

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

WORKSHEET S  
PARTS I, II & III

PART I - COST REPORT STATUS

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

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
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 SAINT JOSEPH HOSPITAL (14-0224) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
\_\_\_\_\_  
TITLE  
\_\_\_\_\_  
DATE

PART III - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		HIT	TITLE XIX
	1	PART A	PART B	4	5
1	HOSPITAL				1
2	SUBPROVIDER - IPF	-484,943	-49,032		2
3	SUBPROVIDER - IRF	200,639			3
4	SUBPROVIDER (OTHER)	46,711			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	-237,593	-49,032		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: 2900 NORTH LAKE SHORE DRIVE P.O.BOX: 1  
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60657 COUNTY: COOK 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	14-0224	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	14-S224	16974	4	07/01/1985	N	P	O	4
5	SUBPROVIDER - IRF	14-T224	16974	5	07/01/1985	N	P	O	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5568	16974		01/28/1987	N	P	N	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: 07/01/2011			TO: 06/30/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	6,995	3,119			107	453	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.	316	130					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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3		
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			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 IIME 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	IIME 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)	Y			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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.3+COL.4))		
65	FAMILY MEDICINE	1350	0.57	16.24	0.033908	65
65.01	INTERNAL MEDICINE	1400	2.88	62.28	0.044199	65.01
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 FTE NONPROVIDER SITE	UNWEIGHTED FTE IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
1	2	3	4	5	
67 FAMILY MEDICINE	1350	0.97	17.01	0.053949	67
67.01 INTERNAL MEDICINE	1400	0.50	74.45	0.006671	67.01

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			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.	N	N		71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			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.	N			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
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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	105	
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- N	OCCUP- N	RESPI- 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.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	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 14H082	140
-----	--	--------	-------------	-----

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

141	NAME: RESURRECTION HEALTHCARE	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 131	141
142	STREET: 100 NORTH RIVER ROAD	P.O. BOX:		142
143	CITY: DES PLAINES	STATE: WI	ZIP CODE: 53201	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 PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155	HOSPITAL	N	3	4
156	SUBPROVIDER - IPF	N		N 155
157	SUBPROVIDER - IRF	N		N 156
158	SUBPROVIDER - (OTHER)	N		N 157
159	SNF	N		N 158
160	HHA	N		N 159
161	CMHC	N		N 160

MULTICAMPUS

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
2		Y/N	DATE	V/I	
1		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
1		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N		4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
1		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		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	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y/N	Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA		PART A		PART B	
Y/N	DATE	Y/N	DATE	Y/N	DATE
1	2	3	4	3	4
16	10/04/2012	Y	10/04/2012	Y	10/04/2012
17		N		N	
18		N		N	
19		N		N	
20		N		N	
21		N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: MICHAEL	LAST NAME: VOLANTE	TITLE: SYSTEM DIRECTOR-REIM	41
42	EMPLOYER: PRESENCE HEALTH/ RESURRECTION			42
43	PHONE NUMBER: 847-813-3719	E-MAIL ADDRESS: MVOLANTE@PRESENCEHEALTH.ORG		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	75,716,022	75,716,022	2,422,025.00	31.26	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE		194,252	194,252	3,543.00	54.83	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B		1,877,522	1,877,522	25,237.55	74.39	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)	21	6,610,769	6,610,769	275,528.00	23.99	7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	1,365,752	1,365,752	45,830.00	29.80	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		7,776,590	178,823	7,955,413	238,549.00	33.35
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		789,708	789,708	14,305.50	55.20	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		11,130,114	11,130,114	345,455.00	32.22	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		12,613,678	12,613,678			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,612,154	1,612,154			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		23,944	23,944			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		170,560	170,560			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		1,862,064	1,862,064			25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		230,226	230,226			26
27	ADMINISTRATIVE & GENERAL		4,216,175	108,331	4,324,506	143,611.00	30.11
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS		502,093	502,093	16,409.00	30.60	29
30	OPERATION OF PLANT		671,719	671,719	18,803.00	35.72	30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING		1,422,041	1,422,041	105,933.00	13.42	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,852,278	-698,347	1,153,931	56,629.00	20.38
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			698,347	698,347	57,289.00	12.19
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,926,382	1,926,382	47,419.00	40.62	38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY		2,385,265	2,385,265	61,008.00	39.10	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		951,247	951,247	43,305.00	21.97	41
42	SOCIAL SERVICE		1,427,205	1,427,205	36,699.00	38.89	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	73,838,500	-6,610,769	67,227,731	2,121,259.4	31.69	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	9,142,342	178,823	9,321,165	284,379.00	32.78	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	64,696,158	-6,789,592	57,906,566	1,836,880.4	31.52	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	11,919,822		11,919,822	359,760.50	33.13	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	12,637,622		12,637,622		21.82	5
6	TOTAL (SUM OF LINES 3 THRU 5)	89,253,602	-6,789,592	82,464,010	2,196,640.9	37.54	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	15,584,631	108,331	15,692,962	587,105.00	26.73	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,673,084 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)	7,238,944 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	206,409 10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	88,575 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	193,444 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	493,263 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	5,174,734 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	131,508 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	168,486 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	16,368,447 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	55,614 25

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/28/2012 13:03

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX			3
4	RUL			4
5	RVX	37		37
6	RVL	104		104
7	RHX	89		89
8	RHL	226		226
9	RMX	69		69
10	RML	59		59
11	RLX			11
12	RUC			12
13	RUB	151		151
14	RUA	63		63
15	RVC	148		148
16	RVB	426		426
17	RVA	523		523
18	RHC	377		377
19	RHB	638		638
20	RHA	572		572
21	RMC	104		104
22	RMB	108		108
23	RMA	141		141
24	RLB			24
25	RLA	3		3
26	ES3			26
27	ES2			27
28	ES1	64		64
29	HE2			29
30	HE1	3		3
31	HD2			31
32	HD1	10		10
33	HC2			33
34	HC1	6		6
35	HB2			35
36	HB1	24		24
37	LE2	7		7
38	LE1	8		8
39	LD2			39
40	LD1	3		3
41	LC2			41
42	LC1	5		5
43	LB2	7		7
44	LB1	16		16
45	CE2			45
46	CE1	11		11
47	CD2	7		7
48	CD1	15		15
49	CC2			49
50	CC1	29		29
51	CB2			51
52	CB1	56		56
53	CA2			53
54	CA1	26		26
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

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (COLS. 2 + 3) 4
		1	2	3	4
69	PE2				69
70	PE1		5		5 70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1		6		6 74
75	PB2				75
76	PB1		2		2 76
77	PA2				77
78	PA1				78
199	AAA		1		1 199
200	TOTAL		4,149		4,149 200

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OCT 1 OF THE COST REPORTING PERIOD (IF APPLICABLE)	
		1	2	
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).	01600	00004	201

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

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	4,534,883		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)				0.235514	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				12,211,047	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				87,837,607	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				20,686,986	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.				8,475,939	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				247,104	9
10	STAND-ALONE SCHIP CHARGES				1,777,490	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				418,624	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.				171,520	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				10,000	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				8,647,459	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	2,460,298	357,777	2,818,075		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	579,435	84,261	663,696		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	44,071	8,787	52,858		22
23	COST OF CHARITY CARE	535,364	75,474	610,838		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					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)					26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,123,640	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				-1,123,640	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				-264,633	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				346,205	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				8,993,664	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		9,454,850	9,454,850	-5,760,155	1
2	00200				5,760,155	2
3	00300					3
4	00400	230,226	732,988	963,214	15,778,039	4
5.01	00540				225,798	5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570				3,685	5.04
5.05	00580					5.05
5.06	00591	4,216,175	40,571,582	44,787,757	-928,759	5.06
6	00600	502,093	651,479	1,153,572	-121,340	6
7	00700	671,719	5,140,067	5,811,786	-147,728	7
8	00800		834,900	834,900	-73	8
9	00900	1,422,041	1,456,247	2,878,288	-651,740	9
10	01000	1,852,278	1,846,188	3,698,466	-1,984,556	10
11	01100				1,265,330	11
12	01200					12
13	01300	1,926,382	408,177	2,334,559	-346,547	13
14	01400		165,139	165,139	-293,318	14
15	01500	2,385,265	11,026,842	13,412,107	-12,140,131	15
16	01600	951,247	1,037,646	1,988,893	-291,762	16
17	01700	1,427,205	794,255	2,221,460	-297,445	17
19	01900					19
20	02000					20
21	02100				6,597,143	21
22	02200	11,169,646	3,760,869	14,930,515	-7,687,446	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	15,138,040	7,050,182	22,188,222	-5,062,385	30
31	03100	2,707,338	1,086,830	3,794,168	-729,491	31
40	04000	2,672,810	737,298	3,410,108	-462,991	40
41	04100	1,205,115	357,835	1,562,950	-300,364	41
43	04300	1,532,529	408,200	1,940,729	62,014	43
44	04400	1,365,752	433,397	1,799,149	-375,820	44
ANCILLARY SERVICE COST CENTERS						
50	05000	5,859,418	12,325,256	18,184,674	-7,987,841	50
51	05100	682,684	175,888	858,572	-159,023	51
53	05300	111,157	725,067	836,224	-330,307	53
54	05400	3,273,321	2,592,767	5,866,088	-1,184,889	54
55	05500	1,115,034	575,300	1,690,334	-301,100	55
60	06000	1,373,385	6,099,604	7,472,989	-469,798	60
62.30	06250					62.30
65	06500	1,160,275	611,357	1,771,632	-390,927	65
66	06600	3,099,522	1,311,847	4,411,369	-695,393	66
69	06900	1,487,104	3,174,735	4,661,839	-2,409,158	69
70	07000	92,988	36,426	129,414	-30,501	70
71	07100				5,974,297	71
72	07200				4,764,319	72
73	07300				12,703,043	73
73.01	07301					73.01
74	07400		454,588	454,588	-5,241	74
76	03140					76
76.97	07697	43,426	12,826	56,252	-11,608	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	281,735	111,000	392,735	-86,646	90
91	09100	1,678,365	837,111	2,515,476	-555,544	91
91.01	04950	183,082	69,531	252,613	-40,159	91.01
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
118		71,817,357	117,068,274	188,885,631	893,637	118
NONREIMBURSABLE COST CENTERS						
194	07950	3,898,665	3,054,267	6,952,932	-893,637	194
194.01	07951					194.01
200		75,716,022	120,122,541	195,838,563		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	3,694,695	1,458,533	5,153,228	1
2	00200	CAP REL COSTS-MVBLE EQUIP	5,760,155		5,760,155	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	16,741,253	618,513	17,359,766	4
5.01	00540	NONPATIENT TELEPHONES	225,798		225,798	5.01
5.02	00550	DATA PROCESSING		4,286,778	4,286,778	5.02
5.03	00560	PURCHASING,RECEIVING&STORES		710,271	710,271	5.03
5.04	00570	ADMITTING	3,685	1,480,998	1,484,683	5.04
5.05	00580	CASHIERING/ACCTS RECEIVABLE		3,501,292	3,501,292	5.05
5.06	00591	ADMINISTRATION & GENERAL	43,858,998	-14,433,228	29,425,770	5.06
6	00600	MAINTENANCE & REPAIRS	1,032,232		1,032,232	6
7	00700	OPERATION OF PLANT	5,664,058	355,796	6,019,854	7
8	00800	LAUNDRY & LINEN SERVICE	834,827		834,827	8
9	00900	HOUSEKEEPING	2,226,548		2,226,548	9
10	01000	DIETARY	1,713,910		1,713,910	10
11	01100	CAFETERIA	1,265,330	-1,247,603	17,727	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,988,012		1,988,012	13
14	01400	CENTRAL SERVICES & SUPPLY	-128,179	547,032	418,853	14
15	01500	PHARMACY	1,271,976		1,271,976	15
16	01600	MEDICAL RECORDS & LIBRARY	1,697,131	-4,466	1,692,665	16
17	01700	SOCIAL SERVICE	1,924,015		1,924,015	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,597,143		6,597,143	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	7,243,069	-105,624	7,137,445	22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	17,125,837	-170,995	16,954,842	30
31	03100	INTENSIVE CARE UNIT	3,064,677	378,075	3,442,752	31
40	04000	SUBPROVIDER - IPF	2,947,117		2,947,117	40
41	04100	SUBPROVIDER - IRF	1,262,586		1,262,586	41
43	04300	NURSERY	2,002,743		2,002,743	43
44	04400	SKILLED NURSING FACILITY	1,423,329	-1,909	1,421,420	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	10,196,833	-295,839	9,900,994	50
51	05100	RECOVERY ROOM	699,549		699,549	51
53	05300	ANESTHESIOLOGY	505,917	-262,570	243,347	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,681,199	-666,426	4,014,773	54
55	05500	RADIOLOGY-THERAPEUTIC	1,389,234	-52,645	1,336,589	55
60	06000	LABORATORY	7,003,191		7,003,191	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	1,380,705		1,380,705	65
66	06600	PHYSICAL THERAPY	3,715,976		3,715,976	66
69	06900	ELECTROCARDIOLOGY	2,252,681	-445,895	1,806,786	69
70	07000	ELECTROENCEPHALOGRAPHY	98,913	-11,299	87,614	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,974,297		5,974,297	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	4,764,319		4,764,319	72
73	07300	DRUGS CHARGED TO PATIENTS	12,703,043		12,703,043	73
73.01	07301	DRUGS CHARGED				73.01
74	07400	RENAL DIALYSIS	449,347		449,347	74
76	03140	CARDIAC REHAB				76
76.97	07697	CARDIAC REHABILITATION	44,644		44,644	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	306,089		306,089	90
91	09100	EMERGENCY	1,959,932		1,959,932	91
91.01	04950	PARTIAL HOSPITALIZATION	212,454	-13,022	199,432	91.01
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
118		SUBTOTALS (SUM OF LINES 1-117)	189,779,268	-4,374,233	185,405,035	118
NONREIMBURSABLE COST CENTERS						
194	07950	OTHER	6,059,295	-1,568,010	4,491,285	194
194.01	07951	LAKESHORE GUEST UNIT				194.01
200		TOTAL (SUM OF LINES 118-199)	195,838,563	-5,942,243	189,896,320	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1					1
2					2
3					3
4 GS RECLASS	A	DRUGS CHARGED TO PATIENTS	73	12,703,043	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
500 TOTAL RECLASSIFICATIONS				12,703,043	500
CODE LETTER -					
1 IMPLANTABLES AND DEVICES	B	IMPL. DEV. CHARGED TO PATIENT	72	4,764,319	1
2					2
3					3
4					4
5					5
6					6
500 TOTAL RECLASSIFICATIONS				4,764,319	500
CODE LETTER - B					
1 CHARGEABLE SUPPLIES	C	MEDICAL SUPPLIES CHRGED TO PA	71	5,974,297	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
500 TOTAL RECLASSIFICATIONS				5,974,297	500
CODE LETTER - C					
1 NEWBORN NURSERY RECLASS	D	NURSERY	43	326,047	129,321 1
500 TOTAL RECLASSIFICATIONS				326,047	129,321 500
CODE LETTER - D					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	E	CAFETERIA	11	698,347	566,983 1
500 TOTAL RECLASSIFICATIONS				698,347	566,983 500
CODE LETTER - E					
1 PHYSICIAN DEPARTMENT CHAIRMAN	F	SUBPROVIDER - IPF	40	178,823	13,626 1
500 TOTAL RECLASSIFICATIONS				178,823	13,626 500
CODE LETTER - F					
1 ADMIN PORTION OF TEACHING PHYSICIAN	G	ADMINISTRATION & GENERAL	5.06	108,331	8,255 1
500 TOTAL RECLASSIFICATIONS				108,331	8,255 500
CODE LETTER - G					
1 EQUIPMENT DEPRECIATION RECLASS	H	CAP REL COSTS-MVBLE EQUIP	2		5,760,155 1
500 TOTAL RECLASSIFICATIONS					5,760,155 500
CODE LETTER - H					
1 RECLASS PHONES TO OWN LINE	I	NONPATIENT TELEPHONES	5.01		225,798 1
500 TOTAL RECLASSIFICATIONS					225,798 500
CODE LETTER - I					
1 CENTRAL SCHEDULING RECLASS	J	ADMITTING	5.04		3,685 1
500 TOTAL RECLASSIFICATIONS					3,685 500
CODE LETTER - J					
1 RECLASSIFY EMPLOYEE BENEFITS	K	EMPLOYEE BENEFITS	4		15,778,565 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
500 TOTAL RECLASSIFICATIONS					15,778,565 500
CODE LETTER - K					
1 RECLASS INTERNS AND RESIDENT SALARY	L	I&R SRVCES-SALARY & FRINGES A	21	6,789,592	1
500 TOTAL RECLASSIFICATIONS				6,789,592	500
CODE LETTER - L					
GRAND TOTAL (INCREASES)				8,101,140	45,928,047

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		ADMINISTRATION & GENERAL	5.06		7,350	1
2		OPERATION OF PLANT	7		12	2
3		PHARMACY	15		11,641,521	3
4 GS RECLASS	A	I&R SRVCES-OTHER PRGM COSTS A	22		91	4
5		ADULTS & PEDIATRICS	30		180,301	5
6		INTENSIVE CARE UNIT	31		26,687	6
7		SUBPROVIDER - IPF	40		190	7
8		SUBPROVIDER - IRF	41		864	8
9		NURSERY	43		15,796	9
10		SKILLED NURSING FACILITY	44		4,533	10
11		OPERATING ROOM	50		130,035	11
12		RECOVERY ROOM	51		9,543	12
13		ANESTHESIOLOGY	53		61,634	13
14		RADIOLOGY-DIAGNOSTIC	54		339,347	14
15		RADIOLOGY-THERAPEUTIC	55		19,482	15
16		LABORATORY	60		40,584	16
17		RESPIRATORY THERAPY	65		558	17
18		ELECTROCARDIOLOGY	69		60,537	18
19		RENAL DIALYSIS	74		921	19
20		CLINIC	90		9,471	20
21		EMERGENCY	91		62,542	21
22		OTHER	194		91,044	22
500 TOTAL RECLASSIFICATIONS					12,703,043	500
CODE LETTER -						
1 IMPLANTABLES AND DEVICES	B	CENTRAL SERVICES & SUPPLY	14		1,444	1
2		INTENSIVE CARE UNIT	31		358	2
3		NURSERY	43		573	3
4		OPERATING ROOM	50		2,935,910	4
5		PHYSICAL THERAPY	66		272	5
6		ELECTROCARDIOLOGY	69		1,825,762	6
500 TOTAL RECLASSIFICATIONS					4,764,319	500
CODE LETTER - B						
1 CHARGEABLE SUPPLIES	C	ADMINISTRATION & GENERAL	5.06		52	1
2		MAINTENANCE & REPAIRS	6		49	2
3		OPERATION OF PLANT	7		1,984	3
4		LAUNDRY & LINEN SERVICE	8		73	4
5		HOUSEKEEPING	9		4,889	5
6		DIETARY	10		98	6
7		CENTRAL SERVICES & SUPPLY	14		291,874	7
8		PHARMACY	15		10,713	8
9		MEDICAL RECORDS & LIBRARY	16		234	9
10		I&R SRVCES-OTHER PRGM COSTS A	22		1,224	10
11		ADULTS & PEDIATRICS	30		778,230	11
12		INTENSIVE CARE UNIT	31		135,434	12
13		SUBPROVIDER - IPF	40		21,812	13
14		SUBPROVIDER - IRF	41		16,355	14
15		NURSERY	43		54,985	15
16		SKILLED NURSING FACILITY	44		37,253	16
17		OPERATING ROOM	50		3,562,299	17
18		RECOVERY ROOM	51		12,983	18
19		ANESTHESIOLOGY	53		231,748	19
20		RADIOLOGY-DIAGNOSTIC	54		138,062	20
21		RADIOLOGY-THERAPEUTIC	55		31,831	21
22		LABORATORY	60		69,140	22
23		RESPIRATORY THERAPY	65		104,050	23
24		PHYSICAL THERAPY	66		42,068	24
25		ELECTROCARDIOLOGY	69		231,325	25
26		ELECTROENCEPHALOGRAPHY	70		3,154	26
27		RENAL DIALYSIS	74		4,320	27
28		CLINIC	90		7,568	28
29		EMERGENCY	91		105,585	29
30		OTHER	194		74,905	30
31						31
500 TOTAL RECLASSIFICATIONS					5,974,297	500
CODE LETTER - C						
1 NEWBORN NURSERY RECLASS	D	ADULTS & PEDIATRICS	30	326,047	129,321	1
500 TOTAL RECLASSIFICATIONS				326,047	129,321	500
CODE LETTER - D						

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 CAFETERIA	E	DIETARY	10	698,347	566,983	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				698,347	566,983	500
1 PHYSICIAN DEPARTMENT CHAIRMAN	F	I&R SRVCES-SALARY & FRINGES A	21	178,823	13,626	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F				178,823	13,626	500
1 ADMIN PORTION OF TEACHING PHYSICIAN	G	I&R SRVCES-OTHER PRGM COSTS A	22	108,331	8,255	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				108,331	8,255	500
1 EQUIPMENT DEPRECIATION RECLASS	H	CAP REL COSTS-BLDG & FIXT	1		5,760,155	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					5,760,155	500
1 RECLASS PHONES TO OWN LINE	I	ADMINISTRATION & GENERAL	5.06		225,798	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					225,798	500
1 CENTRAL SCHEDULING RECLASS	J	ADMINISTRATION & GENERAL	5.06		3,685	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					3,685	500
1 RECLASSIFY EMPLOYEE BENEFITS	K	EMPLOYEE BENEFITS	4		526	1
2		ADMINISTRATION & GENERAL	5.06		808,460	2
3		MAINTENANCE & REPAIRS	6		121,291	3
4		OPERATION OF PLANT	7		145,732	4
5		HOUSEKEEPING	9		646,851	5
6		DIETARY	10		719,128	6
7		NURSING ADMINISTRATION	13		346,547	7
8		PHARMACY	15		487,897	8
9		MEDICAL RECORDS & LIBRARY	16		291,528	9
10		SOCIAL SERVICE	17		297,445	10
11		I&R SRVCES-OTHER PRGM COSTS A	22		779,953	11
12		ADULTS & PEDIATRICS	30		3,648,486	12
13		INTENSIVE CARE UNIT	31		567,012	13
14		SUBPROVIDER - IPF	40		633,438	14
15		SUBPROVIDER - IRF	41		283,145	15
16		NURSERY	43		322,000	16
17		SKILLED NURSING FACILITY	44		334,034	17
18		OPERATING ROOM	50		1,359,597	18
19		RECOVERY ROOM	51		136,497	19
20		ANESTHESIOLOGY	53		36,925	20
21		RADIOLOGY-DIAGNOSTIC	54		707,480	21
22		RADIOLOGY-THERAPEUTIC	55		249,787	22
23		LABORATORY	60		360,074	23
24		RESPIRATORY THERAPY	65		286,319	24
25		PHYSICAL THERAPY	66		653,053	25
26		ELECTROCARDIOLOGY	69		291,534	26
27		ELECTROENCEPHALOGRAPHY	70		27,347	27
28		CARDIAC REHABILITATION	76.97		11,608	28
29		PARTIAL HOSPITALIZATION	91.01		40,159	29
30		CLINIC	90		69,607	30
31		EMERGENCY	91		387,417	31
32		OTHER	194		727,688	32
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					15,778,565	500
1 RECLASS INTERNS AND RESIDENT SALARY	L	I&R SRVCES-OTHER PRGM COSTS A	22	6,789,592		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				6,789,592		500
GRAND TOTAL (DECREASES)				8,101,140	45,928,047	

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	7,327,665					7,327,665	1
2 LAND IMPROVEMENTS	11,980,239					11,980,239	2
3 BUILDINGS AND FIXTURES	53,794,998	19,143		19,143		53,814,141	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	199,874,002	2,438,034		2,438,034	6,167	202,305,869	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	272,976,904	2,457,177		2,457,177	6,167	275,427,914	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	272,976,904	2,457,177		2,457,177	6,167	275,427,914	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	9,454,850						9,454,850 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	9,454,850						9,454,850 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

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	3,979,130			1,174,098			5,153,228 1
2 CAP REL COSTS-MVBLE EQUIP	5,760,155						5,760,155 2
3 TOTAL	9,739,285			1,174,098			10,913,383 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,900,007			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-443,574			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,247,603	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,466	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 MISC REVENUE	B	-3,156	RADIOLOGY-DIAGNOSTIC	54	34
35					35
36					36
37					37
38 ASBESTOS AMORTIZATION	A	360,796	OPERATION OF PLANT	7	38
39 MOONLIGHTERS	A	-34,499	I&R SRVCES-OTHER PRGM COSTS APP	22	39
40 MEDICARE TO BOOK DEPRECIATION	A	284,885	CAP REL COSTS-BLDG & FIXT	1	9 40
41					41
42 PHYS FEES	A	-1,568,010	OTHER	194	42
43					43
43.01 MISC INCOME	B	-135,886	EMPLOYEE BENEFITS	4	43.01
43.02 MISC INCOME	B	-450	CAP REL COSTS-BLDG & FIXT	1	9 43.02
43.03 MISC INCOME	B	-1,138,030	ADMINISTRATION & GENERAL	5.06	43.03
43.04 MISC INCOME	B	-5,000	OPERATION OF PLANT	7	43.04
43.05 MISC INCOME	B	-11,192	ADULTS & PEDIATRICS	30	43.05
43.10 AHA DUES	A	-9,218	ADMINISTRATION & GENERAL	5.06	43.10
44 MISC INCOME	B	-71,125	I&R SRVCES-OTHER PRGM COSTS APP	22	44
45 MISC INCOME	B	-1,909	SKILLED NURSING FACILITY	44	45
46 MISC INCOME	B	-2,500	RADIOLOGY-THERAPEUTIC	55	46
47 MISC INCOME	B	-11,299	ELECTROENCEPHALOGRAPHY	70	47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-5,942,243			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	4	EMPLOYEE BENEFITS	754,399		754,399	1
2	5.02	DATA PROCESSING	4,286,778		4,286,778	2
3	5.03	PURCHASING,RECEIVING&STORES	710,271		710,271	3
4	5.04	ADMITTING	1,480,998		1,480,998	4
4.01	5.05	CASHIERING/ACCTS RECEIVABLE	3,501,292		3,501,292	4.01
4.02	5.06	ADMINISTRATION & GENERAL	11,841,596	25,118,113	-13,276,517	4.02
4.03	14	CENTRAL SERVICES & SUPPLY	547,032		547,032	4.03
4.04	31	INTENSIVE CARE UNIT	378,075		378,075	4.04
4.05	1	CAP REL COSTS-BLDG & FIXT	1,174,098		1,174,098	11 4.05
5		TOTALS (SUM OF LINES 1-4)	24,674,539	25,118,113	-443,574	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
3	4	5	6				
6	B		RESURRECTION HEALTH CARE		SOLE CORPORATE MEMBER	6	
7						7	
8						8	
9						9	
10						10	

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	5.06 ADMINISTRATION & GENERAL	BALDINGER	98,063		98,063	177,200	1,040	88,600	4,430	1
2	40 SUBPROVIDER - IPF	DR G	46,046		46,046	177,200	1,560	132,900	6,645	2
3	41 SUBPROVIDER - IRF	DR F	23,831		23,831	177,200	787	67,046	3,352	3
4	55 RADIOLOGY-THERAPEUTIC	DR H	50,145	50,145		177,200				4
5	69 ELECTROCARDIOLOGY	AGGREGATE	445,895	445,895		154,100				5
6	53 ANESTHESIOLOGY	COVERAGE	262,570	262,570		177,200				6
7	91.01 PARTIAL HOSPITALIZATION	DR C	26,312		26,312	177,200	156	13,290	665	7
8	50 OPERATING ROOM	NEURO DR E	295,839	295,839		177,200				8
9	54 RADIOLOGY-DIAGNOSTIC	INTERV	663,270	663,270		177,200				9
10	30 ADULTS & PEDIATRICS	DR B	159,803	159,803		177,200				10
200	TOTAL		2,071,774	1,877,522	194,252		3,543	301,836	15,092	200

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 13:03

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.06 ADMINISTRATION & GENERAL	BALDINGER				88,600	9,463	9,463	1
2	40 SUBPROVIDER - IPF	DR G				132,900			2
3	41 SUBPROVIDER - IRF	DR F				67,046			3
4	55 RADIOLOGY-THERAPEUTIC	DR H						50,145	4
5	69 ELECTROCARDIOLOGY	AGGREGATE						445,895	5
6	53 ANESTHESIOLOGY	COVERAGE						262,570	6
7	91.01 PARTIAL HOSPITALIZATION	DR C				13,290	13,022	13,022	7
8	50 OPERATING ROOM	NEURO DR E						295,839	8
9	54 RADIOLOGY-DIAGNOSTIC	INTERV						663,270	9
10	30 ADULTS & PEDIATRICS	DR B						159,803	10
200	TOTAL					301,836	22,485	1,900,007	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,153,228	5,153,228				1
2 CAP REL COSTS-MVBLE EQUIP	5,760,155		5,760,155			2
4 EMPLOYEE BENEFITS	17,359,766	36,829	41,167	17,437,762		4
5.01 NONPATIENT TELEPHONES	225,798	5,609	6,269		237,676	5.01
5.02 DATA PROCESSING	4,286,778	52,516	58,701			5.02
5.03 PURCHASING,RECEIVING&STORES	710,271				3,844	5.03
5.04 ADMITTING	1,484,683				6,833	5.04
5.05 CASHIERING/ACCTS RECEIVABLE	3,501,292				10,677	5.05
5.06 ADMINISTRATION & GENERAL	29,425,770	1,448,386	1,618,965	998,991	29,041	5.06
6 MAINTENANCE & REPAIRS	1,032,232			115,987		6
7 OPERATION OF PLANT	6,019,854	327,547	366,125	155,172	9,823	7
8 LAUNDRY & LINEN SERVICE	834,827	9,107	10,180		854	8
9 HOUSEKEEPING	2,226,548	166,494	186,103	328,501	1,281	9
10 DIETARY	1,713,910	153,447	171,520	266,566	1,708	10
11 CAFETERIA	17,727			161,323	2,563	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,988,012	22,988	25,696	445,008	10,250	13
14 CENTRAL SERVICES & SUPPLY	418,853	141,700	158,389		1,068	14
15 PHARMACY	1,271,976	29,600	33,086	551,013	4,271	15
16 MEDICAL RECORDS & LIBRARY	1,692,665	61,077	68,271	219,745	8,115	16
17 SOCIAL SERVICE	1,924,015			329,694	3,203	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	6,597,143			2,513,932	11,318	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	7,137,445	137,335	153,510			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,954,842	859,485	960,712	3,421,688	29,042	30
31 INTENSIVE CARE UNIT	3,442,752	114,716	128,227	625,414	8,328	31
40 SUBPROVIDER - IPF	2,947,117	117,220	131,025	658,747	7,261	40
41 SUBPROVIDER - IRF	1,262,586	53,463	59,759	278,390	4,912	41
43 NURSEY	2,002,743	7,558	8,449	429,344	1,708	43
44 SKILLED NURSING FACILITY	1,421,420	126,816	141,752	315,498	2,563	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,900,994	347,775	388,735	1,353,567	17,511	50
51 RECOVERY ROOM	699,549	16,601	18,556	157,705		51
53 ANESTHESIOLOGY	243,347	8,914	9,964	25,678	427	53
54 RADIOLOGY-DIAGNOSTIC	4,014,773	227,194	253,952	756,160	17,297	54
55 RADIOLOGY-THERAPEUTIC	1,336,589	62,505	69,867	257,581		55
60 LABORATORY	7,003,191	138,507	154,820	317,262	12,386	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,380,705	25,772	28,808	268,032	2,990	65
66 PHYSICAL THERAPY	3,715,976	52,588	58,782	716,011	5,979	66
69 ELECTROCARDIOLOGY	1,806,786	78,986	88,289	343,531	3,417	69
70 ELECTROENCEPHALOGRAPHY	87,614	305	341	21,481	2,776	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,974,297					71
72 IMPL. DEV. CHARGED TO PATIENT	4,764,319					72
73 DRUGS CHARGED TO PATIENTS	12,703,043					73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	449,347				1,281	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	44,644			10,032	641	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	306,089	57,731	64,531	65,083	8,969	90
91 EMERGENCY	1,959,932	66,999	74,890	387,714	5,339	91
91.01 PARTIAL HOSPITALIZATION	199,432	17,091	19,104	42,293		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	185,405,035	4,972,861	5,558,545	16,537,143	237,676	118
NONREIMBURSABLE COST CENTERS						
194 OTHER	4,491,285	180,367	201,610	900,619		194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	189,896,320	5,153,228	5,760,155	17,437,762	237,676	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	CASHIERING ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING	4,397,995					5.02
5.03 PURCHASING,RECEIVING&STORES		714,115				5.03
5.04 ADMITTING			1,491,516			5.04
5.05 CASHIERING/ACCTS RECEIVABLE				3,511,969		5.05
5.06 ADMINISTRATION & GENERAL	4,397,995	18,143			37,937,291	5.06
6 MAINTENANCE & REPAIRS		434			1,148,653	6
7 OPERATION OF PLANT		263			6,878,784	7
8 LAUNDRY & LINEN SERVICE		6			854,974	8
9 HOUSEKEEPING		11,730			2,920,657	9
10 DIETARY		12,203			2,319,354	10
11 CAFETERIA					181,613	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		418			2,492,372	13
14 CENTRAL SERVICES & SUPPLY		21,269			741,279	14
15 PHARMACY		2,222			1,892,168	15
16 MEDICAL RECORDS & LIBRARY		1,659			2,051,532	16
17 SOCIAL SERVICE		176			2,257,088	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					9,122,393	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		25,304			7,453,594	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		71,302	314,353	477,015	23,088,439	30
31 INTENSIVE CARE UNIT		12,085	47,979	67,879	4,447,380	31
40 SUBPROVIDER - IPF		3,249	59,349	83,965	4,007,933	40
41 SUBPROVIDER - IRF		1,999	21,106	29,860	1,712,075	41
43 NURSERY		5,286	25,216	35,675	2,515,979	43
44 SKILLED NURSING FACILITY		3,817	16,521	23,373	2,051,760	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		364,501	98,543	426,901	12,898,527	50
51 RECOVERY ROOM		1,196	17,223	65,284	976,114	51
53 ANESTHESIOLOGY		17,584	22,224	89,218	417,356	53
54 RADIOLOGY-DIAGNOSTIC		25,280	94,323	362,391	5,751,370	54
55 RADIOLOGY-THERAPEUTIC		3,749	1,345	63,591	1,795,227	55
60 LABORATORY		47,162	171,480	382,895	8,227,703	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		11,859	49,875	76,405	1,844,446	65
66 PHYSICAL THERAPY		5,829	33,186	88,121	4,676,472	66
69 ELECTROCARDIOLOGY		23,818	72,591	181,089	2,598,507	69
70 ELECTROENCEPHALOGRAPHY		300	2,137	8,199	123,153	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			74,980	160,741	6,210,018	71
72 IMPL. DEV. CHARGED TO PATIENT			40,842	88,194	4,893,355	72
73 DRUGS CHARGED TO PATIENTS			271,216	596,657	13,570,916	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS		306	6,021	8,807	465,762	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION		40	45	1,146	56,548	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		663	4,245	13,661	520,972	90
91 EMERGENCY		9,290	46,701	174,498	2,725,363	91
91.01 PARTIAL HOSPITALIZATION		233	15	6,404	284,572	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,397,995	703,375	1,491,516	3,511,969	184,111,699	118
NONREIMBURSABLE COST CENTERS						
194 OTHER		10,740			5,784,621	194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,397,995	714,115	1,491,516	3,511,969	189,896,320	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIST. &GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND 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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL	37,937,291					5.06
6 MAINTENANCE & REPAIRS	286,767	1,435,420				6
7 OPERATION OF PLANT	1,717,323	130,244	8,726,351			7
8 LAUNDRY & LINEN SERVICE	213,449	3,621	24,212	1,096,256		8
9 HOUSEKEEPING	729,157	66,204	442,636	1,625	4,160,279	9
10 DIETARY	579,038	61,016	407,950		205,483	10
11 CAFETERIA	45,341					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	622,233	9,141	61,116		30,784	13
14 CENTRAL SERVICES & SUPPLY	185,064	56,345	376,721	204	189,753	14
15 PHARMACY	472,389	11,770	78,693		39,637	15
16 MEDICAL RECORDS & LIBRARY	512,175	24,286	162,378		81,789	16
17 SOCIAL SERVICE	563,493					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,277,451					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,860,827	54,609	365,116		183,908	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,764,103	341,763	2,285,001	345,341	1,150,948	30
31 INTENSIVE CARE UNIT	1,110,311	45,615	304,982	75,965	153,618	31
40 SUBPROVIDER - IPF	1,000,601	46,611	311,637	41,423	156,970	40
41 SUBPROVIDER - IRF	427,428	21,259	142,134	42,635	71,592	41
43 NURSERY	628,127	3,005	20,095	74,708	10,122	43
44 SKILLED NURSING FACILITY	512,232	50,427	337,150	70,641	169,821	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,220,182	138,288	924,587	156,264	465,711	50
51 RECOVERY ROOM	243,692	6,601	44,136	21,511	22,231	51
53 ANESTHESIOLOGY	104,195	3,545	23,700		11,937	53
54 RADIOLOGY-DIAGNOSTIC	1,435,858	90,340	604,012	66,262	304,238	54
55 RADIOLOGY-THERAPEUTIC	448,187	24,854	166,175	9,641	83,702	55
60 LABORATORY	2,054,087	55,075	368,231	7,525	185,476	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	460,475	10,248	68,518	56	34,512	65
66 PHYSICAL THERAPY	1,167,505	20,911	139,809	4,987	70,421	66
69 ELECTROCARDIOLOGY	648,730	31,408	209,991	34,419	105,772	69
70 ELECTROENCEPHALOGRAPHY	30,746	121	811	754	408	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,550,362					71
72 IMPL. DEV. CHARGED TO PATIENT	1,221,651					72
73 DRUGS CHARGED TO PATIENTS	3,388,047					73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	116,280					74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	14,117			235		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	130,063	22,956	153,483	22	77,309	90
91 EMERGENCY	680,400	26,641	178,121	63,752	89,719	91
91.01 PARTIAL HOSPITALIZATION	71,045	6,796	45,437		22,886	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	36,493,131	1,363,700	8,246,832	1,017,970	3,918,747	118
NONREIMBURSABLE COST CENTERS						
194 OTHER	1,444,160	71,720	479,519	78,286	241,532	194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	37,937,291	1,435,420	8,726,351	1,096,256	4,160,279	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	3,572,841					10
11 CAFETERIA		226,954				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			3,215,646			13
14 CENTRAL SERVICES & SUPPLY				1,549,366		14
15 PHARMACY					2,494,657	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	2,391,599	151,921	1,564,891			30
31 INTENSIVE CARE UNIT	123,261	7,830	261,505			31
40 SUBPROVIDER - IPF	503,721	31,997	185,649			40
41 SUBPROVIDER - IRF	194,406	12,349	126,930			41
43 NURSERY			152,131			43
44 SKILLED NURSING FACILITY	314,511	19,978	157,952			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,013	445	408,242			50
51 RECOVERY ROOM			90,148			51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC			6			54
55 RADIOLOGY-THERAPEUTIC			34,370			55
60 LABORATORY			26			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			7,161			65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY	4,447	282	90,397			69
70 ELECTROENCEPHALOGRAPHY			16			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				861,970		71
72 IMPL. DEV. CHARGED TO PATIENT				687,396		72
73 DRUGS CHARGED TO PATIENTS					2,494,657	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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	33,883	2,152	136,222			91
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SUBTOTALS (SUM OF LINES 1-117)	3,572,841	226,954	3,215,646	1,549,366	2,494,657	118
NONREIMBURSABLE COST CENTERS						
194 OTHER						194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,572,841	226,954	3,215,646	1,549,366	2,494,657	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,832,160					16
17 SOCIAL SERVICE		2,820,581				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			11,399,844			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				9,918,054		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	384,647	1,867,353	7,861,209	6,839,382	54,036,597	30
31 INTENSIVE CARE UNIT	54,735	168,096	1,883,389	1,638,580	10,275,267	31
40 SUBPROVIDER - IPF	67,706	176,625			6,530,873	40
41 SUBPROVIDER - IRF	24,078	148,310			2,923,196	41
43 NURSERY	28,767	216,837			3,649,771	43
44 SKILLED NURSING FACILITY	18,847	243,360			3,946,679	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	344,237		456,285	396,976	19,416,757	50
51 RECOVERY ROOM	52,642				1,457,075	51
53 ANESTHESIOLOGY	71,942				632,675	53
54 RADIOLOGY-DIAGNOSTIC	292,219		247,559	215,380	9,007,244	54
55 RADIOLOGY-THERAPEUTIC	51,277				2,613,433	55
60 LABORATORY	308,753		99,509	86,574	11,392,959	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	61,611		197,804	172,093	2,856,924	65
66 PHYSICAL THERAPY	71,057		197,804	172,093	6,521,059	66
69 ELECTROCARDIOLOGY	146,024				3,869,977	69
70 ELECTROENCEPHALOGRAPHY	6,612		456,285	396,976	1,015,882	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	129,616				8,751,966	71
72 IMPL. DEV. CHARGED TO PATIENT	71,116				6,873,518	72
73 DRUGS CHARGED TO PATIENTS	481,360				19,934,980	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	7,102				589,144	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	924				71,824	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,015				915,820	90
91 EMERGENCY	140,709				4,076,962	91
91.01 PARTIAL HOSPITALIZATION	5,164				435,900	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SUBTOTALS (SUM OF LINES 1-117)	2,832,160	2,820,581	11,399,844	9,918,054	181,796,482	118
NONREIMBURSABLE COST CENTERS						
194 OTHER					8,099,838	194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,832,160	2,820,581	11,399,844	9,918,054	189,896,320	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-		TOTAL	
	DOWN ADJS	25		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING,RECEIVING&STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCTS RECEIVABLE				5.05
5.06 ADMINISTRATION & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	-14,700,591		39,336,006	30
31 INTENSIVE CARE UNIT	-3,521,969		6,753,298	31
40 SUBPROVIDER - IPF			6,530,873	40
41 SUBPROVIDER - IRF			2,923,196	41
43 NURSERY			3,649,771	43
44 SKILLED NURSING FACILITY			3,946,679	44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	-853,261		18,563,496	50
51 RECOVERY ROOM			1,457,075	51
53 ANESTHESIOLOGY			632,675	53
54 RADIOLOGY-DIAGNOSTIC	-462,939		8,544,305	54
55 RADIOLOGY-THERAPEUTIC			2,613,433	55
60 LABORATORY	-186,083		11,206,876	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	-369,897		2,487,027	65
66 PHYSICAL THERAPY	-369,897		6,151,162	66
69 ELECTROCARDIOLOGY			3,869,977	69
70 ELECTROENCEPHALOGRAPHY	-853,261		162,621	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			8,751,966	71
72 IMPL. DEV. CHARGED TO PATIENT			6,873,518	72
73 DRUGS CHARGED TO PATIENTS			19,934,980	73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS			589,144	74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION			71,824	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC			915,820	90
91 EMERGENCY			4,076,962	91
91.01 PARTIAL HOSPITALIZATION			435,900	91.01
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	-21,317,898		160,478,584	118
NONREIMBURSABLE COST CENTERS				
194 OTHER			8,099,838	194
194.01 LAKESHORE GUEST UNIT				194.01
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	-21,317,898		168,578,422	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		36,829	41,167	77,996	77,996	4
5.01 NONPATIENT TELEPHONES		5,609	6,269	11,878		5.01
5.02 DATA PROCESSING		52,516	58,701	111,217		5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL	272,700	1,448,386	1,618,965	3,340,051	4,467	5.06
6 MAINTENANCE & REPAIRS	100,970			100,970	519	6
7 OPERATION OF PLANT	117,976	327,547	366,125	811,648	694	7
8 LAUNDRY & LINEN SERVICE		9,107	10,180	19,287		8
9 HOUSEKEEPING	9,810	166,494	186,103	362,407	1,469	9
10 DIETARY	107,760	153,447	171,520	432,727	1,192	10
11 CAFETERIA					721	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,048	22,988	25,696	56,732	1,990	13
14 CENTRAL SERVICES & SUPPLY	89,909	141,700	158,389	389,998		14
15 PHARMACY	164,679	29,600	33,086	227,365	2,464	15
16 MEDICAL RECORDS & LIBRARY	3,728	61,077	68,271	133,076	983	16
17 SOCIAL SERVICE	352			352	1,474	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					11,242	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	5,950	137,335	153,510	296,795		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	172,224	859,485	960,712	1,992,421	15,318	30
31 INTENSIVE CARE UNIT	42,989	114,716	128,227	285,932	2,797	31
40 SUBPROVIDER - IPF	8,280	117,220	131,025	256,525	2,946	40
41 SUBPROVIDER - IRF	2,545	53,463	59,759	115,767	1,245	41
43 NURSEY	11,113	7,558	8,449	27,120	1,920	43
44 SKILLED NURSING FACILITY	50,242	126,816	141,752	318,810	1,411	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	949,634	347,775	388,735	1,686,144	6,053	50
51 RECOVERY ROOM	3,248	16,601	18,556	38,405	705	51
53 ANESTHESIOLOGY	18,228	8,914	9,964	37,106	115	53
54 RADIOLOGY-DIAGNOSTIC	637,113	227,194	253,952	1,118,259	3,381	54
55 RADIOLOGY-THERAPEUTIC	29,617	62,505	69,867	161,989	1,152	55
60 LABORATORY	104,804	138,507	154,820	398,131	1,419	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	56,204	25,772	28,808	110,784	1,199	65
66 PHYSICAL THERAPY	15,787	52,588	58,782	127,157	3,202	66
69 ELECTROCARDIOLOGY	300,738	78,986	88,289	468,013	1,536	69
70 ELECTROENCEPHALOGRAPHY	6,867	305	341	7,513	96	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB	9,041			9,041		76
76.97 CARDIAC REHABILITATION					45	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,002	57,731	64,531	130,264	291	90
91 EMERGENCY	23,061	66,999	74,890	164,950	1,734	91
91.01 PARTIAL HOSPITALIZATION	125	17,091	19,104	36,320	189	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,331,744	4,972,861	5,558,545	13,863,150	73,969	118
NONREIMBURSABLE COST CENTERS						
194 OTHER	49,370	180,367	201,610	431,347	4,027	194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,381,114	5,153,228	5,760,155	14,294,497	77,996	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES	11,878					5.01
5.02 DATA PROCESSING		111,217				5.02
5.03 PURCHASING,RECEIVING&STORES	192		192			5.03
5.04 ADMITTING	342			342		5.04
5.05 CASHIERING/ACCTS RECEIVABLE	534				534	5.05
5.06 ADMINISTRATION & GENERAL	1,453	111,217	5			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	491					7
8 LAUNDRY & LINEN SERVICE	43					8
9 HOUSEKEEPING	64		3			9
10 DIETARY	85		3			10
11 CAFETERIA	128					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	512					13
14 CENTRAL SERVICES & SUPPLY	53		6			14
15 PHARMACY	213		1			15
16 MEDICAL RECORDS & LIBRARY	406					16
17 SOCIAL SERVICE	160					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	566					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			7			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,451		19	18	93	30
31 INTENSIVE CARE UNIT	416		3	13	13	31
40 SUBPROVIDER - IPF	363		1	16	16	40
41 SUBPROVIDER - IRF	245		1	6	6	41
43 NURSERY	85		1	7	7	43
44 SKILLED NURSING FACILITY	128		1	5	5	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	875		99	27	83	50
51 RECOVERY ROOM				5	13	51
53 ANESTHESIOLOGY	21		5	6	17	53
54 RADIOLOGY-DIAGNOSTIC	864		7	26	70	54
55 RADIOLOGY-THERAPEUTIC			1		12	55
60 LABORATORY	619		13	47	74	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	149		3	14	15	65
66 PHYSICAL THERAPY	299		2	9	17	66
69 ELECTROCARDIOLOGY	171		6	20	35	69
70 ELECTROENCEPHALOGRAPHY	139			1	2	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				21	31	71
72 IMPL. DEV. CHARGED TO PATIENT				11	17	72
73 DRUGS CHARGED TO PATIENTS				74	-32	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	64			2	2	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	32					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	448			1	3	90
91 EMERGENCY	267		2	13	34	91
91.01 PARTIAL HOSPITALIZATION					1	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	11,878	111,217	189	342	534	118
NONREIMBURSABLE COST CENTERS						
194 OTHER			3			194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	11,878	111,217	192	342	534	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIST. &GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL	3,457,193					5.06
6 MAINTENANCE & REPAIRS	26,133	127,622				6
7 OPERATION OF PLANT	156,499	11,580	980,912			7
8 LAUNDRY & LINEN SERVICE	19,452	322	2,722	41,826		8
9 HOUSEKEEPING	66,448	5,886	49,756	62	486,095	9
10 DIETARY	52,768	5,425	45,857		24,009	10
11 CAFETERIA	4,132					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	56,704	813	6,870		3,597	13
14 CENTRAL SERVICES & SUPPLY	16,865	5,010	42,346	8	22,171	14
15 PHARMACY	43,049	1,046	8,846		4,631	15
16 MEDICAL RECORDS & LIBRARY	46,674	2,159	18,253		9,556	16
17 SOCIAL SERVICE	51,351					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	207,544					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	169,577	4,855	41,042		21,488	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	525,257	30,386	256,852	13,177	134,478	30
31 INTENSIVE CARE UNIT	101,182	4,056	34,282	2,898	17,949	31
40 SUBPROVIDER - IPF	91,184	4,144	35,031	1,580	18,341	40
41 SUBPROVIDER - IRF	38,951	1,890	15,977	1,627	8,365	41
43 NURSEY	57,241	267	2,259	2,850	1,183	43
44 SKILLED NURSING FACILITY	46,680	4,483	37,898	2,695	19,842	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	293,454	12,295	103,931	5,962	54,415	50
51 RECOVERY ROOM	22,208	587	4,961	821	2,598	51
53 ANESTHESIOLOGY	9,495	315	2,664		1,395	53
54 RADIOLOGY-DIAGNOSTIC	130,849	8,032	67,896	2,528	35,548	54
55 RADIOLOGY-THERAPEUTIC	40,843	2,210	18,679	368	9,780	55
60 LABORATORY	187,188	4,897	41,392	287	21,671	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	41,963	911	7,702	2	4,032	65
66 PHYSICAL THERAPY	106,394	1,859	15,716	190	8,228	66
69 ELECTROCARDIOLOGY	59,119	2,792	23,605	1,313	12,359	69
70 ELECTROENCEPHALOGRAPHY	2,802	11	91	29	48	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	141,284					71
72 IMPL. DEV. CHARGED TO PATIENT	111,329					72
73 DRUGS CHARGED TO PATIENTS	308,752					73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	10,597					74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	1,287			9		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,853	2,041	17,253	1	9,033	90
91 EMERGENCY	62,005	2,369	20,022	2,432	10,483	91
91.01 PARTIAL HOSPITALIZATION	6,474	604	5,107		2,674	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,325,587	121,245	927,010	38,839	457,874	118
NONREIMBURSABLE COST CENTERS						
194 OTHER	131,606	6,377	53,902	2,987	28,221	194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,457,193	127,622	980,912	41,826	486,095	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	562,066					10
11 CAFETERIA		4,981				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			127,218			13
14 CENTRAL SERVICES & SUPPLY				476,457		14
15 PHARMACY					287,615	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	376,237	3,335	61,910			30
31 INTENSIVE CARE UNIT	19,391	172	10,346			31
40 SUBPROVIDER - IPF	79,244	702	7,345			40
41 SUBPROVIDER - IRF	30,583	271	5,022			41
43 NURSERY			6,019			43
44 SKILLED NURSING FACILITY	49,478	438	6,249			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,103	10	16,151			50
51 RECOVERY ROOM			3,566			51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC			1,360			55
60 LABORATORY			1			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			283			65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY	700	6	3,576			69
70 ELECTROENCEPHALOGRAPHY			1			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				265,069		71
72 IMPL. DEV. CHARGED TO PATIENT				211,388		72
73 DRUGS CHARGED TO PATIENTS					287,615	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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	5,330	47	5,389			91
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	562,066	4,981	127,218	476,457	287,615	118
NONREIMBURSABLE COST CENTERS						
194 OTHER						194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	562,066	4,981	127,218	476,457	287,615	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	211,107					16
17 SOCIAL SERVICE		53,337				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			219,352			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				533,764		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	28,691	35,311			3,474,954	30
31 INTENSIVE CARE UNIT	4,083	3,179			486,712	31
40 SUBPROVIDER - IPF	5,050	3,340			505,828	40
41 SUBPROVIDER - IRF	1,796	2,805			224,557	41
43 NURSERY	2,146	4,100			105,205	43
44 SKILLED NURSING FACILITY	1,406	4,602			494,131	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	25,677				2,206,279	50
51 RECOVERY ROOM	3,927				77,796	51
53 ANESTHESIOLOGY	5,366				56,505	53
54 RADIOLOGY-DIAGNOSTIC	21,797				1,389,257	54
55 RADIOLOGY-THERAPEUTIC	3,825				240,219	55
60 LABORATORY	23,030				678,769	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,596				171,653	65
66 PHYSICAL THERAPY	5,300				268,373	66
69 ELECTROCARDIOLOGY	10,892				584,143	69
70 ELECTROENCEPHALOGRAPHY	493				11,226	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,668				416,073	71
72 IMPL. DEV. CHARGED TO PATIENT	5,305				328,050	72
73 DRUGS CHARGED TO PATIENTS	35,757				632,166	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	530				11,195	74
76 CARDIAC REHAB					9,041	76
76.97 CARDIAC REHABILITATION	69				1,442	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	822				172,010	90
91 EMERGENCY	10,496				285,573	91
91.01 PARTIAL HOSPITALIZATION	385				51,754	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	211,107	53,337			12,882,911	118
NONREIMBURSABLE COST CENTERS						
194 OTHER					658,470	194
194.01 LAKESHORE GUEST UNIT						194.01
200 CROSS FOOT ADJUSTMENTS			219,352	533,764	753,116	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	211,107	53,337	219,352	533,764	14,294,497	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING,RECEIVING&STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCTS RECEIVABLE			5.05
5.06 ADMINISTRATION & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	3,474,954		30
31 INTENSIVE CARE UNIT	486,712		31
40 SUBPROVIDER - IPF	505,828		40
41 SUBPROVIDER - IRF	224,557		41
43 NURSEY	105,205		43
44 SKILLED NURSING FACILITY	494,131		44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	2,206,279		50
51 RECOVERY ROOM	77,796		51
53 ANESTHESIOLOGY	56,505		53
54 RADIOLOGY-DIAGNOSTIC	1,389,257		54
55 RADIOLOGY-THERAPEUTIC	240,219		55
60 LABORATORY	678,769		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	171,653		65
66 PHYSICAL THERAPY	268,373		66
69 ELECTROCARDIOLOGY	584,143		69
70 ELECTROENCEPHALOGRAPHY	11,226		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	416,073		71
72 IMPL. DEV. CHARGED TO PATIENT	328,050		72
73 DRUGS CHARGED TO PATIENTS	632,166		73
73.01 DRUGS CHARGED			73.01
74 RENAL DIALYSIS	11,195		74
76 CARDIAC REHAB	9,041		76
76.97 CARDIAC REHABILITATION	1,442		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	172,010		90
91 EMERGENCY	285,573		91
91.01 PARTIAL HOSPITALIZATION	51,754		91.01
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	12,882,911		118
NONREIMBURSABLE COST CENTERS			
194 OTHER	658,470		194
194.01 LAKESHORE GUEST UNIT			194.01
200 CROSS FOOT ADJUSTMENTS	753,116		200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	14,294,497		202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE	NONPATIENT	DATA	
	BLDG&FIXT	MOV EQUIP	BENEFITS	TELEPHONES	PROCESSING	
	SQUARE	SQUARE	GROSS	NUMBER OF	TIME	
	FEET	FEET	SALARIES	PHONES	SPENT	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	642,243					1
2 CAP REL COSTS-MVBLE EQUIP		642,243				2
4 EMPLOYEE BENEFITS	4,590	4,590	75,485,796			4
5.01 NONPATIENT TELEPHONES	699	699		1,113		5.01
5.02 DATA PROCESSING	6,545	6,545				5.02
5.03 PURCHASING,RECEIVING&STORES					100	5.03
5.04 ADMITTING					18	5.04
5.05 CASHIERING/ACCTS RECEIVABLE					32	5.05
5.06 ADMINISTRATION & GENERAL	180,511	180,511	4,324,506	136	100	5.06
6 MAINTENANCE & REPAIRS			502,093			6
7 OPERATION OF PLANT	40,822	40,822	671,719	46		7
8 LAUNDRY & LINEN SERVICE	1,135	1,135		4		8
9 HOUSEKEEPING	20,750	20,750	1,422,041	6		9
10 DIETARY	19,124	19,124	1,153,931	8		10
11 CAFETERIA			698,347	12		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,865	2,865	1,926,382	48		13
14 CENTRAL SERVICES & SUPPLY	17,660	17,660		5		14
15 PHARMACY	3,689	3,689	2,385,265	20		15
16 MEDICAL RECORDS & LIBRARY	7,612	7,612	951,247	38		16
17 SOCIAL SERVICE			1,427,205	15		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			10,882,492	53		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	17,116	17,116				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	107,117	107,117	14,811,993	136		30
31 INTENSIVE CARE UNIT	14,297	14,297	2,707,338	39		31
40 SUBPROVIDER - IPF	14,609	14,609	2,851,633	34		40
41 SUBPROVIDER - IRF	6,663	6,663	1,205,115	23		41
43 NURSERY	942	942	1,858,576	8		43
44 SKILLED NURSING FACILITY	15,805	15,805	1,365,752	12		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,343	43,343	5,859,418	82		50
51 RECOVERY ROOM	2,069	2,069	682,684			51
53 ANESTHESIOLOGY	1,111	1,111	111,157	2		53
54 RADIOLOGY-DIAGNOSTIC	28,315	28,315	3,273,321	81		54
55 RADIOLOGY-THERAPEUTIC	7,790	7,790	1,115,034			55
60 LABORATORY	17,262	17,262	1,373,385	58		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,212	3,212	1,160,275	14		65
66 PHYSICAL THERAPY	6,554	6,554	3,099,522	28		66
69 ELECTROCARDIOLOGY	9,844	9,844	1,487,104	16		69
70 ELECTROENCEPHALOGRAPHY	38	38	92,988	13		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS				6		74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION			43,426	3		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,195	7,195	281,735	42		90
91 EMERGENCY	8,350	8,350	1,678,365	25		91
91.01 PARTIAL HOSPITALIZATION	2,130	2,130	183,082			91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	619,764	619,764	71,587,131	1,113	100	118
NONREIMBURSABLE COST CENTERS						
194 OTHER	22,479	22,479	3,898,665			194
194.01 LAKESHORE GUEST UNIT						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET 1	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NONPATIENT TELEPHONES NUMBER OF PHONES 5.01	DATA PROCESSING TIME SPENT 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	5,153,228	5,760,155	17,437,762	237,676	4,397,995	202
203	UNIT COST MULT-WS B PT I	8.023798	8.968809	0.231007	213.545373	43,979.950000	203
204	COST TO BE ALLOC PER B PT II			77,996	11,878	111,217	204
205	UNIT COST MULT-WS B PT II			0.001033	10.672058	1,112.170000	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING RECEIVING STORES SUPPLY EXPENSE 5.03	ADMITTING  INPATIENT REVENUE 5.04	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.05	RECON- CILIATION  5A.06	ADMINIST. &GENERAL  ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES	10,065,886					5.03
5.04 ADMITTING		409,404,999				5.04
5.05 CASHIERING/ACCTS RECEIVABLE			681,397,078			5.05
5.06 ADMINISTRATION & GENERAL	255,738			-37,937,291	151,959,029	5.06
6 MAINTENANCE & REPAIRS	6,111				1,148,653	6
7 OPERATION OF PLANT	3,707				6,878,784	7
8 LAUNDRY & LINEN SERVICE	82				854,974	8
9 HOUSEKEEPING	165,337				2,920,657	9
10 DIETARY	172,007				2,319,354	10
11 CAFETERIA					181,613	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,899				2,492,372	13
14 CENTRAL SERVICES & SUPPLY	299,799				741,279	14
15 PHARMACY	31,324				1,892,168	15
16 MEDICAL RECORDS & LIBRARY	23,380				2,051,532	16
17 SOCIAL SERVICE	2,481				2,257,088	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					9,122,393	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	356,669				7,453,594	22
23 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS						23
30 ADULTS & PEDIATRICS	1,005,046	86,274,736	92,552,302		23,088,439	30
31 INTENSIVE CARE UNIT	170,348	13,170,115	13,170,115		4,447,380	31
40 SUBPROVIDER - IPF	45,800	16,291,200	16,291,200		4,007,933	40
41 SUBPROVIDER - IRF	28,175	5,793,580	5,793,580		1,712,075	41
43 NURSERY	74,506	6,921,892	6,921,892		2,515,979	43
44 SKILLED NURSING FACILITY	53,801	4,534,883	4,534,883		2,051,760	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,137,859	27,049,936	82,828,987		12,898,527	50
51 RECOVERY ROOM	16,863	4,727,662	12,666,601		976,114	51
53 ANESTHESIOLOGY	247,857	6,100,411	17,310,480		417,356	53
54 RADIOLOGY-DIAGNOSTIC	356,338	25,891,685	70,312,585		5,751,370	54
55 RADIOLOGY-THERAPEUTIC	52,838	369,071	12,338,088		1,795,227	55
60 LABORATORY	664,774	47,071,192	74,290,902		8,227,703	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	167,164	13,690,721	14,824,501		1,844,446	65
66 PHYSICAL THERAPY	82,169	9,109,440	17,097,538		4,676,472	66
69 ELECTROCARDIOLOGY	335,732	19,926,242	35,135,643		2,598,507	69
70 ELECTROENCEPHALOGRAPHY	4,235	586,715	1,590,891		123,153	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		20,581,882	31,187,563		6,210,018	71
72 IMPL. DEV. CHARGED TO PATIENT		11,211,051	17,111,748		4,893,355	72
73 DRUGS CHARGED TO PATIENTS		74,448,553	115,756,696		13,570,916	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	4,320	1,652,785	1,708,831		465,762	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	561	12,233	222,373		56,548	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,351	1,165,340	2,650,489		520,972	90
91 EMERGENCY	130,944	12,819,495	33,856,737		2,725,363	91
91.01 PARTIAL HOSPITALIZATION	3,284	4,179	1,242,453		284,572	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	9,914,499	409,404,999	681,397,078	-37,937,291	146,174,408	118
NONREIMBURSABLE COST CENTERS						
194 OTHER	151,387				5,784,621	194
194.01 LAKESHORE GUEST UNIT						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PURCHASING RECEIVING STORES SUPPLY EXPENSE	ADMITTING  INPATIENT REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	ADMINIST. &GENERAL  ACCUM COST	
		5.03	5.04	5.05	5A.06	5.06	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	714,115	1,491,516	3,511,969		37,937,291	202
203	UNIT COST MULT-WS B PT I	0.070944	0.003643	0.005154		0.249655	203
204	COST TO BE ALLOC PER B PT II	192	342	534		3,457,193	204
205	UNIT COST MULT-WS B PT II	0.000019	0.000001	0.000001		0.022751	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE LAUNDRY POUNDS	HOUSE- KEEPING SQUARE FEET	DIETARY  (MEALS SERVED)	
	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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS	449,898					6
7 OPERATION OF PLANT	40,822	409,076				7
8 LAUNDRY & LINEN SERVICE	1,135	1,135	1,644,318			8
9 HOUSEKEEPING	20,750	20,750	2,437	387,191		9
10 DIETARY	19,124	19,124		19,124	224,178	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,865	2,865		2,865		13
14 CENTRAL SERVICES & SUPPLY	17,660	17,660	306	17,660		14
15 PHARMACY	3,689	3,689		3,689		15
16 MEDICAL RECORDS & LIBRARY	7,612	7,612		7,612		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	17,116	17,116		17,116		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	107,117	107,117	517,989	107,117	150,061	30
31 INTENSIVE CARE UNIT	14,297	14,297	113,943	14,297	7,734	31
40 SUBPROVIDER - IPF	14,609	14,609	62,132	14,609	31,606	40
41 SUBPROVIDER - IRF	6,663	6,663	63,950	6,663	12,198	41
43 NURSERY	942	942	112,058	942		43
44 SKILLED NURSING FACILITY	15,805	15,805	105,958	15,805	19,734	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,343	43,343	234,387	43,343	440	50
51 RECOVERY ROOM	2,069	2,069	32,265	2,069		51
53 ANESTHESIOLOGY	1,111	1,111		1,111		53
54 RADIOLOGY-DIAGNOSTIC	28,315	28,315	99,389	28,315		54
55 RADIOLOGY-THERAPEUTIC	7,790	7,790	14,461	7,790		55
60 LABORATORY	17,262	17,262	11,287	17,262		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,212	3,212	84	3,212		65
66 PHYSICAL THERAPY	6,554	6,554	7,480	6,554		66
69 ELECTROCARDIOLOGY	9,844	9,844	51,626	9,844	279	69
70 ELECTROENCEPHALOGRAPHY	38	38	1,131	38		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION			353			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	7,195	7,195	33	7,195		90
91 EMERGENCY	8,350	8,350	95,624	8,350	2,126	91
91.01 PARTIAL HOSPITALIZATION	2,130	2,130		2,130		91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	427,419	386,597	1,526,893	364,712	224,178	118
NONREIMBURSABLE COST CENTERS						
194 OTHER	22,479	22,479	117,425	22,479		194
194.01 LAKESHORE GUEST UNIT						194.01

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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 AND LINEN SERVICE LAUNDRY POUNDS 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY  (MEALS SERVED) 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,435,420	8,726,351	1,096,256	4,160,279	3,572,841	202
203	UNIT COST MULT-WS B PT I	3.190545	21.331858	0.666693	10.744772	15.937518	203
204	COST TO BE ALLOC PER B PT II	127,622	980,912	41,826	486,095	562,066	204
205	UNIT COST MULT-WS B PT II	0.283669	2.397872	0.025437	1.255440	2.507231	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED) 11	NURSING ADMINISTRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY EXPENSE 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING,RECEIVING&STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCTS RECEIVABLE						5.05
5.06 ADMINISTRATION & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	224,178					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		996,031				13
14 CENTRAL SERVICES & SUPPLY			10,738,616			14
15 PHARMACY				12,703,043		15
16 MEDICAL RECORDS & LIBRARY					681,397,078	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	150,061	484,717			92,552,302	30
31 INTENSIVE CARE UNIT	7,734	81,000			13,170,115	31
40 SUBPROVIDER - IPF	31,606	57,504			16,291,200	40
41 SUBPROVIDER - IRF	12,198	39,316			5,793,580	41
43 NURSERY		47,122			6,921,892	43
44 SKILLED NURSING FACILITY	19,734	48,925			4,534,883	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	440	126,451			82,828,987	50
51 RECOVERY ROOM		27,923			12,666,601	51
53 ANESTHESIOLOGY					17,310,480	53
54 RADIOLOGY-DIAGNOSTIC		2			70,312,585	54
55 RADIOLOGY-THERAPEUTIC		10,646			12,338,088	55
60 LABORATORY		8			74,290,902	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		2,218			14,824,501	65
66 PHYSICAL THERAPY					17,097,538	66
69 ELECTROCARDIOLOGY	279	28,000			35,135,643	69
70 ELECTROENCEPHALOGRAPHY		5			1,590,891	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			5,974,297		31,187,563	71
72 IMPL. DEV. CHARGED TO PATIENT			4,764,319		17,111,748	72
73 DRUGS CHARGED TO PATIENTS				12,703,043	115,756,696	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS					1,708,831	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION					222,373	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					2,650,489	90
91 EMERGENCY	2,126	42,194			33,856,737	91
91.01 PARTIAL HOSPITALIZATION					1,242,453	91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	224,178	996,031	10,738,616	12,703,043	681,397,078	118
NONREIMBURSABLE COST CENTERS						
194 OTHER						194
194.01 LAKESHORE GUEST UNIT						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA (MEALS SERVED) 11	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	226,954	3,215,646	1,549,366	2,494,657	2,832,160	202
203	UNIT COST MULT-WS B PT I	1.012383	3.228460	0.144280	0.196383	0.004156	203
204	COST TO BE ALLOC PER B PT II	4,981	127,218	476,457	287,615	211,107	204
205	UNIT COST MULT-WS B PT II	0.022219	0.127725	0.044369	0.022641	0.000310	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	PATIENT DAYS	17	21	22
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING,RECEIVING&STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCTS RECEIVABLE				5.05
5.06 ADMINISTRATION & GENERAL				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE	66,145			17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		9,394		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			9,394	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	43,791	6,478	6,478	30
31 INTENSIVE CARE UNIT	3,942	1,552	1,552	31
40 SUBPROVIDER - IPF	4,142			40
41 SUBPROVIDER - IRF	3,478			41
43 NURSERY	5,085			43
44 SKILLED NURSING FACILITY	5,707			44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		376	376	50
51 RECOVERY ROOM				51
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC		204	204	54
55 RADIOLOGY-THERAPEUTIC				55
60 LABORATORY		82	82	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		163	163	65
66 PHYSICAL THERAPY		163	163	66
69 ELECTROCARDIOLOGY				69
70 ELECTROENCEPHALOGRAPHY		376	376	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS				74
76 CARDIAC REHAB				76
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
91.01 PARTIAL HOSPITALIZATION				91.01
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	66,145	9,394	9,394	118
NONREIMBURSABLE COST CENTERS				
194 OTHER				194
194.01 LAKESHORE GUEST UNIT				194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE PATIENT DAYS	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
200 CROSS FOOT ADJUSTMENTS	17	21	22	200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	2,820,581	11,399,844	9,918,054	202
203 UNIT COST MULT-WS B PT I	42.642392	1,213.523951	1,055.786034	203
204 COST TO BE ALLOC PER B PT II	53,337	219,352	533,764	204
205 UNIT COST MULT-WS B PT II	0.806365	23.350224	56.819672	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,336,006		39,336,006		39,336,006	30
31 INTENSIVE CARE UNIT	6,753,298		6,753,298		6,753,298	31
40 SUBPROVIDER - IPF	6,530,873		6,530,873		6,530,873	40
41 SUBPROVIDER - IRF	2,923,196		2,923,196		2,923,196	41
43 NURSERY	3,649,771		3,649,771		3,649,771	43
44 SKILLED NURSING FACILITY	3,946,679		3,946,679		3,946,679	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,563,496		18,563,496		18,563,496	50
51 RECOVERY ROOM	1,457,075		1,457,075		1,457,075	51
53 ANESTHESIOLOGY	632,675		632,675		632,675	53
54 RADIOLOGY-DIAGNOSTIC	8,544,305		8,544,305		8,544,305	54
55 RADIOLOGY-THERAPEUTIC	2,613,433		2,613,433		2,613,433	55
60 LABORATORY	11,206,876		11,206,876		11,206,876	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,487,027		2,487,027		2,487,027	65
66 PHYSICAL THERAPY	6,151,162		6,151,162		6,151,162	66
69 ELECTROCARDIOLOGY	3,869,977		3,869,977		3,869,977	69
70 ELECTROENCEPHALOGRAPHY	162,621		162,621		162,621	70
71 MEDICAL SUPPLIES CHRGED TO	8,751,966		8,751,966		8,751,966	71
72 IMPL. DEV. CHARGED TO PATIE	6,873,518		6,873,518		6,873,518	72
73 DRUGS CHARGED TO PATIENTS	19,934,980		19,934,980		19,934,980	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	589,144		589,144		589,144	74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	71,824		71,824		71,824	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	915,820		915,820		915,820	90
91 EMERGENCY	4,076,962		4,076,962		4,076,962	91
91.01 PARTIAL HOSPITALIZATION	435,900		435,900	13,022	448,922	91.01
92 OBSERVATION BEDS	2,702,861		2,702,861		2,702,861	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	163,181,445		163,181,445	13,022	163,194,467	200
201 LESS OBSERVATION BEDS	2,702,861		2,702,861		2,702,861	201
202 TOTAL (SEE INSTRUCTIONS)	160,478,584		160,478,584		160,491,606	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	86,274,736		86,274,736			30
31 INTENSIVE CARE UNIT	13,170,115		13,170,115			31
40 SUBPROVIDER - IPF	16,291,200		16,291,200			40
41 SUBPROVIDER - IRF	5,793,580		5,793,580			41
43 NURSERY	6,921,892		6,921,892			43
44 SKILLED NURSING FACILITY	4,534,883		4,534,883			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,049,936	55,779,051	82,828,987	0.224118	0.224118	0.224118 50
51 RECOVERY ROOM	4,727,662	7,938,939	12,666,601	0.115033	0.115033	0.115033 51
53 ANESTHESIOLOGY	6,100,411	11,210,069	17,310,480	0.036549	0.036549	0.036549 53
54 RADIOLOGY-DIAGNOSTIC	25,891,685	44,420,900	70,312,585	0.121519	0.121519	0.121519 54
55 RADIOLOGY-THERAPEUTIC	369,071	11,969,017	12,338,088	0.211818	0.211818	0.211818 55
60 LABORATORY	47,071,192	27,219,710	74,290,902	0.150851	0.150851	0.150851 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	13,690,721	1,133,780	14,824,501	0.167765	0.167765	0.167765 65
66 PHYSICAL THERAPY	9,109,440	7,988,098	17,097,538	0.359769	0.359769	0.359769 66
69 ELECTROCARDIOLOGY	19,926,242	15,209,401	35,135,643	0.110144	0.110144	0.110144 69
70 ELECTROENCEPHALOGRAPHY	586,715	1,004,176	1,590,891	0.102220	0.102220	0.102220 70
71 MEDICAL SUPPLIES CHRGED TO	20,581,882	10,605,681	31,187,563	0.280624	0.280624	0.280624 71
72 IMPL. DEV. CHARGED TO PATIE	11,211,051	5,900,697	17,111,748	0.401684	0.401684	0.401684 72
73 DRUGS CHARGED TO PATIENTS	74,448,553	41,308,143	115,756,696	0.172214	0.172214	0.172214 73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	1,652,785	56,046	1,708,831	0.344764	0.344764	0.344764 74
76 CARDIAC REHAB						76
76.97 CARDIAC REHABILITATION	12,233	210,140	222,373	0.322989	0.322989	0.322989 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,165,340	1,485,149	2,650,489	0.345529	0.345529	0.345529 90
91 EMERGENCY	12,819,495	21,037,242	33,856,737	0.120418	0.120418	0.120418 91
91.01 PARTIAL HOSPITALIZATION	4,179	1,238,274	1,242,453	0.350838	0.350838	0.361319 91.01
92 OBSERVATION BEDS		6,277,566	6,277,566	0.430559	0.430559	0.430559 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	409,404,999	271,992,079	681,397,078			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	409,404,999	271,992,079	681,397,078			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	(COL. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)	(COL. 5 x COL. 6)	(COL. 5 x COL. 6)		
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,474,954		3,474,954	47,022	73.90	15,456	1,142,198 30
31 INTENSIVE CARE UNIT	486,712		486,712	3,942	123.47	2,198	271,387 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	505,828		505,828	4,142	122.12	2,177	265,855 40
41 SUBPROVIDER - IRF	224,557		224,557	3,478	64.56	2,198	141,903 41
42 SUBPROVIDER I							42
43 NURSERY	105,205		105,205	5,085	20.69		43
44 SKILLED NURSING FACILITY	494,131		494,131	5,707	86.58	4,149	359,220 44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,291,387		5,291,387	69,376		26,178	2,180,563 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] SUB (OTHER)  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF  
 BOXES [ ] TITLE XIX [ ] IRF

[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	2,206,279	82,828,987	0.026637	10,164,273	270,746	50
51 RECOVERY ROOM	77,796	12,666,601	0.006142	1,730,417	10,628	51
53 ANESTHESIOLOGY	56,505	17,310,480	0.003264	2,235,441	7,296	53
54 RADIOLOGY-DIAGNOSTIC	1,389,257	70,312,585	0.019758	11,571,073	228,621	54
55 RADIOLOGY-THERAPEUTIC	240,219	12,338,088	0.019470	150,656	2,933	55
60 LABORATORY	678,769	74,290,902	0.009137	21,777,620	198,982	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	171,653	14,824,501	0.011579	7,981,426	92,417	65
66 PHYSICAL THERAPY	268,373	17,097,538	0.015697	1,682,369	26,408	66
69 ELECTROCARDIOLOGY	584,143	35,135,643	0.016625	12,437,673	206,776	69
70 ELECTROENCEPHALOGRAPHY	11,226	1,590,891	0.007056	362,708	2,559	70
71 MEDICAL SUPPLIES CHRGD TO PA	416,073	31,187,563	0.013341	10,229,271	136,469	71
72 IMPL. DEV. CHARGED TO PATIENT	328,050	17,111,748	0.019171	5,620,928	107,759	72
73 DRUGS CHARGED TO PATIENTS	632,166	115,756,696	0.005461	28,533,911	155,824	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	11,195	1,708,831	0.006551	1,151,633	7,544	74
76 CARDIAC REHAB	9,041					76
76.97 CARDIAC REHABILITATION	1,442	222,373	0.006485	4,961	32	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	172,010	2,650,489	0.064897	17,361	1,127	90
91 EMERGENCY	285,573	33,856,737	0.008435	5,715,037	48,206	91
91.01 PARTIAL HOSPITALIZATION	51,754	1,242,453	0.041655	286	12	91.01
92 OBSERVATION BEDS	238,771	6,277,566	0.038036			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	7,830,295	548,410,672		121,367,044	1,504,339	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	47,022		15,456		30
31 INTENSIVE CARE UNIT	3,942		2,198		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	4,142		2,177		40
41 SUBPROVIDER - IRF	3,478		2,198		41
42 SUBPROVIDER I					42
43 NURSERY	5,085				43
44 SKILLED NURSING FACILITY	5,707		4,149		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,376		26,178		200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] 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			HEALTH	MEDICAL	COST
	ANESTHETIST	SCHOOL	EDUCATION	EDUCATION	(SUM OF	(SUM OF
	COST		HEALTH	EDUCATION	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] 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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	82,828,987			10,164,273		7,351,489	50
51 RECOVERY ROOM	12,666,601			1,730,417		1,520,143	51
53 ANESTHESIOLOGY	17,310,480			2,235,441		1,204,485	53
54 RADIOLOGY-DIAGNOSTIC	70,312,585			11,571,073		10,759,605	54
55 RADIOLOGY-THERAPEUTIC	12,338,088			150,656		3,010,584	55
60 LABORATORY	74,290,902			21,777,620		1,762,015	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,824,501			7,981,426		313,114	65
66 PHYSICAL THERAPY	17,097,538			1,682,369		83,904	66
69 ELECTROCARDIOLOGY	35,135,643			12,437,673		5,558,277	69
70 ELECTROENCEPHALOGRAPHY	1,590,891			362,708		226,474	70
71 MEDICAL SUPPLIES CHRGD TO P	31,187,563			10,229,271		1,768,248	71
72 IMPL. DEV. CHARGED TO PATIEN	17,111,748			5,620,928		1,901,608	72
73 DRUGS CHARGED TO PATIENTS	115,756,696			28,533,911		10,576,128	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	1,708,831			1,151,633		19,610	74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	222,373			4,961		79,341	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,650,489			17,361		721,523	90
91 EMERGENCY	33,856,737			5,715,037		3,025,582	91
91.01 PARTIAL HOSPITALIZATION	1,242,453			286		65,152	91.01
92 OBSERVATION BEDS	6,277,566					1,508,297	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	548,410,672			121,367,044		51,455,579	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0224) [ ] 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	0.224118	7,351,489			1,647,601			50
51 RECOVERY ROOM	0.115033	1,520,143			174,867			51
53 ANESTHESIOLOGY	0.036549	1,204,485			44,023			53
54 RADIOLOGY-DIAGNOSTIC	0.121519	10,759,605			1,307,496			54
55 RADIOLOGY-THERAPEUTIC	0.211818	3,010,584			637,696			55
60 LABORATORY	0.150851	1,762,015			265,802			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.167765	313,114			52,530			65
66 PHYSICAL THERAPY	0.359769	83,904			30,186			66
69 ELECTROCARDIOLOGY	0.110144	5,558,277			612,211			69
70 ELECTROENCEPHALOGRAPHY	0.102220	226,474			23,150			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624	1,768,248			496,213			71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684	1,901,608			763,846			72
73 DRUGS CHARGED TO PATIENTS	0.172214	10,576,128		59,980	1,821,357		10,329	73
73.01 DRUGS CHARGED								73.01
74 RENAL DIALYSIS	0.344764	19,610			6,761			74
76 CARDIAC REHAB								76
76.97 CARDIAC REHABILITATION	0.322989	79,341			25,626			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.345529	721,523			249,307			90
91 EMERGENCY	0.120418	3,025,582			364,335			91
91.01 PARTIAL HOSPITALIZATION	0.350838	65,152			22,858			91.01
92 OBSERVATION BEDS	0.430559	1,508,297			649,411			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		51,455,579		59,980	9,195,276		10,329	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		51,455,579		59,980	9,195,276		10,329	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S224) [ ] 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	2,206,279	82,828,987	0.026637			50
51	RECOVERY ROOM	77,796	12,666,601	0.006142	45,351	279	51
53	ANESTHESIOLOGY	56,505	17,310,480	0.003264	42,110	137	53
54	RADIOLOGY-DIAGNOSTIC	1,389,257	70,312,585	0.019758	74,588	1,474	54
55	RADIOLOGY-THERAPEUTIC	240,219	12,338,088	0.019470			55
60	LABORATORY	678,769	74,290,902	0.009137	467,227	4,269	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	171,653	14,824,501	0.011579	63,463	735	65
66	PHYSICAL THERAPY	268,373	17,097,538	0.015697	39,071	613	66
69	ELECTROCARDIOLOGY	584,143	35,135,643	0.016625	38,026	632	69
70	ELECTROENCEPHALOGRAPHY	11,226	1,590,891	0.007056	6,732	48	70
71	MEDICAL SUPPLIES CHRGD TO PA	416,073	31,187,563	0.013341	13,315	178	71
72	IMPL. DEV. CHARGED TO PATIENT	328,050	17,111,748	0.019171			72
73	DRUGS CHARGED TO PATIENTS	632,166	115,756,696	0.005461	828,854	4,526	73
73.01	DRUGS CHARGED						73.01
74	RENAL DIALYSIS	11,195	1,708,831	0.006551	12,000	79	74
76	CARDIAC REHAB	9,041					76
76.97	CARDIAC REHABILITATION	1,442	222,373	0.006485			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	172,010	2,650,489	0.064897	51,264	3,327	90
91	EMERGENCY	285,573	33,856,737	0.008435	294,665	2,485	91
91.01	PARTIAL HOSPITALIZATION	51,754	1,242,453	0.041655			91.01
92	OBSERVATION BEDS	238,771	6,277,566	0.038036			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	7,830,295	548,410,672		1,976,666	18,782	200

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 13:03

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 [XX] IPF (14-S224) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			HEALTH	MEDICAL	COST
	ANESTHETIST	SCHOOL	EDUCATION	EDUCATION	(SUM OF	(SUM OF
	COST		HEALTH	EDUCATION	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S224) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	82,828,987						50
51 RECOVERY ROOM	12,666,601			45,351			51
53 ANESTHESIOLOGY	17,310,480			42,110			53
54 RADIOLOGY-DIAGNOSTIC	70,312,585			74,588		316	54
55 RADIOLOGY-THERAPEUTIC	12,338,088						55
60 LABORATORY	74,290,902			467,227			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,824,501			63,463			65
66 PHYSICAL THERAPY	17,097,538			39,071			66
69 ELECTROCARDIOLOGY	35,135,643			38,026			69
70 ELECTROENCEPHALOGRAPHY	1,590,891			6,732			70
71 MEDICAL SUPPLIES CHRGD TO P	31,187,563			13,315			71
72 IMPL. DEV. CHARGED TO PATIEN	17,111,748						72
73 DRUGS CHARGED TO PATIENTS	115,756,696			828,854		1,250	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	1,708,831			12,000			74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	222,373						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,650,489			51,264			90
91 EMERGENCY	33,856,737			294,665			91
91.01 PARTIAL HOSPITALIZATION	1,242,453						91.01
92 OBSERVATION BEDS	6,277,566						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	548,410,672			1,976,666		1,566	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 [XX] IPF (14-S224) [ ] 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	0.224118						50
51 RECOVERY ROOM	0.115033						51
53 ANESTHESIOLOGY	0.036549						53
54 RADIOLOGY-DIAGNOSTIC	0.121519	316			38		54
55 RADIOLOGY-THERAPEUTIC	0.211818						55
60 LABORATORY	0.150851						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.167765						65
66 PHYSICAL THERAPY	0.359769						66
69 ELECTROCARDIOLOGY	0.110144						69
70 ELECTROENCEPHALOGRAPHY	0.102220						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624						71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684						72
73 DRUGS CHARGED TO PATIENTS	0.172214	1,250			215		73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.344764						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.322989						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.345529						90
91 EMERGENCY	0.120418						91
91.01 PARTIAL HOSPITALIZATION	0.350838						91.01
92 OBSERVATION BEDS	0.430559						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		1,566			253		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		1,566			253		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T224)

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	2,206,279	82,828,987	0.026637	19,216	512	50
51 RECOVERY ROOM	77,796	12,666,601	0.006142	3,823	23	51
53 ANESTHESIOLOGY	56,505	17,310,480	0.003264	5,874	19	53
54 RADIOLOGY-DIAGNOSTIC	1,389,257	70,312,585	0.019758	155,028	3,063	54
55 RADIOLOGY-THERAPEUTIC	240,219	12,338,088	0.019470	1,710	33	55
60 LABORATORY	678,769	74,290,902	0.009137	678,553	6,200	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	171,653	14,824,501	0.011579	325,430	3,768	65
66 PHYSICAL THERAPY	268,373	17,097,538	0.015697	2,046,267	32,120	66
69 ELECTROCARDIOLOGY	584,143	35,135,643	0.016625	67,885	1,129	69
70 ELECTROENCEPHALOGRAPHY	11,226	1,590,891	0.007056	8,647	61	70
71 MEDICAL SUPPLIES CHRGD TO PA	416,073	31,187,563	0.013341	256,974	3,428	71
72 IMPL. DEV. CHARGED TO PATIENT	328,050	17,111,748	0.019171	4,654	89	72
73 DRUGS CHARGED TO PATIENTS	632,166	115,756,696	0.005461	1,280,143	6,991	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	11,195	1,708,831	0.006551	192,886	1,264	74
76 CARDIAC REHAB	9,041					76
76.97 CARDIAC REHABILITATION	1,442	222,373	0.006485			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	172,010	2,650,489	0.064897	200	13	90
91 EMERGENCY	285,573	33,856,737	0.008435	3,908	33	91
91.01 PARTIAL HOSPITALIZATION	51,754	1,242,453	0.041655			91.01
92 OBSERVATION BEDS	238,771	6,277,566	0.038036			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	7,830,295	548,410,672		5,051,198	58,746	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 [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T224) [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			HEALTH	MEDICAL	COST
	ANESTHETIST	SCHOOL		EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T224) [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	82,828,987			19,216			50
51 RECOVERY ROOM	12,666,601			3,823			51
53 ANESTHESIOLOGY	17,310,480			5,874			53
54 RADIOLOGY-DIAGNOSTIC	70,312,585			155,028		3,010	54
55 RADIOLOGY-THERAPEUTIC	12,338,088			1,710			55
60 LABORATORY	74,290,902			678,553			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,824,501			325,430			65
66 PHYSICAL THERAPY	17,097,538			2,046,267			66
69 ELECTROCARDIOLOGY	35,135,643			67,885			69
70 ELECTROENCEPHALOGRAPHY	1,590,891			8,647			70
71 MEDICAL SUPPLIES CHRGD TO P	31,187,563			256,974			71
72 IMPL. DEV. CHARGED TO PATIEN	17,111,748			4,654			72
73 DRUGS CHARGED TO PATIENTS	115,756,696			1,280,143		2,090	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	1,708,831			192,886			74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	222,373						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,650,489			200			90
91 EMERGENCY	33,856,737			3,908			91
91.01 PARTIAL HOSPITALIZATION	1,242,453						91.01
92 OBSERVATION BEDS	6,277,566						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	548,410,672			5,051,198		5,100	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 [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T224) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.224118						50
51 RECOVERY ROOM	0.115033						51
53 ANESTHESIOLOGY	0.036549						53
54 RADIOLOGY-DIAGNOSTIC	0.121519	3,010			366		54
55 RADIOLOGY-THERAPEUTIC	0.211818						55
60 LABORATORY	0.150851						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.167765						65
66 PHYSICAL THERAPY	0.359769						66
69 ELECTROCARDIOLOGY	0.110144						69
70 ELECTROENCEPHALOGRAPHY	0.102220						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624						71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684						72
73 DRUGS CHARGED TO PATIENTS	0.172214	2,090			360		73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.344764						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.322989						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.345529						90
91 EMERGENCY	0.120418						91
91.01 PARTIAL HOSPITALIZATION	0.350838						91.01
92 OBSERVATION BEDS	0.430559						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		5,100			726		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		5,100			726		202

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 13:03

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 (14-5568) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [ ] IRF	[ ] SUB (OTHER) [XX] SNF (14-5568) [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13				
ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	82,828,987			1,397						50
51	RECOVERY ROOM	12,666,601									51
53	ANESTHESIOLOGY	17,310,480			1,114						53
54	RADIOLOGY-DIAGNOSTIC	70,312,585			88,459						54
55	RADIOLOGY-THERAPEUTIC	12,338,088			28,741						55
60	LABORATORY	74,290,902			839,685						60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
65	RESPIRATORY THERAPY	14,824,501			145,595						65
66	PHYSICAL THERAPY	17,097,538			2,070,107						66
69	ELECTROCARDIOLOGY	35,135,643			40,850						69
70	ELECTROENCEPHALOGRAPHY	1,590,891									70
71	MEDICAL SUPPLIES CHRGD TO P	31,187,563			732,437						71
72	IMPL. DEV. CHARGED TO PATIEN	17,111,748									72
73	DRUGS CHARGED TO PATIENTS	115,756,696			2,297,620						73
73.01	DRUGS CHARGED										73.01
74	RENAL DIALYSIS	1,708,831									74
76	CARDIAC REHAB										76
76.97	CARDIAC REHABILITATION	222,373									76.97
76.98	HYPERBARIC OXYGEN THERAPY										76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
90	CLINIC	2,650,489			135						90
91	EMERGENCY	33,856,737									91
91.01	PARTIAL HOSPITALIZATION	1,242,453									91.01
92	OBSERVATION BEDS	6,277,566									92
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	548,410,672			6,246,140						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 (14-5568) [ ] 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	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	0.224118						50
51 RECOVERY ROOM	0.115033						51
53 ANESTHESIOLOGY	0.036549						53
54 RADIOLOGY-DIAGNOSTIC	0.121519						54
55 RADIOLOGY-THERAPEUTIC	0.211818						55
60 LABORATORY	0.150851						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.167765						65
66 PHYSICAL THERAPY	0.359769						66
69 ELECTROCARDIOLOGY	0.110144						69
70 ELECTROENCEPHALOGRAPHY	0.102220						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624						71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684						72
73 DRUGS CHARGED TO PATIENTS	0.172214						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.344764						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.322989						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.345529						90
91 EMERGENCY	0.120418						91
91.01 PARTIAL HOSPITALIZATION	0.350838						91.01
92 OBSERVATION BEDS	0.430559						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 ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	(COL. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)	(COL. 5 x COL. 6)	(COL. 5 x COL. 6)		
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	3,474,954	3,474,954	47,022	73.90	6,831	504,811	30
31 INTENSIVE CARE UNIT	486,712	486,712	3,942	123.47	427	52,722	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	505,828	505,828	4,142	122.12	1,222	149,231	40
41 SUBPROVIDER - IRF	224,557	224,557	3,478	64.56	446	28,794	41
42 SUBPROVIDER I							42
43 NURSERY	105,205	105,205	5,085	20.69	3,309	68,463	43
44 SKILLED NURSING FACILITY	494,131	494,131	5,707	86.58			44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,291,387	5,291,387	69,376		12,235	804,021	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] SUB (OTHER)  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF  
 BOXES [XX] TITLE XIX [ ] IRF

[ ] PPS  
 [ ] TEFRA  
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,206,279	82,828,987	0.026637		50
51 RECOVERY ROOM	77,796	12,666,601	0.006142		51
53 ANESTHESIOLOGY	56,505	17,310,480	0.003264		53
54 RADIOLOGY-DIAGNOSTIC	1,389,257	70,312,585	0.019758		54
55 RADIOLOGY-THERAPEUTIC	240,219	12,338,088	0.019470		55
60 LABORATORY	678,769	74,290,902	0.009137		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	171,653	14,824,501	0.011579		65
66 PHYSICAL THERAPY	268,373	17,097,538	0.015697		66
69 ELECTROCARDIOLOGY	584,143	35,135,643	0.016625		69
70 ELECTROENCEPHALOGRAPHY	11,226	1,590,891	0.007056		70
71 MEDICAL SUPPLIES CHRGED TO PA	416,073	31,187,563	0.013341		71
72 IMPL. DEV. CHARGED TO PATIENT	328,050	17,111,748	0.019171		72
73 DRUGS CHARGED TO PATIENTS	632,166	115,756,696	0.005461		73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS	11,195	1,708,831	0.006551		74
76 CARDIAC REHAB	9,041				76
76.97 CARDIAC REHABILITATION	1,442	222,373	0.006485		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	172,010	2,650,489	0.064897		90
91 EMERGENCY	285,573	33,856,737	0.008435		91
91.01 PARTIAL HOSPITALIZATION	51,754	1,242,453	0.041655		91.01
92 OBSERVATION BEDS	238,771	6,277,566	0.038036		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	7,830,295	548,410,672			200

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/28/2012 13:03

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

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

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 13:03

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	47,022		6,831		30
31 INTENSIVE CARE UNIT	3,942		427		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	4,142		1,222		40
41 SUBPROVIDER - IRF	3,478		446		41
42 SUBPROVIDER I					42
43 NURSERY	5,085		3,309		43
44 SKILLED NURSING FACILITY	5,707				44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,376		12,235		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] 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 PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] 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 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	82,828,987						50
51 RECOVERY ROOM	12,666,601						51
53 ANESTHESIOLOGY	17,310,480						53
54 RADIOLOGY-DIAGNOSTIC	70,312,585						54
55 RADIOLOGY-THERAPEUTIC	12,338,088						55
60 LABORATORY	74,290,902						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,824,501						65
66 PHYSICAL THERAPY	17,097,538						66
69 ELECTROCARDIOLOGY	35,135,643						69
70 ELECTROENCEPHALOGRAPHY	1,590,891						70
71 MEDICAL SUPPLIES CHRGD TO P	31,187,563						71
72 IMPL. DEV. CHARGED TO PATIEN	17,111,748						72
73 DRUGS CHARGED TO PATIENTS	115,756,696						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	1,708,831						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	222,373						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,650,489						90
91 EMERGENCY	33,856,737						91
91.01 PARTIAL HOSPITALIZATION	1,242,453						91.01
92 OBSERVATION BEDS	6,277,566						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	548,410,672						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0224) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	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	0.224118						50
51 RECOVERY ROOM	0.115033						51
53 ANESTHESIOLOGY	0.036549						53
54 RADIOLOGY-DIAGNOSTIC	0.121519						54
55 RADIOLOGY-THERAPEUTIC	0.211818						55
60 LABORATORY	0.150851						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.167765						65
66 PHYSICAL THERAPY	0.359769						66
69 ELECTROCARDIOLOGY	0.110144						69
70 ELECTROENCEPHALOGRAPHY	0.102220						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624						71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684						72
73 DRUGS CHARGED TO PATIENTS	0.172214						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.344764						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.322989						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.345529						90
91 EMERGENCY	0.120418						91
91.01 PARTIAL HOSPITALIZATION	0.350838						91.01
92 OBSERVATION BEDS	0.430559						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 CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S224) [ ] 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	OPERATING ROOM	2,206,279	82,828,987	0.026637				50
51	RECOVERY ROOM	77,796	12,666,601	0.006142				51
53	ANESTHESIOLOGY	56,505	17,310,480	0.003264				53
54	RADIOLOGY-DIAGNOSTIC	1,389,257	70,312,585	0.019758				54
55	RADIOLOGY-THERAPEUTIC	240,219	12,338,088	0.019470				55
60	LABORATORY	678,769	74,290,902	0.009137				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	171,653	14,824,501	0.011579				65
66	PHYSICAL THERAPY	268,373	17,097,538	0.015697				66
69	ELECTROCARDIOLOGY	584,143	35,135,643	0.016625				69
70	ELECTROENCEPHALOGRAPHY	11,226	1,590,891	0.007056				70
71	MEDICAL SUPPLIES CHRGED TO PA	416,073	31,187,563	0.013341				71
72	IMPL. DEV. CHARGED TO PATIENT	328,050	17,111,748	0.019171				72
73	DRUGS CHARGED TO PATIENTS	632,166	115,756,696	0.005461				73
73.01	DRUGS CHARGED							73.01
74	RENAL DIALYSIS	11,195	1,708,831	0.006551				74
76	CARDIAC REHAB	9,041						76
76.97	CARDIAC REHABILITATION	1,442	222,373	0.006485				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	172,010	2,650,489	0.064897				90
91	EMERGENCY	285,573	33,856,737	0.008435				91
91.01	PARTIAL HOSPITALIZATION	51,754	1,242,453	0.041655				91.01
92	OBSERVATION BEDS	238,771	6,277,566	0.038036				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	7,830,295	548,410,672					200

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 13:03

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 [XX] IPF (14-S224) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S224) [ ] SNF [ ] 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	82,828,987						50
51 RECOVERY ROOM	12,666,601						51
53 ANESTHESIOLOGY	17,310,480						53
54 RADIOLOGY-DIAGNOSTIC	70,312,585						54
55 RADIOLOGY-THERAPEUTIC	12,338,088						55
60 LABORATORY	74,290,902						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,824,501						65
66 PHYSICAL THERAPY	17,097,538						66
69 ELECTROCARDIOLOGY	35,135,643						69
70 ELECTROENCEPHALOGRAPHY	1,590,891						70
71 MEDICAL SUPPLIES CHRGD TO P	31,187,563						71
72 IMPL. DEV. CHARGED TO PATIEN	17,111,748						72
73 DRUGS CHARGED TO PATIENTS	115,756,696						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	1,708,831						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	222,373						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,650,489						90
91 EMERGENCY	33,856,737						91
91.01 PARTIAL HOSPITALIZATION	1,242,453						91.01
92 OBSERVATION BEDS	6,277,566						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	548,410,672						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 [XX] IPF (14-S224) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	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	0.224118						50
51 RECOVERY ROOM	0.115033						51
53 ANESTHESIOLOGY	0.036549						53
54 RADIOLOGY-DIAGNOSTIC	0.121519						54
55 RADIOLOGY-THERAPEUTIC	0.211818						55
60 LABORATORY	0.150851						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.167765						65
66 PHYSICAL THERAPY	0.359769						66
69 ELECTROCARDIOLOGY	0.110144						69
70 ELECTROENCEPHALOGRAPHY	0.102220						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624						71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684						72
73 DRUGS CHARGED TO PATIENTS	0.172214						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	0.344764						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	0.322989						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.345529						90
91 EMERGENCY	0.120418						91
91.01 PARTIAL HOSPITALIZATION	0.350838						91.01
92 OBSERVATION BEDS	0.430559						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 CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T224)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,206,279	82,828,987	0.026637				50
51	RECOVERY ROOM	77,796	12,666,601	0.006142				51
53	ANESTHESIOLOGY	56,505	17,310,480	0.003264				53
54	RADIOLOGY-DIAGNOSTIC	1,389,257	70,312,585	0.019758				54
55	RADIOLOGY-THERAPEUTIC	240,219	12,338,088	0.019470				55
60	LABORATORY	678,769	74,290,902	0.009137				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	171,653	14,824,501	0.011579				65
66	PHYSICAL THERAPY	268,373	17,097,538	0.015697				66
69	ELECTROCARDIOLOGY	584,143	35,135,643	0.016625				69
70	ELECTROENCEPHALOGRAPHY	11,226	1,590,891	0.007056				70
71	MEDICAL SUPPLIES CHRGD TO PA	416,073	31,187,563	0.013341				71
72	IMPL. DEV. CHARGED TO PATIENT	328,050	17,111,748	0.019171				72
73	DRUGS CHARGED TO PATIENTS	632,166	115,756,696	0.005461				73
73.01	DRUGS CHARGED							73.01
74	RENAL DIALYSIS	11,195	1,708,831	0.006551				74
76	CARDIAC REHAB	9,041						76
76.97	CARDIAC REHABILITATION	1,442	222,373	0.006485				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	172,010	2,650,489	0.064897				90
91	EMERGENCY	285,573	33,856,737	0.008435				91
91.01	PARTIAL HOSPITALIZATION	51,754	1,242,453	0.041655				91.01
92	OBSERVATION BEDS	238,771	6,277,566	0.038036				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	7,830,295	548,410,672					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 [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T224) [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
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
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS						74
76 CARDIAC REHAB						76
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
91.01 PARTIAL HOSPITALIZATION						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T224) [ ] 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	82,828,987						50
51 RECOVERY ROOM	12,666,601						51
53 ANESTHESIOLOGY	17,310,480						53
54 RADIOLOGY-DIAGNOSTIC	70,312,585						54
55 RADIOLOGY-THERAPEUTIC	12,338,088						55
60 LABORATORY	74,290,902						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,824,501						65
66 PHYSICAL THERAPY	17,097,538						66
69 ELECTROCARDIOLOGY	35,135,643						69
70 ELECTROENCEPHALOGRAPHY	1,590,891						70
71 MEDICAL SUPPLIES CHRGD TO P	31,187,563						71
72 IMPL. DEV. CHARGED TO PATIEN	17,111,748						72
73 DRUGS CHARGED TO PATIENTS	115,756,696						73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	1,708,831						74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	222,373						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,650,489						90
91 EMERGENCY	33,856,737						91
91.01 PARTIAL HOSPITALIZATION	1,242,453						91.01
92 OBSERVATION BEDS	6,277,566						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	548,410,672						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 [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T224) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		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	0.224118						50	
51 RECOVERY ROOM	0.115033						51	
53 ANESTHESIOLOGY	0.036549						53	
54 RADIOLOGY-DIAGNOSTIC	0.121519						54	
55 RADIOLOGY-THERAPEUTIC	0.211818						55	
60 LABORATORY	0.150851						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65 RESPIRATORY THERAPY	0.167765						65	
66 PHYSICAL THERAPY	0.359769						66	
69 ELECTROCARDIOLOGY	0.110144						69	
70 ELECTROENCEPHALOGRAPHY	0.102220						70	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.401684						72	
73 DRUGS CHARGED TO PATIENTS	0.172214						73	
73.01 DRUGS CHARGED							73.01	
74 RENAL DIALYSIS	0.344764						74	
76 CARDIAC REHAB							76	
76.97 CARDIAC REHABILITATION	0.322989						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.345529						90	
91 EMERGENCY	0.120418						91	
91.01 PARTIAL HOSPITALIZATION	0.350838						91.01	
92 OBSERVATION BEDS	0.430559						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 (14-0224) [ ] 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)	47,022	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,022	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43,791	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)	15,456	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)	39,336,006	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	39,336,006	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	93,196,628	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	93,196,628	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.422075	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)	2,128.21	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)	39,336,006	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0224) [ ] 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) 836.54 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 12,929,562 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) 12,929,562 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	6,753,298	3,942	1,713.17	2,198	3,765,548	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)					21,768,521	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					38,463,631	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,413,585 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,504,339 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,917,924 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 35,545,707 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63  
 PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,231 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 836.54 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,702,861 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	3,474,954	39,336,006	0.088340	2,702,861	238,771	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S224) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,142	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,142	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,142	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)	2,177	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)	6,530,873	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	6,530,873	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,291,200	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,291,200	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.400883	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)	3,933.17	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)	6,530,873	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S224)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF			[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,576.74	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,432,563	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)	3,432,563	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	319,692	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,752,255	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	265,855	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	18,782	51
52 TOTAL PROGRAM EXCLUDABLE COST	284,637	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,467,618	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T224) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,478	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,478	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,478	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)	2,198	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,923,196	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,923,196	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,793,580	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,793,580	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.504558	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)	1,665.78	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,923,196	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (14-T224)			[ ]	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)	840.48	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,847,375	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)	1,847,375	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,287,144	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,134,519	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	141,903	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	58,746	51
52 TOTAL PROGRAM EXCLUDABLE COST	200,649	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,933,870	53

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

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

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] SNF (14-5568) [ ] 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)	5,707	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,707	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,707	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)	4,149	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)	3,946,679	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	3,946,679	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,534,883	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,534,883	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.870293	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)	794.62	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)	3,946,679	37

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
PERIOD FROM 07/01/2011 TO 06/30/2012

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VERSION: 2011.10  
11/28/2012 13:03

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 (14-5568) [ ] 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)	3,946,679	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	691.55	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 × LINE 71)	2,869,241	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 × LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	2,869,241	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 × 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 × LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	2,869,241	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,518,811	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	4,388,052	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0224) [ ] 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)	47,022	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,022	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43,791	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,831	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)	5,085	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,309	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)	39,336,006	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	39,336,006	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	93,196,628	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	93,196,628	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.422075	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)	2,128.21	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)	39,336,006	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0224) [ ] 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) 836.54 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,714,405 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 5,714,405 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)	3,649,771	5,085	717.75	3,309	2,375,035 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,753,298	3,942	1,713.17	427	731,524 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)					8,820,964 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 625,996 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 625,996 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63  
 PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,231 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 [XX] IPF (14-S224) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,142	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,142	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,142	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)	1,222	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)	6,530,873	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	6,530,873	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,291,200	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,291,200	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.400883	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)	3,933.17	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)	6,530,873	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S224)			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,576.74	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,926,776	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)	1,926,776	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,926,776	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	149,231	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	149,231	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53

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

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T224) [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,478	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,478	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,478	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)	446	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,923,196	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,923,196	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,793,580	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,793,580	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.504558	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)	1,665.78	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,923,196	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T224)			[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)	840.48	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	374,854	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	374,854	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	374,854	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	28,794	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	28,794	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		29,694,945			30
31 INTENSIVE CARE UNIT		7,355,477			31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.224118	10,164,273	2,277,997		50
51 RECOVERY ROOM	0.115033	1,730,417	199,055		51
53 ANESTHESIOLOGY	0.036549	2,235,441	81,703		53
54 RADIOLOGY-DIAGNOSTIC	0.121519	11,571,073	1,406,105		54
55 RADIOLOGY-THERAPEUTIC	0.211818	150,656	31,912		55
60 LABORATORY	0.150851	21,777,620	3,285,176		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.167765	7,981,426	1,339,004		65
66 PHYSICAL THERAPY	0.359769	1,682,369	605,264		66
69 ELECTROCARDIOLOGY	0.110144	12,437,673	1,369,935		69
70 ELECTROENCEPHALOGRAPHY	0.102220	362,708	37,076		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.280624	10,229,271	2,870,579		71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684	5,620,928	2,257,837		72
73 DRUGS CHARGED TO PATIENTS	0.172214	28,533,911	4,913,939		73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS	0.344764	1,151,633	397,042		74
76 CARDIAC REHAB					76
76.97 CARDIAC REHABILITATION	0.322989	4,961	1,602		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.345529	17,361	5,999		90
91 EMERGENCY	0.120418	5,715,037	688,193		91
91.01 PARTIAL HOSPITALIZATION	0.361319	286	103		91.01
92 OBSERVATION BEDS	0.430559				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		121,367,044	21,768,521		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		121,367,044			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 [XX] IPF (14-S224) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF		3,690,766			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.224118				50
51 RECOVERY ROOM	0.115033	45,351	5,217		51
53 ANESTHESIOLOGY	0.036549	42,110	1,539		53
54 RADIOLOGY-DIAGNOSTIC	0.121519	74,588	9,064		54
55 RADIOLOGY-THERAPEUTIC	0.211818				55
60 LABORATORY	0.150851	467,227	70,482		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.167765	63,463	10,647		65
66 PHYSICAL THERAPY	0.359769	39,071	14,057		66
69 ELECTROCARDIOLOGY	0.110144	38,026	4,188		69
70 ELECTROENCEPHALOGRAPHY	0.102220	6,732	688		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.280624	13,315	3,737		71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684				72
73 DRUGS CHARGED TO PATIENTS	0.172214	828,854	142,740		73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS	0.344764	12,000	4,137		74
76 CARDIAC REHAB					76
76.97 CARDIAC REHABILITATION	0.322989				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.345529	51,264	17,713		90
91 EMERGENCY	0.120418	294,665	35,483		91
91.01 PARTIAL HOSPITALIZATION	0.361319				91.01
92 OBSERVATION BEDS	0.430559				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,976,666	319,692		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,976,666			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 [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T224) [ ] 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
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		3,653,086			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.224118	19,216	4,307		50
51 RECOVERY ROOM	0.115033	3,823	440		51
53 ANESTHESIOLOGY	0.036549	5,874	215		53
54 RADIOLOGY-DIAGNOSTIC	0.121519	155,028	18,839		54
55 RADIOLOGY-THERAPEUTIC	0.211818	1,710	362		55
60 LABORATORY	0.150851	678,553	102,360		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.167765	325,430	54,596		65
66 PHYSICAL THERAPY	0.359769	2,046,267	736,183		66
69 ELECTROCARDIOLOGY	0.110144	67,885	7,477		69
70 ELECTROENCEPHALOGRAPHY	0.102220	8,647	884		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.280624	256,974	72,113		71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684	4,654	1,869		72
73 DRUGS CHARGED TO PATIENTS	0.172214	1,280,143	220,459		73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS	0.344764	192,886	66,500		74
76 CARDIAC REHAB					76
76.97 CARDIAC REHABILITATION	0.322989				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.345529	200	69		90
91 EMERGENCY	0.120418	3,908	471		91
91.01 PARTIAL HOSPITALIZATION	0.361319				91.01
92 OBSERVATION BEDS	0.430559				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,051,198	1,287,144		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,051,198			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 (14-5568) [ ] 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
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.224118	1,397	313		50
51 RECOVERY ROOM	0.115033				51
53 ANESTHESIOLOGY	0.036549	1,114	41		53
54 RADIOLOGY-DIAGNOSTIC	0.121519	88,459	10,749		54
55 RADIOLOGY-THERAPEUTIC	0.211818	28,741	6,088		55
60 LABORATORY	0.150851	839,685	126,667		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.167765	145,595	24,426		65
66 PHYSICAL THERAPY	0.359769	2,070,107	744,760		66
69 ELECTROCARDIOLOGY	0.110144	40,850	4,499		69
70 ELECTROENCEPHALOGRAPHY	0.102220				70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.280624	732,437	205,539		71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684				72
73 DRUGS CHARGED TO PATIENTS	0.172214	2,297,620	395,682		73
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS	0.344764				74
76 CARDIAC REHAB					76
76.97 CARDIAC REHABILITATION	0.322989				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.345529	135	47		90
91 EMERGENCY	0.120418				91
91.01 PARTIAL HOSPITALIZATION	0.350838				91.01
92 OBSERVATION BEDS	0.430559				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,246,140	1,518,811		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,246,140			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0224) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.224118			50
51 RECOVERY ROOM	0.115033			51
53 ANESTHESIOLOGY	0.036549			53
54 RADIOLOGY-DIAGNOSTIC	0.121519			54
55 RADIOLOGY-THERAPEUTIC	0.211818			55
60 LABORATORY	0.150851			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.167765			65
66 PHYSICAL THERAPY	0.359769			66
69 ELECTROCARDIOLOGY	0.110144			69
70 ELECTROENCEPHALOGRAPHY	0.102220			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.280624			71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684			72
73 DRUGS CHARGED TO PATIENTS	0.172214			73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS	0.344764			74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION	0.322989			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.345529			90
91 EMERGENCY	0.120418			91
91.01 PARTIAL HOSPITALIZATION	0.350838			91.01
92 OBSERVATION BEDS	0.430559			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

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
 11/28/2012 13:03

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S224) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.224118			50
51 RECOVERY ROOM	0.115033			51
53 ANESTHESIOLOGY	0.036549			53
54 RADIOLOGY-DIAGNOSTIC	0.121519			54
55 RADIOLOGY-THERAPEUTIC	0.211818			55
60 LABORATORY	0.150851			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.167765			65
66 PHYSICAL THERAPY	0.359769			66
69 ELECTROCARDIOLOGY	0.110144			69
70 ELECTROENCEPHALOGRAPHY	0.102220			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.280624			71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684			72
73 DRUGS CHARGED TO PATIENTS	0.172214			73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS	0.344764			74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION	0.322989			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.345529			90
91 EMERGENCY	0.120418			91
91.01 PARTIAL HOSPITALIZATION	0.350838			91.01
92 OBSERVATION BEDS	0.430559			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 [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T224) [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.224118			50
51 RECOVERY ROOM	0.115033			51
53 ANESTHESIOLOGY	0.036549			53
54 RADIOLOGY-DIAGNOSTIC	0.121519			54
55 RADIOLOGY-THERAPEUTIC	0.211818			55
60 LABORATORY	0.150851			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.167765			65
66 PHYSICAL THERAPY	0.359769			66
69 ELECTROCARDIOLOGY	0.110144			69
70 ELECTROENCEPHALOGRAPHY	0.102220			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.280624			71
72 IMPL. DEV. CHARGED TO PATIENT	0.401684			72
73 DRUGS CHARGED TO PATIENTS	0.172214			73
73.01 DRUGS CHARGED				73.01
74 RENAL DIALYSIS	0.344764			74
76 CARDIAC REHAB				76
76.97 CARDIAC REHABILITATION	0.322989			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.345529			90
91 EMERGENCY	0.120418			91
91.01 PARTIAL HOSPITALIZATION	0.350838			91.01
92 OBSERVATION BEDS	0.430559			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 (14-0224)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	28,173,777	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	648,752	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	1,547,842	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	246.17	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)	139.15	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)	23.40	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)	3.50	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)	119.25	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	111.35	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	14.41	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	125.76	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	133.40	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	126.37	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	128.51	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	128.51	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.522038	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.541067	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.522038	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	7,440,956	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)	-7.90	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)	7,440,956	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0713	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2021	31
32	SUM OF LINES 30 AND 31	0.2734	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1177	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,316,054	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)	39,579,539	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)	39,579,539	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,200,993	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0224)  
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)	5,335,586	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)	48,116,118	59
60	PRIMARY PAYER PAYMENTS	11,058	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	48,105,060	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,542,836	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	252,685	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	715,292	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	500,704	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	666,032	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	45,810,243	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)	45,810,243	71
72	INTERIM PAYMENTS	46,295,186	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-484,943	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	486,495	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96







CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL                                 IPF                                 IRF  
    SUB (OTHER)                                 SNF (14-5568)

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0224) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY		AMOUNT	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		45,300,909		10,708,341
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	06/15/2012	1,186,604	06/15/2012
	.02			131,812
	.03			3.01
	.04			3.02
	.05			3.03
	.06			3.04
	.07			3.05
	.08			3.06
	.09			3.07
	.50	04/06/2012	192,327	04/06/2012
	.51			86,561
	.52			3.50
	.53			3.51
	.54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99		994,277	45,251
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)		46,295,186		10,753,592

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		NONE		NONE	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		NONE		NONE	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					
	PROVIDER .03					
	PROVIDER .04					
	TO .05					
	PROGRAM .06		-484,943		-49,032	6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			45,810,243		10,704,560	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 [XX] IPF (14-S224) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,629,074		332
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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				NONE
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,629,074		332

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				NONE
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	200,639		6.01
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,829,713		332
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 [ ] SNF  
 BOX: [XX] IRF (14-T224) [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY		AMOUNT	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,568,564		505
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/06/2012	19,256		NONE
PROGRAM .02				3.01
TO .03				3.02
PROVIDER .04				3.03
.05				3.04
.06				3.05
.07				3.06
.08				3.07
.09				3.08
.50		NONE		3.09
.51				3.50
PROVIDER .52				NONE
TO .53				3.51
PROGRAM .54				3.52
.55				3.53
.56				3.54
.57				3.55
.58				3.56
.59				3.57
.99		19,256		3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				3.59
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,587,820		505
				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	NONE		NONE	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	NONE		NONE	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	46,711			6.01
	TO .02				6.02
	PROVIDER .01				
	PROVIDER .02				
	TO .01				
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		3,634,531		505	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8



PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/28/2012 13:03

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0224) [ ] 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	10,509	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	17,654	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,010	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	47,733	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	681,397,078	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	2,818,075	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S224)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,789,201	1
2	NET IPF PPS OUTLIER PAYMENT	10,636	2
3	NET IPF PPS ECT PAYMENT	15,053	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.316940	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,814,890	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,814,890	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,814,890	18
19	DEDUCTIBLES	113,368	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,701,522	20
21	COINSURANCE	72,448	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,629,074	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	286,627	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	200,639	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	285,523	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,829,713	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,829,713	31
32	INTERIM PAYMENTS	1,629,074	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	200,639	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IRF (14-T224)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	3,348,628	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.053500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	268,138	3
4	OUTLIER PAYMENTS	64,816	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.502732	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	3,681,582	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	3,681,582	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,681,582	19
20	DEDUCTIBLES	25,168	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,656,414	21
22	COINSURANCE	29,642	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,626,772	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	11,084	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,759	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	9,024	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,634,531	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,634,531	32
33	INTERIM PAYMENTS	3,587,820	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	46,711	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

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	1,875,578 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	1,875,578 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	46,425 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)	1,829,153 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	1,829,153 15
16	INTERIM PAYMENTS	1,829,153 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 (14-0224) [ ] 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 TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	8,820,964		1
2			2
3			3
4	8,820,964		4
5			5
6			6
7	8,820,964		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	8,820,964		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S224) [ ] 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 TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	1,926,776		1
2			2
3			3
4	1,926,776		4
5			5
6			6
7	1,926,776		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	1,926,776		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [XX] IRF (14-T224) [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	374,854		1
2			2
3			3
4	374,854		4
5			5
6			6
7	374,854		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	374,854		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	139.62		1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA	25.40		3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)	3.50		4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	117.72		5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	111.35		6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	111.35		7
			PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	98.26	13.08	111.34 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	98.26	13.08	111.34 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		11.80	10
11	TOTAL WEIGHTED FTE COUNT	98.26	24.88	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	95.45	19.96	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	92.94	25.19	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	95.55	23.34	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	95.55	23.34	17
18	PER RESIDENT AMOUNT	129,134.11	124,470.93	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	12,338,764	2,905,152	15,243,916 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			15,243,916 25
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS		22,029	1,055 26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)		55,353	55,353 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.397973	0.019059	28
29	PROGRAM DIRECT GME AMOUNT	6,066,667	290,534	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		41,052	30
31	NET PROGRAM DIRECT GME AMOUNT			6,316,149 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			1,708,831 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			50,095,224 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			11,058 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			50,084,166 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			9,206,584 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,239 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			9,204,345 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			59,288,511 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.844753 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.155247 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			6,316,149 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			5,335,586 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			980,563 50

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	8,926	107	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	55,353	55,353	27
29	PROGRAM DIRECT GME AMOUNT	0.161256	0.001933	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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	11,024			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	30,888,433			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4,757,051			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	408,735			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	36,065,243			11
FIXED ASSETS					
12	LAND	7,327,666			12
13	LAND IMPROVEMENTS	11,980,239			13
14	ACCUMULATED DEPRECIATION	-3,082,131			14
15	BUILDINGS	57,889,949			15
16	ACCUMULATED DEPRECIATION	-21,413,678			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	46,362,007			23
24	ACCUMULATED DEPRECIATION	-34,511,718			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	64,552,334			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	888,840			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	888,840			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	101,506,417			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	65,853			37
38	SALARIES, WAGES & FEES PAYABLE				38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME	31,603,246			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	31,669,099			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	27,688,909			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	27,688,909			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	59,358,008			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	42,148,409			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)	42,148,409			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	101,506,417			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		38,546,733							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		5,487,810							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		44,034,543							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 RELEASED FROM RESTRICTIONS									6
7 TRANSFER FROM TEMP RESTRICTE									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		44,034,543							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER TO AFFILIATE	1,886,134								13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		1,886,134							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		42,148,409							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	86,274,736		86,274,736	2
3 SUBPROVIDER IPF	16,291,200		16,291,200	3
5 SUBPROVIDER IRF	5,793,580		5,793,580	5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	4,534,883		4,534,883	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	112,894,399		112,894,399	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	13,170,115		13,170,115	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	13,170,115		13,170,115	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	126,064,514		126,064,514	17
18 ANCILLARY SERVICES	284,101,770	289,968,359	574,070,129	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	410,166,284	289,968,359	700,134,643	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		195,838,563	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)		195,838,563	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	700,134,643	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	503,740,430	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	196,394,213	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	195,838,563	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	555,650	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	11,946	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		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET ASSETS RELEASED)	301,088	24
24.01	OTHER (OTHER INCOME)	4,312,635	24.01
24.02	OTHER (NON OPERATING)		24.02
24.03	OTHER (UNRESTRICTED CONTRIBUTIONS)	306,491	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	4,932,160	25
26	TOTAL (LINE 5 PLUS LINE 25)	5,487,810	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	5,487,810	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-022) [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	2,281,478	1
2	CAPITAL DRG OUTLIER PAYMENTS	58,257	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	130.42	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	128.51	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.3206	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	731,442	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0713	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2021	8
9	SUM OF LINES 7 AND 8	0.2734	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0569	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	129,816	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,200,993	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	I&R COST &		TOTAL
	NARY CAP- REL COSTS 0	(COLS.0-4) 2A	SUBTOTAL 24	POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING,RECEIVING&STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCTS RECEIVABLE					5.05
5.06 ADMINISTRATION & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSEY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
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
73.01 DRUGS CHARGED					73.01
74 RENAL DIALYSIS					74
76 CARDIAC REHAB					76
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
91.01 PARTIAL HOSPITALIZATION					91.01
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
194 OTHER					194
194.01 LAKESHORE GUEST UNIT					194.01

PROVIDER CCN: 14-0224 SAINT JOSEPH HOSPITAL  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10  
11/28/2012 13:03

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	32.87		14.53				47.40 30
31 INTENSIVE CARE UNIT	55.76		10.83				66.59 31
43 NURSERY			65.07				65.07 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	12.27	8.88					21.15 50
51 RECOVERY ROOM	13.66	12.00					25.66 51
53 ANESTHESIOLOGY	12.91	6.96					19.87 53
54 RADIOLOGY-DIAGNOSTIC	16.46	15.30					31.76 54
55 RADIOLOGY-THERAPEUTIC	1.22	24.40					25.62 55
60 LABORATORY	29.31	2.37					31.68 60
65 RESPIRATORY THERAPY	53.84	2.11					55.95 65
66 PHYSICAL THERAPY	9.84	0.49					10.33 66
69 ELECTROCARDIOLOGY	35.40	15.82					51.22 69
70 ELECTROENCEPHALOGRAPHY	22.80	14.24					37.04 70
71 MEDICAL SUPPLIES CHRGED TO PATI	32.80	5.67					38.47 71
72 IMPL. DEV. CHARGED TO PATIENT	32.85	11.11					43.96 72
73 DRUGS CHARGED TO PATIENTS	24.65	9.19					33.84 73
74 RENAL DIALYSIS	67.39	1.15					68.54 74
76.97 CARDIAC REHABILITATION	2.23	35.68					37.91 76.97
90 CLINIC	0.66	27.22					27.88 90
91 EMERGENCY	16.88	8.94					25.82 91
91.01 PARTIAL HOSPITALIZATION	0.02	5.24					5.26 91.01
92 OBSERVATION BEDS		24.03					24.03 92
200 TOTAL CHARGES	22.13	9.39					31.52 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	52.56		29.50				82.06 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
51 RECOVERY ROOM	0.36						0.36 51
53 ANESTHESIOLOGY	0.24						0.24 53
54 RADIOLOGY-DIAGNOSTIC	0.11						0.11 54
60 LABORATORY	0.63						0.63 60
65 RESPIRATORY THERAPY	0.43						0.43 65
66 PHYSICAL THERAPY	0.23						0.23 66
69 ELECTROCARDIOLOGY	0.11						0.11 69
70 ELECTROENCEPHALOGRAPHY	0.42						0.42 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.04						0.04 71
73 DRUGS CHARGED TO PATIENTS	0.72						0.72 73
74 RENAL DIALYSIS	0.70						0.70 74
90 CLINIC	1.93						1.93 90
91 EMERGENCY	0.87						0.87 91
200 TOTAL CHARGES	0.36						0.36 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	63.20		12.82				76.02 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.02						0.02 50
51 RECOVERY ROOM	0.03						0.03 51
53 ANESTHESIOLOGY	0.03						0.03 53
54 RADIOLOGY-DIAGNOSTIC	0.22						0.22 54
55 RADIOLOGY-THERAPEUTIC	0.01						0.01 55
60 LABORATORY	0.91						0.91 60
65 RESPIRATORY THERAPY	2.20						2.20 65
66 PHYSICAL THERAPY	11.97						11.97 66
69 ELECTROCARDIOLOGY	0.19						0.19 69
70 ELECTROENCEPHALOGRAPHY	0.54						0.54 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.82						0.82 71
72 IMPL. DEV. CHARGED TO PATIENT	0.03						0.03 72
73 DRUGS CHARGED TO PATIENTS	1.11						1.11 73
74 RENAL DIALYSIS	11.29						11.29 74
90 CLINIC	0.01						0.01 90
91 EMERGENCY	0.01						0.01 91
200 TOTAL CHARGES	0.92						0.92 200

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

SNF / NF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
44 SKILLED NURSING FACILITY	72.70						72.70 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
53 ANESTHESIOLOGY	0.01						0.01 53
54 RADIOLOGY-DIAGNOSTIC	0.13						0.13 54
55 RADIOLOGY-THERAPEUTIC	0.23						0.23 55
60 LABORATORY	1.13						1.13 60
65 RESPIRATORY THERAPY	0.98						0.98 65
66 PHYSICAL THERAPY	12.11						12.11 66
69 ELECTROCARDIOLOGY	0.12						0.12 69
71 MEDICAL SUPPLIES CHRGED TO PATI	2.35						2.35 71
73 DRUGS CHARGED TO PATIENTS	1.98						1.98 73
90 CLINIC	0.01						0.01 90
200 TOTAL CHARGES	1.14						1.14 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	5,153,228	2.71	-5,153,228	-5.11			1
2 CAP REL COSTS-MVBLE EQUIP	5,760,155	3.03	-5,760,155	-5.72			2
3 OTHER CAPITAL RELATED COSTS							3
4 EMPLOYEE BENEFITS	17,359,766	9.14	-17,359,766	-17.22			4
5.01 NONPATIENT TELEPHONES	225,798	0.12	-225,798	-0.22			5.01
5.02 DATA PROCESSING	4,286,778	2.26	-4,286,778	-4.25			5.02
5.03 PURCHASING,RECEIVING&STORES	710,271	0.37	-710,271	-0.70			5.03
5.04 ADMITTING	1,484,683	0.78	-1,484,683	-1.47			5.04
5.05 CASHIERING/ACCTS RECEIVABLE	3,501,292	1.84	-3,501,292	-3.47			5.05
5.06 ADMINISTRATION & GENERAL	29,425,770	15.50	-29,425,770	-29.20			5.06
6 MAINTENANCE & REPAIRS	1,032,232	0.54	-1,032,232	-1.02			6
7 OPERATION OF PLANT	6,019,854	3.17	-6,019,854	-5.97			7
8 LAUNDRY & LINEN SERVICE	834,827	0.44	-834,827	-0.83			8
9 HOUSEKEEPING	2,226,548	1.17	-2,226,548	-2.21			9
10 DIETARY	1,713,910	0.90	-1,713,910	-1.70			10
11 CAFETERIA	17,727	0.01	-17,727	-0.02			11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION	1,988,012	1.05	-1,988,012	-1.97			13
14 CENTRAL SERVICES & SUPPLY	418,853	0.22	-418,853	-0.42			14
15 PHARMACY	1,271,976	0.67	-1,271,976	-1.26			15
16 MEDICAL RECORDS & LIBRARY	1,692,665	0.89	-1,692,665	-1.68			16
17 SOCIAL SERVICE	1,924,015	1.01	-1,924,015	-1.91			17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SRVCES-SALARY & FRINGES APP	6,597,143	3.47	-6,597,143	-6.55			21
22 I&R SRVCES-OTHER PRGM COSTS APP	7,137,445	3.76	-7,137,445	-7.08			22
23 PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	16,954,842	8.93	37,081,755	36.79	54,036,597	28.46	30
31 INTENSIVE CARE UNIT	3,442,752	1.81	6,832,515	6.78	10,275,267	5.41	31
40 SUBPROVIDER - IPF	2,947,117	1.55	3,583,756	3.56	6,530,873	3.44	40
41 SUBPROVIDER - IRF	1,262,586	0.66	1,660,610	1.65	2,923,196	1.54	41
43 NURSERY	2,002,743	1.05	1,647,028	1.63	3,649,771	1.92	43
44 SKILLED NURSING FACILITY	1,421,420	0.75	2,525,259	2.51	3,946,679	2.08	44
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	9,900,994	5.21	9,515,763	9.44	19,416,757	10.22	50
51 RECOVERY ROOM	699,549	0.37	757,526	0.75	1,457,075	0.77	51
53 ANESTHESIOLOGY	243,347	0.13	389,328	0.39	632,675	0.33	53
54 RADIOLOGY-DIAGNOSTIC	4,014,773	2.11	4,992,471	4.95	9,007,244	4.74	54
55 RADIOLOGY-THERAPEUTIC	1,336,589	0.70	1,276,844	1.27	2,613,433	1.38	55
60 LABORATORY	7,003,191	3.69	4,389,768	4.36	11,392,959	6.00	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	1,380,705	0.73	1,476,219	1.46	2,856,924	1.50	65
66 PHYSICAL THERAPY	3,715,976	1.96	2,805,083	2.78	6,521,059	3.43	66
69 ELECTROCARDIOLOGY	1,806,786	0.95	2,063,191	2.05	3,869,977	2.04	69
70 ELECTROENCEPHALOGRAPHY	87,614	0.05	928,268	0.92	1,015,882	0.53	70
71 MEDICAL SUPPLIES CHRGED TO PATI	5,974,297	3.15	2,777,669	2.76	8,751,966	4.61	71
72 IMPL. DEV. CHARGED TO PATIENT	4,764,319	2.51	2,109,199	2.09	6,873,518	3.62	72
73 DRUGS CHARGED TO PATIENTS	12,703,043	6.69	7,231,937	7.18	19,934,980	10.50	73
73.01 DRUGS CHARGED							73.01
74 RENAL DIALYSIS	449,347	0.24	139,797	0.14	589,144	0.31	74
76 CARDIAC REHAB							76
76.97 CARDIAC REHABILITATION	44,644	0.02	27,180	0.03	71,824	0.04	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
90 CLINIC	306,089	0.16	609,731	0.60	915,820	0.48	90
91 EMERGENCY	1,959,932	1.03	2,117,030	2.10	4,076,962	2.15	91
91.01 PARTIAL HOSPITALIZATION	199,432	0.11	236,468	0.23	435,900	0.23	91.01
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
194 OTHER	4,491,285	2.37	3,608,553	3.58	8,099,838	4.27	194
194.01 LAKESHORE GUEST UNIT							194.01
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	189,896,320	100.00			189,896,320	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,206,279	82,828,987	0.026637	10,164,273	270,746	50
51 RECOVERY ROOM	77,796	12,666,601	0.006142	1,730,417	10,628	51
53 ANESTHESIOLOGY	56,505	17,310,480	0.003264	2,235,441	7,296	53
54 RADIOLOGY-DIAGNOSTIC	1,389,257	70,312,585	0.019758	11,571,073	228,621	54
55 RADIOLOGY-THERAPEUTIC	240,219	12,338,088	0.019470	150,656	2,933	55
60 LABORATORY	678,769	74,290,902	0.009137	21,777,620	198,982	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	171,653	14,824,501	0.011579	7,981,426	92,417	65
66 PHYSICAL THERAPY	268,373	17,097,538	0.015697	1,682,369	26,408	66
69 ELECTROCARDIOLOGY	584,143	35,135,643	0.016625	12,437,673	206,776	69
70 ELECTROENCEPHALOGRAPHY	11,226	1,590,891	0.007056	362,708	2,559	70
71 MEDICAL SUPPLIES CHRGD TO PATI	416,073	31,187,563	0.013341	10,229,271	136,469	71
72 IMPL. DEV. CHARGED TO PATIENT	328,050	17,111,748	0.019171	5,620,928	107,759	72
73 DRUGS CHARGED TO PATIENTS	632,166	115,756,696	0.005461	28,533,911	155,824	73
73.01 DRUGS CHARGED						73.01
74 RENAL DIALYSIS	11,195	1,708,831	0.006551	1,151,633	7,544	74
76 CARDIAC REHAB	9,041					76
76.97 CARDIAC REHABILITATION	1,442	222,373	0.006485	4,961	32	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	172,010	2,650,489	0.064897	17,361	1,127	90
91 EMERGENCY	285,573	33,856,737	0.008435	5,715,037	48,206	91
91.01 PARTIAL HOSPITALIZATION	51,754	1,242,453	0.041655	286	12	91.01
92 OBSERVATION BEDS	238,771	6,277,566	0.038036			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	7,830,295	548,410,672		121,367,044	1,504,339	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	3,474,954		3,474,954	47,022	73.90	15,456	1,142,198 30
31 INTENSIVE CARE UNIT	486,712		486,712	3,942	123.47	2,198	271,387 31
200 TOTAL	3,961,666		3,961,666	50,964		17,654	1,413,585 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1,413,585	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						1,504,339	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						2,917,924	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)						3,612	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)						17,654	
PER DISCHARGE CAPITAL COSTS						807.84	
PER DIEM CAPITAL COSTS						165.28	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	35,545,707
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	158,417,466
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.224

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	3,134,519
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	8,712,571
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.360

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	3,752,255
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	5,667,432
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.662

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,917,924
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	9,158,329
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	51,352,065
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.178