELECTROCARDIOLOGY	302	2,515	1,811	846		69
70 ELECTROENCEPHALOGRAPHY	198		15	136		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	347		87,712	7,188		71
72 IMPL. DEV. CHARGED TO PATIENT				6,844		72
73 DRUGS CHARGED TO PATIENTS	1,885		39,966	17,616		73
74 RENAL DIALYSIS				151		74
76 ENDOSCOPY			7	656		76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC				632		76.20
76.97 CARDIAC REHABILITATION	205	1,708	166	62		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			433	142		90
91 EMERGENCY	3,902	32,476	13,330	3,481		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	44,970	261,414	427,207	96,203	9,124	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	495		97			190
192 PHYSICIANS' PRIVATE OFFICES	4,408		3,915			192
192.10 RADIOLOGY CLINIC	74		59			192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,011		139			192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	972		637			192.40
192.60 NONALLOWABLE CARDIAC REHAB	32		26			192.60
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	51,962	261,414	432,080	96,203	9,124	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL
	24	25	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	1,610,882		1,610,882
43 NURSERY	79,630		79,630
44 SKILLED NURSING FACILITY	99,858		99,858
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	972,283		972,283
51 RECOVERY ROOM	46,889		46,889
52 DELIVERY ROOM & LABOR ROOM	334,727		334,727
53 ANESTHESIOLOGY	86,645		86,645
54 RADIOLOGY-DIAGNOSTIC	317,442		317,442
54.10 MAMOGRAPHY	299,429		299,429
54.20 ULTRASOUND	89,794		89,794
54.30 ECHOCARDIOLOGY	132,370		132,370
55 RADIOLOGY-THERAPEUTIC	757		757
56 RADIOISOTOPE	136,516		136,516
57 COMPUTED TOMOGRAPHY (CT) SCAN	432,387		432,387
58 MAGNETIC RESONANCE IMAGING (MRI)	540,634		540,634
59 CARDIAC CATHETERIZATION	669,338		669,338
60 LABORATORY	420,071		420,071
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	94,080		94,080
66 PHYSICAL THERAPY	975,645		975,645
67 OCCUPATIONAL THERAPY	29,205		29,205
68 SPEECH PATHOLOGY	22,354		22,354
69 ELECTROCARDIOLOGY	74,442		74,442
70 ELECTROENCEPHALOGRAPHY	56,490		56,490
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	368,796		368,796
72 IMPL. DEV. CHARGED TO PATIENT	227,102		227,102
73 DRUGS CHARGED TO PATIENTS	391,333		391,333
74 RENAL DIALYSIS	68,184		68,184
76 ENDOSCOPY	78,326		78,326
76.10 DIABETES SERVICES			76.10
76.20 PAIN CLINIC	104,060		104,060
76.97 CARDIAC REHABILITATION	178,884		178,884
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	91,240		91,240
91 EMERGENCY	331,851		331,851
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	9,361,644		9,361,644
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	154,357		154,357
192 PHYSICIANS' PRIVATE OFFICES	2,675,284		2,675,284
192.10 RADIOLOGY CLINIC	2,885		2,885
192.20 FUND DEV, MKTING, COMM HEALTH ED	126,855		126,855
192.30 MCLEAN CO EMS	6,978		6,978
192.40 INDUSTRIAL MEDICINE	85,323		85,323
192.60 NONALLOWABLE CARDIAC REHAB	27,405		27,405
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	12,440,731		12,440,731

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	398,730					1
2 CAP REL COSTS-MVBLE EQUIP		3,027,546				2
4 EMPLOYEE BENEFITS			67,527,564			4
5 ADMINISTRATIVE & GENERAL	29,523	533,576	5,527,504	-17,995,406	121,493,102	5
6 MAINTENANCE & REPAIRS	50,743	22,406	608,593		2,272,255	6
7 OPERATION OF PLANT	13,273	79,602	389,481		2,605,971	7
8 LAUNDRY & LINEN SERVICE	1,640		24,119		489,264	8
9 HOUSEKEEPING	3,667	6,949	919,359		1,225,174	9
10 DIETARY	4,544	15,912	452,271		849,127	10
11 CAFETERIA	2,847	685	409,217		696,889	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,333	165,543	1,000,431		1,564,770	13
14 CENTRAL SERVICES & SUPPLY	4,555	356,054	172,873		782,193	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,382	1,158	974,311		1,437,520	16
17 SOCIAL SERVICE	149		188,409		249,023	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	64,052	210,726	9,164,010		13,251,338	30
43 NURSERY	3,222	20,194	360,223		552,518	43
44 SKILLED NURSING FACILITY	5,052	6,524	467,267		640,786	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,492	318,744	2,364,626		5,604,402	50
51 RECOVERY ROOM	2,006	5,808	357,667		467,019	51
52 DELIVERY ROOM & LABOR ROOM	12,764	98,437	1,426,675		2,206,974	52
53 ANESTHESIOLOGY	472	59,521			370,977	53
54 RADIOLOGY-DIAGNOSTIC	4,192	52,521	771,585		1,287,479	54
54.10 MAMOGRAPHY	3,407	30,611	322,887		852,320	54.10
54.20 ULTRASOUND	1,011	52,618	501,995		835,717	54.20
54.30 ECHOCARDIOLOGY	2,506	79,636	307,025		695,024	54.30
55 RADIOLOGY-THERAPEUTIC					26,210	55
56 RADIOISOTOPE	1,533	30,104	327,091		1,133,610	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,191	51,159	551,673		1,663,174	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,299	100,655	206,526		1,224,009	58
59 CARDIAC CATHETERIZATION	4,875	88,095	640,726		2,188,274	59
60 LABORATORY	16,371	90,042	1,905,862		4,177,109	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,896	33,738	600,297		850,033	65
66 PHYSICAL THERAPY	5,129	88,804	2,207,313		3,817,585	66
67 OCCUPATIONAL THERAPY	1,147		427,430		552,366	67
68 SPEECH PATHOLOGY	738	6,786	179,209		248,382	68
69 ELECTROCARDIOLOGY	1,590	41,381	185,081		338,024	69
70 ELECTROENCEPHALOGRAPHY	1,252	36,144	157,611		220,189	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,826		129,373		4,044,203	71
72 IMPL. DEV. CHARGED TO PATIENT					7,682,517	72
73 DRUGS CHARGED TO PATIENTS	2,045	112,756	1,998,357		6,874,248	73
74 RENAL DIALYSIS	5,674				197,156	74
76 ENDOSCOPY	5,098		97		753,897	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC		24,481	192,398		479,387	76.20
76.97 CARDIAC REHABILITATION	7,638	84,247	130,320		309,173	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		675	236,469		493,403	90
91 EMERGENCY	12,483	30,628	2,433,347		3,629,504	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	315,617	2,936,920	39,219,708	-17,995,406	79,839,193	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,094	77,592	257,860		1,097,911	190
192 PHYSICIANS' PRIVATE OFFICES	67,856		26,592,372		37,255,144	192
192.10 RADIOLOGY CLINIC			31,174		95,995	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	5,658		562,348		1,741,333	192.20
192.30 MCLEAN CO EMS			112,363		243,397	192.30
192.40 INDUSTRIAL MEDICINE	4,323		731,613		1,172,337	192.40
192.60 NONALLOWABLE CARDIAC REHAB	1,182	13,034	20,126		47,792	192.60

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,296,757	3,015,237	14,350,816		17,995,406	202
203	UNIT COST MULT-WS B PT I	8.268144	0.995934	0.212518		0.148119	203
204	COST TO BE ALLOC PER B PT II					3,483,264	204
205	UNIT COST MULT-WS B PT II					0.028670	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	PATIENT DAYS	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	327,204					6
7 OPERATION OF PLANT	13,273	313,931				7
8 LAUNDRY & LINEN SERVICE	1,640	1,640	666,559			8
9 HOUSEKEEPING	3,667	3,667		308,624		9
10 DIETARY	4,544	4,544		4,544	25,255	10
11 CAFETERIA	2,847	2,847		2,847		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,333	4,333		4,333		13
14 CENTRAL SERVICES & SUPPLY	4,555	4,555		4,555		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,382	4,382		4,382		16
17 SOCIAL SERVICE	149	149		149		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	64,052	64,052	286,643	64,052	23,466	30
43 NURSERY	3,222	3,222	19,486	3,222		43
44 SKILLED NURSING FACILITY	5,052	5,052	52,762	5,052	1,789	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,492	20,492	66,910	20,492		50
51 RECOVERY ROOM	2,006	2,006		2,006		51
52 DELIVERY ROOM & LABOR ROOM	12,764	12,764	77,187	12,764		52
53 ANESTHESIOLOGY	472	472		472		53
54 RADIOLOGY-DIAGNOSTIC	4,192	4,192	9,631	4,192		54
54.10 MAMOGRAPHY	3,407	3,407	3,072	3,407		54.10
54.20 ULTRASOUND	1,011	1,011	3,113	1,011		54.20
54.30 ECHOCARDIOLOGY	2,506	2,506		2,506		54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	1,533	1,533	807	1,533		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,191	4,191	18,335	4,191		57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,299	3,299	9,224	3,299		58
59 CARDIAC CATHETERIZATION	4,875	4,875	18,487	4,875		59
60 LABORATORY	16,371	16,371		16,371		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,896	1,896		1,896		65
66 PHYSICAL THERAPY	5,129	5,129		5,129		66
67 OCCUPATIONAL THERAPY	1,147	1,147		1,147		67
68 SPEECH PATHOLOGY	738	738		738		68
69 ELECTROCARDIOLOGY	1,590	1,590	12,301	1,590		69
70 ELECTROENCEPHALOGRAPHY	1,252	1,252	1,401	1,252		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,826	1,826		1,826		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,045	2,045		2,045		73
74 RENAL DIALYSIS	5,674	5,674		5,674		74
76 ENDOSCOPY	5,098	5,098		5,098		76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION	7,638	7,638		7,638		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	12,483	12,483	87,200	12,483		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	235,351	222,078	666,559	216,771	25,255	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,094	4,094		4,094		190
192 PHYSICIANS' PRIVATE OFFICES	72,920	72,920		72,920		192
192.10 RADIOLOGY CLINIC						192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	9,334	9,334		9,334		192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	4,323	4,323		4,323		192.40
192.60 NONALLOWABLE CARDIAC REHAB	1,182	1,182		1,182		192.60

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,608,819	3,097,792	590,992	1,472,068	1,077,642	202
203	UNIT COST MULT-WS B PT I	7.973066	9.867748	0.886631	4.769778	42.670441	203
204	COST TO BE ALLOC PER B PT II	507,498	284,321	31,616	83,175	90,149	204
205	UNIT COST MULT-WS B PT II	1.551014	0.905680	0.047432	0.269503	3.569551	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING ADMINIS- TRATION FTES	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	11	13	14	16	17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	60,519					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,497	36,585				13
14 CENTRAL SERVICES & SUPPLY	621	621	3,527,208			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,337		4,309	491,972,519		16
17 SOCIAL SERVICE	398		41		25,255	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	18,129	18,129	343,818	39,034,993	23,466	30
43 NURSERY	645	645	15,100	1,618,794		43
44 SKILLED NURSING FACILITY	1,060	1,060	10,354	812,120	1,789	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,574	4,574	1,446,188	34,658,025		50
51 RECOVERY ROOM	562	562	6,101	2,119,622		51
52 DELIVERY ROOM & LABOR ROOM	2,555	2,555	62,969	6,421,361		52
53 ANESTHESIOLOGY			87,745	4,038,300		53
54 RADIOLOGY-DIAGNOSTIC	1,409		12,138	10,990,603		54
54.10 MAMOGRAPHY	267		2,386	3,950,448		54.10
54.20 ULTRASOUND	470		4,045	6,464,925		54.20
54.30 ECHOCARDIOLOGY	498	498	5,373	4,775,134		54.30
55 RADIOLOGY-THERAPEUTIC				28,939		55
56 RADIOISOTOPE	562		5,312	14,489,471		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	859		11,457	40,904,292		57
58 MAGNETIC RESONANCE IMAGING (MRI)	315		69	18,207,563		58
59 CARDIAC CATHETERIZATION	973	973	174,181	22,683,264		59
60 LABORATORY	4,133		89,921	68,583,255		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,317	1,317	26,498	7,535,047		65
66 PHYSICAL THERAPY	671		5,469	7,663,752		66
67 OCCUPATIONAL THERAPY	354		4	2,315,825		67
68 SPEECH PATHOLOGY	203		64	912,163		68
69 ELECTROCARDIOLOGY	352	352	14,785	4,318,512		69
70 ELECTROENCEPHALOGRAPHY	231		125	693,427		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	404		716,021	36,675,390		71
72 IMPL. DEV. CHARGED TO PATIENT				34,916,678		72
73 DRUGS CHARGED TO PATIENTS	2,195		326,252	91,017,365		73
74 RENAL DIALYSIS				772,264		74
76 ENDOSCOPY			59	3,344,502		76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC		515	2,931	3,224,485		76.20
76.97 CARDIAC REHABILITATION	239	239	1,357	317,222		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			3,533	722,540		90
91 EMERGENCY	4,545	4,545	108,815	17,762,238		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	52,375	36,585	3,487,420	491,972,519	25,255	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	577		794			190
192 PHYSICIANS' PRIVATE OFFICES	5,134		31,963			192
192.10 RADIOLOGY CLINIC	86		485			192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,178		1,134			192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	1,132		5,202			192.40
192.60 NONALLOWABLE CARDIAC REHAB	37		210			192.60

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA FTEs	NURSING ADMINIS- TRATION FTEs	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
		11	13	14	16	17	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	864,484	1,915,897	1,042,434	1,784,179	294,974	202
203	UNIT COST MULT-WS B PT I	14.284506	52.368375	0.295541	0.003627	11.679826	203
204	COST TO BE ALLOC PER B PT II	51,962	261,414	432,080	96,203	9,124	204
205	UNIT COST MULT-WS B PT II	0.858606	7.145387	0.122499	0.000196	0.361275	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 CAP REL COSTS-BLDG & FIXT	1
2 CAP REL COSTS-MVBLE EQUIP	2
4 EMPLOYEE BENEFITS	4
5 ADMINISTRATIVE & GENERAL	5
6 MAINTENANCE & REPAIRS	6
7 OPERATION OF PLANT	7
8 LAUNDRY & LINEN SERVICE	8
9 HOUSEKEEPING	9
10 DIETARY	10
11 CAFETERIA	11
12 MAINTENANCE OF PERSONNEL	12
13 NURSING ADMINISTRATION	13
14 CENTRAL SERVICES & SUPPLY	14
15 PHARMACY	15
16 MEDICAL RECORDS & LIBRARY	16
17 SOCIAL SERVICE	17
19 NONPHYSICIAN ANESTHETISTS	19
20 NURSING SCHOOL	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23 PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS	
30 ADULTS & PEDIATRICS	30
43 NURSERY	43
44 SKILLED NURSING FACILITY	44
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
54.10 MAMOGRAPHY	54.10
54.20 ULTRASOUND	54.20
54.30 ECHOCARDIOLOGY	54.30
55 RADIOLOGY-THERAPEUTIC	55
56 RADIOISOTOPE	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	57
58 MAGNETIC RESONANCE IMAGING (MRI)	58
59 CARDIAC CATHETERIZATION	59
60 LABORATORY	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65 RESPIRATORY THERAPY	65
66 PHYSICAL THERAPY	66
67 OCCUPATIONAL THERAPY	67
68 SPEECH PATHOLOGY	68
69 ELECTROCARDIOLOGY	69
70 ELECTROENCEPHALOGRAPHY	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72 IMPL. DEV. CHARGED TO PATIENT	72
73 DRUGS CHARGED TO PATIENTS	73
74 RENAL DIALYSIS	74
76 ENDOSCOPY	76
76.10 DIABETES SERVICES	76.10
76.20 PAIN CLINIC	76.20
76.97 CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	76.98
76.99 LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS	
90 CLINIC	90
91 EMERGENCY	91
92 OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS	
SPECIAL PURPOSE COST CENTERS	
118 SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS	
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192 PHYSICIANS' PRIVATE OFFICES	192
192.10 CARDIOLOGY CLINIC	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	192.20
192.30 MCLEAN CO EMS	192.30
192.40 INDUSTRIAL MEDICINE	192.40
192.60 NONALLOWABLE CARDIAC REHAB	192.60

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION

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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,643,440		19,643,440		19,643,440	30
43 NURSERY	777,810		777,810		777,810	43
44 SKILLED NURSING FACILITY	1,070,598		1,070,598		1,070,598	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,815,166		7,815,166		7,815,166	50
51 RECOVERY ROOM	628,500		628,500		628,500	51
52 DELIVERY ROOM & LABOR ROOM	3,103,104		3,103,104		3,103,104	52
53 ANESTHESIOLOGY	477,177		477,177		477,177	53
54 RADIOLOGY-DIAGNOSTIC	1,645,079		1,645,079		1,645,079	54
54.10 MAMOGRAPHY	1,077,170		1,077,170		1,077,170	54.10
54.20 ULTRASOUND	1,016,479		1,016,479		1,016,479	54.20
54.30 ECHOCARDIOLOGY	906,733		906,733		906,733	54.30
55 RADIOLOGY-THERAPEUTIC	30,197		30,197		30,197	55
56 RADIOISOTOPE	1,399,048		1,399,048		1,399,048	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,184,555		2,184,555		2,184,555	57
58 MAGNETIC RESONANCE IMAGING	1,558,637		1,558,637		1,558,637	58
59 CARDIAC CATHETERIZATION	2,837,620		2,837,620		2,837,620	59
60 LABORATORY	5,500,340		5,500,340		5,500,340	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,141,751		1,141,751		1,141,751	65
66 PHYSICAL THERAPY	4,538,009		4,538,009		4,538,009	66
67 OCCUPATIONAL THERAPY	673,573		673,573		673,573	67
68 SPEECH PATHOLOGY	308,085		308,085		308,085	68
69 ELECTROCARDIOLOGY	478,444		478,444		478,444	69
70 ELECTROENCEPHALOGRAPHY	288,205		288,205		288,205	70
71 MEDICAL SUPPLIES CHRGD TO	5,034,921		5,034,921		5,034,921	71
72 IMPL. DEV. CHARGED TO PATIE	8,947,087		8,947,087		8,947,087	72
73 DRUGS CHARGED TO PATIENTS	8,396,384		8,396,384		8,396,384	73
74 RENAL DIALYSIS	357,453		357,453		357,453	74
76 ENDOSCOPY	992,980		992,980		992,980	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	589,924		589,924		589,924	76.20
76.97 CARDIAC REHABILITATION	545,149		545,149		545,149	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	570,150		570,150		570,150	90
91 EMERGENCY	4,926,185		4,926,185	72,412	4,998,597	91
92 OBSERVATION BEDS	2,048,413		2,048,413		2,048,413	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	91,508,366		91,508,366	72,412	91,580,778	200
201 LESS OBSERVATION BEDS	2,048,413		2,048,413		2,048,413	201
202 TOTAL (SEE INSTRUCTIONS)	89,459,953		89,459,953		89,532,365	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	24,275,515		24,275,515			30
43 NURSERY	1,322,691		1,322,691			43
44 SKILLED NURSING FACILITY	812,120		812,120			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,871,521	10,786,504	34,658,025	0.225494	0.225494	0.225494 50
51 RECOVERY ROOM	1,385,179	734,443	2,119,622	0.296515	0.296515	0.296515 51
52 DELIVERY ROOM & LABOR ROOM	5,247,185	1,174,176	6,421,361	0.483247	0.483247	0.483247 52
53 ANESTHESIOLOGY	2,778,014	1,260,286	4,038,300	0.118163	0.118163	0.118163 53
54 RADIOLOGY-DIAGNOSTIC	3,211,605	7,778,998	10,990,603	0.149681	0.149681	0.149681 54
54.10 MAMOGRAPHY	475	3,949,973	3,950,448	0.272670	0.272670	0.272670 54.10
54.20 ULTRASOUND	1,075,626	5,389,299	6,464,925	0.157230	0.157230	0.157230 54.20
54.30 ECHOCARDIOLOGY	1,635,006	3,140,128	4,775,134	0.189886	0.189886	0.189886 54.30
55 RADIOLOGY-THERAPEUTIC	28,939		28,939	1.043471	1.043471	1.043471 55
56 RADIOISOTOPE	1,765,239	12,724,232	14,489,471	0.096556	0.096556	0.096556 56
57 COMPUTED TOMOGRAPHY (CT) SC	8,979,283	31,925,009	40,904,292	0.053406	0.053406	0.053406 57
58 MAGNETIC RESONANCE IMAGING	3,164,459	15,043,104	18,207,563	0.085604	0.085604	0.085604 58
59 CARDIAC CATHETERIZATION	10,037,370	12,645,894	22,683,264	0.125098	0.125098	0.125098 59
60 LABORATORY	21,618,683	46,964,572	68,583,255	0.080199	0.080199	0.080199 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,787,847	1,747,200	7,535,047	0.151525	0.151525	0.151525 65
66 PHYSICAL THERAPY	1,866,712	5,797,040	7,663,752	0.592139	0.592139	0.592139 66
67 OCCUPATIONAL THERAPY	1,056,869	1,258,956	2,315,825	0.290857	0.290857	0.290857 67
68 SPEECH PATHOLOGY	193,771	718,392	912,163	0.337752	0.337752	0.337752 68
69 ELECTROCARDIOLOGY	911,416	3,407,096	4,318,512	0.110789	0.110789	0.110789 69
70 ELECTROENCEPHALOGRAPHY	254,188	439,239	693,427	0.415624	0.415624	0.415624 70
71 MEDICAL SUPPLIES CHRGD TO	26,816,102	9,859,288	36,675,390	0.137283	0.137283	0.137283 71
72 IMPL. DEV. CHARGED TO PATIE	27,574,517	7,342,161	34,916,678	0.256241	0.256241	0.256241 72
73 DRUGS CHARGED TO PATIENTS	68,963,884	22,053,481	91,017,365	0.092250	0.092250	0.092250 73
74 RENAL DIALYSIS	729,884	42,380	772,264	0.462864	0.462864	0.462864 74
76 ENDOSCOPY	2,864,394	480,108	3,344,502	0.296899	0.296899	0.296899 76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC		3,224,485	3,224,485	0.182951	0.182951	0.182951 76.20
76.97 CARDIAC REHABILITATION	85,849	231,373	317,222	1.718509	1.718509	1.718509 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,012	717,528	722,540	0.789091	0.789091	0.789091 90
91 EMERGENCY	3,209,670	14,552,568	17,762,238	0.277340	0.277340	0.281417 91
92 OBSERVATION BEDS	1,950,922	11,793,414	13,744,336	0.149037	0.149037	0.149037 92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	253,479,947	237,181,327	490,661,274			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	253,479,947	237,181,327	490,661,274			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3					
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,610,882		1,610,882	25,911	62.17	11,304	702,770	30
31 INTENSIVE CARE UNIT								31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	79,630		79,630	2,429	32.78			43
44 SKILLED NURSING FACILITY	99,858		99,858	1,789	55.82	1,165	65,030	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,790,370		1,790,370	30,129		12,469	767,800	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0162) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA					
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5				
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	972,283	34,658,025	0.028054	10,148,336	284,701	50		
51	RECOVERY ROOM	46,889	2,119,622	0.022121	495,113	10,952	51		
52	DELIVERY ROOM & LABOR ROOM	334,727	6,421,361	0.052127			52		
53	ANESTHESIOLOGY	86,645	4,038,300	0.021456	1,094,580	23,485	53		
54	RADIOLOGY-DIAGNOSTIC	317,442	10,990,603	0.028883	1,741,883	50,311	54		
54.10	MAMOGRAPHY	299,429	3,950,448	0.075796	475	36	54.10		
54.20	ULTRASOUND	89,794	6,464,925	0.013889	547,550	7,605	54.20		
54.30	ECHOCARDIOLOGY	132,370	4,775,134	0.027721	866,944	24,033	54.30		
55	RADIOLOGY-THERAPEUTIC	757	28,939	0.026158	23,997	628	55		
56	RADIOISOTOPE	136,516	14,489,471	0.009422	1,031,198	9,716	56		
57	COMPUTED TOMOGRAPHY (CT) SCAN	432,387	40,904,292	0.010571	3,902,461	41,253	57		
58	MAGNETIC RESONANCE IMAGING (M	540,634	18,207,563	0.029693	1,359,772	40,376	58		
59	CARDIAC CATHETERIZATION	669,338	22,683,264	0.029508	4,169,656	123,038	59		
60	LABORATORY	420,071	68,583,255	0.006125	10,702,473	65,553	60		
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30		
65	RESPIRATORY THERAPY	94,080	7,535,047	0.012486	3,248,359	40,559	65		
66	PHYSICAL THERAPY	975,645	7,663,752	0.127306	955,713	121,668	66		
67	OCCUPATIONAL THERAPY	29,205	2,315,825	0.012611	518,201	6,535	67		
68	SPEECH PATHOLOGY	22,354	912,163	0.024507	111,898	2,742	68		
69	ELECTROCARDIOLOGY	74,442	4,318,512	0.017238	513,232	8,847	69		
70	ELECTROENCEPHALOGRAPHY	56,490	693,427	0.081465	142,677	11,623	70		
71	MEDICAL SUPPLIES CHRGD TO PA	368,796	36,675,390	0.010056	12,482,166	125,521	71		
72	IMPL. DEV. CHARGED TO PATIENT	227,102	34,916,678	0.006504	12,490,815	81,240	72		
73	DRUGS CHARGED TO PATIENTS	391,333	91,017,365	0.004300	32,509,703	139,792	73		
74	RENAL DIALYSIS	68,184	772,264	0.088291	583,727	51,538	74		
76	ENDOSCOPY	78,326	3,344,502	0.023419	1,459,679	34,184	76		
76.10	DIABETES SERVICES						76.10		
76.20	PAIN CLINIC	104,060	3,224,485	0.032272			76.20		
76.97	CARDIAC REHABILITATION	178,884	317,222	0.563908	39,938	22,521	76.97		
76.98	HYPERBARIC OXYGEN THERAPY						76.98		
76.99	LITHOTRIPSY						76.99		
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	91,240	722,540	0.126277	3,761	475	90		
91	EMERGENCY	331,851	17,762,238	0.018683	1,631,611	30,483	91		
92	OBSERVATION BEDS	167,982	13,744,336	0.012222	1,001,654	12,242	92		
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	7,739,256	464,250,948		103,777,572	1,371,657	200		

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 13:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 13:52

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	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	25,911		11,304	30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	2,429			43
44 SKILLED NURSING FACILITY	1,789		1,165	44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	30,129		12,469	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0162)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.10	MAMOGRAPHY					54.10
54.20	ULTRASOUND					54.20
54.30	ECHOCARDIOLOGY					54.30
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	ENDOSCOPY					76
76.10	DIABETES SERVICES					76.10
76.20	PAIN CLINIC					76.20
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0162)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	34,658,025		10,148,336		2,610,598	50
51	RECOVERY ROOM	2,119,622		495,113		128,542	51
52	DELIVERY ROOM & LABOR ROOM	6,421,361				516	52
53	ANESTHESIOLOGY	4,038,300		1,094,580		299,011	53
54	RADIOLOGY-DIAGNOSTIC	10,990,603		1,741,883		1,834,995	54
54.10	MAMOGRAPHY	3,950,448		475		131,960	54.10
54.20	ULTRASOUND	6,464,925		547,550		1,431,539	54.20
54.30	ECHOCARDIOLOGY	4,775,134		866,944		890,450	54.30
55	RADIOLOGY-THERAPEUTIC	28,939		23,997			55
56	RADIOISOTOPE	14,489,471		1,031,198		4,388,204	56
57	COMPUTED TOMOGRAPHY (CT) SCA	40,904,292		3,902,461		8,401,909	57
58	MAGNETIC RESONANCE IMAGING (	18,207,563		1,359,772		3,409,747	58
59	CARDIAC CATHETERIZATION	22,683,264		4,169,656		5,593,253	59
60	LABORATORY	68,583,255		10,702,473		1,506,649	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	7,535,047		3,248,359		607,828	65
66	PHYSICAL THERAPY	7,663,752		955,713		192	66
67	OCCUPATIONAL THERAPY	2,315,825		518,201			67
68	SPEECH PATHOLOGY	912,163		111,898		29,077	68
69	ELECTROCARDIOLOGY	4,318,512		513,232		1,013,689	69
70	ELECTROENCEPHALOGRAPHY	693,427		142,677		70,482	70
71	MEDICAL SUPPLIES CHRGED TO P	36,675,390		12,482,166		3,588,315	71
72	IMPL. DEV. CHARGED TO PATIEN	34,916,678		12,490,815		3,490,594	72
73	DRUGS CHARGED TO PATIENTS	91,017,365		32,509,703		8,421,458	73
74	RENAL DIALYSIS	772,264		583,727		23,206	74
76	ENDOSCOPY	3,344,502		1,459,679		165,950	76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	3,224,485				977,967	76.20
76.97	CARDIAC REHABILITATION	317,222		39,938		95,326	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	722,540		3,761		341,047	90
91	EMERGENCY	17,762,238		1,631,611		2,713,649	91
92	OBSERVATION BEDS	13,744,336		1,001,654		4,471,502	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	464,250,948		103,777,572		56,637,655	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0162) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.225494	2,610,598			588,674		50
51 RECOVERY ROOM	0.296515	128,542			38,115		51
52 DELIVERY ROOM & LABOR ROOM	0.483247	516			249		52
53 ANESTHESIOLOGY	0.118163	299,011			35,332		53
54 RADIOLOGY-DIAGNOSTIC	0.149681	1,834,995			274,664		54
54.10 MAMOGRAPHY	0.272670	131,960			35,982		54.10
54.20 ULTRASOUND	0.157230	1,431,539			225,081		54.20
54.30 ECHOCARDIOLOGY	0.189886	890,450			169,084		54.30
55 RADIOLOGY-THERAPEUTIC	1.043471						55
56 RADIOISOTOPE	0.096556	4,388,204			423,707		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406	8,401,909			448,712		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604	3,409,747			291,888		58
59 CARDIAC CATHETERIZATION	0.125098	5,593,253			699,705		59
60 LABORATORY	0.080199	1,506,649			120,832		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.151525	607,828			92,101		65
66 PHYSICAL THERAPY	0.592139	192			114		66
67 OCCUPATIONAL THERAPY	0.290857						67
68 SPEECH PATHOLOGY	0.337752	29,077			9,821		68
69 ELECTROCARDIOLOGY	0.110789	1,013,689			112,306		69
70 ELECTROENCEPHALOGRAPHY	0.415624	70,482			29,294		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.137283	3,588,315			492,615		71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241	3,490,594			894,433		72
73 DRUGS CHARGED TO PATIENTS	0.092250	8,421,458		80,990	776,880		7,471 73
74 RENAL DIALYSIS	0.462864	23,206			10,741		74
76 ENDOSCOPY	0.296899	165,950			49,270		76
76.10 DIABETES SERVICES							76.10
76.20 PAIN CLINIC	0.182951	977,967			178,920		76.20
76.97 CARDIAC REHABILITATION	1.718509	95,326			163,819		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.789091	341,047			269,117		90
91 EMERGENCY	0.277340	2,713,649			752,603		91
92 OBSERVATION BEDS	0.149037	4,471,502			666,419		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		56,637,655		80,990	7,850,478		7,471 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		56,637,655		80,990	7,850,478		7,471 202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[XX] SNF (14-5590)		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	34,658,025			429		50
51	RECOVERY ROOM	2,119,622					51
52	DELIVERY ROOM & LABOR ROOM	6,421,361					52
53	ANESTHESIOLOGY	4,038,300					53
54	RADIOLOGY-DIAGNOSTIC	10,990,603			10,709		54
54.10	MAMOGRAPHY	3,950,448					54.10
54.20	ULTRASOUND	6,464,925			5,518		54.20
54.30	ECHOCARDIOLOGY	4,775,134			2,256		54.30
55	RADIOLOGY-THERAPEUTIC	28,939			4,936		55
56	RADIOISOTOPE	14,489,471					56
57	COMPUTED TOMOGRAPHY (CT) SCA	40,904,292			7,858		57
58	MAGNETIC RESONANCE IMAGING (	18,207,563					58
59	CARDIAC CATHETERIZATION	22,683,264			783		59
60	LABORATORY	68,583,255			200,905		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	7,535,047			71,300		65
66	PHYSICAL THERAPY	7,663,752			165,445		66
67	OCCUPATIONAL THERAPY	2,315,825			131,866		67
68	SPEECH PATHOLOGY	912,163			4,877		68
69	ELECTROCARDIOLOGY	4,318,512			1,505		69
70	ELECTROENCEPHALOGRAPHY	693,427					70
71	MEDICAL SUPPLIES CHRGED TO P	36,675,390			191,563		71
72	IMPL. DEV. CHARGED TO PATIEN	34,916,678					72
73	DRUGS CHARGED TO PATIENTS	91,017,365			1,431,062		73
74	RENAL DIALYSIS	772,264					74
76	ENDOSCOPY	3,344,502					76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	3,224,485					76.20
76.97	CARDIAC REHABILITATION	317,222			6,031		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	722,540					90
91	EMERGENCY	17,762,238			463		91
92	OBSERVATION BEDS	13,744,336					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	464,250,948			2,237,506		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5590) [] 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. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.225494						50
51 RECOVERY ROOM	0.296515						51
52 DELIVERY ROOM & LABOR ROOM	0.483247						52
53 ANESTHESIOLOGY	0.118163						53
54 RADIOLOGY-DIAGNOSTIC	0.149681						54
54.10 MAMOGRAPHY	0.272670						54.10
54.20 ULTRASOUND	0.157230						54.20
54.30 ECHOCARDIOLOGY	0.189886						54.30
55 RADIOLOGY-THERAPEUTIC	1.043471						55
56 RADIOISOTOPE	0.096556						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604						58
59 CARDIAC CATHETERIZATION	0.125098						59
60 LABORATORY	0.080199						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.151525						65
66 PHYSICAL THERAPY	0.592139						66
67 OCCUPATIONAL THERAPY	0.290857						67
68 SPEECH PATHOLOGY	0.337752						68
69 ELECTROCARDIOLOGY	0.110789						69
70 ELECTROENCEPHALOGRAPHY	0.415624						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.137283						71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241						72
73 DRUGS CHARGED TO PATIENTS	0.092250						73
74 RENAL DIALYSIS	0.462864						74
76 ENDOSCOPY	0.296899						76
76.10 DIABETES SERVICES							76.10
76.20 PAIN CLINIC	0.182951						76.20
76.97 CARDIAC REHABILITATION	1.718509						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.789091						90
91 EMERGENCY	0.277340						91
92 OBSERVATION BEDS	0.149037						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 13:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,610,882		1,610,882	25,911	62.17	2,567	159,590	30
31 INTENSIVE CARE UNIT								31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	79,630		79,630	2,429	32.78	878	28,781	43
44 SKILLED NURSING FACILITY	99,858		99,858	1,789	55.82	102	5,694	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,790,370		1,790,370	30,129		3,547	194,065	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 (14-0162) [] 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					972,283	34,658,025	0.028054			50
51					46,889	2,119,622	0.022121			51
52					334,727	6,421,361	0.052127			52
53					86,645	4,038,300	0.021456			53
54					317,442	10,990,603	0.028883			54
54.10					299,429	3,950,448	0.075796			54.10
54.20					89,794	6,464,925	0.013889			54.20
54.30					132,370	4,775,134	0.027721			54.30
55					757	28,939	0.026158			55
56					136,516	14,489,471	0.009422			56
57					432,387	40,904,292	0.010571			57
58					540,634	18,207,563	0.029693			58
59					669,338	22,683,264	0.029508			59
60					420,071	68,583,255	0.006125			60
62.30										62.30
65					94,080	7,535,047	0.012486			65
66					975,645	7,663,752	0.127306			66
67					29,205	2,315,825	0.012611			67
68					22,354	912,163	0.024507			68
69					74,442	4,318,512	0.017238			69
70					56,490	693,427	0.081465			70
71					368,796	36,675,390	0.010056			71
72					227,102	34,916,678	0.006504			72
73					391,333	91,017,365	0.004300			73
74					68,184	772,264	0.088291			74
76					78,326	3,344,502	0.023419			76
76.10										76.10
76.20					104,060	3,224,485	0.032272			76.20
76.97					178,884	317,222	0.563908			76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90					91,240	722,540	0.126277			90
91					331,851	17,762,238	0.018683			91
92					167,982	13,744,336	0.012222			92
OTHER REIMBURSABLE COST CENTERS										
200					7,739,256	464,250,948				200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 13:52

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
 02/26/2013 13:52

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	25,911		2,567	30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 OTHER SPECIAL CARE (SPECIFY)				35
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
42 SUBPROVIDER I				42
43 NURSERY	2,429		878	43
44 SKILLED NURSING FACILITY	1,789		102	44
45 NURSING FACILITY				45
200 TOTAL (SUM OF LINES 30-199)	30,129		3,547	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0162)	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[XX]	OTHER
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	(SUM OF COLS. 1-4) 5	(SUM OF COLS. 2-4) 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				
54.10	MAMOGRAPHY					54.10				
54.20	ULTRASOUND					54.20				
54.30	ECHOCARDIOLOGY					54.30				
55	RADIOLOGY-THERAPEUTIC					55				
56	RADIOISOTOPE					56				
57	COMPUTED TOMOGRAPHY (CT) SCAN					57				
58	MAGNETIC RESONANCE IMAGING (M					58				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
67	OCCUPATIONAL THERAPY					67				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
70	ELECTROENCEPHALOGRAPHY					70				
71	MEDICAL SUPPLIES CHRGED TO PA					71				
72	IMPL. DEV. CHARGED TO PATIENT					72				
73	DRUGS CHARGED TO PATIENTS					73				
74	RENAL DIALYSIS					74				
76	ENDOSCOPY					76				
76.10	DIABETES SERVICES					76.10				
76.20	PAIN CLINIC					76.20				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90	CLINIC					90				
91	EMERGENCY					91				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0162)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	CHARGES	(COL. 8 x	CHARGES	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	PGM	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	34,658,025					50
51	RECOVERY ROOM	2,119,622					51
52	DELIVERY ROOM & LABOR ROOM	6,421,361					52
53	ANESTHESIOLOGY	4,038,300					53
54	RADIOLOGY-DIAGNOSTIC	10,990,603					54
54.10	MAMOGRAPHY	3,950,448					54.10
54.20	ULTRASOUND	6,464,925					54.20
54.30	ECHOCARDIOLOGY	4,775,134					54.30
55	RADIOLOGY-THERAPEUTIC	28,939					55
56	RADIOISOTOPE	14,489,471					56
57	COMPUTED TOMOGRAPHY (CT) SCA	40,904,292					57
58	MAGNETIC RESONANCE IMAGING (	18,207,563					58
59	CARDIAC CATHETERIZATION	22,683,264					59
60	LABORATORY	68,583,255					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	7,535,047					65
66	PHYSICAL THERAPY	7,663,752					66
67	OCCUPATIONAL THERAPY	2,315,825					67
68	SPEECH PATHOLOGY	912,163					68
69	ELECTROCARDIOLOGY	4,318,512					69
70	ELECTROENCEPHALOGRAPHY	693,427					70
71	MEDICAL SUPPLIES CHRGED TO P	36,675,390					71
72	IMPL. DEV. CHARGED TO PATIEN	34,916,678					72
73	DRUGS CHARGED TO PATIENTS	91,017,365					73
74	RENAL DIALYSIS	772,264					74
76	ENDOSCOPY	3,344,502					76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	3,224,485					76.20
76.97	CARDIAC REHABILITATION	317,222					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	722,540					90
91	EMERGENCY	17,762,238					91
92	OBSERVATION BEDS	13,744,336					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	464,250,948					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0162) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9	SERVICES 2	DED & COINS 3	DED & COINS 4	SERVICES 5	DED & COINS 6	DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.225494						50
51 RECOVERY ROOM	0.296515						51
52 DELIVERY ROOM & LABOR ROOM	0.483247						52
53 ANESTHESIOLOGY	0.118163						53
54 RADIOLOGY-DIAGNOSTIC	0.149681						54
54.10 MAMOGRAPHY	0.272670						54.10
54.20 ULTRASOUND	0.157230						54.20
54.30 ECHOCARDIOLOGY	0.189886						54.30
55 RADIOLOGY-THERAPEUTIC	1.043471						55
56 RADIOISOTOPE	0.096556						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604						58
59 CARDIAC CATHETERIZATION	0.125098						59
60 LABORATORY	0.080199						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.151525						65
66 PHYSICAL THERAPY	0.592139						66
67 OCCUPATIONAL THERAPY	0.290857						67
68 SPEECH PATHOLOGY	0.337752						68
69 ELECTROCARDIOLOGY	0.110789						69
70 ELECTROENCEPHALOGRAPHY	0.415624						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.137283						71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241						72
73 DRUGS CHARGED TO PATIENTS	0.092250						73
74 RENAL DIALYSIS	0.462864						74
76 ENDOSCOPY	0.296899						76
76.10 DIABETES SERVICES							76.10
76.20 PAIN CLINIC	0.182951						76.20
76.97 CARDIAC REHABILITATION	1.718509						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.789091						90
91 EMERGENCY	0.277340						91
92 OBSERVATION BEDS	0.149037						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5590)			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[XX]	OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.10	MAMOGRAPHY					54.10
54.20	ULTRASOUND					54.20
54.30	ECHOCARDIOLOGY					54.30
55	RADIOLOGY-THERAPEUTIC					55
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	ENDOSCOPY					76
76.10	DIABETES SERVICES					76.10
76.20	PAIN CLINIC					76.20
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5590)			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[XX]	OTHER
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)			
	7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS										
50 OPERATING ROOM	34,658,025						50			
51 RECOVERY ROOM	2,119,622						51			
52 DELIVERY ROOM & LABOR ROOM	6,421,361						52			
53 ANESTHESIOLOGY	4,038,300						53			
54 RADIOLOGY-DIAGNOSTIC	10,990,603						54			
54.10 MAMOGRAPHY	3,950,448						54.10			
54.20 ULTRASOUND	6,464,925						54.20			
54.30 ECHOCARDIOLOGY	4,775,134						54.30			
55 RADIOLOGY-THERAPEUTIC	28,939						55			
56 RADIOISOTOPE	14,489,471						56			
57 COMPUTED TOMOGRAPHY (CT) SCA	40,904,292						57			
58 MAGNETIC RESONANCE IMAGING (	18,207,563						58		
59 CARDIAC CATHETERIZATION	22,683,264						59			
60 LABORATORY	68,583,255						60			
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30			
65 RESPIRATORY THERAPY	7,535,047						65			
66 PHYSICAL THERAPY	7,663,752						66			
67 OCCUPATIONAL THERAPY	2,315,825						67			
68 SPEECH PATHOLOGY	912,163						68			
69 ELECTROCARDIOLOGY	4,318,512						69			
70 ELECTROENCEPHALOGRAPHY	693,427						70			
71 MEDICAL SUPPLIES CHRGED TO P	36,675,390						71			
72 IMPL. DEV. CHARGED TO PATIEN	34,916,678						72			
73 DRUGS CHARGED TO PATIENTS	91,017,365						73			
74 RENAL DIALYSIS	772,264						74			
76 ENDOSCOPY	3,344,502						76			
76.10 DIABETES SERVICES							76.10			
76.20 PAIN CLINIC	3,224,485						76.20			
76.97 CARDIAC REHABILITATION	317,222						76.97			
76.98 HYPERBARIC OXYGEN THERAPY							76.98			
76.99 LITHOTRIPSY							76.99			
OUTPATIENT SERVICE COST CENTERS										
90 CLINIC	722,540						90			
91 EMERGENCY	17,762,238						91			
92 OBSERVATION BEDS	13,744,336						92			
OTHER REIMBURSABLE COST CENTERS										
200 TOTAL (SUM OF LINES 50-199)	464,250,948						200			

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [XX] SNF (14-5590) [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9	SERVICES 2	DED & COINS 3	DED & COINS 4	SERVICES 5	DED & COINS 6	DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.225494						50
51 RECOVERY ROOM	0.296515						51
52 DELIVERY ROOM & LABOR ROOM	0.483247						52
53 ANESTHESIOLOGY	0.118163						53
54 RADIOLOGY-DIAGNOSTIC	0.149681						54
54.10 MAMOGRAPHY	0.272670						54.10
54.20 ULTRASOUND	0.157230						54.20
54.30 ECHOCARDIOLOGY	0.189886						54.30
55 RADIOLOGY-THERAPEUTIC	1.043471						55
56 RADIOISOTOPE	0.096556						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604						58
59 CARDIAC CATHETERIZATION	0.125098						59
60 LABORATORY	0.080199						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.151525						65
66 PHYSICAL THERAPY	0.592139						66
67 OCCUPATIONAL THERAPY	0.290857						67
68 SPEECH PATHOLOGY	0.337752						68
69 ELECTROCARDIOLOGY	0.110789						69
70 ELECTROENCEPHALOGRAPHY	0.415624						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.137283						71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241						72
73 DRUGS CHARGED TO PATIENTS	0.092250						73
74 RENAL DIALYSIS	0.462864						74
76 ENDOSCOPY	0.296899						76
76.10 DIABETES SERVICES							76.10
76.20 PAIN CLINIC	0.182951						76.20
76.97 CARDIAC REHABILITATION	1.718509						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.789091						90
91 EMERGENCY	0.277340						91
92 OBSERVATION BEDS	0.149037						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 (14-0162) [] 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)	25,911	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,911	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,209	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,304	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	19,643,440	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19,643,440	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,254,283	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,254,283	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.809896	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,045.04	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	19,643,440	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0162) [] 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) 758.11 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,569,675 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) 8,569,675 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					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)					15,565,153 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					24,134,828 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 702,770 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,371,657 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,074,427 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 22,060,401 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 XVII 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 XVII 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) 2,702 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 758.11 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,048,413 89

COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
90 CAPITAL-RELATED COST	1,610,882	19,643,440	0.082006	2,048,413	167,982 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] 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)	1,789	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,789	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,789	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)	1,165	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)	1,070,598	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	1,070,598	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	1,070,598	37

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 13:52

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	1,070,598	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	598.43	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	697,171	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	697,171	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	697,171	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	342,520	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	1,039,691	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0162) [] 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)	25,911	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,911	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,209	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,567	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)	2,429	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	878	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	19,643,440	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19,643,440	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,254,283	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,254,283	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.809896	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,045.04	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	19,643,440	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0162) [] 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) 758.11 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,946,068 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 1,946,068 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	777,810	2,429	320.22	878	281,153 42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS
 43 INTENSIVE CARE UNIT 43
 44 CORONARY CARE UNIT 44
 45 BURN INTENSIVE CARE UNIT 45
 46 SURGICAL INTENSIVE CARE UNIT 46
 47 OTHER SPECIAL CARE (SPECIFY) 47
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 2,227,221 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 188,371 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 188,371 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 XVII 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 XVII 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) 2,702 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.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4	5
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] 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)	1,789	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,789	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,789	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)	102	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)	1,070,598	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	1,070,598	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	1,070,598	37

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 13:52

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
APPLICABLE [] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] TEFRA
BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	1,070,598	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	598.43	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	61,040	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	61,040	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)	99,858	75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)	55.82	76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)	5,694	77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)	55,346	78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)	55,346	80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	5,694	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,694	86

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] 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		12,136,662		30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.225494	10,148,336	2,288,389	50
51 RECOVERY ROOM	0.296515	495,113	146,808	51
52 DELIVERY ROOM & LABOR ROOM	0.483247			52
53 ANESTHESIOLOGY	0.118163	1,094,580	129,339	53
54 RADIOLOGY-DIAGNOSTIC	0.149681	1,741,883	260,727	54
54.10 MAMOGRAPHY	0.272670	475	130	54.10
54.20 ULTRASOUND	0.157230	547,550	86,091	54.20
54.30 ECHOCARDIOLOGY	0.189886	866,944	164,621	54.30
55 RADIOLOGY-THERAPEUTIC	1.043471	23,997	25,040	55
56 RADIOISOTOPE	0.096556	1,031,198	99,568	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406	3,902,461	208,415	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604	1,359,772	116,402	58
59 CARDIAC CATHETERIZATION	0.125098	4,169,656	521,616	59
60 LABORATORY	0.080199	10,702,473	858,328	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.151525	3,248,359	492,208	65
66 PHYSICAL THERAPY	0.592139	955,713	565,915	66
67 OCCUPATIONAL THERAPY	0.290857	518,201	150,722	67
68 SPEECH PATHOLOGY	0.337752	111,898	37,794	68
69 ELECTROCARDIOLOGY	0.110789	513,232	56,860	69
70 ELECTROENCEPHALOGRAPHY	0.415624	142,677	59,300	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.137283	12,482,166	1,713,589	71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241	12,490,815	3,200,659	72
73 DRUGS CHARGED TO PATIENTS	0.092250	32,509,703	2,999,020	73
74 RENAL DIALYSIS	0.462864	583,727	270,186	74
76 ENDOSCOPY	0.296899	1,459,679	433,377	76
76.10 DIABETES SERVICES				76.10
76.20 PAIN CLINIC	0.182951			76.20
76.97 CARDIAC REHABILITATION	1.718509	39,938	68,634	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.789091	3,761	2,968	90
91 EMERGENCY	0.281417	1,631,611	459,163	91
92 OBSERVATION BEDS	0.149037	1,001,654	149,284	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		103,777,572	15,565,153	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		103,777,572		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.225494	429	97		50
51 RECOVERY ROOM	0.296515				51
52 DELIVERY ROOM & LABOR ROOM	0.483247				52
53 ANESTHESIOLOGY	0.118163				53
54 RADIOLOGY-DIAGNOSTIC	0.149681	10,709	1,603		54
54.10 MAMOGRAPHY	0.272670				54.10
54.20 ULTRASOUND	0.157230	5,518	868		54.20
54.30 ECHOCARDIOLOGY	0.189886	2,256	428		54.30
55 RADIOLOGY-THERAPEUTIC	1.043471	4,936	5,151		55
56 RADIOISOTOPE	0.096556				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406	7,858	420		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604				58
59 CARDIAC CATHETERIZATION	0.125098	783	98		59
60 LABORATORY	0.080199	200,905	16,112		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.151525	71,300	10,804		65
66 PHYSICAL THERAPY	0.592139	165,445	97,966		66
67 OCCUPATIONAL THERAPY	0.290857	131,866	38,354		67
68 SPEECH PATHOLOGY	0.337752	4,877	1,647		68
69 ELECTROCARDIOLOGY	0.110789	1,505	167		69
70 ELECTROENCEPHALOGRAPHY	0.415624				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.137283	191,563	26,298		71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241				72
73 DRUGS CHARGED TO PATIENTS	0.092250	1,431,062	132,015		73
74 RENAL DIALYSIS	0.462864				74
76 ENDOSCOPY	0.296899				76
76.10 DIABETES SERVICES					76.10
76.20 PAIN CLINIC	0.182951				76.20
76.97 CARDIAC REHABILITATION	1.718509	6,031	10,364		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.789091				90
91 EMERGENCY	0.277340	463	128		91
92 OBSERVATION BEDS	0.149037				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,237,506	342,520		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,237,506			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] 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
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.225494			50
51 RECOVERY ROOM	0.296515			51
52 DELIVERY ROOM & LABOR ROOM	0.483247			52
53 ANESTHESIOLOGY	0.118163			53
54 RADIOLOGY-DIAGNOSTIC	0.149681			54
54.10 MAMOGRAPHY	0.272670			54.10
54.20 ULTRASOUND	0.157230			54.20
54.30 ECHOCARDIOLOGY	0.189886			54.30
55 RADIOLOGY-THERAPEUTIC	1.043471			55
56 RADIOISOTOPE	0.096556			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604			58
59 CARDIAC CATHETERIZATION	0.125098			59
60 LABORATORY	0.080199			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.151525			65
66 PHYSICAL THERAPY	0.592139			66
67 OCCUPATIONAL THERAPY	0.290857			67
68 SPEECH PATHOLOGY	0.337752			68
69 ELECTROCARDIOLOGY	0.110789			69
70 ELECTROENCEPHALOGRAPHY	0.415624			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.137283			71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241			72
73 DRUGS CHARGED TO PATIENTS	0.092250			73
74 RENAL DIALYSIS	0.462864			74
76 ENDOSCOPY	0.296899			76
76.10 DIABETES SERVICES				76.10
76.20 PAIN CLINIC	0.182951			76.20
76.97 CARDIAC REHABILITATION	1.718509			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.789091			90
91 EMERGENCY	0.277340			91
92 OBSERVATION BEDS	0.149037			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input checked="" type="checkbox"/>	SNF (14-5590)	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.225494			50
51 RECOVERY ROOM	0.296515			51
52 DELIVERY ROOM & LABOR ROOM	0.483247			52
53 ANESTHESIOLOGY	0.118163			53
54 RADIOLOGY-DIAGNOSTIC	0.149681			54
54.10 MAMOGRAPHY	0.272670			54.10
54.20 ULTRASOUND	0.157230			54.20
54.30 ECHOCARDIOLOGY	0.189886			54.30
55 RADIOLOGY-THERAPEUTIC	1.043471			55
56 RADIOISOTOPE	0.096556			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.053406			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.085604			58
59 CARDIAC CATHETERIZATION	0.125098			59
60 LABORATORY	0.080199			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.151525			65
66 PHYSICAL THERAPY	0.592139			66
67 OCCUPATIONAL THERAPY	0.290857			67
68 SPEECH PATHOLOGY	0.337752			68
69 ELECTROCARDIOLOGY	0.110789			69
70 ELECTROENCEPHALOGRAPHY	0.415624			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.137283			71
72 IMPL. DEV. CHARGED TO PATIENT	0.256241			72
73 DRUGS CHARGED TO PATIENTS	0.092250			73
74 RENAL DIALYSIS	0.462864			74
76 ENDOSCOPY	0.296899			76
76.10 DIABETES SERVICES				76.10
76.20 PAIN CLINIC	0.182951			76.20
76.97 CARDIAC REHABILITATION	1.718509			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.789091			90
91 EMERGENCY	0.277340			91
92 OBSERVATION BEDS	0.149037			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 (14-0162)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	21,751,767	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	452,888	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	129.62	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)	0.0305	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1380	31
32	SUM OF LINES 30 AND 31	0.1685	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0370	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	804,815	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	23,009,470	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	23,009,470	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,852,808	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0162)
 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)	24,862,278	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	24,862,278	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,291,284	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	9,429	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	224,704	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	157,293	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	211,456	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	22,718,858	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	22,718,858	71
72	INTERIM PAYMENTS	22,793,162	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-74,304	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	478,539	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-0162) 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		22,758,262		7,288,987
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 05/04/2012	34,900	05/04/2012	22,200
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			3.50
PROVIDER	.52			3.51
TO	.53			3.52
PROGRAM	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		34,900		22,200
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		22,793,162		7,311,187

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5590)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		314,046		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	NONE		3.01
	.02			3.02
	.03			3.03
	.04			3.04
	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	.52			3.52
	.53			3.53
	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		314,046		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			6.03
	PROVIDER .04			6.04
	TO .05			6.05
	PROGRAM .06			6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 13:52

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0162) [] CAH
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	6,629	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	11,304	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,358	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	23,209	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	490,661,274	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	21,657,728	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,429,939	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,307,918	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 + LINE 31)	122,021	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	336,980 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	336,980 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	22,934 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	314,046 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	314,046 15
16	INTERIM PAYMENTS	314,046 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	2,227,221	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,227,221	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,227,221	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	2,227,221	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [XX] SNF (14-5590) [] 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	5,694	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,694	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,694	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))	5,694	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	2,376,447			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	107,149,691			4
5	OTHER RECEIVABLES	741,836			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-75,639,023			6
7	INVENTORY	1,569,515			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	811,548			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	37,010,014			11
FIXED ASSETS					
12	LAND	1,635,357			12
13	LAND IMPROVEMENTS	2,308,315			13
14	ACCUMULATED DEPRECIATION	-2,248,813			14
15	BUILDINGS	107,990,826			15
16	ACCUMULATED DEPRECIATION	-55,118,584			16
17	LEASEHOLD IMPROVEMENTS	523,198			17
18	ACCUMULATED AMORTIZATION	-195,305			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	73,236,153			23
24	ACCUMULATED DEPRECIATION	-60,970,657			24
25	MINOR EQUIPMENT DEPRECIABLE	102,891			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)	67,263,381			30
OTHER ASSETS					
31	INVESTMENTS	119,504,527			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	17,652,053			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	137,156,580			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	241,429,975			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	2,414,253			37
38	SALARIES, WAGES & FEES PAYABLE	10,785,183			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	310,249			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	16,279,725			43
44	OTHER CURRENT LIABILITIES	1,175,860			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	30,965,270			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	1,374,981			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	1,374,981			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	32,340,251			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	209,089,724			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)	209,089,724			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	241,429,975			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		181,666,162							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		28,249,448							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		209,915,610							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTION ACTIVITY		-825,886							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		-825,886							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		209,089,724							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		209,089,724							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	24,254,283		24,254,283	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	810,848		810,848	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	25,065,131		25,065,131	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	25,065,131		25,065,131	18
19 ANCILLARY SERVICES	228,414,815		228,414,815	19
20 OUTPATIENT SERVICES		294,351,362	294,351,362	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	253,479,946	294,351,362	547,831,308	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		151,286,051	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)		151,286,051	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	547,831,308	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	387,538,789	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	160,292,519	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	151,286,051	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	9,006,468	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,444,520	6
7	INCOME FROM INVESTMENTS	11,728,624	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	440,873	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	62,355	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	158,204	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	938,902	22
23	GOVERNMENTAL APPROPRIATIONS		23
24		4,469,502	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	19,242,980	25
26	TOTAL (LINE 5 PLUS LINE 25)	28,249,448	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)	28,249,448	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-016) [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	1,753,217	1
2	CAPITAL DRG OUTLIER PAYMENTS	38,754	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	63.41	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)	0.0305	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1380	8
9	SUM OF LINES 7 AND 8	0.1685	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0347	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	60,837	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,852,808	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
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
54.10 MAMOGRAPHY					54.10
54.20 ULTRASOUND					54.20
54.30 ECHOCARDIOLOGY					54.30
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 ENDOSCOPY					76
76.10 DIABETES SERVICES					76.10
76.20 PAIN CLINIC					76.20
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.10 RADIOLOGY CLINIC					192.10
192.20 FUND DEV, MKTING, COMM HEALTH					192.20
192.30 MCLEAN CO EMS					192.30
192.40 INDUSTRIAL MEDICINE					192.40
192.60 NONALLOWABLE CARDIAC REHAB					192.60

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11
02/26/2013 13:52

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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