

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

WORKSHEET S  
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 11-23-2012 TIME: 08:06  
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 OUR LADY OF THE RESURRECTION (14-0251) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		956,176	-125,345			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		956,176	-125,345			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: 5645 WEST ADDISON STREET P.O.BOX: 1  
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60634 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)			3
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0251	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5548	16974		07/01/1985	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.							3	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	
25							25
26				1			26
27				1			27
35							35
36			BEGINNING:		ENDING:		36
37							37
38			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V 1	XVIII 2	XIX 3	
45	N	Y	N	45
46	N	N	N	46
47	N	N	N	47
48	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)	3.21			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.			UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
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)				64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)			UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME	PROGRAM CODE	1	2	3	4
					5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010			UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
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)				66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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.	2		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	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: RESURRECTION HEALTH CARE	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 100 NORTH RIVER ROAD	P.O. BOX: PO BOX 61		142
143	CITY: DES PLAINES	STATE: IN	ZIP CODE: 46206-6160	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
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  
11/23/2012 08:06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

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

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

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

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. 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  
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
<b>FINANCIAL DATA AND REPORTS</b>				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N	2	3
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
		Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	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
		Y/N	Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.	Y		12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.	N		13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.	N		14
<b>BED COMPLEMENT</b>				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15
<b>PS&amp;R REPORT DATA</b>				
		Y/N	DATE	Y/N
		1	2	3
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	10/01/2012	Y 10/01/2012 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N 18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N 19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N 20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N 21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

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





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	45,146,726	1,885,178	47,031,904	1,582,485.00	29.72
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A ADMINISTRATIVE			109,530	109,530	720.00	152.13
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B			1,500,387	1,500,387	9,247.50	162.25
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21		214,148	214,148	6,702.00	31.95
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	2,754,277		2,754,277	107,976.00	25.51
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		36,948		36,948	1,157.00	31.93
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		872,180		872,180	14,944.00	58.36
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						12
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		8,672,560		8,672,560	246,850.00	35.13
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						13
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						14
17	WAGE-RELATED COSTS (CORE)		10,220,471		10,220,471		15
18	WAGE-RELATED COSTS (OTHER)						16
19	EXCLUDED AREAS		7,939		7,939		17
20	NON-PHYSICIAN ANESTHETIST PART A						18
21	NON-PHYSICIAN ANESTHETIST PART B						19
22	PHYSICIAN PART A - ADMINISTRATIVE		14,233		14,233		20
22.01	PHYSICIAN PART A - TEACHING						21
23	PHYSICIAN PART B		192,852		192,852		22
24	WAGE-RELATED COSTS (RHC/FQHC)						22.01
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		46,003		46,003		23
26	OVERHEAD COSTS - DIRECT SALARIES						24
27	EMPLOYEE BENEFITS						25
28	ADMINISTRATIVE & GENERAL		2,131,083		2,131,083	67,156.00	31.73
29	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						26
30	MAINTENANCE & REPAIRS						27
31	OPERATION OF PLANT		1,381,848		1,381,848	63,926.00	21.62
32	LAUNDRY & LINEN SERVICE						28
33	HOUSEKEEPING		1,044,937		1,044,937	84,949.00	12.30
34	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						29
35	DIETARY		1,753,364	-694,732	1,058,632	60,945.00	17.37
36	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						30
37	CAFETERIA			694,732	694,732	39,995.00	17.37
38	MAINTENANCE OF PERSONNEL						31
39	NURSING ADMINISTRATION		1,147,536		1,147,536	28,532.00	40.22
40	CENTRAL SERVICES AND SUPPLY		375,718		375,718	14,889.00	25.23
41	PHARMACY		1,638,432		1,638,432	42,291.00	38.74
42	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,605,556		2,605,556	95,901.00	27.17
43	SOCIAL SERVICE						40
44	OTHER GENERAL SERVICE						41

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	45,146,726	170,643	45,317,369	1,566,535.50	28.93	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,791,225		2,791,225	109,133.00	25.58	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	42,355,501	170,643	42,526,144	1,457,402.50	29.18	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	9,544,740		9,544,740	261,794.00	36.46	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	10,234,704		10,234,704		24.07%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	62,134,945	170,643	62,305,588	1,719,196.50	36.24	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	12,078,474		12,078,474	498,584.00	24.23	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,710,877	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)		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)	4,657,116	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	132,658	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	56,890	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	124,377	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	324,909	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	3,281,199	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	84,611	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	108,862	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	10,481,499	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
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  
11/23/2012 08:06

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	872,180	2
3	SUBPROVIDER - IPF	872,180	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTIC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18



PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 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  
 11/23/2012 08:06

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1	9		9 74
75	PB2			75
76	PB1	5		5 76
77	PA2			77
78	PA1			78
199	AAA	2		2 199
200	TOTAL	12,572		12,572 200

	CBSA AT BEGINNING OF COST REPORTING PERIOD 1	CBSA ON/AFTER OCT 1 OF THE COST REPORTING PERIOD (IF APPLICABLE) 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	01600 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 1	PERCENTAGE 2	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES? 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)	10,946,417		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)				0.208229	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				13,817,775	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				121,187,669	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				25,234,787	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.				11,417,012	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				11,417,012	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	5,790,600	226,053	6,016,653		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	1,205,771	47,071	1,252,842		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	62,246	18,077	80,323		22
23	COST OF CHARITY CARE	1,143,525	28,994	1,172,519		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					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			1,112,511		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			-1,112,511		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			-231,657		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			940,862		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			12,357,874		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				4,806,497	1
2	00200				1,994,703	2
3	00300					3
4	00400		99,317	99,317	9,563	4
5	00500	2,131,083	34,712,502	36,843,585	-6,810,763	5
6	00600					6
7	00700	1,381,848	3,146,083	4,527,931		7
8	00800		665,732	665,732		8
9	00900	1,044,937	967,147	2,012,084		9
10	01000	1,753,364	1,476,014	3,229,378	-1,279,570	10
11	01100				1,279,570	11
12	01200					12
13	01300	1,147,536	336,846	1,484,382		13
14	01400	375,718	876,974	1,252,692		14
15	01500	1,638,432	4,320,571	5,959,003	-3,962,074	15
16	01600	2,605,556	1,599,501	4,205,057		16
17	01700					17
17.01	01850		1,031,936	1,031,936		17.01
19	01900					19
20	02000					20
21	02100				214,148	21
22	02200				61,113	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	10,005,590	3,372,234	13,377,824	-301,744	30
34	03400	4,065,430	1,344,576	5,410,006	-166,405	34
44	04400	2,754,277	889,183	3,643,460		44
ANCILLARY SERVICE COST CENTERS						
50	05000	2,265,475	6,027,736	8,293,211	-3,876,471	50
51	05100	524,854	122,287	647,141		51
53	05300	62,805	777,040	839,845	-87,612	53
54	05400	1,829,786	551,125	2,380,911		54
55	05500					55
56	05600	213,406	240,553	453,959		56
57	05700	529,134	280,800	809,934		57
58	05800	205,138	73,017	278,155		58
59	05900	591,826	1,485,730	2,077,556	-1,308,295	59
60	06000	1,033,849	5,769,852	6,803,701	-881,636	60
62.30	06250					62.30
65	06500	993,267	454,700	1,447,967	-56,043	65
66	06600	1,565,083	435,398	2,000,481	-75,044	66
67	06700	667,257	177,782	845,039	-6,185	67
68	06800	169,518	79,532	249,050	-8	68
69	06900	504,148	161,412	665,560	-13,819	69
69.01	03160	286,178	61,089	347,267	-761	69.01
70	07000	51,192	207,732	258,924	-1,308	70
71	07100				4,774,973	71
72	07200				2,730,412	72
73	07300				3,962,074	73
75.01	03950	256,188	89,570	345,758		75.01
76	03040					76
76.01	03480					76.01
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,021,377	756,698	1,778,075	-273,262	90
91	09100	3,435,526	4,253,526	7,689,052	-732,053	91
91.01	04950					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		45,109,778	76,844,195	121,953,973		118
NONREIMBURSABLE COST CENTERS						
190	19000	36,948	66,435	103,383		190
193.01	19301					193.01
193.02	19302					193.02
193.03	19303					193.03
200		45,146,726	76,910,630	122,057,356		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	4,806,497	82,748	4,889,245	1
2	00200	1,994,703	570,890	2,565,593	2
3	00300				3
4	00400	108,880	612,729	721,609	4
5	00500	30,032,822	-3,625,440	26,407,382	5
6	00600				6
7	00700	4,527,931		4,527,931	7
8	00800	665,732		665,732	8
9	00900	2,012,084		2,012,084	9
10	01000	1,949,808		1,949,808	10
11	01100	1,279,570	-421,450	858,120	11
12	01200				12
13	01300	1,484,382	-24,481	1,459,901	13
14	01400	1,252,692	682,398	1,935,090	14
15	01500	1,996,929		1,996,929	15
16	01600	4,205,057	-23,036	4,182,021	16
17	01700				17
17.01	01850	1,031,936	-1,056,936	-25,000	17.01
19	01900				19
20	02000				20
21	02100	214,148		214,148	21
22	02200	61,113		61,113	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	13,076,080		13,076,080	30
34	03400	5,243,601	331,490	5,575,091	34
44	04400	3,643,460	-18,000	3,625,460	44
ANCILLARY SERVICE COST CENTERS					
50	05000	4,416,740		4,416,740	50
51	05100	647,141		647,141	51
53	05300	752,233	-662,222	90,011	53
54	05400	2,380,911	-1,946	2,378,965	54
55	05500				55
56	05600	453,959		453,959	56
57	05700	809,934		809,934	57
58	05800	278,155		278,155	58
59	05900	769,261		769,261	59
60	06000	5,922,065	-20,000	5,902,065	60
62.30	06250				62.30
65	06500	1,391,924	-27,935	1,363,989	65
66	06600	1,925,437		1,925,437	66
67	06700	838,854		838,854	67
68	06800	249,042		249,042	68
69	06900	651,741		651,741	69
69.01	03160	346,506	-7,850	338,656	69.01
70	07000	257,616	-170,200	87,416	70
71	07100	4,774,973		4,774,973	71
72	07200	2,730,412		2,730,412	72
73	07300	3,962,074		3,962,074	73
75.01	03950	345,758		345,758	75.01
76	03040				76
76.01	03480				76.01
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,504,813	-25,000	1,479,813	90
91	09100	6,956,999	-1,515,063	5,441,936	91
91.01	04950				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		121,953,973	-5,319,304	116,634,669	118
NONREIMBURSABLE COST CENTERS					
190	19000	103,383		103,383	190
193.01	19301				193.01
193.02	19302				193.02
193.03	19303				193.03
200		122,057,356	-5,319,304	116,738,052	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 SHARED FOOD COST F	A	CAFETERIA	11	694,732	584,838	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				694,732	584,838	500
1 CHARGEABLE MEDICAL SUPPLIES F	B	MEDICAL SUPPLIES CHRGED TO PA	71		4,774,973	1
2		IMPL. DEV. CHARGED TO PATIENT	72		2,730,412	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
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					7,505,385	500
1 DEPRECIATION	C	CAP REL COSTS-BLDG & FIXT	1		3,303,698	1
2		CAP REL COSTS-MVBLE EQUIP	2		1,994,703	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					5,298,401	500
1 RECLASS DRUGS D	D	DRUGS CHARGED TO PATIENTS	73		3,962,074	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					3,962,074	500
1 RESIDENT SALARY	E	I&R SRVCES-SALARY & FRINGES A	21	214,148		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				214,148		500
1 INSURANCE	F	CAP REL COSTS-BLDG & FIXT	1		92,612	1
2		EMPLOYEE BENEFITS	4		9,563	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					102,175	500
1 TEACHING PHYSICIANS	G	I&R SRVCES-OTHER PRGM COSTS A	22	61,113		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				61,113		500
1 SALARIED PHYSICIANS	H	EMERGENCY	91	1,609,917		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				1,609,917		500
1 INTEREST	I	CAP REL COSTS-BLDG & FIXT	1		1,410,187	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					1,410,187	500
1 0	N					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N						500
1 0	O					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O						500
GRAND TOTAL (INCREASES)				2,579,910	18,863,060	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1	1	6	7	8	9	
1 SHARED FOOD COST F	A	DIETARY	10	694,732	584,838	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				694,732	584,838	500
1 CHARGEABLE MEDICAL SUPPLIES F	B	ADULTS & PEDIATRICS	30		301,744	1
2		SURGICAL INTENSIVE CARE UNIT	34		166,405	2
3		OPERATING ROOM	50		3,876,471	3
4		ANESTHESIOLOGY	53		87,612	4
5		CARDIAC CATHETERIZATION	59		1,308,295	5
6		LABORATORY	60		881,636	6
7		RESPIRATORY THERAPY	65		56,043	7
8		PHYSICAL THERAPY	66		75,044	8
9		OCCUPATIONAL THERAPY	67		6,185	9
10		SPEECH PATHOLOGY	68		8	10
11		ELECTROCARDIOLOGY	69		13,819	11
12		CARDIAC REHAB	69.01		761	12
13		ELECTROENCEPHALOGRAPHY	70		1,308	13
14		CLINIC	90		273,262	14
15		EMERGENCY	91		456,792	15
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					7,505,385	500
1 DEPRECIATION	C	ADMINISTRATIVE & GENERAL	5		5,298,401	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					5,298,401	500
1 RECLASS DRUGS D	D	PHARMACY	15		3,962,074	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					3,962,074	500
1 RESIDENT SALARY	E	EMERGENCY	91		214,148	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					214,148	500
1 INSURANCE	F	ADMINISTRATIVE & GENERAL	5		102,175	9 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					102,175	500
1 TEACHING PHYSICIANS	G	EMERGENCY	91		61,113	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					61,113	500
1 SALARIED PHYSICIANS	H	EMERGENCY	91		1,609,917	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					1,609,917	500
1 INTEREST	I	ADMINISTRATIVE & GENERAL	5		1,410,187	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					1,410,187	500
1 0	N					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N						500
1 0	O					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - O						500
GRAND TOTAL (DECREASES)				694,732	20,748,238	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1,760,349					1,760,349	1
2 LAND IMPROVEMENTS	2,253,847	267,001		267,001		2,520,848	2
3 BUILDINGS AND FIXTURES	74,689,288				2,099,082	72,590,206	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	49,936,432				3,523,105	46,413,327	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	128,639,916	267,001		267,001	5,622,187	123,284,730	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	128,639,916	267,001		267,001	5,622,187	123,284,730	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)
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							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)
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)
1 CAP REL COSTS-BLDG & FIXT	4,889,245						4,889,245 1
2 CAP REL COSTS-MVBLE EQUIP	2,565,593						2,565,593 2
3 TOTAL	7,454,838						7,454,838 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	A	-64,138	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-9,303	ADMINISTRATIVE & GENERAL	5	9 7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-3,907	ADMINISTRATIVE & GENERAL	5	10 8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,613,764			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-745,588			13 14
13 LAUNDRY AND LINEN SERVICE					15
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-421,450	CAFETERIA	11	16
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
17 SALE OF DRUGS TO OTHER THAN PATIENTS					19
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	6,127	MEDICAL RECORDS & LIBRARY	16	20
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
20 VENDING MACHINES					22
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					23
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	25
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	26
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	27
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	28
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	29
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	30
29 PHYSICIANS' ASSISTANT					31
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	32
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	33
32 CAH HIT ADJ FOR DEPRECIATION AND					34
33					35
33.02 EMPLOYEE DAY CARE REVENUE	B	-94,853	EMPLOYEE BENEFITS	4	33.02
33.03 MISCELLANEOUS INCOME	B	-36,337	ADMINISTRATIVE & GENERAL	5	33.03
33.20 HOUSE STAFF PHYSICIANS	A	-1,031,936	HOUSE STAFF PHYSICIANS	17.01	33.20
33.36 FITNESS CENTER REVENUE	B	-8,788	EMPLOYEE BENEFITS	4	33.36
33.42 PATIENT TRANSPORTATION	A	-3,600	ADMINISTRATIVE & GENERAL	5	33.42
33.43 GIFT SHOP REVENUE AND MISCELLAN	A	-79,595	ADMINISTRATIVE & GENERAL	5	33.43
33.45 CARDIAC REHAB MISC REVENUE	B	-7,850	CARDIAC REHAB	69.01	33.45
34 AHA AND MCHC DUES	A	-21,177	ADMINISTRATIVE & GENERAL	5	34
35 ER PHYSICIAN MISC EXPENSE	A	-13,838	EMERGENCY	91	35
36 PROFESSIONAL BILLING	A	-119,826	ADMINISTRATIVE & GENERAL	5	36
37					37
38 OLR 5K	B	-18,241	NURSING ADMINISTRATION	13	38
39 EDUCATION	B	-6,240	NURSING ADMINISTRATION	13	39
40 MISC REVENUE	B	-25,000	HOUSE STAFF PHYSICIANS	17.01	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-5,319,304			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	7,235,744	17,798,606	-10,562,862	1
2	14	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	682,398		682,398	2
3	4	EMPLOYEE BENEFITS	HUMAN RESOURCES	716,370		716,370	3
4	5	ADMINISTRATIVE & GENERAL	DATA PROCESSING	2,619,413		2,619,413	4
4.01	5	ADMINISTRATIVE & GENERAL	PURCHASING	317,510		317,510	4.01
4.02	5	ADMINISTRATIVE & GENERAL	CASHIERING	4,402,917		4,402,917	4.02
4.03	34	SURGICAL INTENSIVE CARE UNIT	ICU	360,890		360,890	4.03
4.04	2	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	570,890		570,890	9 4.04
4.05	1	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	82,748		82,748	9 4.05
4.06	1	CAP REL COSTS-BLDG & FIXT	INTEREST	64,138		64,138	11 4.06
5		TOTALS (SUM OF LINES 1-4)		17,053,018	17,798,606	-745,588	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B		RESURRECTION HEALTH CARE		SOLE CORPORATE MEMBER
7					
8					
9					
10					

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	53	ANESTHESIOLOGY ANESTHES	662,222	662,222						1
2	44	SKILLED NURSING FACILITY SNF	18,000	18,000						2
3	65	RESPIRATORY THERAPY RESP THER	27,935	27,935						3
4	91	EMERGENCY EMER ROOM	1,609,917	1,500,387	109,530	314,000	720	108,692	5,435	4
5	90	CLINIC WOUND CARE	25,000	25,000						5
6	60	LABORATORY LABORATORY	20,000	20,000						6
8	34	SURGICAL INTENSIVE CARE ICU PHYSICAINS	29,400	29,400						8
10	54	RADIOLOGY-DIAGNOSTIC NEUROLOGY PHYSI	1,946	1,946						10
11	5	ADMINISTRATIVE & GENERAL CONTINUM OF CAR	128,673	128,673						11
12	70	ELECTROENCEPHALOGRAPHY EEG	170,200	170,200						12
13	16	MEDICAL RECORDS & LIBRAR MEDICAL RECORDS	29,163	29,163						13
200		TOTAL	2,722,456	2,612,926	109,530		720	108,692	5,435	200

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 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  
 11/23/2012 08:06

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	
10	11	12	13	14	15	16	17	18	
1	53 ANESTHESIOLOGY							662,222	1
2	44 SKILLED NURSING FACILITY							18,000	2
3	65 RESPIRATORY THERAPY							27,935	3
4	91 EMERGENCY					108,692	838	1,501,225	4
5	90 CLINIC							25,000	5
6	60 LABORATORY							20,000	6
8	34 SURGICAL INTENSIVE CARE							29,400	8
10	54 RADIOLOGY-DIAGNOSTIC							1,946	10
11	5 ADMINISTRATIVE & GENERAL							128,673	11
12	70 ELECTROENCEPHALOGRAPHY							170,200	12
13	16 MEDICAL RECORDS & LIBRAR							29,163	13
200	TOTAL					108,692	838	2,613,764	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP-REL COSTS BLDG&FIXT 1	NEW CAP-REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,889,245	4,889,245				1
2 CAP REL COSTS-MVBLE EQUIP	2,565,593		2,565,593			2
4 EMPLOYEE BENEFITS	721,609	55,681	2,111	779,401		4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	26,407,382	1,876,750	1,259,058	35,316	29,578,506	5
6 OPERATION OF PLANT	4,527,931	202,922	119,301	22,900	4,873,054	7
8 LAUNDRY & LINEN SERVICE	665,732				665,732	8
9 HOUSEKEEPING	2,012,084	91,756	2,232	17,317	2,123,389	9
10 DIETARY	1,949,808	115,882	25,122	17,544	2,108,356	10
11 CAFETERIA	858,120	119,649		11,513	989,282	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,459,901	38,773	3,081	19,017	1,520,772	13
14 CENTRAL SERVICES & SUPPLY	1,935,090	116,786	19,285	6,226	2,077,387	14
15 PHARMACY	1,996,929	40,973	4,045	27,152	2,069,099	15
16 MEDICAL RECORDS & LIBRARY	4,182,021	52,712	2,410	43,179	4,280,322	16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS	-25,000				-25,000	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	214,148			3,549	217,697	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	61,113			1,013	62,126	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,076,080	914,549	32,013	165,800	14,188,442	30
34 SURGICAL INTENSIVE CARE UNIT	5,575,091	110,276	15,048	67,372	5,767,787	34
44 SKILLED NURSING FACILITY	3,625,460	204,142	1,864	45,644	3,877,110	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,416,740	220,206	197,193	37,543	4,871,682	50
51 RECOVERY ROOM	647,141	21,157	867	8,698	677,863	51
53 ANESTHESIOLOGY	90,011	8,725	38,832	1,041	138,609	53
54 RADIOLOGY-DIAGNOSTIC	2,378,965	18,776	620,733	30,323	3,048,797	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	453,959	46,820		3,537	504,316	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	809,934	18,927		8,769	837,630	57
58 MAGNETIC RESONANCE IMAGING (MRI)	278,155	18,821		3,400	300,376	58
59 CARDIAC CATHETERIZATION	769,261	86,467	68,350	9,808	933,886	59
60 LABORATORY	5,902,065	145,764	16,796	17,133	6,081,758	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,363,989	30,606	26,348	16,460	1,437,403	65
66 PHYSICAL THERAPY	1,925,437	73,327	5,909	25,937	2,030,610	66
67 OCCUPATIONAL THERAPY	838,854	18,535	702	11,058	869,149	67
68 SPEECH PATHOLOGY	249,042	8,258	294	2,809	260,403	68
69 ELECTROCARDIOLOGY	651,741	22,212	40,904	8,355	723,212	69
69.01 CARDIAC REHAB	338,656	26,748	4,037	4,743	374,184	69.01
70 ELECTROENCEPHALOGRAPHY	87,416		1,429	848	89,693	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,774,973				4,774,973	71
72 IMPL. DEV. CHARGED TO PATIENT	2,730,412				2,730,412	72
73 DRUGS CHARGED TO PATIENTS	3,962,074				3,962,074	73
75.01 ACUTE DIALYSIS	345,758	10,714	8,679	4,246	369,397	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,479,813	22,709	8,598	16,926	1,528,046	90
91 EMERGENCY	5,441,936	127,998	40,352	83,613	5,693,899	91
91.01 LITHOTRIPSY						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)	116,634,669	4,867,621	2,565,593	778,789	116,612,433	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	103,383	21,624		612	125,619	190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	116,738,052	4,889,245	2,565,593	779,401	116,738,052	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	29,578,506					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,653,247	6,526,301				7
8 LAUNDRY & LINEN SERVICE	225,858		891,590			8
9 HOUSEKEEPING	720,387	217,448		3,061,224		9
10 DIETARY	715,287	274,622		133,254	3,231,519	10
11 CAFETERIA	335,627	283,550		137,586		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	515,942	91,886		44,586		13
14 CENTRAL SERVICES & SUPPLY	704,781	276,765	80	134,294		14
15 PHARMACY	701,969	97,100		47,115		15
16 MEDICAL RECORDS & LIBRARY	1,452,155	124,919		60,614		16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	73,857					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	21,077					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,813,627	2,167,341	422,816	1,051,650	1,467,200	30
34 SURGICAL INTENSIVE CARE UNIT	1,956,797	261,338	163,322	126,808	987,896	34
44 SKILLED NURSING FACILITY	1,315,360	483,785	53,650	234,746	776,423	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,652,781	521,854	38,035	253,218		50
51 RECOVERY ROOM	229,974	50,139		24,329		51
53 ANESTHESIOLOGY	47,025	20,677		10,033		53
54 RADIOLOGY-DIAGNOSTIC	1,034,344	44,497	66,713	21,591		54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	171,096	110,956		53,839		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	284,177	44,854		21,764		57
58 MAGNETIC RESONANCE IMAGING (MRI)	101,906	44,604		21,643		58
59 CARDIAC CATHETERIZATION	316,833	204,913	3,764	99,429		59
60 LABORATORY	2,063,315	345,439		167,616		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	487,658	72,530		35,194		65
66 PHYSICAL THERAPY	688,911	173,773	16,021	84,319		66
67 OCCUPATIONAL THERAPY	294,870	43,925		21,314		67
68 SPEECH PATHOLOGY	88,345	19,570		9,496		68
69 ELECTROCARDIOLOGY	245,359	52,639	3,612	25,542		69
69.01 CARDIAC REHAB	126,947	63,388		30,758		69.01
70 ELECTROENCEPHALOGRAPHY	30,430		93			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,619,972					71
72 IMPL. DEV. CHARGED TO PATIENT	926,328					72
73 DRUGS CHARGED TO PATIENTS	1,344,185					73
75.01 ACUTE DIALYSIS	125,323	25,391	1,842	12,320		75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	518,409	53,817	8,892	26,114		90
91 EMERGENCY	1,931,729	303,335	112,750	147,186		91
91.01 LITHOTRIPSY						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)	29,535,888	6,475,055	891,590	3,036,358	3,231,519	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,618	51,246		24,866		190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	29,578,506	6,526,301	891,590	3,061,224	3,231,519	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,746,045					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	39,366	2,212,552				13
14 CENTRAL SERVICES & SUPPLY	20,543		3,213,850			14
15 PHARMACY	58,349			2,973,632		15
16 MEDICAL RECORDS & LIBRARY	132,316				6,050,326	16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS						17.01
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	487,143	800,880	1,163,320	54,075	790,985	30
34 SURGICAL INTENSIVE CARE UNIT	148,067			23,853	209,496	34
44 SKILLED NURSING FACILITY	148,976	244,921	355,761	6,733	118,747	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	82,504	135,639	197,023	32,652	354,026	50
51 RECOVERY ROOM	16,980	27,916	40,549	8,288	61,464	51
53 ANESTHESIOLOGY	2,971	4,884	7,094	4,541	89,248	53
54 RADIOLOGY-DIAGNOSTIC	87,409	143,703	208,737	1,090	273,573	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	7,355	12,092	17,565		51,761	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	20,239	33,274	48,332	2,955	369,328	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,923	11,382	16,533		87,086	58
59 CARDIAC CATHETERIZATION	16,913	27,805	40,388	5,657	171,713	59
60 LABORATORY	61,261	100,714	146,293	72,719	903,640	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	52,898	86,966	126,323	21,560	191,436	65
66 PHYSICAL THERAPY	63,013	103,595	150,478		104,489	66
67 OCCUPATIONAL THERAPY	25,173	41,385	60,114	1	54,838	67
68 SPEECH PATHOLOGY	5,686	9,348	13,578		9,170	68
69 ELECTROCARDIOLOGY	24,461	40,215	58,414	3,407	195,219	69
69.01 CARDIAC REHAB	9,715	15,971	23,199		5,518	69.01
70 ELECTROENCEPHALOGRAPHY	3,111	5,115	7,430		3,449	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				29,224	211,312	71
72 IMPL. DEV. CHARGED TO PATIENT					123,043	72
73 DRUGS CHARGED TO PATIENTS				2,567,992	749,745	73
75.01 ACUTE DIALYSIS	8,401	13,812	20,062	4,580	20,312	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	45,922	75,498	109,665	6,688	117,757	90
91 EMERGENCY	168,754	277,437	402,992	127,617	782,971	91
91.01 LITHOTRIPSY						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)	1,744,449	2,212,552	3,213,850	2,973,632	6,050,326	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,596					190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,746,045	2,212,552	3,213,850	2,973,632	6,050,326	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE STAFF PHYSICIAN 17.01	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS	-25,000					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		291,554				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			83,203			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		72,889	20,801	27,501,169	-93,690	30
34 SURGICAL INTENSIVE CARE UNIT		72,889	20,801	9,739,054	-93,690	34
44 SKILLED NURSING FACILITY				7,616,212		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM				8,139,414		50
51 RECOVERY ROOM				1,137,502		51
53 ANESTHESIOLOGY				325,082		53
54 RADIOLOGY-DIAGNOSTIC				4,930,454		54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE				928,980		56
57 COMPUTED TOMOGRAPHY (CT) SCAN				1,662,553		57
58 MAGNETIC RESONANCE IMAGING (MRI)				590,453		58
59 CARDIAC CATHETERIZATION				1,821,301		59
60 LABORATORY				9,942,755		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY				2,511,968		65
66 PHYSICAL THERAPY				3,415,209		66
67 OCCUPATIONAL THERAPY				1,410,769		67
68 SPEECH PATHOLOGY				415,596		68
69 ELECTROCARDIOLOGY				1,372,080		69
69.01 CARDIAC REHAB				649,680		69.01
70 ELECTROENCEPHALOGRAPHY				139,321		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				6,635,481		71
72 IMPL. DEV. CHARGED TO PATIENT				3,779,783		72
73 DRUGS CHARGED TO PATIENTS				8,623,996		73
75.01 ACUTE DIALYSIS				601,440		75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				2,490,808		90
91 EMERGENCY		145,776	41,601	10,136,047	-187,377	91
91.01 LITHOTRIPSY						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)		291,554	83,203	116,517,107	-374,757	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				245,945		190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER	-25,000			-25,000		201
202 TOTAL (SUM OF LINES 118-201)	-25,000	291,554	83,203	116,738,052	-374,757	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
17.01	HOUSE STAFF PHYSICIANS		17.01
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	27,407,479	30
34	SURGICAL INTENSIVE CARE UNIT	9,645,364	34
44	SKILLED NURSING FACILITY	7,616,212	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	8,139,414	50
51	RECOVERY ROOM	1,137,502	51
53	ANESTHESIOLOGY	325,082	53
54	RADIOLOGY-DIAGNOSTIC	4,930,454	54
55	RADIOLOGY-THERAPEUTIC		55
56	RADIOISOTOPE	928,980	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,662,553	57
58	MAGNETIC RESONANCE IMAGING (MRI)	590,453	58
59	CARDIAC CATHETERIZATION	1,821,301	59
60	LABORATORY	9,942,755	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	2,511,968	65
66	PHYSICAL THERAPY	3,415,209	66
67	OCCUPATIONAL THERAPY	1,410,769	67
68	SPEECH PATHOLOGY	415,596	68
69	ELECTROCARDIOLOGY	1,372,080	69
69.01	CARDIAC REHAB	649,680	69.01
70	ELECTROENCEPHALOGRAPHY	139,321	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,635,481	71
72	IMPL. DEV. CHARGED TO PATIENT	3,779,783	72
73	DRUGS CHARGED TO PATIENTS	8,623,996	73
75.01	ACUTE DIALYSIS	601,440	75.01
76	AUDIO-VESTIBULAR LAB		76
76.01	ONCOLOGY		76.01
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	2,490,808	90
91	EMERGENCY	9,948,670	91
91.01	LITHOTRIPSY		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)	116,142,350	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	245,945	190
193.01	NON EMPLOYEE DAY CARE		193.01
193.02	RESURRECTION HOME CARE OFFICES		193.02
193.03	OCCUPATIONAL HEALTH NON-REIM		193.03
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER	-25,000	201
202	TOTAL (SUM OF LINES 118-201)	116,363,295	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	1,810	55,681	2,111	59,602	59,602	4
5 ADMINISTRATIVE & GENERAL	12,487	1,876,750	1,259,058	3,148,295	2,700	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,387	202,922	119,301	327,610	1,751	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	564	91,756	2,232	94,552	1,324	9
10 DIETARY	4,075	115,882	25,122	145,079	1,341	10
11 CAFETERIA		119,649		119,649	880	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,859	38,773	3,081	45,713	1,454	13
14 CENTRAL SERVICES & SUPPLY	135,452	116,786	19,285	271,523	476	14
15 PHARMACY	612	40,973	4,045	45,630	2,076	15
16 MEDICAL RECORDS & LIBRARY	5,906	52,712	2,410	61,028	3,301	16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					271	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					77	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,499	914,549	32,013	949,061	12,690	30
34 SURGICAL INTENSIVE CARE UNIT	1,120	110,276	15,048	126,444	5,151	34
44 SKILLED NURSING FACILITY	1,927	204,142	1,864	207,933	3,490	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	136,275	220,206	197,193	553,674	2,870	50
51 RECOVERY ROOM		21,157	867	22,024	665	51
53 ANESTHESIOLOGY		8,725	38,832	47,557	80	53
54 RADIOLOGY-DIAGNOSTIC		18,776	620,733	639,509	2,318	54
55 RADIOLOGY-THERAPEUTIC	3,286			3,286		55
56 RADIOISOTOPE		46,820		46,820	270	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		18,927		18,927	670	57
58 MAGNETIC RESONANCE IMAGING (MRI)		18,821		18,821	260	58
59 CARDIAC CATHETERIZATION	561	86,467	68,350	155,378	750	59
60 LABORATORY	14,528	145,764	16,796	177,088	1,310	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,899	30,606	26,348	61,853	1,258	65
66 PHYSICAL THERAPY	13,004	73,327	5,909	92,240	1,983	66
67 OCCUPATIONAL THERAPY		18,535	702	19,237	845	67
68 SPEECH PATHOLOGY		8,258	294	8,552	215	68
69 ELECTROCARDIOLOGY	1,941	22,212	40,904	65,057	639	69
69.01 CARDIAC REHAB		26,748	4,037	30,785	363	69.01
70 ELECTROENCEPHALOGRAPHY			1,429	1,429	65	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS		10,714	8,679	19,393	325	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,177	22,709	8,598	34,484	1,294	90
91 EMERGENCY	2,618	127,998	40,352	170,968	6,393	91
91.01 LITHOTRIPSY						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)	355,987	4,867,621	2,565,593	7,789,201	59,555	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,624		21,624	47	190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	355,987	4,889,245	2,565,593	7,810,825	59,602	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	3,150,995					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	176,122	505,483				7
8 LAUNDRY & LINEN SERVICE	24,061		24,061			8
9 HOUSEKEEPING	76,744	16,842		189,462		9
10 DIETARY	76,200	21,270		8,247	252,137	10
11 CAFETERIA	35,755	21,962		8,515		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	54,964	7,117		2,759		13
14 CENTRAL SERVICES & SUPPLY	75,081	21,436	2	8,312		14
15 PHARMACY	74,781	7,521		2,916		15
16 MEDICAL RECORDS & LIBRARY	154,699	9,675		3,751		16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,868					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,245					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	512,768	167,869	11,412	65,087	114,477	30
34 SURGICAL INTENSIVE CARE UNIT	208,459	20,241	4,407	7,848	77,080	34
44 SKILLED NURSING FACILITY	140,127	37,471	1,448	14,529	60,580	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	176,072	40,419	1,026	15,672		50
51 RECOVERY ROOM	24,499	3,883		1,506		51
53 ANESTHESIOLOGY	5,010	1,602		621		53
54 RADIOLOGY-DIAGNOSTIC	110,190	3,446	1,800	1,336		54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	18,227	8,594		3,332		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	30,274	3,474		1,347		57
58 MAGNETIC RESONANCE IMAGING (MRI)	10,856	3,455		1,340		58
59 CARDIAC CATHETERIZATION	33,753	15,871	102	6,154		59
60 LABORATORY	219,807	26,755		10,374		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	51,951	5,618		2,178		65
66 PHYSICAL THERAPY	73,390	13,459	432	5,219		66
67 OCCUPATIONAL THERAPY	31,413	3,402		1,319		67
68 SPEECH PATHOLOGY	9,411	1,516		588		68
69 ELECTROCARDIOLOGY	26,138	4,077	97	1,581		69
69.01 CARDIAC REHAB	13,524	4,910		1,904		69.01
70 ELECTROENCEPHALOGRAPHY	3,242		2			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	172,577					71
72 IMPL. DEV. CHARGED TO PATIENT	98,683					72
73 DRUGS CHARGED TO PATIENTS	143,197					73
75.01 ACUTE DIALYSIS	13,351	1,967	50	763		75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	55,227	4,168	240	1,616		90
91 EMERGENCY	205,789	23,494	3,043	9,109		91
91.01 LITHOTRIPSY						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)	3,146,455	501,514	24,061	187,923	252,137	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,540	3,969		1,539		190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,150,995	505,483	24,061	189,462	252,137	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	186,761					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,211	116,218				13
14 CENTRAL SERVICES & SUPPLY	2,197		379,027			14
15 PHARMACY	6,241			139,165		15
16 MEDICAL RECORDS & LIBRARY	14,153				246,607	16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS						17.01
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	52,104	42,067	137,198	2,531	32,229	30
34 SURGICAL INTENSIVE CARE UNIT	15,838			1,116	8,536	34
44 SKILLED NURSING FACILITY	15,935	12,865	41,957	315	4,838	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,825	7,125	23,236	1,528	14,425	50
51 RECOVERY ROOM	1,816	1,466	4,782	388	2,504	51
53 ANESTHESIOLOGY	318	257	837	213	3,636	53
54 RADIOLOGY-DIAGNOSTIC	9,349	7,548	24,617	51	11,147	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	787	635	2,071		2,109	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,165	1,748	5,700	138	15,048	57
58 MAGNETIC RESONANCE IMAGING (MRI)	741	598	1,950		3,548	58
59 CARDIAC CATHETERIZATION	1,809	1,460	4,763	265	6,996	59
60 LABORATORY	6,553	5,290	17,253	3,403	36,907	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,658	4,568	14,898	1,009	7,800	65
66 PHYSICAL THERAPY	6,740	5,442	17,747		4,257	66
67 OCCUPATIONAL THERAPY	2,693	2,174	7,090		2,234	67
68 SPEECH PATHOLOGY	608	491	1,601		374	68
69 ELECTROCARDIOLOGY	2,616	2,112	6,889	159	7,954	69
69.01 CARDIAC REHAB	1,039	839	2,736		225	69.01
70 ELECTROENCEPHALOGRAPHY	333	269	876		141	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,368	8,610	71
72 IMPL. DEV. CHARGED TO PATIENT					5,013	72
73 DRUGS CHARGED TO PATIENTS				120,182	30,548	73
75.01 ACUTE DIALYSIS	899	725	2,366	214	828	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,912	3,966	12,933	313	4,798	90
91 EMERGENCY	18,050	14,573	47,527	5,972	31,902	91
91.01 LITHOTRIPSY						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)	186,590	116,218	379,027	139,165	246,607	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	171					190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	186,761	116,218	379,027	139,165	246,607	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD	8,139					21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD		2,322				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			2,099,493		2,099,493	30
34 SURGICAL INTENSIVE CARE UNIT			475,120		475,120	34
44 SKILLED NURSING FACILITY			541,488		541,488	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			844,872		844,872	50
51 RECOVERY ROOM			63,533		63,533	51
53 ANESTHESIOLOGY			60,131		60,131	53
54 RADIOLOGY-DIAGNOSTIC			811,311		811,311	54
55 RADIOLOGY-THERAPEUTIC			3,286		3,286	55
56 RADIOISOTOPE			82,845		82,845	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			79,491		79,491	57
58 MAGNETIC RESONANCE IMAGING (MRI)			41,569		41,569	58
59 CARDIAC CATHETERIZATION			227,301		227,301	59
60 LABORATORY			504,740		504,740	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			156,791		156,791	65
66 PHYSICAL THERAPY			220,909		220,909	66
67 OCCUPATIONAL THERAPY			70,407		70,407	67
68 SPEECH PATHOLOGY			23,356		23,356	68
69 ELECTROCARDIOLOGY			117,319		117,319	69
69.01 CARDIAC REHAB			56,325		56,325	69.01
70 ELECTROENCEPHALOGRAPHY			6,357		6,357	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			182,555		182,555	71
72 IMPL. DEV. CHARGED TO PATIENT			103,696		103,696	72
73 DRUGS CHARGED TO PATIENTS			293,927		293,927	73
75.01 ACUTE DIALYSIS			40,881		40,881	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			123,951		123,951	90
91 EMERGENCY			536,820		536,820	91
91.01 LITHOTRIPSY						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)			7,768,474		7,768,474	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			31,890		31,890	190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03
200 CROSS FOOT ADJUSTMENTS	8,139	2,322	10,461		10,461	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,139	2,322	7,810,825		7,810,825	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS  GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	324,453					1
2 CAP REL COSTS-MVBLE EQUIP		3,559,297				2
4 EMPLOYEE BENEFITS	3,695	2,928	47,031,904			4
5 ADMINISTRATIVE & GENERAL	124,542	1,746,719	2,131,083	-29,578,506	87,184,546	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	13,466	165,508	1,381,848		4,873,054	7
8 LAUNDRY & LINEN SERVICE					665,732	8
9 HOUSEKEEPING	6,089	3,097	1,044,937		2,123,389	9
10 DIETARY	7,690	34,852	1,058,632		2,108,356	10
11 CAFETERIA	7,940		694,732		989,282	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,573	4,275	1,147,536		1,520,772	13
14 CENTRAL SERVICES & SUPPLY	7,750	26,754	375,718		2,077,387	14
15 PHARMACY	2,719	5,612	1,638,432		2,069,099	15
16 MEDICAL RECORDS & LIBRARY	3,498	3,344	2,605,556		4,280,322	16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS				25,000		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			214,148		217,697	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			61,113		62,126	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	60,690	44,412	10,005,590		14,188,442	30
34 SURGICAL INTENSIVE CARE UNIT	7,318	20,876	4,065,430		5,767,787	34
44 SKILLED NURSING FACILITY	13,547	2,586	2,754,277		3,877,110	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,613	273,569	2,265,475		4,871,682	50
51 RECOVERY ROOM	1,404	1,203	524,854		677,863	51
53 ANESTHESIOLOGY	579	53,873	62,805		138,609	53
54 RADIOLOGY-DIAGNOSTIC	1,246	861,154	1,829,786		3,048,797	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	3,107		213,406		504,316	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,256		529,134		837,630	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,249		205,138		300,376	58
59 CARDIAC CATHETERIZATION	5,738	94,823	591,826		933,886	59
60 LABORATORY	9,673	23,301	1,033,849		6,081,758	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,031	36,553	993,267		1,437,403	65
66 PHYSICAL THERAPY	4,866	8,197	1,565,083		2,030,610	66
67 OCCUPATIONAL THERAPY	1,230	974	667,257		869,149	67
68 SPEECH PATHOLOGY	548	408	169,518		260,403	68
69 ELECTROCARDIOLOGY	1,474	56,747	504,148		723,212	69
69.01 CARDIAC REHAB	1,775	5,600	286,178		374,184	69.01
70 ELECTROENCEPHALOGRAPHY		1,983	51,192		89,693	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					4,774,973	71
72 IMPL. DEV. CHARGED TO PATIENT					2,730,412	72
73 DRUGS CHARGED TO PATIENTS					3,962,074	73
75.01 ACUTE DIALYSIS	711	12,040	256,188		369,397	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,507	11,928	1,021,377		1,528,046	90
91 EMERGENCY	8,494	55,981	5,045,443		5,693,899	91
91.01 LITHOTRIPSY						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)	323,018	3,559,297	46,994,956	-29,553,506	87,058,927	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,435		36,948		125,619	190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03

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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 (DOLLAR VALUE) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINI- STRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,889,245	2,565,593	779,401		29,578,506	202
203	UNIT COST MULT-WS B PT I	15.069193	0.720815	0.016572		0.339263	203
204	COST TO BE ALLOC PER B PT II			59,602		3,150,995	204
205	UNIT COST MULT-WS B PT II			0.001267		0.036142	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA FTES SERVED	
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	182,750					7
8 LAUNDRY & LINEN SERVICE		1,280,705				8
9 HOUSEKEEPING	6,089		176,661			9
10 DIETARY	7,690		7,690	170,811		10
11 CAFETERIA	7,940		7,940		1,265,513	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,573		2,573		28,532	13
14 CENTRAL SERVICES & SUPPLY	7,750	115	7,750		14,889	14
15 PHARMACY	2,719		2,719		42,291	15
16 MEDICAL RECORDS & LIBRARY	3,498		3,498		95,901	16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS						17.01
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	60,690	607,347	60,690	77,553	353,076	30
34 SURGICAL INTENSIVE CARE UNIT	7,318	234,600	7,318	52,218	107,317	34
44 SKILLED NURSING FACILITY	13,547	77,064	13,547	41,040	107,976	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,613	54,634	14,613		59,798	50
51 RECOVERY ROOM	1,404		1,404		12,307	51
53 ANESTHESIOLOGY	579		579		2,153	53
54 RADIOLOGY-DIAGNOSTIC	1,246	95,829	1,246		63,353	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	3,107		3,107		5,331	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,256		1,256		14,669	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,249		1,249		5,018	58
59 CARDIAC CATHETERIZATION	5,738	5,406	5,738		12,258	59
60 LABORATORY	9,673		9,673		44,401	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,031		2,031		38,340	65
66 PHYSICAL THERAPY	4,866	23,013	4,866		45,671	66
67 OCCUPATIONAL THERAPY	1,230		1,230		18,245	67
68 SPEECH PATHOLOGY	548		548		4,121	68
69 ELECTROCARDIOLOGY	1,474	5,188	1,474		17,729	69
69.01 CARDIAC REHAB	1,775		1,775		7,041	69.01
70 ELECTROENCEPHALOGRAPHY		133			2,255	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS	711	2,646	711		6,089	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,507	12,773	1,507		33,284	90
91 EMERGENCY	8,494	161,957	8,494		122,311	91
91.01 LITHOTRIPSY						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)	181,315	1,280,705	175,226	170,811	1,264,356	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,435		1,435		1,157	190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY  (MEALS SERVED)	CAFETERIA  FTES SERVED	
		7	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	6,526,301	891,590	3,061,224	3,231,519	1,746,045	202
203	UNIT COST MULT-WS B PT I	35.711633	0.696171	17.328239	18.918682	1.379713	203
204	COST TO BE ALLOC PER B PT II	505,483	24,061	189,462	252,137	186,761	204
205	UNIT COST MULT-WS B PT II	2.765981	0.018787	1.072461	1.476117	0.147577	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (DIRECT NRSG HRS)	PHARMACY  (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	HOUSE STAFF PHYSICIAN ASSIGNED TIME	
	13	14	15	16	17.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	975,426					13
14 CENTRAL SERVICES & SUPPLY		975,426				14
15 PHARMACY			4,587,922			15
16 MEDICAL RECORDS & LIBRARY				557,762,162		16
17 SOCIAL SERVICE						17
17.01 HOUSE STAFF PHYSICIANS					100	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	353,076	353,076	83,431	72,915,286	100	30
34 SURGICAL INTENSIVE CARE UNIT			36,802	19,311,967		34
44 SKILLED NURSING FACILITY	107,976	107,976	10,388	10,946,417		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	59,798	59,798	50,378	32,635,102		50
51 RECOVERY ROOM	12,307	12,307	12,788	5,665,913		51
53 ANESTHESIOLOGY	2,153	2,153	7,006	8,227,103		53
54 RADIOLOGY-DIAGNOSTIC	63,353	63,353	1,681	25,218,746		54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	5,331	5,331		4,771,442		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	14,669	14,669	4,559	34,045,720		57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,018	5,018		8,027,833		58
59 CARDIAC CATHETERIZATION	12,258	12,258	8,728	15,829,029		59
60 LABORATORY	44,401	44,401	112,195	83,325,821		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	38,340	38,340	33,264	17,647,091		65
66 PHYSICAL THERAPY	45,671	45,671		9,632,115		66
67 OCCUPATIONAL THERAPY	18,245	18,245	2	5,055,152		67
68 SPEECH PATHOLOGY	4,121	4,121		845,303		68
69 ELECTROCARDIOLOGY	17,729	17,729	5,256	17,995,876		69
69.01 CARDIAC REHAB	7,041	7,041		508,659		69.01
70 ELECTROENCEPHALOGRAPHY	2,255	2,255		317,924		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			45,089	19,479,322		71
72 IMPL. DEV. CHARGED TO PATIENT				11,342,480		72
73 DRUGS CHARGED TO PATIENTS			3,962,074	69,113,629		73
75.01 ACUTE DIALYSIS	6,089	6,089	7,066	1,872,464		75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	33,284	33,284	10,319	10,855,197		90
91 EMERGENCY	122,311	122,311	196,896	72,176,571		91
91.01 LITHOTRIPSY						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)	975,426	975,426	4,587,922	557,762,162	100	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
193.01 NON EMPLOYEE DAY CARE						193.01
193.02 RESURRECTION HOME CARE OFFICES						193.02
193.03 OCCUPATIONAL HEALTH NON-REIM						193.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 13	CENTRAL SERVICES & SUPPLY (DIRECT NRSG HRS) 14	PHARMACY  (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	HOUSE STAFF PHYSICIAN ASSIGNED TIME 17.01	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,212,552	3,213,850	2,973,632	6,050,326		202
203 UNIT COST MULT-WS B PT I	2.268293	3.294817	0.648144	0.010848		203
204 COST TO BE ALLOC PER B PT II	116,218	379,027	139,165	246,607		204
205 UNIT COST MULT-WS B PT II	0.119146	0.388576	0.030333	0.000442		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	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 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
17.01 HOUSE STAFF PHYSICIANS			17.01
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD	200		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		200	22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	50	50	30
34 SURGICAL INTENSIVE CARE UNIT	50	50	34
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
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
69.01 CARDIAC REHAB			69.01
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
75.01 ACUTE DIALYSIS			75.01
76 AUDIO-VESTIBULAR LAB			76
76.01 ONCOLOGY			76.01
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	100	100	91
91.01 LITHOTRIPSY			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)	200	200	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
193.01 NON EMPLOYEE DAY CARE			193.01
193.02 RESURRECTION HOME CARE OFFICES			193.02
193.03 OCCUPATIONAL HEALTH NON-REIM			193.03

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
PERIOD FROM 07/01/2011 TO 06/30/2012

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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	COST TO BE ALLOC PER B PT I	291,554	83,203	202
203	UNIT COST MULT-WS B PT I	1,457.770000	416.015000	203
204	COST TO BE ALLOC PER B PT II	8,139	2,322	204
205	UNIT COST MULT-WS B PT II	40.695000	11.610000	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,407,479		27,407,479		27,407,479	30
34 SURGICAL INTENSIVE CARE UNI	9,645,364		9,645,364		9,645,364	34
44 SKILLED NURSING FACILITY	7,616,212		7,616,212		7,616,212	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,139,414		8,139,414		8,139,414	50
51 RECOVERY ROOM	1,137,502		1,137,502		1,137,502	51
53 ANESTHESIOLOGY	325,082		325,082		325,082	53
54 RADIOLOGY-DIAGNOSTIC	4,930,454		4,930,454		4,930,454	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	928,980		928,980		928,980	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,662,553		1,662,553		1,662,553	57
58 MAGNETIC RESONANCE IMAGING	590,453		590,453		590,453	58
59 CARDIAC CATHETERIZATION	1,821,301		1,821,301		1,821,301	59
60 LABORATORY	9,942,755		9,942,755		9,942,755	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,511,968		2,511,968		2,511,968	65
66 PHYSICAL THERAPY	3,415,209		3,415,209		3,415,209	66
67 OCCUPATIONAL THERAPY	1,410,769		1,410,769		1,410,769	67
68 SPEECH PATHOLOGY	415,596		415,596		415,596	68
69 ELECTROCARDIOLOGY	1,372,080		1,372,080		1,372,080	69
69.01 CARDIAC REHAB	649,680		649,680		649,680	69.01
70 ELECTROENCEPHALOGRAPHY	139,321		139,321		139,321	70
71 MEDICAL SUPPLIES CHRGED TO	6,635,481		6,635,481		6,635,481	71
72 IMPL. DEV. CHARGED TO PATIE	3,779,783		3,779,783		3,779,783	72
73 DRUGS CHARGED TO PATIENTS	8,623,996		8,623,996		8,623,996	73
75.01 ACUTE DIALYSIS	601,440		601,440		601,440	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,490,808		2,490,808		2,490,808	90
91 EMERGENCY	9,948,670		9,948,670	838	9,949,508	91
91.01 LITHOTRIPSY						91.01
92 OBSERVATION BEDS	3,555,442		3,555,442		3,555,442	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)	119,697,792		119,697,792	838	119,698,630	200
201 LESS OBSERVATION BEDS	3,555,442		3,555,442		3,555,442	201
202 TOTAL (SEE INSTRUCTIONS)	116,142,350		116,142,350		116,143,188	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	64,324,087		64,324,087			30
34 SURGICAL INTENSIVE CARE UNI	19,311,967		19,311,967			34
44 SKILLED NURSING FACILITY	10,946,417		10,946,417			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,329,085	15,306,017	32,635,102	0.249407	0.249407	0.249407 50
51 RECOVERY ROOM	3,256,662	2,409,251	5,665,913	0.200762	0.200762	0.200762 51
53 ANESTHESIOLOGY	4,446,321	3,780,782	8,227,103	0.039514	0.039514	0.039514 53
54 RADIOLOGY-DIAGNOSTIC	9,562,966	15,655,780	25,218,746	0.195508	0.195508	0.195508 54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	1,770,830	3,000,612	4,771,442	0.194696	0.194696	0.194696 56
57 COMPUTED TOMOGRAPHY (CT) SC	11,981,299	22,064,421	34,045,720	0.048833	0.048833	0.048833 57
58 MAGNETIC RESONANCE IMAGING	2,936,238	5,091,595	8,027,833	0.073551	0.073551	0.073551 58
59 CARDIAC CATHETERIZATION	12,012,642	3,816,387	15,829,029	0.115061	0.115061	0.115061 59
60 LABORATORY	43,864,801	39,461,020	83,325,821	0.119324	0.119324	0.119324 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	16,707,078	940,013	17,647,091	0.142345	0.142345	0.142345 65
66 PHYSICAL THERAPY	6,985,050	2,647,065	9,632,115	0.354565	0.354565	0.354565 66
67 OCCUPATIONAL THERAPY	3,882,723	1,172,429	5,055,152	0.279075	0.279075	0.279075 67
68 SPEECH PATHOLOGY	685,863	159,440	845,303	0.491653	0.491653	0.491653 68
69 ELECTROCARDIOLOGY	9,552,764	8,443,112	17,995,876	0.076244	0.076244	0.076244 69
69.01 CARDIAC REHAB	225,792	282,867	508,659	1.277241	1.277241	1.277241 69.01
70 ELECTROENCEPHALOGRAPHY	242,840	75,084	317,924	0.438221	0.438221	0.438221 70
71 MEDICAL SUPPLIES CHRGD TO	16,562,586	2,916,736	19,479,322	0.340642	0.340642	0.340642 71
72 IMPL. DEV. CHARGED TO PATIE	8,426,547	2,915,933	11,342,480	0.333241	0.333241	0.333241 72
73 DRUGS CHARGED TO PATIENTS	57,444,921	11,668,708	69,113,629	0.124780	0.124780	0.124780 73
75.01 ACUTE DIALYSIS	1,714,885	157,579	1,872,464	0.321202	0.321202	0.321202 75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,466,460	8,388,737	10,855,197	0.229458	0.229458	0.229458 90
91 EMERGENCY	17,898,578	54,277,993	72,176,571	0.137838	0.137838	0.137850 91
91.01 LITHOTRIPSY						91.01
92 OBSERVATION BEDS	2,218,810	6,372,389	8,591,199	0.413847	0.413847	0.413847 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)	346,758,212	211,003,950	557,762,162			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	346,758,212	211,003,950	557,762,162			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	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3					
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	2,099,493		2,099,493	32,692	64.22	15,563	999,456	30
32 INTENSIVE CARE UNIT								31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT	475,120		475,120	5,646	84.15	2,971	250,010	34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY								43
45 SKILLED NURSING FACILITY	541,488		541,488	13,680	39.58	12,572	497,600	44
200 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,116,101		3,116,101	52,018		31,106	1,747,066	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0251) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 ÷ COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	844,872	32,635,102	0.025888	7,276,128	188,364	50
51 RECOVERY ROOM	63,533	5,665,913	0.011213	371,674	4,168	51
53 ANESTHESIOLOGY	60,131	8,227,103	0.007309	1,961,778	14,339	53
54 RADIOLOGY-DIAGNOSTIC	811,311	25,218,746	0.032171	5,697,899	183,307	54
55 RADIOLOGY-THERAPEUTIC	3,286					55
56 RADIOISOTOPE	82,845	4,771,442	0.017363	1,069,738	18,574	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	79,491	34,045,720	0.002335	6,603,968	15,420	57
58 MAGNETIC RESONANCE IMAGING (M	41,569	8,027,833	0.005178	1,508,066	7,809	58
59 CARDIAC CATHETERIZATION	227,301	15,829,029	0.014360	5,793,393	83,193	59
60 LABORATORY	504,740	83,325,821	0.006057	23,006,130	139,348	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	156,791	17,647,091	0.008885	9,693,286	86,125	65
66 PHYSICAL THERAPY	220,909	9,632,115	0.022935	191,264	4,387	66
67 OCCUPATIONAL THERAPY	70,407	5,055,152	0.013928	233,209	3,248	67
68 SPEECH PATHOLOGY	23,356	845,303	0.027630	428,828	11,849	68
69 ELECTROCARDIOLOGY	117,319	17,995,876	0.006519	6,679,694	43,545	69
69.01 CARDIAC REHAB	56,325	508,659	0.110732	68,299	7,563	69.01
70 ELECTROENCEPHALOGRAPHY	6,357	317,924	0.019995	154,328	3,086	70
71 MEDICAL SUPPLIES CHRGD TO PA	182,555	19,479,322	0.009372	7,910,878	74,141	71
72 IMPL. DEV. CHARGED TO PATIENT	103,696	11,342,480	0.009142	3,753,205	34,312	72
73 DRUGS CHARGED TO PATIENTS	293,927	69,113,629	0.004253	25,856,611	109,968	73
75.01 ACUTE DIALYSIS	40,881	1,872,464	0.021833	1,144,225	24,982	75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	123,951	10,855,197	0.011419	1,471,308	16,801	90
91 EMERGENCY	536,820	72,176,571	0.007438	9,276,150	68,996	91
91.01 LITHOTRIPSY						91.01
92 OBSERVATION BEDS	272,358	8,591,199	0.031702	1,433,261	45,437	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	4,924,731	463,179,691		121,583,320	1,188,962	200

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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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

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [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	32,692		15,563		30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	5,646		2,971		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	13,680		12,572		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	52,018		31,106		200

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0251) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC REHAB						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
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 LITHOTRIPSY						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	[XX] [ ] [ ]	HOSPITAL (14-0251) IPF IRF	[ ] [ ] [ ]	SUB (OTHER) SNF NF	[ ] [ ] [ ]	ICF/MR	[XX] [ ]	PPS TEFRA
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	32,635,102		7,276,128		5,162,763		50	
51	RECOVERY ROOM	5,665,913		371,674		650,693		51	
53	ANESTHESIOLOGY	8,227,103		1,961,778		1,286,690		53	
54	RADIOLOGY-DIAGNOSTIC	25,218,746		5,697,899		3,297,876		54	
55	RADIOLOGY-THERAPEUTIC							55	
56	RADIOISOTOPE	4,771,442		1,069,738		1,167,735		56	
57	COMPUTED TOMOGRAPHY (CT) SCA	34,045,720		6,603,968		4,524,383		57	
58	MAGNETIC RESONANCE IMAGING (	8,027,833		1,508,066		1,382,115		58	
59	CARDIAC CATHETERIZATION	15,829,029		5,793,393		1,509,711		59	
60	LABORATORY	83,325,821		23,006,130		10,649,129		60	
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30	
65	RESPIRATORY THERAPY	17,647,091		9,693,286		196,147		65	
66	PHYSICAL THERAPY	9,632,115		191,264		859,188		66	
67	OCCUPATIONAL THERAPY	5,055,152		233,209		223,298		67	
68	SPEECH PATHOLOGY	845,303		428,828		58,739		68	
69	ELECTROCARDIOLOGY	17,995,876		6,679,694		2,028,296		69	
69.01	CARDIAC REHAB	508,659		68,299		126,023		69.01	
70	ELECTROENCEPHALOGRAPHY	317,924		154,328		23,023		70	
71	MEDICAL SUPPLIES CHRGED TO P	19,479,322		7,910,878		987,173		71	
72	IMPL. DEV. CHARGED TO PATIEN	11,342,480		3,753,205		1,358,205		72	
73	DRUGS CHARGED TO PATIENTS	69,113,629		25,856,611		3,136,836		73	
75.01	ACUTE DIALYSIS	1,872,464		1,144,225		66,523		75.01	
76	AUDIO-VESTIBULAR LAB							76	
76.01	ONCOLOGY							76.01	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	10,855,197		1,471,308		3,156,073		90	
91	EMERGENCY	72,176,571		9,276,150		6,363,404		91	
91.01	LITHOTRIPSY							91.01	
92	OBSERVATION BEDS	8,591,199		1,433,261		3,651,558		92	
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	463,179,691		121,583,320		51,865,581		200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0251) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.249407	5,162,763			1,287,629		50
51 RECOVERY ROOM	0.200762	650,693			130,634		51
53 ANESTHESIOLOGY	0.039514	1,286,690			50,842		53
54 RADIOLOGY-DIAGNOSTIC	0.195508	3,297,876			644,761		54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE	0.194696	1,167,735			227,353		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048833	4,524,383			220,939		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073551	1,382,115			101,656		58
59 CARDIAC CATHETERIZATION	0.115061	1,509,711			173,709		59
60 LABORATORY	0.119324	10,649,129			1,270,697		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.142345	196,147			27,921		65
66 PHYSICAL THERAPY	0.354565	859,188			304,638		66
67 OCCUPATIONAL THERAPY	0.279075	223,298			62,317		67
68 SPEECH PATHOLOGY	0.491653	58,739			28,879		68
69 ELECTROCARDIOLOGY	0.076244	2,028,296			154,645		69
69.01 CARDIAC REHAB	1.277241	126,023			160,962		69.01
70 ELECTROENCEPHALOGRAPHY	0.438221	23,023			10,089		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.340642	987,173			336,273		71
72 IMPL. DEV. CHARGED TO PATIENT	0.333241	1,358,205			452,610		72
73 DRUGS CHARGED TO PATIENTS	0.124780	3,136,836		166,898	391,414	20,826	73
75.01 ACUTE DIALYSIS	0.321202	66,523			21,367		75.01
76 AUDIO-VESTIBULAR LAB							76
76.01 ONCOLOGY							76.01
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.229458	3,156,073			724,186		90
91 EMERGENCY	0.137838	6,363,404			877,119		91
91.01 LITHOTRIPSY							91.01
92 OBSERVATION BEDS	0.413847	3,651,558			1,511,186		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		51,865,581		166,898	9,171,826	20,826	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		51,865,581		166,898	9,171,826	20,826	202

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 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  
 11/23/2012 08:06

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 (14-5548) [ ] 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
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC REHAB						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
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 LITHOTRIPSY						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 (14-5548) [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)				
	7	8	9	10	11	12	13				
ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	32,635,102			8,083			50			
51	RECOVERY ROOM	5,665,913			1,522			51			
53	ANESTHESIOLOGY	8,227,103						53			
54	RADIOLOGY-DIAGNOSTIC	25,218,746			279,926			54			
55	RADIOLOGY-THERAPEUTIC							55			
56	RADIOISOTOPE	4,771,442			3,566			56			
57	COMPUTED TOMOGRAPHY (CT) SCA	34,045,720			11,215			57			
58	MAGNETIC RESONANCE IMAGING (	8,027,833						58			
59	CARDIAC CATHETERIZATION	15,829,029						59			
60	LABORATORY	83,325,821			2,496,319			60			
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30			
65	RESPIRATORY THERAPY	17,647,091			1,517,118			65			
66	PHYSICAL THERAPY	9,632,115			4,726,375			66			
67	OCCUPATIONAL THERAPY	5,055,152			3,273,325			67			
68	SPEECH PATHOLOGY	845,303			144,289			68			
69	ELECTROCARDIOLOGY	17,995,876			181,829			69			
69.01	CARDIAC REHAB	508,659						69.01			
70	ELECTROENCEPHALOGRAPHY	317,924			1,532			70			
71	MEDICAL SUPPLIES CHRGED TO P	19,479,322			1,327,992			71			
72	IMPL. DEV. CHARGED TO PATIEN	11,342,480						72			
73	DRUGS CHARGED TO PATIENTS	69,113,629			7,033,821			73			
75.01	ACUTE DIALYSIS	1,872,464						75.01			
76	AUDIO-VESTIBULAR LAB							76			
76.01	ONCOLOGY							76.01			
76.97	CARDIAC REHABILITATION							76.97			
76.98	HYPERBARIC OXYGEN THERAPY							76.98			
76.99	LITHOTRIPSY							76.99			
OUTPATIENT SERVICE COST CENTERS											
90	CLINIC	10,855,197			582			90			
91	EMERGENCY	72,176,571						91			
91.01	LITHOTRIPSY							91.01			
92	OBSERVATION BEDS	8,591,199						92			
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	463,179,691			21,007,494			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 (14-5548) [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.249407						50
51 RECOVERY ROOM	0.200762						51
53 ANESTHESIOLOGY	0.039514						53
54 RADIOLOGY-DIAGNOSTIC	0.195508						54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE	0.194696						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048833						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073551						58
59 CARDIAC CATHETERIZATION	0.115061						59
60 LABORATORY	0.119324						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.142345						65
66 PHYSICAL THERAPY	0.354565						66
67 OCCUPATIONAL THERAPY	0.279075						67
68 SPEECH PATHOLOGY	0.491653						68
69 ELECTROCARDIOLOGY	0.076244						69
69.01 CARDIAC REHAB	1.277241						69.01
70 ELECTROENCEPHALOGRAPHY	0.438221						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.340642						71
72 IMPL. DEV. CHARGED TO PATIENT	0.333241						72
73 DRUGS CHARGED TO PATIENTS	0.124780						73
75.01 ACUTE DIALYSIS	0.321202						75.01
76 AUDIO-VESTIBULAR LAB							76
76.01 ONCOLOGY							76.01
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.229458						90
91 EMERGENCY	0.137838						91
91.01 LITHOTRIPSY							91.01
92 OBSERVATION BEDS	0.413847						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	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3					
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	2,099,493		2,099,493	32,692	64.22	7,572	486,274	30
32 INTENSIVE CARE UNIT								31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT	475,120		475,120	5,646	84.15			34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY								43
45 SKILLED NURSING FACILITY	541,488		541,488	13,680	39.58			44
200 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,116,101		3,116,101	52,018		7,572	486,274	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] [ ] [ ]	HOSPITAL (14-0251) IPF IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	844,872	32,635,102	0.025888	50
51	RECOVERY ROOM	63,533	5,665,913	0.011213	51
53	ANESTHESIOLOGY	60,131	8,227,103	0.007309	53
54	RADIOLOGY-DIAGNOSTIC	811,311	25,218,746	0.032171	54
55	RADIOLOGY-THERAPEUTIC	3,286			55
56	RADIOISOTOPE	82,845	4,771,442	0.017363	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	79,491	34,045,720	0.002335	57
58	MAGNETIC RESONANCE IMAGING (M	41,569	8,027,833	0.005178	58
59	CARDIAC CATHETERIZATION	227,301	15,829,029	0.014360	59
60	LABORATORY	504,740	83,325,821	0.006057	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	156,791	17,647,091	0.008885	65
66	PHYSICAL THERAPY	220,909	9,632,115	0.022935	66
67	OCCUPATIONAL THERAPY	70,407	5,055,152	0.013928	67
68	SPEECH PATHOLOGY	23,356	845,303	0.027630	68
69	ELECTROCARDIOLOGY	117,319	17,995,876	0.006519	69
69.01	CARDIAC REHAB	56,325	508,659	0.110732	69.01
70	ELECTROENCEPHALOGRAPHY	6,357	317,924	0.019995	70
71	MEDICAL SUPPLIES CHRGED TO PA	182,555	19,479,322	0.009372	71
72	IMPL. DEV. CHARGED TO PATIENT	103,696	11,342,480	0.009142	72
73	DRUGS CHARGED TO PATIENTS	293,927	69,113,629	0.004253	73
75.01	ACUTE DIALYSIS	40,881	1,872,464	0.021833	75.01
76	AUDIO-VESTIBULAR LAB				76
76.01	ONCOLOGY				76.01
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	123,951	10,855,197	0.011419	90
91	EMERGENCY	536,820	72,176,571	0.007438	91
91.01	LITHOTRIPSY				91.01
92	OBSERVATION BEDS	272,358	8,591,199	0.031702	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	4,924,731	463,179,691		200

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 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  
 11/23/2012 08:06

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					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: 14-0251 OUR LADY OF THE RESURRECTION  
 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  
 11/23/2012 08:06

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	32,692		7,572		30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	5,646				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	13,680				44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	52,018		7,572		200

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 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  
 11/23/2012 08:06

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0251) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC REHAB						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75.01 ACUTE DIALYSIS						75.01
76 AUDIO-VESTIBULAR LAB						76
76.01 ONCOLOGY						76.01
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 LITHOTRIPSY						91.01
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200



APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0251) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.249407						50
51 RECOVERY ROOM	0.200762						51
53 ANESTHESIOLOGY	0.039514						53
54 RADIOLOGY-DIAGNOSTIC	0.195508						54
55 RADIOLOGY-THERAPEUTIC							55
56 RADIOISOTOPE	0.194696						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048833						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073551						58
59 CARDIAC CATHETERIZATION	0.115061						59
60 LABORATORY	0.119324						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.142345						65
66 PHYSICAL THERAPY	0.354565						66
67 OCCUPATIONAL THERAPY	0.279075						67
68 SPEECH PATHOLOGY	0.491653						68
69 ELECTROCARDIOLOGY	0.076244						69
69.01 CARDIAC REHAB	1.277241						69.01
70 ELECTROENCEPHALOGRAPHY	0.438221						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.340642						71
72 IMPL. DEV. CHARGED TO PATIENT	0.333241						72
73 DRUGS CHARGED TO PATIENTS	0.124780						73
75.01 ACUTE DIALYSIS	0.321202						75.01
76 AUDIO-VESTIBULAR LAB							76
76.01 ONCOLOGY							76.01
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.229458						90
91 EMERGENCY	0.137838						91
91.01 LITHOTRIPSY							91.01
92 OBSERVATION BEDS	0.413847						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0251) [ ] 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)	32,692 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,692 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,451 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5 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 6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7 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 8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	15,563 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 10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	11 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 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 13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14 14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	15 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	16 16
SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	17 17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	18 18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	19 19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	20 20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	27,407,479 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	22 22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	23 23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	24 24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	25 25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	26 26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	27,407,479 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	31 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	32 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	33 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	27,407,479 37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0251) [ ] 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) 838.35 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,047,241 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) 13,047,241 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	9,645,364	5,646	1,708.35	2,971	5,075,508	46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					19,270,862	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					37,393,611	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,249,466 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,188,962 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,438,428 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 34,955,183 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) 4,241 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 838.35 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,555,442 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,099,493	27,407,479	0.076603	3,555,442	272,358	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[XX]	SNF (14-5548)	[ ]		[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF	[ ]		[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	13,680	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,680	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,680	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)	12,572	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 XVII 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)	7,616,212	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	7,616,212	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	7,616,212	37							

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
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  
11/23/2012 08:06

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 (14-5548) [ ] 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)	7,616,212	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	556.74	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	6,999,335	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	6,999,335	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	6,999,335	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	4,577,085	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	11,576,420	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0251) [ ] 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)	32,692	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,692	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,451	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)	7,572	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 XVII 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)	27,407,479	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	27,407,479	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	27,407,479	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0251) [ ] 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) 838.35 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 6,347,986 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) 6,347,986 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT	9,645,364	5,646	1,708.35		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)					6,347,986 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 486,274 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 486,274 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) 4,241 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 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					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0251) [ ] 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		29,832,583			30
34 SURGICAL INTENSIVE CARE UNIT		9,935,630			34
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.249407	7,276,128	1,814,717		50
51 RECOVERY ROOM	0.200762	371,674	74,618		51
53 ANESTHESIOLOGY	0.039514	1,961,778	77,518		53
54 RADIOLOGY-DIAGNOSTIC	0.195508	5,697,899	1,113,985		54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE	0.194696	1,069,738	208,274		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048833	6,603,968	322,492		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073551	1,508,066	110,920		58
59 CARDIAC CATHETERIZATION	0.115061	5,793,393	666,594		59
60 LABORATORY	0.119324	23,006,130	2,745,183		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.142345	9,693,286	1,379,791		65
66 PHYSICAL THERAPY	0.354565	191,264	67,816		66
67 OCCUPATIONAL THERAPY	0.279075	233,209	65,083		67
68 SPEECH PATHOLOGY	0.491653	428,828	210,835		68
69 ELECTROCARDIOLOGY	0.076244	6,679,694	509,287		69
69.01 CARDIAC REHAB	1.277241	68,299	87,234		69.01
70 ELECTROENCEPHALOGRAPHY	0.438221	154,328	67,630		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.340642	7,910,878	2,694,777		71
72 IMPL. DEV. CHARGED TO PATIENT	0.333241	3,753,205	1,250,722		72
73 DRUGS CHARGED TO PATIENTS	0.124780	25,856,611	3,226,388		73
75.01 ACUTE DIALYSIS	0.321202	1,144,225	367,527		75.01
76 AUDIO-VESTIBULAR LAB					76
76.01 ONCOLOGY					76.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.229458	1,471,308	337,603		90
91 EMERGENCY	0.137850	9,276,150	1,278,717		91
91.01 LITHOTRIPSY					91.01
92 OBSERVATION BEDS	0.413847	1,433,261	593,151		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		121,583,320	19,270,862		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		121,583,320			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 (14-5548) [ ] 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
34 SURGICAL INTENSIVE CARE UNIT					34
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.249407	8,083	2,016		50
51 RECOVERY ROOM	0.200762	1,522	306		51
53 ANESTHESIOLOGY	0.039514				53
54 RADIOLOGY-DIAGNOSTIC	0.195508	279,926	54,728		54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE	0.194696	3,566	694		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048833	11,215	548		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073551				58
59 CARDIAC CATHETERIZATION	0.115061				59
60 LABORATORY	0.119324	2,496,319	297,871		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.142345	1,517,118	215,954		65
66 PHYSICAL THERAPY	0.354565	4,726,375	1,675,807		66
67 OCCUPATIONAL THERAPY	0.279075	3,273,325	913,503		67
68 SPEECH PATHOLOGY	0.491653	144,289	70,940		68
69 ELECTROCARDIOLOGY	0.076244	181,829	13,863		69
69.01 CARDIAC REHAB	1.277241				69.01
70 ELECTROENCEPHALOGRAPHY	0.438221	1,532	671		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.340642	1,327,992	452,370		71
72 IMPL. DEV. CHARGED TO PATIENT	0.333241				72
73 DRUGS CHARGED TO PATIENTS	0.124780	7,033,821	877,680		73
75.01 ACUTE DIALYSIS	0.321202				75.01
76 AUDIO-VESTIBULAR LAB					76
76.01 ONCOLOGY					76.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.229458	582	134		90
91 EMERGENCY	0.137838				91
91.01 LITHOTRIPSY					91.01
92 OBSERVATION BEDS	0.413847				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		21,007,494	4,577,085		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		21,007,494			202

PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
 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  
 11/23/2012 08:06

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0251) [ ] 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	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
34 SURGICAL INTENSIVE CARE UNIT					34
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.249407				50
51 RECOVERY ROOM	0.200762				51
53 ANESTHESIOLOGY	0.039514				53
54 RADIOLOGY-DIAGNOSTIC	0.195508				54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE	0.194696				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.048833				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.073551				58
59 CARDIAC CATHETERIZATION	0.115061				59
60 LABORATORY	0.119324				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.142345				65
66 PHYSICAL THERAPY	0.354565				66
67 OCCUPATIONAL THERAPY	0.279075				67
68 SPEECH PATHOLOGY	0.491653				68
69 ELECTROCARDIOLOGY	0.076244				69
69.01 CARDIAC REHAB	1.277241				69.01
70 ELECTROENCEPHALOGRAPHY	0.438221				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.340642				71
72 IMPL. DEV. CHARGED TO PATIENT	0.333241				72
73 DRUGS CHARGED TO PATIENTS	0.124780				73
75.01 ACUTE DIALYSIS	0.321202				75.01
76 AUDIO-VESTIBULAR LAB					76
76.01 ONCOLOGY					76.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.229458				90
91 EMERGENCY	0.137838				91
91.01 LITHOTRIPSY					91.01
92 OBSERVATION BEDS	0.413847				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 (14-0251)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	31,210,150	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,160,395	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,360,107	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	181.41	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	3.00	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	3.00	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	3.21	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	3.00	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	2.91	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	2.89	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	2.93	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	2.93	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.016151	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.015760	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.015760	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	296,509	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)	0.21	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)	296,509	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0884	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2221	31
32	SUM OF LINES 30 AND 31	0.3105	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1483	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,628,465	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)	37,295,519	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)	37,295,519	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,775,163	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0251)  
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)	135,946	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)	40,206,628	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	40,206,628	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,997,688	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	138,744	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	967,943	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	677,560	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	883,879	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	37,747,756	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)	37,747,756	71
72	INTERIM PAYMENTS	36,791,580	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	956,176	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	520,754	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96





ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0251) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY		MM/DD/YYYY		
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		35,786,424		6,381,093	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		942,561		534,165	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
					3.01
	05/04/2012	129,967	05/04/2012	68,091	3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
	06/24/2011	67,372	06/24/2011	3,902	3.50
					3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		62,595		64,189	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		36,791,580		6,979,447	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.					
					5.01
					5.02
					5.03
					5.04
					5.05
					5.06
					5.07
					5.08
					5.09
					5.50
					5.51
					5.52
					5.53
					5.54
					5.55
					5.56
					5.57
					5.58
					5.59
					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
					6.01
					6.02
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		37,747,756		6,854,102	7
8 NAME OF CONTRACTOR:	CONTRACTOR NUMBER:		NPR DATE:		8



PROVIDER CCN: 14-0251 OUR LADY OF THE RESURRECTION  
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  
11/23/2012 08:06

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0251) [ ] 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	8,808	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	18,534	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,718	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	34,097	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	557,762,162	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	6,016,653	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 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	6,194,876	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	6,194,876	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	152,569	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)	6,042,307	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	6,042,307	15
16	INTERIM PAYMENTS	6,042,307	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 (14-0251) [ ] 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	6,347,986		1
2			2
3			3
4	6,347,986		4
5			5
6			6
7	6,347,986		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	6,347,986		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			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		1.56	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)		0.87	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)		0.69	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		3.21	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		0.69	7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.15	3.06	3.21
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	0.03	0.66	0.69
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	0.03	0.66	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	0.08	5.36	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		2.89	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	0.04	2.97	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	0.04	2.97	17
18	PER RESIDENT AMOUNT	90,947.83	90,947.83	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	3,638	270,115	273,753
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			1.45
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			2.52
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			1.45
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)			273,753
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	18,534	1,718	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	34,097	34,097	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.543567	0.050386	28
29	PROGRAM DIRECT GME AMOUNT	148,803	13,793	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		1,949	30
31	NET PROGRAM DIRECT GME AMOUNT			160,647
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)			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)			50,587,822
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)			50,587,822
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			9,192,652
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			833
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			9,191,819
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			59,779,641
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.846238
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.153762
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			160,647
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			135,946
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			24,701

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	OTHER	TOTAL
		1	2	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	
		PART A	CARE	
26	INPATIENT DAYS	7,572		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	34,097		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.222072		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			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)			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
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	4,984			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	61,742,460			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-40,485,747			6
7 INVENTORY	1,626,096			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	-343,573			9
10 DUE FROM OTHER FUNDS	-13,675,206			10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	8,869,014			11
<b>FIXED ASSETS</b>				
12 LAND				12
13 LAND IMPROVEMENTS				13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS				15
16 ACCUMULATED DEPRECIATION				16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT	123,284,730			19
20 ACCUMULATED DEPRECIATION	-97,056,250			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT				23
24 ACCUMULATED DEPRECIATION				24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	26,228,480			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS	34,975,595			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	825,587			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	35,801,182			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	70,898,676			36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	1,880			37
38 SALARIES, WAGES & FEES PAYABLE				38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	5,818,567			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	5,820,447			45
<b>LONG-TERM LIABILITIES</b>				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	23,170,751			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	23,170,751			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	28,991,198			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	41,907,478			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)	41,907,478			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	70,898,676			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		49,287,066							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-6,684,306							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		42,602,760							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		42,602,760							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFERS TO AFFILIATES	695,282								13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		695,282							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		41,907,478							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	61,242,535		61,242,535	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY	10,946,417		10,946,417	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	72,188,952		72,188,952	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT	19,301,083		19,301,083	14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	19,301,083		19,301,083	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	91,490,035		91,490,035	18
19 ANCILLARY SERVICES	252,835,559		252,835,559	19
20 OUTPATIENT SERVICES		222,091,725	222,091,725	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	344,325,594	222,091,725	566,417,319	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		122,057,356	29
30 TRIAL BALANCE VARIANCE WITH KPMG			30
31			31
32			32
33			33
34			34
35 IMMATERIAL VARIANCE			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)	-1		37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-1	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		122,057,355	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	566,417,319	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	454,242,585	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	112,174,734	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	122,057,355	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-9,882,621	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5,505	6
7	INCOME FROM INVESTMENTS	1,964,978	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			24
24.01	OTHER (NUTRITION CONSULTING)		24.01
24.02	OTHER (MISCELLANEOUS - NET ASSETS RELEASED)	248,892	24.02
24.03	OTHER (MISCELLANEOUS - CARDIAC REHAB, ETC.)	978,940	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	3,198,315	25
26	TOTAL (LINE 5 PLUS LINE 25)	-6,684,306	26
27	OTHER EXPENSES (OTHER EXPENSE)		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)	-6,684,306	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-025) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	2,527,238		1
3	CAPITAL DRG OUTLIER PAYMENTS	61,415		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	93.16		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	2.93		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0089		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	22,492		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0884		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2221		8
10	SUM OF LINES 7 AND 8	0.3105		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0649		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	164,018		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,775,163		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
17.01 HOUSE STAFF PHYSICIANS					17.01
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
34 SURGICAL INTENSIVE CARE UNIT					34
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
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR)					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 CARDIAC REHAB					69.01
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75.01 ACUTE DIALYSIS					75.01
76 AUDIO-VESTIBULAR LAB					76
76.01 ONCOLOGY					76.01
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 LITHOTRIPSY					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					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
193.01 NON EMPLOYEE DAY CARE					193.01
193.02 RESURRECTION HOME CARE OFFICES					193.02
193.03 OCCUPATIONAL HEALTH NON-REIM					193.03

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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