

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
  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.
- DATE: \_\_\_\_\_ TIME: \_\_\_\_\_
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  6. DATE RECEIVED: \_\_\_\_\_
  7. CONTRACTOR NO: \_\_\_\_\_
  8.  INITIAL REPORT FOR THIS PROVIDER CCN
  9.  FINAL REPORT FOR THIS PROVIDER CCN
  10. NPR DATE: \_\_\_\_\_
  11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  12.  IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 4 - REOPENED
  - 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ALEXIUS MEDICAL CENTER (14-0290) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 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		500,658	81,021		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		500,658	81,021		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1555 BARRINGTON ROAD  
 2 CITY: HOFFMAN ESTATES

STATE: IL

P.O.BOX:  
 ZIP CODE: 60194-

COUNTY: COOK

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0290	16974	1	09/16/1979	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012			TO: 06/30/2012				20
21	TYPE OF CONTROL				1				21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF STATE		OUT-OF STATE		MEDICAID	OTHER
		IN-STATE	IN-STATE	OUT-OF STATE	OUT-OF STATE	MEDICAID	MEDICAID		
		MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID HMO PAID	MEDICAID HMO ELIGIBLE UNPAID		
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS		DAYS
		1	2	3	4	5	6		6
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	7,721	785	13	9	798			24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	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)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

	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 2 N Y	XIX 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	SPEECH N	RESPI- RATORY N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 3,617,718 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 149019	140
-----	--	--------	-------------	-----

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

141	NAME: ALEXIAN BROTHERS HOSPITAL NETW CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 05901	141
142	STREET: 3040 SALT CREEK LANE	P.O. BOX:	142
143	CITY: ARLINGTON HEIGHTS	STATE: IL	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

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

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

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

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. 1.00 169

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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
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)	1 N	2	1	
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.	Y/N 1 N	DATE 2	V/I 3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT				Y 15	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
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)	1 N	2	3 N	4 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	09/28/2012	Y	09/28/2012 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 |    |
|---|-----|------|----|
|   | 1   | 2    |    |
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?   |     |      | 36 |
| 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 37 |
| 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | N   |      | 38 |
| 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.   |     |      | 39 |
| 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 40 |

COST REPORT PREPARER CONTACT INFORMATION

- |   |                       |                             |    |
|---|-----------------------|-----------------------------|----|
| 41 FIRST NAME: MARY JO                      | LAST NAME: MACKNISKAS | TITLE: DIRECTOR OF REIMBURS | 41 |
| 42 EMPLOYER: ALEXIAN BROTHERS HEALTH SYSTEM |                       |                             | 42 |
| 43 PHONE NUMBER: 847-818-5067               | 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	52,518,384	52,518,384	1,719,108.00	30.55	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A ADMINISTRATIVE						4	
4.01	PHYSICIAN-PART A - TEACHING						4.01	
5	PHYSICIAN-PART B						5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7	
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		130,296	130,296	8,018.00	16.25	10	
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		743,636	743,636	13,448.00	55.30	11	
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		205,008	205,008	2,520.00	81.35	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		8,962,512	8,962,512	197,623.00	45.35	14	
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15	
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16	
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		12,418,307	12,418,307			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		42,720	42,720			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A - ADMINISTRATIVE						22	
22.01	PHYSICIAN PART A - TEACHING						22.01	
23	PHYSICIAN PART B						23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25	
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		1,418,454	1,418,454	4,560.00	311.06	26	
27	ADMINISTRATIVE & GENERAL		4,369,547	4,369,547	142,345.00	30.70	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		498,841	498,841	17,392.00	28.68	30	
31	LAUNDRY & LINEN SERVICE						31	
32	HOUSEKEEPING		1,088,814	1,088,814	80,039.00	13.60	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		692,166	692,166	18,518.00	37.38	33	
34	DIETARY		947,291	-265,335	681,956	65,531.00	10.41	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		603,390	603,390	19,372.00	31.15	35	
36	CAFETERIA			265,335	265,335	38,800.00	6.84	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		918,571	918,571	19,474.00	47.17	38	
39	CENTRAL SERVICES AND SUPPLY		194,133	194,133	10,794.00	17.99	39	
40	PHARMACY		1,481,091	1,481,091	39,210.00	37.77	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		638,448	638,448	30,953.00	20.63	41	
42	SOCIAL SERVICE		1,132,247	1,132,247	31,705.00	35.71	42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	53,813,940		53,813,940	1,756,998.00	30.63	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	130,296		130,296	8,018.00	16.25	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	53,683,644		53,683,644	1,748,980.00	30.69	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	9,911,156		9,911,156	213,591.00	46.40	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	12,418,307		12,418,307		23.13	5
6	TOTAL (SUM OF LINES 3 THRU 5)	76,013,107		76,013,107	1,962,571.00	38.73	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	13,982,993		13,982,993	518,693.00	26.96	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	781,687	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,107,407	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)	5,280,452	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	349,600	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	202,554	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	197,492	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	404,548	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	3,750,097	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	104,374	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	282,816	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	12,461,027	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	743,636	24,119,992	1
2	HOSPITAL	743,636	24,119,992	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.218070	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				23,923,088	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				98,312,154	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				21,438,932	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
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)					19
			UNINSURED	INSURED		
			PATIENTS	PATIENTS	TOTAL	
			1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	14,698,178			14,698,178	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,205,232			3,205,232	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				0	22
23	COST OF CHARITY CARE	3,205,232			3,205,232	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				8,090,376	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				622,722	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				7,467,654	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,628,471	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				4,833,703	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				4,833,703	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		4,998,871	4,998,871	1,469,947	1
2	00200				4,954,833	2
3	00300					3
4	00400	1,418,454	8,154,762	9,573,216	-404,548	4
5	00500	4,369,547	40,790,804	45,160,351	-389,571	5
6	00600					6
7	00700	498,841	3,089,098	3,587,939	2,600	7
8	00800				525,839	8
9	00900	1,088,814	1,436,197	2,525,011	-549,040	9
10	01000	947,291	884,490	1,831,781	-814,857	10
11	01100				814,857	11
12	01200					12
13	01300	918,571	244,029	1,162,600		13
14	01400	194,133	481,660	675,793	-207,106	14
15	01500	1,481,091	5,794,441	7,275,532	-5,348,937	15
16	01600	638,448	700,894	1,339,342	-45	16
17	01700	1,132,247	479,810	1,612,057		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	14,234,092	3,403,688	17,637,780	-396,336	30
31	03100	2,356,377	686,632	3,043,009	-163,153	31
43	04300	2,336,141	672,426	3,008,567	-59,172	43
ANCILLARY SERVICE COST CENTERS						
50	05000	2,689,583	4,599,733	7,289,316	-2,361,580	50
50.01	05001	632,367	565,832	1,198,199	-351,188	50.01
51	05100	595,945	124,776	720,721	-17,802	51
52	05200	1,637,026	495,667	2,132,693	-116,367	52
53	05300	39,238	294,829	334,067		53
54	05400	1,400,901	390,092	1,790,993	-10,976	54
54.01	05401	577,643	112,669	690,312	-20,260	54.01
54.02	05402	336,699	374,711	711,410	-259,846	54.02
54.03	03440	539,025	508,398	1,047,423	-283,576	54.03
55	05500	424,008	314,437	738,445	-173,296	55
56	05600	242,583	496,732	739,315		56
57	05700	549,641	504,707	1,054,348	-246,956	57
58	05800	381,710	775,359	1,157,069	-610,619	58
59	05900	981,373	1,968,012	2,949,385	-1,192,989	59
60	06000	1,664,211	2,300,212	3,964,423	-113,292	60
62.30	06250					62.30
63	06300	219,391	525,080	744,471	-7,003	63
64	06400	143,360	211,142	354,502	-161,194	64
65	06500	1,211,413	568,777	1,780,190	-193,758	65
66	06600	441,126	70,107	511,233	-51	66
66.01	06601	523,954	303,281	827,235	-141,948	66.01
67	06700	165,408	16,079	181,487		67
68	06800	76,746	5,682	82,428		68
69	06900	525,929	96,336	622,265	2,624	69
70	07000	90,632	18,222	108,854		70
71	07100				3,261,521	71
72	07200		4,790,846	4,790,846	1,552,446	72
73	07300				5,222,359	73
74	07400		393,777	393,777		74
76.97	03021					76.97
76.98	03022					76.98
76.99	03023					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001					90.01
90.02	09002	1,096,877	335,618	1,432,495	-123,382	90.02
90.03	09003		1,017	1,017		90.03
90.04	09004	49,819	245,895	295,714		90.04
90.05	09005	224,413	328,569	552,982	-165,384	90.05
91	09100	3,313,020	3,413,438	6,726,458	-274,864	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.20	09901					99.20
99.30	09902					99.30
99.40	09903					99.40
113	11300		3,396,458	3,396,458	-2,477,045	113
118		52,388,088	100,364,292	152,752,380	170,885	118
NONREIMBURSABLE COST CENTERS						
190	19000	127,709	155,332	283,041		190



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	6,468,818	1,323,296	7,792,114	1
2	00200	4,954,833	-766,669	4,188,164	2
3	00300				3
4	00400	9,168,668		9,168,668	4
5	00500	44,770,780	-11,717,371	33,053,409	5
6	00600				6
7	00700	3,590,539	1,899,517	5,490,056	7
8	00800	525,839		525,839	8
9	00900	1,975,971		1,975,971	9
10	01000	1,016,924	-7,204	1,009,720	10
11	01100	814,857		814,857	11
12	01200				12
13	01300	1,162,600	-1,408	1,161,192	13
14	01400	468,687		468,687	14
15	01500	1,926,595		1,926,595	15
16	01600	1,339,297	120,665	1,459,962	16
17	01700	1,612,057		1,612,057	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	17,241,444	-373,387	16,868,057	30
31	03100	2,879,856		2,879,856	31
43	04300	2,949,395	-57,453	2,891,942	43
ANCILLARY SERVICE COST CENTERS					
50	05000	4,927,736		4,927,736	50
50.01	05001	847,011		847,011	50.01
51	05100	702,919		702,919	51
52	05200	2,016,326		2,016,326	52
53	05300	334,067		334,067	53
54	05400	1,780,017		1,780,017	54
54.01	05401	670,052		670,052	54.01
54.02	05402	451,564		451,564	54.02
54.03	03440	763,847		763,847	54.03
55	05500	565,149		565,149	55
56	05600	739,315		739,315	56
57	05700	807,392		807,392	57
58	05800	546,450		546,450	58
59	05900	1,756,396	-5,950	1,750,446	59
60	06000	3,851,131		3,851,131	60
62.30	06250				62.30
63	06300	737,468		737,468	63
64	06400	193,308		193,308	64
65	06500	1,586,432		1,586,432	65
66	06600	511,182		511,182	66
66.01	06601	685,287		685,287	66.01
67	06700	181,487		181,487	67
68	06800	82,428		82,428	68
69	06900	624,889		624,889	69
70	07000	108,854		108,854	70
71	07100	3,261,521		3,261,521	71
72	07200	6,343,292		6,343,292	72
73	07300	5,222,359		5,222,359	73
74	07400	393,777		393,777	74
76.97	03021				76.97
76.98	03022				76.98
76.99	03023				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001				90.01
90.02	09002	1,309,113		1,309,113	90.02
90.03	09003	1,017	-1,017		90.03
90.04	09004	295,714	-198,676	97,038	90.04
90.05	09005	387,598		387,598	90.05
91	09100	6,451,594	-2,282,810	4,168,784	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.20	09901				99.20
99.30	09902				99.30
99.40	09903				99.40
113	11300	919,413	-919,413		113
118		152,923,265	-12,987,880	139,935,385	118
NONREIMBURSABLE COST CENTERS					
190	19000	283,041		283,041	190

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
11/30/2012 10:07

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)		
		5	6	7		
192	19200	PHYSICIANS' PRIVATE OFFICES	2,141,693	-2,071,845	69,848	192
192.01	19201	POB	2,758,029	-2,737,860	20,169	192.01
194	07950	COMMUNITY PROGRAMS	776		776	194
200	TOTAL (SUM OF LINES 118-199)		158,106,804	-17,797,585	140,309,219	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 LEASE EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		1,209,454	1
2 LEASE EXPENSE	A	CAP REL COSTS-MVBLE EQUIP	2		2,738,281	2
3 LEASE EXPENSE	A	OPERATION OF PLANT	7		2,600	3
4 LEASE EXPENSE	A	ELECTROCARDIOLOGY	69		2,624	4
5 LEASE EXPENSE	A					5
6 LEASE EXPENSE	A					6
7 LEASE EXPENSE	A					7
8 LEASE EXPENSE	A					8
9 LEASE EXPENSE	A					9
10 LEASE EXPENSE	A					10
11 LEASE EXPENSE	A					11
12 LEASE EXPENSE	A					12
13 LEASE EXPENSE	A					13
14 LEASE EXPENSE	A					14
15 LEASE EXPENSE	A					15
16 LEASE EXPENSE	A					16
17 LEASE EXPENSE	A					17
18 LEASE EXPENSE	A					18
19 LEASE EXPENSE	A					19
20 LEASE EXPENSE	A					20
21 LEASE EXPENSE	A					21
22 LEASE EXPENSE	A					22
23 LEASE EXPENSE	A					23
24 LEASE EXPENSE	A					24
25 LEASE EXPENSE	A					25
26 LEASE EXPENSE	A					26
27 LEASE EXPENSE	A					27
28 LEASE EXPENSE	A					28
29 LEASE EXPENSE	A					29
30 LEASE EXPENSE	A					30
500 TOTAL RECLASSIFICATIONS					3,952,959	500
CODE LETTER - A						

1						1
2						2
3						3
4						4
5						5
6						6
7						7
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9						9
10						10
11 MEDICAL SUPPLIES/IMPLANTS	B	MEDICAL SUPPLIES CHRGED TO PA	71		3,261,521	11
12 MEDICAL SUPPLIES/IMPLANTS	B	IMPL. DEV. CHARGED TO PATIENT	72		1,556,196	12
13 MEDICAL SUPPLIES/IMPLANTS	B					13
14 MEDICAL SUPPLIES/IMPLANTS	B					14
15 MEDICAL SUPPLIES/IMPLANTS	B					15
16 MEDICAL SUPPLIES/IMPLANTS	B					16
17 MEDICAL SUPPLIES/IMPLANTS	B					17
18 MEDICAL SUPPLIES/IMPLANTS	B					18
19 MEDICAL SUPPLIES/IMPLANTS	B					19
20 MEDICAL SUPPLIES/IMPLANTS	B					20
21 MEDICAL SUPPLIES/IMPLANTS	B					21
22 MEDICAL SUPPLIES/IMPLANTS	B					22
23 MEDICAL SUPPLIES/IMPLANTS	B					23
24 MEDICAL SUPPLIES/IMPLANTS	B					24
25 MEDICAL SUPPLIES/IMPLANTS	B					25
26 MEDICAL SUPPLIES/IMPLANTS	B					26
27 MEDICAL SUPPLIES/IMPLANTS	B					27
28 MEDICAL SUPPLIES/IMPLANTS	B					28
29 MEDICAL SUPPLIES/IMPLANTS	B					29
30 MEDICAL SUPPLIES/IMPLANTS	B					30
500 TOTAL RECLASSIFICATIONS					4,817,717	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1							1
2							2
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72							72
73							73
74 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS		73		5,222,359	74
500 TOTAL RECLASSIFICATIONS						5,222,359	500
CODE LETTER -							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1					1
2					2
3					3
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73					73
74					74
75 DEPRECIATION	D	CAP REL COSTS-MVBLE EQUIP	2		2,216,552 75
500 TOTAL RECLASSIFICATIONS					2,216,552 500
CODE LETTER -					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6					6
7					7
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73					73
74					74
75					75
76 PURCHASED LAUNDRY	E	LAUNDRY & LINEN SERVICE	8		525,839 76
500 TOTAL RECLASSIFICATIONS					525,839 500
CODE LETTER -					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #		SALARY	OTHER
	1	2		3	4	5	
1							1
2							2
3							3
4							4
5							5
6							6
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73							73
74							74
75							75
76							76
77	DIETARY RECLASS	F	CAFETERIA	11	265,335	549,522	77
500	TOTAL RECLASSIFICATIONS				265,335	549,522	500
	CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
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73					73
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75					75
76					76
77					77
78 WORKERS COMP	G	ADMINISTRATIVE & GENERAL	5		404,548 78
500 TOTAL RECLASSIFICATIONS					404,548 500
CODE LETTER -					

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 INTEREST EXPENSE	H	CAP REL COSTS-BLDG & FIXT	1		2,477,045 1
500 TOTAL RECLASSIFICATIONS					2,477,045 500
CODE LETTER - H					
GRAND TOTAL (INCREASES)				265,335	20,166,541

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	5		794,119	10 1
2 LEASE EXPENSE	A	HOUSEKEEPING	9		23,201	10 2
3 LEASE EXPENSE	A	CENTRAL SERVICES & SUPPLY	14		207,106	3
4 LEASE EXPENSE	A	PHARMACY	15		126,578	4
5 LEASE EXPENSE	A	MEDICAL RECORDS & LIBRARY	16		45	5
6 LEASE EXPENSE	A	ADULTS & PEDIATRICS	30		207,905	6
7 LEASE EXPENSE	A	INTENSIVE CARE UNIT	31		43,349	7
8 LEASE EXPENSE	A	NURSERY	43		21,681	8
9 LEASE EXPENSE	A	OPERATING ROOM	50		387,707	9
10 LEASE EXPENSE	A	ENDOSCOPY	50.01		207,743	10
11 LEASE EXPENSE	A	RECOVERY ROOM	51		5,622	11
12 LEASE EXPENSE	A	DELIVERY ROOM & LABOR ROOM	52		19,068	12
13 LEASE EXPENSE	A	RADIOLOGY-DIAGNOSTIC	54		5,325	13
14 LEASE EXPENSE	A	RADIOLOGY-SPECIAL PROCEDURES	54.02		2,706	14
15 LEASE EXPENSE	A	MAMMOGRAPHY	54.03		230,031	15
16 LEASE EXPENSE	A	RADIOLOGY-THERAPEUTIC	55		173,296	16
17 LEASE EXPENSE	A	COMPUTED TOMOGRAPHY (CT) SCAN	57		168,079	17
18 LEASE EXPENSE	A	MAGNETIC RESONANCE IMAGING (M	58		529,157	18
19 LEASE EXPENSE	A	CARDIAC CATHETERIZATION	59		146,375	19
20 LEASE EXPENSE	A	LABORATORY	60		113,292	20
21 LEASE EXPENSE	A	BLOOD STORING, PROCESSING & T	63		653	21
22 LEASE EXPENSE	A	RESPIRATORY THERAPY	65		5,401	22
23 LEASE EXPENSE	A	PHYSICAL THERAPY	66		51	23
24 LEASE EXPENSE	A	REHAB OUTPATIENT	66.01		141,948	24
25 LEASE EXPENSE	A	IMPL. DEV. CHARGED TO PATIENT	72		3,750	25
26 LEASE EXPENSE	A	PROCEDURE CLINIC	90.02		17,673	26
27 LEASE EXPENSE	A	OFF SITE IMAGING CENTER	90.05		164,154	27
28 LEASE EXPENSE	A	EMERGENCY	91		36,059	28
29 LEASE EXPENSE	A	POB	192.01		169,890	29
30 LEASE EXPENSE	A	COMMUNITY PROGRAMS	194		995	30
500 TOTAL RECLASSIFICATIONS					3,952,959	500
CODE LETTER - A						

1						1
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11 MEDICAL SUPPLIES/IMPLANTS	B	ADULTS & PEDIATRICS	30		188,431	11
12 MEDICAL SUPPLIES/IMPLANTS	B	INTENSIVE CARE UNIT	31		119,804	12
13 MEDICAL SUPPLIES/IMPLANTS	B	NURSERY	43		37,491	13
14 MEDICAL SUPPLIES/IMPLANTS	B	OPERATING ROOM	50		1,973,873	14
15 MEDICAL SUPPLIES/IMPLANTS	B	ENDOSCOPY	50.01		143,445	15
16 MEDICAL SUPPLIES/IMPLANTS	B	RECOVERY ROOM	51		12,180	16
17 MEDICAL SUPPLIES/IMPLANTS	B	DELIVERY ROOM & LABOR ROOM	52		97,299	17
18 MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-DIAGNOSTIC	54		5,651	18
19 MEDICAL SUPPLIES/IMPLANTS	B	ULTRASOUND	54.01		20,260	19
20 MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-SPECIAL PROCEDURES	54.02		257,140	20
21 MEDICAL SUPPLIES/IMPLANTS	B	MAMMOGRAPHY	54.03		53,545	21
22 MEDICAL SUPPLIES/IMPLANTS	B	COMPUTED TOMOGRAPHY (CT) SCAN	57		78,877	22
23 MEDICAL SUPPLIES/IMPLANTS	B	MAGNETIC RESONANCE IMAGING (M	58		81,462	23
24 MEDICAL SUPPLIES/IMPLANTS	B	CARDIAC CATHETERIZATION	59		1,046,614	24
25 MEDICAL SUPPLIES/IMPLANTS	B	BLOOD STORING, PROCESSING & T	63		6,350	25
26 MEDICAL SUPPLIES/IMPLANTS	B	INTRAVENOUS THERAPY	64		161,194	26
27 MEDICAL SUPPLIES/IMPLANTS	B	RESPIRATORY THERAPY	65		188,357	27
28 MEDICAL SUPPLIES/IMPLANTS	B	PROCEDURE CLINIC	90.02		105,709	28
29 MEDICAL SUPPLIES/IMPLANTS	B	OFF SITE IMAGING CENTER	90.05		1,230	29
30 MEDICAL SUPPLIES/IMPLANTS	B	EMERGENCY	91		238,805	30
500 TOTAL RECLASSIFICATIONS					4,817,717	500
CODE LETTER -						



RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1						1
2						2
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75 DEPRECIATION	D	CAP REL COSTS-BLDG & FIXT	1		2,216,552	9 75
500 TOTAL RECLASSIFICATIONS					2,216,552	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- DECREASE -----		SALARY 8	OTHER 9	WKST A-7 REF. 10
		COST CENTER 6	LINE # 7			
1						1
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76 PURCHASED LAUNDRY	E	HOUSEKEEPING	9		525,839	76
500 TOTAL RECLASSIFICATIONS					525,839	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
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77 DIETARY RECLASS	F	DIETARY	10	265,335	549,522	77
500 TOTAL RECLASSIFICATIONS				265,335	549,522	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
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78 WORKERS COMP	G	EMPLOYEE BENEFITS	4		404,548	78
500 TOTAL RECLASSIFICATIONS					404,548	500
CODE LETTER -						

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
 11/30/2012 10:07

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7	
			LINE #	SALARY		REF.	
	1	6	7	8	9	10	
1 INTEREST EXPENSE	H	INTEREST EXPENSE	113		2,477,045	11	1
500 TOTAL RECLASSIFICATIONS					2,477,045		500
CODE LETTER - H							
GRAND TOTAL (DECREASES)				265,335	20,166,541		

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	11,000,000					11,000,000	1
2 LAND IMPROVEMENTS	18,902,315		14,000	14,000	18,902,315	14,000	2
3 BUILDINGS AND FIXTURES	96,307,598		39,099,402	39,099,402		135,407,000	3
4 BUILDING IMPROVEMENTS	69,134,942		5,941,000	5,941,000	69,134,942	5,941,000	4
5 FIXED EQUIPMENT	8,694,667				416,667	8,278,000	5
6 MOVABLE EQUIPMENT	92,850,029					92,850,029	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	296,889,551		45,054,402	45,054,402	88,453,924	253,490,029	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	296,889,551		45,054,402	45,054,402	88,453,924	253,490,029	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15	
							1 CAP REL COSTS-BLDG & FIXT	4,998,871
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	4,998,871						4,998,871	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 (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8
								1 CAP REL COSTS-BLDG & FIXT
2 CAP REL COSTS-MVBLE EQUIP	92,850,029		92,850,029	0.312743				2
3 TOTAL (SUM OF LINES 1-2)	296,889,551		296,889,551	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
							1 CAP REL COSTS-BLDG & FIXT
2 CAP REL COSTS-MVBLE EQUIP	1,391,738	2,738,281	58,145			4,188,164	2
3 TOTAL	5,476,869	3,947,735	2,555,674			11,980,278	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-7,600	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,338,996			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	312,732			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-10,024	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-7,204	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-498,637	CAP REL COSTS-BLDG & FIXT	1	9 26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-824,814	CAP REL COSTS-MVBLE EQUIP	2	9 27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.08 OTHER EDUCATION	B	-1,408	NURSING ADMINISTRATION	13	33.08
33.09 MISC INCOME	B	-146,850	OPERATION OF PLANT	7	33.09
33.11 LOBBYING PORTION OF FEES	A	-25,000	ADMINISTRATIVE & GENERAL	5	33.11
34 CARDIAC CATH RESEARCH	B	-5,950	CARDIAC CATHETERIZATION	59	34
34.04 NON PATIENT RELATED	A	-279,232	ADMINISTRATIVE & GENERAL	5	34.04
34.09 COMMUNITY TRANSPORT	A	-6,334	ADMINISTRATIVE & GENERAL	5	34.09
34.11 PERINATAL CLASS TUITION	B	-18,364	NURSERY	43	34.11
34.12 MISCELLANEOUS INCOME	B	-5,970	OPERATION OF PLANT	7	34.12
35 BAD DEBTS	A	-8,090,376	ADMINISTRATIVE & GENERAL	5	35
36 EMERGENCY RM PURCH SVCS	A	-777,166	EMERGENCY	91	36
37 OFFSET IMMEDIATE CARE CTR EXP	A	-1,017	IMMEDIATE CARE CENTERS	90.03	37
38					38
39 OFFSET TAXES	A	-255,670	ADMINISTRATIVE & GENERAL	5	39
40 OFFSET PROFESSIONAL FEES PART B	A	-2,071,845	PHYSICIANS' PRIVATE OFFICES	192	40
41 OFFSET PROFESSIONL FEES - PART B	A	-2,737,860	POB	192.01	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)		-17,797,585			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	CORPORATE FEES	16,144,484	19,205,243	-3,060,759	1
2	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	1,801,449		1,801,449	9 2
3	4	EMPLOYEE BENEFITS	EXECUTIVE BENEFITS	141,333	141,333		3
4	5	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	632,530	632,530		4
4.01	30	ADULTS & PEDIATRICS	ABHN ADULT AND PEDS	222,200		222,200	4.01
4.02	2	CAP REL COSTS-MVBLE EQUIP	SALT CREEK CAPITAL	58,145		58,145	11 4.02
4.03	7	OPERATION OF PLANT	SALT CREEK NON CAPITAL	147,171	171,648	-24,477	4.03
4.04	1	CAP REL COSTS-BLDG & FIXT	ABMP	20,484		20,484	11 4.04
4.05	7	OPERATION OF PLANT	ABMP	36,414	4,098	32,316	4.05
4.06	7	OPERATION OF PLANT	CLINICAL ENGINEERING	2,052,098		2,052,098	4.06
4.07	16	MEDICAL RECORDS & LIBRARY	ICD 10	130,689		130,689	4.07
4.08	113	INTEREST EXPENSE		2,477,045	3,396,458	-919,413	4.08
5		TOTALS (SUM OF LINES 1-4)		23,864,042	23,551,310	312,732	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
6	A			
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	
2	30	ADULTS & PEDIATRICS	ADULTS & PEDIAT	595,587	595,587					2
3	43	NURSERY	NURSERY	39,089	39,089					3
4	50	OPERATING ROOM	OPERATING ROOM							4
5	50.01	ENDOSCOPY	ENDOSCOPY							5
6	53	ANESTHESIOLOGY	ANESTHESIOLOGY							6
7	59	CARDIAC CATHETERIZATION	CARDIAC CATHETE							7
8	60	LABORATORY	LABORATORY							8
9	90.04	EPILEPSY MONITORING UNIT	EPILEPSY MONITO	198,676	198,676					9
10	91	EMERGENCY	EMERGENCY	1,505,644	1,505,644					10
200		TOTAL		2,338,996	2,338,996					200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.		12	13	14	15	16	17	18	
10	11								
2	30 ADULTS & PEDIATRICS		ADULTS & PEDIAT					595,587	2
3	43 NURSERY		NURSERY					39,089	3
4	50 OPERATING ROOM		OPERATING ROOM						4
5	50.01 ENDOSCOPY		ENDOSCOPY						5
6	53 ANESTHESIOLOGY		ANESTHESIOLOGY						6
7	59 CARDIAC CATHETERIZATION		CARDIAC CATHETE						7
8	60 LABORATORY		LABORATORY						8
9	90.04 EPILEPSY MONITORING UNIT		EPILEPSY MONITO					198,676	9
10	91 EMERGENCY		EMERGENCY					1,505,644	10
200	TOTAL							2,338,996	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	7,792,114	7,792,114				1
2 CAP REL COSTS-MVBLE EQUIP	4,188,164		4,188,164			2
4 EMPLOYEE BENEFITS	9,168,668	30,827	16,569	9,216,064		4
5 ADMINISTRATIVE & GENERAL	33,053,409	556,419	299,068	788,065	34,696,961	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,490,056	1,826,545	981,747	89,968	8,388,316	7
8 LAUNDRY & LINEN SERVICE	525,839				525,839	8
9 HOUSEKEEPING	1,975,971	101,789	54,710	196,372	2,328,842	9
10 DIETARY	1,009,720	115,809	62,246	122,993	1,310,768	10
11 CAFETERIA	814,857	71,864	38,626	47,854	973,201	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,161,192	204,320	109,819	165,668	1,640,999	13
14 CENTRAL SERVICES & SUPPLY	468,687	49,180	26,433	35,013	579,313	14
15 PHARMACY	1,926,595	49,781	26,757	267,121	2,270,254	15
16 MEDICAL RECORDS & LIBRARY	1,459,962	132,476	71,204	115,147	1,778,789	16
17 SOCIAL SERVICE	1,612,057	5,796	3,116	204,205	1,825,174	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,868,057	1,712,520	920,458	2,567,163	22,068,198	30
31 INTENSIVE CARE UNIT	2,879,856	214,007	115,026	424,982	3,633,871	31
43 NURSERY	2,891,942	92,001	49,449	421,332	3,454,724	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,927,736	398,471	214,173	485,077	6,025,457	50
50.01 ENDOSCOPY	847,011	210,678	113,237	114,050	1,284,976	50.01
51 RECOVERY ROOM	702,919	76,156	40,933	107,481	927,489	51
52 DELIVERY ROOM & LABOR ROOM	2,016,326	286,012	153,728	295,244	2,751,310	52
53 ANESTHESIOLOGY	334,067			7,077	341,144	53
54 RADIOLOGY-DIAGNOSTIC	1,780,017	196,297	105,507	252,658	2,334,479	54
54.01 ULTRASOUND	670,052	22,524	12,106	104,180	808,862	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	451,564	20,619	11,082	60,725	543,990	54.02
54.03 MAMMOGRAPHY	763,847	98,419	52,899	97,215	1,012,380	54.03
55 RADIOLOGY-THERAPEUTIC	565,149	249,267	133,978	76,472	1,024,866	55
56 RADIOISOTOPE	739,315	42,661	22,930	43,751	848,657	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	807,392	51,847	27,867	99,130	986,236	57
58 MAGNETIC RESONANCE IMAGING (MRI)	546,450	46,913	25,215	68,843	687,421	58
59 CARDIAC CATHETERIZATION	1,750,446	92,523	49,730	176,995	2,069,694	59
60 LABORATORY	3,851,131	179,088	96,258	300,147	4,426,624	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	737,468	10,891	5,854	39,568	793,781	63
64 INTRAVENOUS THERAPY	193,308			25,856	219,164	64
65 RESPIRATORY THERAPY	1,586,432	30,827	16,569	218,483	1,852,311	65
66 PHYSICAL THERAPY	511,182	22,624	12,160	79,559	625,525	66
66.01 REHAB OUTPATIENT	685,287			94,497	779,784	66.01
67 OCCUPATIONAL THERAPY	181,487			29,832	211,319	67
68 SPEECH PATHOLOGY	82,428			13,841	96,269	68
69 ELECTROCARDIOLOGY	624,889			94,853	719,742	69
70 ELECTROENCEPHALOGRAPHY	108,854	11,152	5,994	16,346	142,346	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,261,521				3,261,521	71
72 IMPL. DEV. CHARGED TO PATIENT	6,343,292				6,343,292	72
73 DRUGS CHARGED TO PATIENTS	5,222,359				5,222,359	73
74 RENAL DIALYSIS	393,777				393,777	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	1,309,113	129,568	69,641	197,826	1,706,148	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	97,038			8,985	106,023	90.04
90.05 OFF SITE IMAGING CENTER	387,598			40,474	428,072	90.05
91 EMERGENCY	4,168,784	420,373	225,945	597,516	5,412,618	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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						
113 INTEREST EXPENSE						113

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
118 SUBTOTALS (SUM OF LINES 1-117)	139,935,385	7,760,244	4,171,034	9,192,564	139,862,885	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	283,041	31,870	17,130	23,033	355,074	190
192 PHYSICIANS' PRIVATE OFFICES	69,848				69,848	192
192.01 POB	20,169				20,169	192.01
194 COMMUNITY PROGRAMS	776			467	1,243	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	140,309,219	7,792,114	4,188,164	9,216,064	140,309,219	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	34,696,961					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,755,830	11,144,146				7
8 LAUNDRY & LINEN SERVICE	172,755		698,594			8
9 HOUSEKEEPING	765,099	210,911		3,304,852		9
10 DIETARY	430,629	239,961		72,534	2,053,892	10
11 CAFETERIA	319,728	148,906		45,011		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	539,121	423,361		127,972		13
14 CENTRAL SERVICES & SUPPLY	190,323	101,902		30,803		14
15 PHARMACY	745,851	103,149		31,180		15
16 MEDICAL RECORDS & LIBRARY	584,389	274,497		82,974		16
17 SOCIAL SERVICE	599,628	12,011		3,630		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,250,069	3,548,423	336,431	1,072,603	1,887,927	30
31 INTENSIVE CARE UNIT	1,193,843	443,434	37,748	134,039	165,965	31
43 NURSERY	1,134,987	190,631	4,538	57,623		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,979,555	825,651	70,600	249,574		50
50.01 ENDOSCOPY	422,156	436,535		131,954		50.01
51 RECOVERY ROOM	304,710	157,799	25,341	47,699		51
52 DELIVERY ROOM & LABOR ROOM	903,893	592,630	11,074	179,138		52
53 ANESTHESIOLOGY	112,077					53
54 RADIOLOGY-DIAGNOSTIC	766,951	406,737	35,829	122,947		54
54.01 ULTRASOUND	265,737	46,671		14,107		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	178,718	42,723		12,914		54.02
54.03 MAMMOGRAPHY	332,599	203,930		61,643		54.03
55 RADIOLOGY-THERAPEUTIC	336,701	516,494		156,124		55
56 RADIOISOTOPE	278,811	88,396		26,720		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	324,010	107,430		32,473		57
58 MAGNETIC RESONANCE IMAGING (MRI)	225,840	97,206		29,383		58
59 CARDIAC CATHETERIZATION	679,961	191,711		57,950		59
60 LABORATORY	1,454,288	371,079		112,168		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	260,782	22,566		6,821		63
64 INTRAVENOUS THERAPY	72,002					64
65 RESPIRATORY THERAPY	608,543	63,876		19,308		65
66 PHYSICAL THERAPY	205,505	46,878		14,170		66
66.01 REHAB OUTPATIENT	256,184					66.01
67 OCCUPATIONAL THERAPY	69,425					67
68 SPEECH PATHOLOGY	31,627					68
69 ELECTROCARDIOLOGY	236,458		109,387			69
70 ELECTROENCEPHALOGRAPHY	46,765	23,107		6,985		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,071,514					71
72 IMPL. DEV. CHARGED TO PATIENT	2,083,974					72
73 DRUGS CHARGED TO PATIENTS	1,715,712					73
74 RENAL DIALYSIS	129,368					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	560,524	268,471		81,152		90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	34,832					90.04
90.05 OFF SITE IMAGING CENTER	140,635					90.05
91 EMERGENCY	1,778,218	871,033	67,646	263,292		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	34,550,327	11,078,109	698,594	3,284,891	2,053,892	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,653	66,037		19,961		190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
192	PHYSICIANS' PRIVATE OFFICES	22,947					192
192.01	POB	6,626					192.01
194	COMMUNITY PROGRAMS	408					194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	34,696,961	11,144,146	698,594	3,304,852	2,053,892	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 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	1,486,846					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	20,613	2,752,066				13
14 CENTRAL SERVICES & SUPPLY	11,424		913,765			14
15 PHARMACY	41,491			3,191,925		15
16 MEDICAL RECORDS & LIBRARY	32,752				2,753,401	16
17 SOCIAL SERVICE	33,556					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	528,608	1,502,216			287,138	30
31 INTENSIVE CARE UNIT	67,376	191,471			41,624	31
43 NURSERY	58,659	166,701			58,037	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	79,911	227,095			227,268	50
50.01 ENDOSCOPY	20,305	57,704			82,662	50.01
51 RECOVERY ROOM	15,628	44,412			47,483	51
52 DELIVERY ROOM & LABOR ROOM	48,413	137,583			41,582	52
53 ANESTHESIOLOGY	2,212				58,009	53
54 RADIOLOGY-DIAGNOSTIC	64,305				82,930	54
54.01 ULTRASOUND	14,813				62,272	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	8,188				17,837	54.02
54.03 MAMMOGRAPHY	16,949				27,288	54.03
55 RADIOLOGY-THERAPEUTIC	9,366				48,025	55
56 RADIOISOTOPE	5,987				54,237	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,441				172,449	57
58 MAGNETIC RESONANCE IMAGING (MRI)	11,435				100,842	58
59 CARDIAC CATHETERIZATION	21,351				57,910	59
60 LABORATORY	80,098				403,443	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,990				15,981	63
64 INTRAVENOUS THERAPY	3,401				7,286	64
65 RESPIRATORY THERAPY	41,502				74,527	65
66 PHYSICAL THERAPY	12,425				19,285	66
66.01 REHAB OUTPATIENT	17,620				17,191	66.01
67 OCCUPATIONAL THERAPY	4,655				8,298	67
68 SPEECH PATHOLOGY	1,849				2,247	68
69 ELECTROCARDIOLOGY	18,852				84,030	69
70 ELECTROENCEPHALOGRAPHY	4,138				6,705	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			618,604		154,133	71
72 IMPL. DEV. CHARGED TO PATIENT			295,161		44,261	72
73 DRUGS CHARGED TO PATIENTS				3,191,925	230,490	73
74 RENAL DIALYSIS					8,327	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	34,689	98,582			22,428	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	4,347	12,354			1,491	90.04
90.05 OFF SITE IMAGING CENTER	7,539				20,941	90.05
91 EMERGENCY	110,473	313,948			164,744	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,478,361	2,752,066	913,765	3,191,925	2,753,401	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,331					190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS	154					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,486,846	2,752,066	913,765	3,191,925	2,753,401	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	2,473,999				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	2,274,087	40,755,700		40,755,700	30
31 INTENSIVE CARE UNIT	199,912	6,109,283		6,109,283	31
43 NURSERY		5,125,900		5,125,900	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		9,685,111		9,685,111	50
50.01 ENDOSCOPY		2,436,292		2,436,292	50.01
51 RECOVERY ROOM		1,570,561		1,570,561	51
52 DELIVERY ROOM & LABOR ROOM		4,665,623		4,665,623	52
53 ANESTHESIOLOGY		513,442		513,442	53
54 RADIOLOGY-DIAGNOSTIC		3,814,178		3,814,178	54
54.01 ULTRASOUND		1,212,462		1,212,462	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES		804,370		804,370	54.02
54.03 MAMMOGRAPHY		1,654,789		1,654,789	54.03
55 RADIOLOGY-THERAPEUTIC		2,091,576		2,091,576	55
56 RADIOISOTOPE		1,302,808		1,302,808	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,638,039		1,638,039	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,152,127		1,152,127	58
59 CARDIAC CATHETERIZATION		3,078,577		3,078,577	59
60 LABORATORY		6,847,700		6,847,700	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,107,921		1,107,921	63
64 INTRAVENOUS THERAPY		301,853		301,853	64
65 RESPIRATORY THERAPY		2,660,067		2,660,067	65
66 PHYSICAL THERAPY		923,788		923,788	66
66.01 REHAB OUTPATIENT		1,070,779		1,070,779	66.01
67 OCCUPATIONAL THERAPY		293,697		293,697	67
68 SPEECH PATHOLOGY		131,992		131,992	68
69 ELECTROCARDIOLOGY		1,168,469		1,168,469	69
70 ELECTROENCEPHALOGRAPHY		230,046		230,046	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		5,105,772		5,105,772	71
72 IMPL. DEV. CHARGED TO PATIENT		8,766,688		8,766,688	72
73 DRUGS CHARGED TO PATIENTS		10,360,486		10,360,486	73
74 RENAL DIALYSIS		531,472		531,472	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC		2,771,994		2,771,994	90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT		159,047		159,047	90.04
90.05 OFF SITE IMAGING CENTER		597,187		597,187	90.05
91 EMERGENCY		8,981,972		8,981,972	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
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					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	2,473,999	139,621,768		139,621,768	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		566,056		566,056	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	24	25	26	
192 PHYSICIANS' PRIVATE OFFICES		92,795		92,795	192
192.01 POB		26,795		26,795	192.01
194 COMMUNITY PROGRAMS		1,805		1,805	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	2,473,999	140,309,219		140,309,219	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		BENEFITS
	0	1	2	2A	4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		30,827	16,569	47,396	47,396
5 ADMINISTRATIVE & GENERAL		556,419	299,068	855,487	4,055
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT		1,826,545	981,747	2,808,292	463
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING		101,789	54,710	156,499	1,010
10 DIETARY		115,809	62,246	178,055	633
11 CAFETERIA		71,864	38,626	110,490	246
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		204,320	109,819	314,139	852
14 CENTRAL SERVICES & SUPPLY		49,180	26,433	75,613	180
15 PHARMACY		49,781	26,757	76,538	1,374
16 MEDICAL RECORDS & LIBRARY		132,476	71,204	203,680	592
17 SOCIAL SERVICE		5,796	3,116	8,912	1,051
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		1,712,520	920,458	2,632,978	13,190
31 INTENSIVE CARE UNIT		214,007	115,026	329,033	2,187
43 NURSERY		92,001	49,449	141,450	2,168
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		398,471	214,173	612,644	2,496
50.01 ENDOSCOPY		210,678	113,237	323,915	587
51 RECOVERY ROOM		76,156	40,933	117,089	553
52 DELIVERY ROOM & LABOR ROOM		286,012	153,728	439,740	1,519
53 ANESTHESIOLOGY					36
54 RADIOLOGY-DIAGNOSTIC		196,297	105,507	301,804	1,300
54.01 ULTRASOUND		22,524	12,106	34,630	536
54.02 RADIOLOGY-SPECIAL PROCEDURES		20,619	11,082	31,701	312
54.03 MAMMOGRAPHY		98,419	52,899	151,318	500
55 RADIOLOGY-THERAPEUTIC		249,267	133,978	383,245	393
56 RADIOISOTOPE		42,661	22,930	65,591	225
57 COMPUTED TOMOGRAPHY (CT) SCAN		51,847	27,867	79,714	510
58 MAGNETIC RESONANCE IMAGING (MRI)		46,913	25,215	72,128	354
59 CARDIAC CATHETERIZATION		92,523	49,730	142,253	911
60 LABORATORY		179,088	96,258	275,346	1,544
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		10,891	5,854	16,745	204
64 INTRAVENOUS THERAPY					133
65 RESPIRATORY THERAPY		30,827	16,569	47,396	1,124
66 PHYSICAL THERAPY		22,624	12,160	34,784	409
66.01 REHAB OUTPATIENT					486
67 OCCUPATIONAL THERAPY					153
68 SPEECH PATHOLOGY					71
69 ELECTROCARDIOLOGY					488
70 ELECTROENCEPHALOGRAPHY		11,152	5,994	17,146	84
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC		129,568	69,641	199,209	1,018
90.03 IMMEDIATE CARE CENTERS					46
90.04 EPILEPSY MONITORING UNIT					208
90.05 OFF SITE IMAGING CENTER					3,074
91 EMERGENCY		420,373	225,945	646,318	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
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					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)		7,760,244	4,171,034	11,931,278	47,275
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		31,870	17,130	49,000	119

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVEABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS					2	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		7,792,114	4,188,164	11,980,278	47,396	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	859,542					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	68,273	2,877,028				7
8 LAUNDRY & LINEN SERVICE	4,280		4,280			8
9 HOUSEKEEPING	18,954	54,450		230,913		9
10 DIETARY	10,668	61,950		5,068	256,374	10
11 CAFETERIA	7,921	38,442		3,145		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	13,356	109,297		8,941		13
14 CENTRAL SERVICES & SUPPLY	4,715	26,308		2,152		14
15 PHARMACY	18,478	26,630		2,179		15
16 MEDICAL RECORDS & LIBRARY	14,478	70,865		5,797		16
17 SOCIAL SERVICE	14,855	3,101		254		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	179,576	916,079	2,063	74,944	235,658	30
31 INTENSIVE CARE UNIT	29,576	114,479	231	9,365	20,716	31
43 NURSERY	28,118	49,214	28	4,026		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	49,041	213,154	432	17,438		50
50.01 ENDOSCOPY	10,458	112,698		9,220		50.01
51 RECOVERY ROOM	7,549	40,738	155	3,333		51
52 DELIVERY ROOM & LABOR ROOM	22,393	152,996	68	12,517		52
53 ANESTHESIOLOGY	2,777					53
54 RADIOLOGY-DIAGNOSTIC	19,000	105,005	219	8,590		54
54.01 ULTRASOUND	6,583	12,049		986		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	4,428	11,029		902		54.02
54.03 MAMMOGRAPHY	8,240	52,647		4,307		54.03
55 RADIOLOGY-THERAPEUTIC	8,341	133,341		10,909		55
56 RADIOISOTOPE	6,907	22,821		1,867		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,027	27,735		2,269		57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,595	25,095		2,053		58
59 CARDIAC CATHETERIZATION	16,845	49,493		4,049		59
60 LABORATORY	36,028	95,800		7,837		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,461	5,826		477		63
64 INTRAVENOUS THERAPY	1,784					64
65 RESPIRATORY THERAPY	15,076	16,491		1,349		65
66 PHYSICAL THERAPY	5,091	12,102		990		66
66.01 REHAB OUTPATIENT	6,347					66.01
67 OCCUPATIONAL THERAPY	1,720					67
68 SPEECH PATHOLOGY	784					68
69 ELECTROCARDIOLOGY	5,858		670			69
70 ELECTROENCEPHALOGRAPHY	1,159	5,965		488		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	26,546					71
72 IMPL. DEV. CHARGED TO PATIENT	51,628					72
73 DRUGS CHARGED TO PATIENTS	42,505					73
74 RENAL DIALYSIS	3,205					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	13,886	69,310		5,670		90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	863					90.04
90.05 OFF SITE IMAGING CENTER	3,484					90.05
91 EMERGENCY	44,053	224,870	414	18,396		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	855,910	2,859,980	4,280	229,518	256,374	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,890	17,048		1,395		190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
192	PHYSICIANS' PRIVATE OFFICES	568					192
192.01	POB	164					192.01
194	COMMUNITY PROGRAMS	10					194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	859,542	2,877,028	4,280	230,913	256,374	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 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	160,244					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,222	448,807				13
14 CENTRAL SERVICES & SUPPLY	1,231		110,199			14
15 PHARMACY	4,472			129,671		15
16 MEDICAL RECORDS & LIBRARY	3,530				298,942	16
17 SOCIAL SERVICE	3,616					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	56,971	244,980			31,184	30
31 INTENSIVE CARE UNIT		7,261			4,521	31
43 NURSERY	6,322				6,303	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,612	37,035			24,682	50
50.01 ENDOSCOPY	2,188	9,410			8,977	50.01
51 RECOVERY ROOM	1,684	7,243			5,157	51
52 DELIVERY ROOM & LABOR ROOM	5,218	22,437			4,516	52
53 ANESTHESIOLOGY	238				6,300	53
54 RADIOLOGY-DIAGNOSTIC	6,930				9,007	54
54.01 ULTRASOUND	1,597				6,763	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	882				1,937	54.02
54.03 MAMMOGRAPHY	1,827				2,964	54.03
55 RADIOLOGY-THERAPEUTIC	1,009				5,216	55
56 RADIOISOTOPE	645				5,890	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,664				18,729	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,232				10,952	58
59 CARDIAC CATHETERIZATION	2,301				6,289	59
60 LABORATORY	8,633				43,727	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	861				1,736	63
64 INTRAVENOUS THERAPY	367				791	64
65 RESPIRATORY THERAPY	4,473				8,094	65
66 PHYSICAL THERAPY	1,339				2,094	66
66.01 REHAB OUTPATIENT	1,899				1,867	66.01
67 OCCUPATIONAL THERAPY	502				901	67
68 SPEECH PATHOLOGY	199				244	68
69 ELECTROCARDIOLOGY	2,032				9,126	69
70 ELECTROENCEPHALOGRAPHY	446				728	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			74,603		16,740	71
72 IMPL. DEV. CHARGED TO PATIENT			35,596		4,807	72
73 DRUGS CHARGED TO PATIENTS				129,671	25,032	73
74 RENAL DIALYSIS					904	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	3,739	16,077			2,436	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	469	2,015			162	90.04
90.05 OFF SITE IMAGING CENTER	812				2,274	90.05
91 EMERGENCY	11,906	51,199			17,892	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	159,329	448,807	110,199	129,671	298,942	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	898					190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS	17					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	160,244	448,807	110,199	129,671	298,942	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	31,789				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	29,220	4,416,843		4,416,843	30
31 INTENSIVE CARE UNIT	2,569	551,163		551,163	31
43 NURSERY		264,815		264,815	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		965,534		965,534	50
50.01 ENDOSCOPY		477,453		477,453	50.01
51 RECOVERY ROOM		183,501		183,501	51
52 DELIVERY ROOM & LABOR ROOM		661,404		661,404	52
53 ANESTHESIOLOGY		9,351		9,351	53
54 RADIOLOGY-DIAGNOSTIC		451,855		451,855	54
54.01 ULTRASOUND		63,144		63,144	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES		51,191		51,191	54.02
54.03 MAMMOGRAPHY		221,803		221,803	54.03
55 RADIOLOGY-THERAPEUTIC		542,454		542,454	55
56 RADIOISOTOPE		103,946		103,946	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		138,648		138,648	57
58 MAGNETIC RESONANCE IMAGING (MRI)		117,409		117,409	58
59 CARDIAC CATHETERIZATION		222,141		222,141	59
60 LABORATORY		468,915		468,915	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		32,310		32,310	63
64 INTRAVENOUS THERAPY		3,075		3,075	64
65 RESPIRATORY THERAPY		94,003		94,003	65
66 PHYSICAL THERAPY		56,809		56,809	66
66.01 REHAB OUTPATIENT		10,599		10,599	66.01
67 OCCUPATIONAL THERAPY		3,276		3,276	67
68 SPEECH PATHOLOGY		1,298		1,298	68
69 ELECTROCARDIOLOGY		18,174		18,174	69
70 ELECTROENCEPHALOGRAPHY		26,016		26,016	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		117,889		117,889	71
72 IMPL. DEV. CHARGED TO PATIENT		92,031		92,031	72
73 DRUGS CHARGED TO PATIENTS		197,208		197,208	73
74 RENAL DIALYSIS		4,109		4,109	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC		311,345		311,345	90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT		3,555		3,555	90.04
90.05 OFF SITE IMAGING CENTER		6,778		6,778	90.05
91 EMERGENCY		1,018,122		1,018,122	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
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					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	31,789	11,908,167		11,908,167	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		71,350		71,350	190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192 PHYSICIANS' PRIVATE OFFICES		568		568	192
192.01 POB		164		164	192.01
194 COMMUNITY PROGRAMS		29		29	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	31,789	11,980,278		11,980,278	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS  GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	388,500					1
2 CAP REL COSTS-MVBLE EQUIP		388,500				2
4 EMPLOYEE BENEFITS	1,537	1,537	51,099,930			4
5 ADMINISTRATIVE & GENERAL	27,742	27,742	4,369,547	-34,696,961	105,612,258	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	91,068	91,068	498,841		8,388,316	7
8 LAUNDRY & LINEN SERVICE					525,839	8
9 HOUSEKEEPING	5,075	5,075	1,088,814		2,328,842	9
10 DIETARY	5,774	5,774	681,956		1,310,768	10
11 CAFETERIA	3,583	3,583	265,335		973,201	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	10,187	10,187	918,571		1,640,999	13
14 CENTRAL SERVICES & SUPPLY	2,452	2,452	194,133		579,313	14
15 PHARMACY	2,482	2,482	1,481,091		2,270,254	15
16 MEDICAL RECORDS & LIBRARY	6,605	6,605	638,448		1,778,789	16
17 SOCIAL SERVICE	289	289	1,132,247		1,825,174	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	85,383	85,383	14,234,092		22,068,198	30
31 INTENSIVE CARE UNIT	10,670	10,670	2,356,377		3,633,871	31
43 NURSERY	4,587	4,587	2,336,141		3,454,724	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,867	19,867	2,689,583		6,025,457	50
50.01 ENDOSCOPY	10,504	10,504	632,367		1,284,976	50.01
51 RECOVERY ROOM	3,797	3,797	595,945		927,489	51
52 DELIVERY ROOM & LABOR ROOM	14,260	14,260	1,637,026		2,751,310	52
53 ANESTHESIOLOGY			39,238		341,144	53
54 RADIOLOGY-DIAGNOSTIC	9,787	9,787	1,400,901		2,334,479	54
54.01 ULTRASOUND	1,123	1,123	577,643		808,862	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,028	1,028	336,699		543,990	54.02
54.03 MAMMOGRAPHY	4,907	4,907	539,025		1,012,380	54.03
55 RADIOLOGY-THERAPEUTIC	12,428	12,428	424,008		1,024,866	55
56 RADIOISOTOPE	2,127	2,127	242,583		848,657	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,585	2,585	549,641		986,236	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,339	2,339	381,710		687,421	58
59 CARDIAC CATHETERIZATION	4,613	4,613	981,373		2,069,694	59
60 LABORATORY	8,929	8,929	1,664,211		4,426,624	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	543	543	219,391		793,781	63
64 INTRAVENOUS THERAPY			143,360		219,164	64
65 RESPIRATORY THERAPY	1,537	1,537	1,211,413		1,852,311	65
66 PHYSICAL THERAPY	1,128	1,128	441,126		625,525	66
66.01 REHAB OUTPATIENT			523,954		779,784	66.01
67 OCCUPATIONAL THERAPY			165,408		211,319	67
68 SPEECH PATHOLOGY			76,746		96,269	68
69 ELECTROCARDIOLOGY			525,929		719,742	69
70 ELECTROENCEPHALOGRAPHY	556	556	90,632		142,346	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					3,261,521	71
72 IMPL. DEV. CHARGED TO PATIENT					6,343,292	72
73 DRUGS CHARGED TO PATIENTS					5,222,359	73
74 RENAL DIALYSIS					393,777	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	6,460	6,460	1,096,877		1,706,148	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT			49,819		106,023	90.04
90.05 OFF SITE IMAGING CENTER			224,413		428,072	90.05
91 EMERGENCY	20,959	20,959	3,313,020		5,412,618	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	386,911	386,911	50,969,634	-34,696,961	105,165,924	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,589	1,589	127,709		355,074	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVEABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
192	PHYSICIANS' PRIVATE OFFICES					69,848	192
192.01	POB					20,169	192.01
194	COMMUNITY PROGRAMS			2,587		1,243	194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	7,792,114	4,188,164	9,216,064		34,696,961	202
203	UNIT COST MULT-WS B PT I	20.056921	10.780345	0.180354		0.328532	203
204	COST TO BE ALLOC PER B PT II			47,396		859,542	204
205	UNIT COST MULT-WS B PT II			0.000928		0.008139	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	PATIENT	FTE'S	
	FEET	POUNDS OF	FEET	DAYS		
	7	LAUNDRY	9	10	11	
		8				
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	268,153					7
8 LAUNDRY & LINEN SERVICE		1,590,202				8
9 HOUSEKEEPING	5,075		263,078			9
10 DIETARY	5,774		5,774	33,129		10
11 CAFETERIA	3,583		3,583		135,100	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	10,187		10,187		1,873	13
14 CENTRAL SERVICES & SUPPLY	2,452		2,452		1,038	14
15 PHARMACY	2,482		2,482		3,770	15
16 MEDICAL RECORDS & LIBRARY	6,605		6,605		2,976	16
17 SOCIAL SERVICE	289		289		3,049	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	85,383	765,816	85,383	30,452	48,031	30
31 INTENSIVE CARE UNIT	10,670	85,925	10,670	2,677	6,122	31
43 NURSERY	4,587	10,329	4,587		5,330	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,867	160,706	19,867		7,261	50
50.01 ENDOSCOPY	10,504		10,504		1,845	50.01
51 RECOVERY ROOM	3,797	57,683	3,797		1,420	51
52 DELIVERY ROOM & LABOR ROOM	14,260	25,208	14,260		4,399	52
53 ANESTHESIOLOGY					201	53
54 RADIOLOGY-DIAGNOSTIC	9,787	81,558	9,787		5,843	54
54.01 ULTRASOUND	1,123		1,123		1,346	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,028		1,028		744	54.02
54.03 MAMMOGRAPHY	4,907		4,907		1,540	54.03
55 RADIOLOGY-THERAPEUTIC	12,428		12,428		851	55
56 RADIOISOTOPE	2,127		2,127		544	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,585		2,585		1,403	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,339		2,339		1,039	58
59 CARDIAC CATHETERIZATION	4,613		4,613		1,940	59
60 LABORATORY	8,929		8,929		7,278	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	543		543		726	63
64 INTRAVENOUS THERAPY					309	64
65 RESPIRATORY THERAPY	1,537		1,537		3,771	65
66 PHYSICAL THERAPY	1,128		1,128		1,129	66
66.01 REHAB OUTPATIENT					1,601	66.01
67 OCCUPATIONAL THERAPY					423	67
68 SPEECH PATHOLOGY					168	68
69 ELECTROCARDIOLOGY		248,996			1,713	69
70 ELECTROENCEPHALOGRAPHY	556		556		376	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	6,460		6,460		3,152	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT					395	90.04
90.05 OFF SITE IMAGING CENTER					685	90.05
91 EMERGENCY	20,959	153,981	20,959		10,038	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	266,564	1,590,202	261,489	33,129	134,329	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,589		1,589		757	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	PATIENT DAYS	FTE'S	
	7	8	9	10	11	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS					14	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	11,144,146	698,594	3,304,852	2,053,892	1,486,846	202
203 UNIT COST MULT-WS B PT I	41.558909	0.439311	12.562251	61.996800	11.005522	203
204 COST TO BE ALLOC PER B PT II	2,877,028	4,280	230,913	256,374	160,244	204
205 UNIT COST MULT-WS B PT II	10.729054	0.002691	0.877736	7.738658	1.186114	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	13	14	15	16	17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	87,993					13
14 CENTRAL SERVICES & SUPPLY		4,817,715				14
15 PHARMACY			5,222,359			15
16 MEDICAL RECORDS & LIBRARY				640,262,692		16
17 SOCIAL SERVICE					33,129	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	48,031			66,776,230	30,452	30
31 INTENSIVE CARE UNIT	6,122			9,680,006	2,677	31
43 NURSERY	5,330			13,496,924		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,261			52,853,042		50
50.01 ENDOSCOPY	1,845			19,223,751		50.01
51 RECOVERY ROOM	1,420			11,042,597		51
52 DELIVERY ROOM & LABOR ROOM	4,399			9,670,300		52
53 ANESTHESIOLOGY				13,490,517		53
54 RADIOLOGY-DIAGNOSTIC				19,285,949		54
54.01 ULTRASOUND				14,481,770		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES				4,148,192		54.02
54.03 MAMMOGRAPHY				6,346,126		54.03
55 RADIOLOGY-THERAPEUTIC				11,168,691		55
56 RADIOISOTOPE				12,613,305		56
57 COMPUTED TOMOGRAPHY (CT) SCAN				40,104,422		57
58 MAGNETIC RESONANCE IMAGING (MRI)				23,451,718		58
59 CARDIAC CATHETERIZATION				13,467,509		59
60 LABORATORY				93,760,546		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				3,716,513		63
64 INTRAVENOUS THERAPY				1,694,521		64
65 RESPIRATORY THERAPY				17,331,798		65
66 PHYSICAL THERAPY				4,484,881		66
66.01 REHAB OUTPATIENT				3,998,014		66.01
67 OCCUPATIONAL THERAPY				1,929,688		67
68 SPEECH PATHOLOGY				522,447		68
69 ELECTROCARDIOLOGY				19,541,782		69
70 ELECTROENCEPHALOGRAPHY				1,559,341		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		3,261,519		35,844,810		71
72 IMPL. DEV. CHARGED TO PATIENT		1,556,196		10,293,186		72
73 DRUGS CHARGED TO PATIENTS			5,222,359	53,602,331		73
74 RENAL DIALYSIS				1,936,556		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	3,152			5,215,802		90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	395			346,756		90.04
90.05 OFF SITE IMAGING CENTER				4,870,111		90.05
91 EMERGENCY	10,038			38,312,560		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
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)	87,993	4,817,715	5,222,359	640,262,692	33,129	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
	13	14	15	16	17	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,752,066	913,765	3,191,925	2,753,401	2,473,999	202
203 UNIT COST MULT-WS B PT I	31.275965	0.189668	0.611204	0.004300	74.677745	203
204 COST TO BE ALLOC PER B PT II	448,807	110,199	129,671	298,942	31,789	204
205 UNIT COST MULT-WS B PT II	5.100485	0.022874	0.024830	0.000467	0.959552	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
50.01	ENDOSCOPY	50.01
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRASOUND	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	54.02
54.03	MAMMOGRAPHY	54.03
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
63	BLOOD STORING, PROCESSING & TRANS.	63
64	INTRAVENOUS THERAPY	64
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
66.01	REHAB OUTPATIENT	66.01
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
90.01	ENTEROSTOMAL THERAPY	90.01
90.02	PROCEDURE CLINIC	90.02
90.03	IMMEDIATE CARE CENTERS	90.03
90.04	EPILEPSY MONITORING UNIT	90.04
90.05	OFF SITE IMAGING CENTER	90.05
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
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)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

192	PHYSICIANS' PRIVATE OFFICES	192
192.01	POB	192.01
194	COMMUNITY PROGRAMS	194
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,755,700		40,755,700		40,755,700	30
31 INTENSIVE CARE UNIT	6,109,283		6,109,283		6,109,283	31
43 NURSERY	5,125,900		5,125,900		5,125,900	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,685,111		9,685,111		9,685,111	50
50.01 ENDOSCOPY	2,436,292		2,436,292		2,436,292	50.01
51 RECOVERY ROOM	1,570,561		1,570,561		1,570,561	51
52 DELIVERY ROOM & LABOR ROOM	4,665,623		4,665,623		4,665,623	52
53 ANESTHESIOLOGY	513,442		513,442		513,442	53
54 RADIOLOGY-DIAGNOSTIC	3,814,178		3,814,178		3,814,178	54
54.01 ULTRASOUND	1,212,462		1,212,462		1,212,462	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURE	804,370		804,370		804,370	54.02
54.03 MAMMOGRAPHY	1,654,789		1,654,789		1,654,789	54.03
55 RADIOLOGY-THERAPEUTIC	2,091,576		2,091,576		2,091,576	55
56 RADIOISOTOPE	1,302,808		1,302,808		1,302,808	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,638,039		1,638,039		1,638,039	57
58 MAGNETIC RESONANCE IMAGING	1,152,127		1,152,127		1,152,127	58
59 CARDIAC CATHETERIZATION	3,078,577		3,078,577		3,078,577	59
60 LABORATORY	6,847,700		6,847,700		6,847,700	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,107,921		1,107,921		1,107,921	63
64 INTRAVENOUS THERAPY	301,853		301,853		301,853	64
65 RESPIRATORY THERAPY	2,660,067		2,660,067		2,660,067	65
66 PHYSICAL THERAPY	923,788		923,788		923,788	66
66.01 REHAB OUTPATIENT	1,070,779		1,070,779		1,070,779	66.01
67 OCCUPATIONAL THERAPY	293,697		293,697		293,697	67
68 SPEECH PATHOLOGY	131,992		131,992		131,992	68
69 ELECTROCARDIOLOGY	1,168,469		1,168,469		1,168,469	69
70 ELECTROENCEPHALOGRAPHY	230,046		230,046		230,046	70
71 MEDICAL SUPPLIES CHRGD TO	5,105,772		5,105,772		5,105,772	71
72 IMPL. DEV. CHARGED TO PATIE	8,766,688		8,766,688		8,766,688	72
73 DRUGS CHARGED TO PATIENTS	10,360,486		10,360,486		10,360,486	73
74 RENAL DIALYSIS	531,472		531,472		531,472	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	2,771,994		2,771,994		2,771,994	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	159,047		159,047		159,047	90.04
90.05 OFF SITE IMAGING CENTER	597,187		597,187		597,187	90.05
91 EMERGENCY	8,981,972		8,981,972		8,981,972	91
92 OBSERVATION BEDS	4,987,267		4,987,267		4,987,267	92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	144,609,035		144,609,035		144,609,035	200
201 LESS OBSERVATION BEDS	4,987,267		4,987,267		4,987,267	201
202 TOTAL (SEE INSTRUCTIONS)	139,621,768		139,621,768		139,621,768	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	59,134,875		59,134,875			30
31 INTENSIVE CARE UNIT	9,680,006		9,680,006			31
43 NURSERY	13,496,924		13,496,924			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,578,226	32,274,816	52,853,042	0.183246	0.183246	0.183246 50
50.01 ENDOSCOPY	3,983,833	15,239,918	19,223,751	0.126733	0.126733	0.126733 50.01
51 RECOVERY ROOM	4,274,059	6,768,538	11,042,597	0.142228	0.142228	0.142228 51
52 DELIVERY ROOM & LABOR ROOM	9,406,161	264,139	9,670,300	0.482469	0.482469	0.482469 52
53 ANESTHESIOLOGY	4,999,220	8,491,297	13,490,517	0.038059	0.038059	0.038059 53
54 RADIOLOGY-DIAGNOSTIC	6,306,235	12,979,714	19,285,949	0.197770	0.197770	0.197770 54
54.01 ULTRASOUND	3,567,093	10,914,677	14,481,770	0.083723	0.083723	0.083723 54.01
54.02 RADIOLOGY-SPECIAL PROCEDURE	2,271,083	1,877,109	4,148,192	0.193909	0.193909	0.193909 54.02
54.03 MAMMOGRAPHY	1,904	6,344,222	6,346,126	0.260756	0.260756	0.260756 54.03
55 RADIOLOGY-THERAPEUTIC	281,257	10,887,434	11,168,691	0.187271	0.187271	0.187271 55
56 RADIOISOTOPE	4,190,819	8,422,486	12,613,305	0.103288	0.103288	0.103288 56
57 COMPUTED TOMOGRAPHY (CT) SC	11,668,185	28,436,237	40,104,422	0.040844	0.040844	0.040844 57
58 MAGNETIC RESONANCE IMAGING	6,396,261	17,055,457	23,451,718	0.049128	0.049128	0.049128 58
59 CARDIAC CATHETERIZATION	7,718,291	5,749,218	13,467,509	0.228593	0.228593	0.228593 59
60 LABORATORY	42,970,481	50,790,065	93,760,546	0.073034	0.073034	0.073034 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,905,065	811,448	3,716,513	0.298108	0.298108	0.298108 63
64 INTRAVENOUS THERAPY	1,484,583	209,938	1,694,521	0.178135	0.178135	0.178135 64
65 RESPIRATORY THERAPY	15,782,857	1,548,941	17,331,798	0.153479	0.153479	0.153479 65
66 PHYSICAL THERAPY	4,208,119	276,762	4,484,881	0.205978	0.205978	0.205978 66
66.01 REHAB OUTPATIENT		3,998,014	3,998,014	0.267828	0.267828	0.267828 66.01
67 OCCUPATIONAL THERAPY	1,781,481	148,207	1,929,688	0.152199	0.152199	0.152199 67
68 SPEECH PATHOLOGY	497,635	24,812	522,447	0.252642	0.252642	0.252642 68
69 ELECTROCARDIOLOGY	9,041,044	10,500,738	19,541,782	0.059793	0.059793	0.059793 69
70 ELECTROENCEPHALOGRAPHY	454,254	1,105,087	1,559,341	0.147528	0.147528	0.147528 70
71 MEDICAL SUPPLIES CHRGED TO	21,414,239	14,430,571	35,844,810	0.142441	0.142441	0.142441 71
72 IMPL. DEV. CHARGED TO PATIE	7,034,613	3,258,573	10,293,186	0.851698	0.851698	0.851698 72
73 DRUGS CHARGED TO PATIENTS	34,886,785	18,715,546	53,602,331	0.193284	0.193284	0.193284 73
74 RENAL DIALYSIS	1,889,026	47,530	1,936,556	0.274442	0.274442	0.274442 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	129,416	5,086,386	5,215,802	0.531461	0.531461	0.531461 90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	4,494	342,262	346,756	0.458671	0.458671	0.458671 90.04
90.05 OFF SITE IMAGING CENTER	2,878	4,867,233	4,870,111	0.122623	0.122623	0.122623 90.05
91 EMERGENCY	9,589,570	28,722,990	38,312,560	0.234439	0.234439	0.234439 91
92 OBSERVATION BEDS		7,641,355	7,641,355	0.652668	0.652668	0.652668 92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	322,030,972	318,231,720	640,262,692			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	322,030,972	318,231,720	640,262,692			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,416,843		4,416,843	127.29	13,825	1,759,784	30
31 INTENSIVE CARE UNIT	551,163		551,163	205.89	1,260	259,421	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	264,815		264,815	45.97			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,232,821		5,232,821		15,085	2,019,205	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	965,534	52,853,042	0.018268	7,660,748	139,947	50
50.01 ENDOSCOPY	477,453	19,223,751	0.024837	2,093,015	51,984	50.01
51 RECOVERY ROOM	183,501	11,042,597	0.016618	1,574,699	26,168	51
52 DELIVERY ROOM & LABOR ROOM	661,404	9,670,300	0.068395	16,776	1,147	52
53 ANESTHESIOLOGY	9,351	13,490,517	0.000693	1,779,930	1,233	53
54 RADIOLOGY-DIAGNOSTIC	451,855	19,285,949	0.023429	3,543,037	83,010	54
54.01 ULTRASOUND	63,144	14,481,770	0.004360	2,026,469	8,835	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	51,191	4,148,192	0.012341	1,176,565	14,520	54.02
54.03 MAMMOGRAPHY	221,803	6,346,126	0.034951	1,278	45	54.03
55 RADIOLOGY-THERAPEUTIC	542,454	11,168,691	0.048569	195,531	9,497	55
56 RADIOISOTOPE	103,946	12,613,305	0.008241	2,755,795	22,711	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	138,648	40,104,422	0.003457	6,176,945	21,354	57
58 MAGNETIC RESONANCE IMAGING (M	117,409	23,451,718	0.005006	3,165,725	15,848	58
59 CARDIAC CATHETERIZATION	222,141	13,467,509	0.016495	4,432,054	73,107	59
60 LABORATORY	468,915	93,760,546	0.005001	22,064,382	110,344	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	32,310	3,716,513	0.008694	1,112,754	9,674	63
64 INTRAVENOUS THERAPY	3,075	1,694,521	0.001815	920,994	1,672	64
65 RESPIRATORY THERAPY	94,003	17,331,798	0.005424	6,815,005	36,965	65
66 PHYSICAL THERAPY	56,809	4,484,881	0.012667	2,754,953	34,897	66
66.01 REHAB OUTPATIENT	10,599	3,998,014	0.002651			66.01
67 OCCUPATIONAL THERAPY	3,276	1,929,688	0.001698	1,168,599	1,984	67
68 SPEECH PATHOLOGY	1,298	522,447	0.002484	344,184	855	68
69 ELECTROCARDIOLOGY	18,174	19,541,782	0.000930	5,385,881	5,009	69
70 ELECTROENCEPHALOGRAPHY	26,016	1,559,341	0.016684	233,240	3,891	70
71 MEDICAL SUPPLIES CHRGD TO PA	117,889	35,844,810	0.003289	10,609,480	34,895	71
72 IMPL. DEV. CHARGED TO PATIENT	92,031	10,293,186	0.008941	3,616,762	32,337	72
73 DRUGS CHARGED TO PATIENTS	197,208	53,602,331	0.003679	15,934,311	58,622	73
74 RENAL DIALYSIS	4,109	1,936,556	0.002122	1,332,332	2,827	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	311,345	5,215,802	0.059693	64,946	3,877	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	3,555	346,756	0.010252			90.04
90.05 OFF SITE IMAGING CENTER	6,778	4,870,111	0.001392	1,138	2	90.05
91 EMERGENCY	1,018,122	38,312,560	0.026574	4,628,206	122,990	91
92 OBSERVATION BEDS	540,490	7,641,355	0.070732			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	7,215,836	557,950,887		113,585,734	930,247	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	34,698		13,825		30
31 INTENSIVE CARE UNIT	2,677		1,260		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	5,761				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	43,136		15,085		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] 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			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES						54.02
54.03 MAMMOGRAPHY						54.03
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
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC						90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT						90.04
90.05 OFF SITE IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0290)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	52,853,042		7,660,748		5,246,772	50
50.01	ENDOSCOPY	19,223,751		2,093,015		4,470,207	50.01
51	RECOVERY ROOM	11,042,597		1,574,699		779,018	51
52	DELIVERY ROOM & LABOR ROOM	9,670,300		16,776		302	52
53	ANESTHESIOLOGY	13,490,517		1,779,930		1,379,716	53
54	RADIOLOGY-DIAGNOSTIC	19,285,949		3,543,037		2,824,858	54
54.01	ULTRASOUND	14,481,770		2,026,469		1,776,130	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	4,148,192		1,176,565		974,573	54.02
54.03	MAMMOGRAPHY	6,346,126		1,278		248,489	54.03
55	RADIOLOGY-THERAPEUTIC	11,168,691		195,531		5,659,059	55
56	RADIOISOTOPE	12,613,305		2,755,795		2,974,849	56
57	COMPUTED TOMOGRAPHY (CT) SCA	40,104,422		6,176,945		6,907,494	57
58	MAGNETIC RESONANCE IMAGING (	23,451,718		3,165,725		4,289,962	58
59	CARDIAC CATHETERIZATION	13,467,509		4,432,054		3,028,458	59
60	LABORATORY	93,760,546		22,064,382		2,420,915	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	3,716,513		1,112,754		203,512	63
64	INTRAVENOUS THERAPY	1,694,521		920,994		105,790	64
65	RESPIRATORY THERAPY	17,331,798		6,815,005		411,580	65
66	PHYSICAL THERAPY	4,484,881		2,754,953			66
66.01	REHAB OUTPATIENT	3,998,014					66.01
67	OCCUPATIONAL THERAPY	1,929,688		1,168,599			67
68	SPEECH PATHOLOGY	522,447		344,184			68
69	ELECTROCARDIOLOGY	19,541,782		5,385,881		2,492,654	69
70	ELECTROENCEPHALOGRAPHY	1,559,341		233,240		250,538	70
71	MEDICAL SUPPLIES CHRGED TO P	35,844,810		10,609,480		3,639,944	71
72	IMPL. DEV. CHARGED TO PATIEN	10,293,186		3,616,762		1,089,029	72
73	DRUGS CHARGED TO PATIENTS	53,602,331		15,934,311		5,118,758	73
74	RENAL DIALYSIS	1,936,556		1,332,332		22,132	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	ENTEROSTOMAL THERAPY						90.01
90.02	PROCEDURE CLINIC	5,215,802		64,946		2,313,039	90.02
90.03	IMMEDIATE CARE CENTERS						90.03
90.04	EPILEPSY MONITORING UNIT	346,756				26,940	90.04
90.05	OFF SITE IMAGING CENTER	4,870,111		1,138		1,275,764	90.05
91	EMERGENCY	38,312,560		4,628,206		3,706,885	91
92	OBSERVATION BEDS	7,641,355				1,829,845	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	557,950,887		113,585,734		65,467,212	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0290) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.183246		5,246,772		961,450			50
50.01 ENDOSCOPY	0.126733		4,470,207		566,523			50.01
51 RECOVERY ROOM	0.142228		779,018		110,798			51
52 DELIVERY ROOM & LABOR ROOM	0.482469		302		146			52
53 ANESTHESIOLOGY	0.038059		1,379,716		52,511			53
54 RADIOLOGY-DIAGNOSTIC	0.197770		2,824,858		558,672			54
54.01 ULTRASOUND	0.083723		1,776,130		148,703			54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.193909		974,573		188,978			54.02
54.03 MAMMOGRAPHY	0.260756		248,489		64,795			54.03
55 RADIOLOGY-THERAPEUTIC	0.187271		5,659,059		1,059,778			55
56 RADIOISOTOPE	0.103288		2,974,849		307,266			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.040844		6,907,494		282,130			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.049128		4,289,962		210,757			58
59 CARDIAC CATHETERIZATION	0.228593		3,028,458		692,284			59
60 LABORATORY	0.073034		2,420,915		176,809			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.298108		203,512		60,669			63
64 INTRAVENOUS THERAPY	0.178135		105,790		18,845			64
65 RESPIRATORY THERAPY	0.153479		411,580		63,169			65
66 PHYSICAL THERAPY	0.205978							66
66.01 REHAB OUTPATIENT	0.267828							66.01
67 OCCUPATIONAL THERAPY	0.152199							67
68 SPEECH PATHOLOGY	0.252642							68
69 ELECTROCARDIOLOGY	0.059793		2,492,654		149,043			69
70 ELECTROENCEPHALOGRAPHY	0.147528		250,538		36,961			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.142441		3,639,944		518,477			71
72 IMPL. DEV. CHARGED TO PATIENT	0.851698		1,089,029		927,524			72
73 DRUGS CHARGED TO PATIENTS	0.193284		5,118,758	288	33,887	989,374	56	6,550
74 RENAL DIALYSIS	0.274442		22,132		6,074			74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 ENTEROSTOMAL THERAPY								90.01
90.02 PROCEDURE CLINIC	0.531461		2,313,039		1,229,290			90.02
90.03 IMMEDIATE CARE CENTERS								90.03
90.04 EPILEPSY MONITORING UNIT	0.458671		26,940		12,357			90.04
90.05 OFF SITE IMAGING CENTER	0.122623		1,275,764		156,438			90.05
91 EMERGENCY	0.234439		3,706,885	13,392	869,038		3,140	91
92 OBSERVATION BEDS	0.652668		1,829,845		1,194,281			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			65,467,212	13,680	33,887	11,613,140	3,196	6,550
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			65,467,212	13,680	33,887	11,613,140	3,196	6,550

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
 11/30/2012 10:07

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	(COL. 1 MINUS COL. 2) 3	(COL. 3 + COL. 4) 5	PGM DAYS 6	(COL. 5 x COL. 6) 7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,416,843		4,416,843	127.29	6,334	806,255	30
31 INTENSIVE CARE UNIT	551,163		551,163	205.89	194	39,943	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	264,815		264,815	45.97	2,000	91,940	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	5,232,821		5,232,821		8,528	938,138	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL
	(FROM WKST B, PT. II, COL. 26) 1	(FROM WKST C, PT. I, COL. 8) 2	(COL.1 ÷ COL.2) 3		(COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	965,534	52,853,042	0.018268		50
50.01 ENDOSCOPY	477,453	19,223,751	0.024837		50.01
51 RECOVERY ROOM	183,501	11,042,597	0.016618		51
52 DELIVERY ROOM & LABOR ROOM	661,404	9,670,300	0.068395		52
53 ANESTHESIOLOGY	9,351	13,490,517	0.000693		53
54 RADIOLOGY-DIAGNOSTIC	451,855	19,285,949	0.023429		54
54.01 ULTRASOUND	63,144	14,481,770	0.004360		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	51,191	4,148,192	0.012341		54.02
54.03 MAMMOGRAPHY	221,803	6,346,126	0.034951		54.03
55 RADIOLOGY-THERAPEUTIC	542,454	11,168,691	0.048569		55
56 RADIOISOTOPE	103,946	12,613,305	0.008241		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	138,648	40,104,422	0.003457		57
58 MAGNETIC RESONANCE IMAGING (M	117,409	23,451,718	0.005006		58
59 CARDIAC CATHETERIZATION	222,141	13,467,509	0.016495		59
60 LABORATORY	468,915	93,760,546	0.005001		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	32,310	3,716,513	0.008694		63
64 INTRAVENOUS THERAPY	3,075	1,694,521	0.001815		64
65 RESPIRATORY THERAPY	94,003	17,331,798	0.005424		65
66 PHYSICAL THERAPY	56,809	4,484,881	0.012667		66
66.01 REHAB OUTPATIENT	10,599	3,998,014	0.002651		66.01
67 OCCUPATIONAL THERAPY	3,276	1,929,688	0.001698		67
68 SPEECH PATHOLOGY	1,298	522,447	0.002484		68
69 ELECTROCARDIOLOGY	18,174	19,541,782	0.000930		69
70 ELECTROENCEPHALOGRAPHY	26,016	1,559,341	0.016684		70
71 MEDICAL SUPPLIES CHRGED TO PA	117,889	35,844,810	0.003289		71
72 IMPL. DEV. CHARGED TO PATIENT	92,031	10,293,186	0.008941		72
73 DRUGS CHARGED TO PATIENTS	197,208	53,602,331	0.003679		73
74 RENAL DIALYSIS	4,109	1,936,556	0.002122		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC	311,345	5,215,802	0.059693		90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT	3,555	346,756	0.010252		90.04
90.05 OFF SITE IMAGING CENTER	6,778	4,870,111	0.001392		90.05
91 EMERGENCY	1,018,122	38,312,560	0.026574		91
92 OBSERVATION BEDS	540,490	7,641,355	0.070732		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	7,215,836	557,950,887			200

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 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: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	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	34,698		6,334		30
31 INTENSIVE CARE UNIT	2,677		194		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	5,761		2,000		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	43,136		8,528		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] 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
50.01 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES						54.02
54.03 MAMMOGRAPHY						54.03
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
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC						90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT						90.04
90.05 OFF SITE IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0290)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	52,853,042						50
50.01 ENDOSCOPY	19,223,751						50.01
51 RECOVERY ROOM	11,042,597						51
52 DELIVERY ROOM & LABOR ROOM	9,670,300						52
53 ANESTHESIOLOGY	13,490,517						53
54 RADIOLOGY-DIAGNOSTIC	19,285,949						54
54.01 ULTRASOUND	14,481,770						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	4,148,192						54.02
54.03 MAMMOGRAPHY	6,346,126						54.03
55 RADIOLOGY-THERAPEUTIC	11,168,691						55
56 RADIOISOTOPE	12,613,305						56
57 COMPUTED TOMOGRAPHY (CT) SCA	40,104,422						57
58 MAGNETIC RESONANCE IMAGING (	23,451,718						58
59 CARDIAC CATHETERIZATION	13,467,509						59
60 LABORATORY	93,760,546						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	3,716,513						63
64 INTRAVENOUS THERAPY	1,694,521						64
65 RESPIRATORY THERAPY	17,331,798						65
66 PHYSICAL THERAPY	4,484,881						66
66.01 REHAB OUTPATIENT	3,998,014						66.01
67 OCCUPATIONAL THERAPY	1,929,688						67
68 SPEECH PATHOLOGY	522,447						68
69 ELECTROCARDIOLOGY	19,541,782						69
70 ELECTROENCEPHALOGRAPHY	1,559,341						70
71 MEDICAL SUPPLIES CHRGED TO P	35,844,810						71
72 IMPL. DEV. CHARGED TO PATIEN	10,293,186						72
73 DRUGS CHARGED TO PATIENTS	53,602,331						73
74 RENAL DIALYSIS	1,936,556						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 ENTEROSTOMAL THERAPY							90.01
90.02 PROCEDURE CLINIC	5,215,802						90.02
90.03 IMMEDIATE CARE CENTERS							90.03
90.04 EPILEPSY MONITORING UNIT	346,756						90.04
90.05 OFF SITE IMAGING CENTER	4,870,111						90.05
91 EMERGENCY	38,312,560						91
92 OBSERVATION BEDS	7,641,355						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	557,950,887						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0290) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	FROM WKST C, PT I, COL. 9 1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.183246						50
50.01 ENDOSCOPY	0.126733						50.01
51 RECOVERY ROOM	0.142228						51
52 DELIVERY ROOM & LABOR ROOM	0.482469						52
53 ANESTHESIOLOGY	0.038059						53
54 RADIOLOGY-DIAGNOSTIC	0.197770						54
54.01 ULTRASOUND	0.083723						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.193909						54.02
54.03 MAMMOGRAPHY	0.260756						54.03
55 RADIOLOGY-THERAPEUTIC	0.187271						55
56 RADIOISOTOPE	0.103288						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.040844						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.049128						58
59 CARDIAC CATHETERIZATION	0.228593						59
60 LABORATORY	0.073034						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.298108						63
64 INTRAVENOUS THERAPY	0.178135						64
65 RESPIRATORY THERAPY	0.153479						65
66 PHYSICAL THERAPY	0.205978						66
66.01 REHAB OUTPATIENT	0.267828						66.01
67 OCCUPATIONAL THERAPY	0.152199						67
68 SPEECH PATHOLOGY	0.252642						68
69 ELECTROCARDIOLOGY	0.059793						69
70 ELECTROENCEPHALOGRAPHY	0.147528						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.142441						71
72 IMPL. DEV. CHARGED TO PATIENT	0.851698						72
73 DRUGS CHARGED TO PATIENTS	0.193284						73
74 RENAL DIALYSIS	0.274442						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 ENTEROSTOMAL THERAPY							90.01
90.02 PROCEDURE CLINIC	0.531461						90.02
90.03 IMMEDIATE CARE CENTERS							90.03
90.04 EPILEPSY MONITORING UNIT	0.458671						90.04
90.05 OFF SITE IMAGING CENTER	0.122623						90.05
91 EMERGENCY	0.234439						91
92 OBSERVATION BEDS	0.652668						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 (14-0290) [ ] 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)	34,698	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	34,698	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30,452	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)	13,825	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	40,755,700	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	40,755,700	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.338127	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	3,958.15	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)	40,755,700	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0290) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,174.58 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 16,238,569 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) 16,238,569 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	6,109,283	2,677	2,282.14	1,260	2,875,496	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					18,308,628	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					37,422,693	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,019,205 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 930,247 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,949,452 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 34,473,241 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) 4,246 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,174.58 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,987,267 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	4,416,843	40,755,700	0.108374	4,987,267	540,490	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 [XX] HOSPITAL (14-0290) [ ] 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)	34,698	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	34,698	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30,452	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,334	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	5,761	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,000	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)	40,755,700	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	40,755,700	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	120,533,604	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.338127	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	3,958.15	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)	40,755,700	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0290) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,174.58 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,439,790 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) 7,439,790 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	5,125,900	5,761	889.76	2,000	1,779,520 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,109,283	2,677	2,282.14	194	442,735 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					9,662,045 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 938,138 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 938,138 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) 4,246 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

COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
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 (14-0290) [ ] 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	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		28,233,921			30
31 INTENSIVE CARE UNIT		4,960,149			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.183246	7,660,748	1,403,801		50
50.01 ENDOSCOPY	0.126733	2,093,015	265,254		50.01
51 RECOVERY ROOM	0.142228	1,574,699	223,966		51
52 DELIVERY ROOM & LABOR ROOM	0.482469	16,776	8,094		52
53 ANESTHESIOLOGY	0.038059	1,779,930	67,742		53
54 RADIOLOGY-DIAGNOSTIC	0.197770	3,543,037	700,706		54
54.01 ULTRASOUND	0.083723	2,026,469	169,662		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.193909	1,176,565	228,147		54.02
54.03 MAMMOGRAPHY	0.260756	1,278	333		54.03
55 RADIOLOGY-THERAPEUTIC	0.187271	195,531	36,617		55
56 RADIOISOTOPE	0.103288	2,755,795	284,641		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.040844	6,176,945	252,291		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.049128	3,165,725	155,526		58
59 CARDIAC CATHETERIZATION	0.228593	4,432,054	1,013,137		59
60 LABORATORY	0.073034	22,064,382	1,611,450		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.298108	1,112,754	331,721		63
64 INTRAVENOUS THERAPY	0.178135	920,994	164,061		64
65 RESPIRATORY THERAPY	0.153479	6,815,005	1,045,960		65
66 PHYSICAL THERAPY	0.205978	2,754,953	567,460		66
66.01 REHAB OUTPATIENT	0.267828				66.01
67 OCCUPATIONAL THERAPY	0.152199	1,168,599	177,860		67
68 SPEECH PATHOLOGY	0.252642	344,184	86,955		68
69 ELECTROCARDIOLOGY	0.059793	5,385,881	322,038		69
70 ELECTROENCEPHALOGRAPHY	0.147528	233,240	34,409		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.142441	10,609,480	1,511,225		71
72 IMPL. DEV. CHARGED TO PATIENT	0.851698	3,616,762	3,080,389		72
73 DRUGS CHARGED TO PATIENTS	0.193284	15,934,311	3,079,847		73
74 RENAL DIALYSIS	0.274442	1,332,332	365,648		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC	0.531461	64,946	34,516		90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT	0.458671				90.04
90.05 OFF SITE IMAGING CENTER	0.122623	1,138	140		90.05
91 EMERGENCY	0.234439	4,628,206	1,085,032		91
92 OBSERVATION BEDS	0.652668				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		113,585,734	18,308,628		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		113,585,734			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] 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	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.183246		50
50.01 ENDOSCOPY	0.126733		50.01
51 RECOVERY ROOM	0.142228		51
52 DELIVERY ROOM & LABOR ROOM	0.482469		52
53 ANESTHESIOLOGY	0.038059		53
54 RADIOLOGY-DIAGNOSTIC	0.197770		54
54.01 ULTRASOUND	0.083723		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.193909		54.02
54.03 MAMMOGRAPHY	0.260756		54.03
55 RADIOLOGY-THERAPEUTIC	0.187271		55
56 RADIOISOTOPE	0.103288		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.040844		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.049128		58
59 CARDIAC CATHETERIZATION	0.228593		59
60 LABORATORY	0.073034		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.298108		63
64 INTRAVENOUS THERAPY	0.178135		64
65 RESPIRATORY THERAPY	0.153479		65
66 PHYSICAL THERAPY	0.205978		66
66.01 REHAB OUTPATIENT	0.267828		66.01
67 OCCUPATIONAL THERAPY	0.152199		67
68 SPEECH PATHOLOGY	0.252642		68
69 ELECTROCARDIOLOGY	0.059793		69
70 ELECTROENCEPHALOGRAPHY	0.147528		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.142441		71
72 IMPL. DEV. CHARGED TO PATIENT	0.851698		72
73 DRUGS CHARGED TO PATIENTS	0.193284		73
74 RENAL DIALYSIS	0.274442		74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 ENTEROSTOMAL THERAPY			90.01
90.02 PROCEDURE CLINIC	0.531461		90.02
90.03 IMMEDIATE CARE CENTERS			90.03
90.04 EPILEPSY MONITORING UNIT	0.458671		90.04
90.05 OFF SITE IMAGING CENTER	0.122623		90.05
91 EMERGENCY	0.234439		91
92 OBSERVATION BEDS	0.652668		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 (14-0290)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	23,399,363	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	920,281	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	278.67	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEA ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0190	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2398	31
32	SUM OF LINES 30 AND 31	0.2588	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1057	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,473,313	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)	26,792,957	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)	26,792,957	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,107,458	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0290)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	28,900,415	59
60	PRIMARY PAYER PAYMENTS	182,074	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	28,718,341	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,233,348	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	158,631	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	457,468	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	320,228	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	323,635	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	26,646,590	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)	26,646,590	71
72	INTERIM PAYMENTS	26,145,932	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	500,658	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK  HOSPITAL (14-0290)  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF  SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		25,867,032		7,136,784	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.		278,900		224,800	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 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)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		26,145,932		7,361,584	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	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	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	500,658		81,021	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		26,646,590		7,442,605	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
11/30/2012 10:07

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0290) [ ] 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	8,412	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	15,085	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	925	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	33,129	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	640,262,692	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	14,698,178	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] 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 INPATIENT HOSPITAL SNF/NF SERVICES	9,662,045		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	9,662,045		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	9,662,045		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	9,662,045		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	74,747,000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	43,877,000			4
5 OTHER RECEIVABLES	760,000			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	3,788,000			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	4,011,000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	127,183,000			11
FIXED ASSETS				
12 LAND	11,220,000			12
13 LAND IMPROVEMENTS	14,000			13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS	204,127,000			15
16 ACCUMULATED DEPRECIATION	-2,414,000			16
17 LEASEHOLD IMPROVEMENTS	7,760,000			17
18 ACCUMULATED AMORTIZATION	-323,000			18
19 FIXED EQUIPMENT	518,000			19
20 ACCUMULATED DEPRECIATION	-59,000			20
21 AUTOMOBILES AND TRUCKS	24,000			21
22 ACCUMULATED DEPRECIATION	-3,000			22
23 MAJOR MOVABLE EQUIPMENT				23
24 ACCUMULATED DEPRECIATION				24
25 MINOR EQUIPMENT DEPRECIABLE	16,917,000			25
26 ACCUMULATED DEPRECIATION	-2,212,000			26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE	1,656,000			29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	237,225,000			30
OTHER ASSETS				
31 INVESTMENTS	27,553,000			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	91,000			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	27,644,000			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	392,052,000			36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	31,264,000			37
38 SALARIES, WAGES & FEES PAYABLE				38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME	33,233,000			41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	20,666,000			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	85,163,000			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	9,768,000			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES				49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	9,768,000			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	94,931,000			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	297,121,000			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)	297,121,000			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	392,052,000			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		259,974,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		11,147,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		271,121,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 FAIR MARKET VALUE		26,000,000							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		26,000,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		297,121,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		297,121,000							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	72,632,000		72,632,000	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	72,632,000		72,632,000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	9,680,000		9,680,000	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	9,680,000		9,680,000	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	82,312,000		82,312,000	17
18 ANCILLARY SERVICES	239,735,000	320,626,000	560,361,000	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER OP REVENUE - PHYSICIANS		1,940,000	1,940,000	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	322,047,000	322,566,000	644,613,000	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		158,106,804	29
30 DOCTORS OFFICE BUILDING	532,449		30
31 IMMATERIAL VARIANCE	7,747		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		540,196	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		158,647,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	644,613,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	477,458,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	167,155,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	158,647,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	8,508,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	63,000	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	89,000	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MEANINGFUL USE)	670,000	24
24.01	OTHER (PRENATAL CLASS TUITION)	17,000	24.01
24.02	OTHER (DOCTORS BUILDING)	366,000	24.02
24.03	OTHER (FOUNDATION RESTRICTED FUNDS UTILILIZE)	77,000	24.03
24.04	OTHER (INCOME FROM EASEMENT)	80,000	24.04
24.05	OTHER (PHYSICIANS OFFICE RENTAL)		24.05
24.06	OTHER (EDUCATION FEES)		24.06
24.07	OTHER (OTHER MISC INCOME)	1,069,000	24.07
24.08	OTHER (STARBUCKS COFFEE SHOP)	208,000	24.08
24.09	OTHER (EMRGENCY PREPARED MISC)		24.09
24.10	OTHER (PLANT OPERATION MISC INCOME)		24.10
24.11	OTHER (CHAPEL INCOME)		24.11
24.12	OTHER (OTHER MISC)		24.12
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	2,639,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	11,147,000	26
27	OTHER EXPENSES (UNRECONCILED VARIANCE)		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)	11,147,000	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-029) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	1,892,264	1
2	CAPITAL DRG OUTLIER PAYMENTS	113,390	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	182.03	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0190	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2398	8
9	SUM OF LINES 7 AND 8	0.2588	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0538	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	101,804	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,107,458	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 ENDOSCOPY					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES					54.02
54.03 MAMMOGRAPHY					54.03
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
63 BLOOD STORING, PROCESSING & TR					63
64 INTRAVENOUS THERAPY					64
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 REHAB OUTPATIENT					66.01
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC					90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT					90.04
90.05 OFF SITE IMAGING CENTER					90.05
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
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					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2012 TO 06/30/2012

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

VERSION: 2012.11  
11/30/2012 10:07

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	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	39.84		18.25				58.09	30
31 INTENSIVE CARE UNIT	47.07		7.25				54.32	31
43 NURSERY			34.72				34.72	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	14.49	9.93					24.42	50
50.01 ENDOSCOPY	10.89	23.25					34.14	50.01
51 RECOVERY ROOM	14.26	7.05					21.31	51
52 DELIVERY ROOM & LABOR ROOM	0.17						0.17	52
53 ANESTHESIOLOGY	13.19	10.23					23.42	53
54 RADIOLOGY-DIAGNOSTIC	18.37	14.65					33.02	54
54.01 ULTRASOUND	13.99	12.26					26.25	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	28.36	23.49					51.85	54.02
54.03 MAMMOGRAPHY	0.02	3.92					3.94	54.03
55 RADIOLOGY-THERAPEUTIC	1.75	50.67					52.42	55
56 RADIOISOTOPE	21.85	23.59					45.44	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15.40	17.22					32.62	57
58 MAGNETIC RESONANCE IMAGING (MRI)	13.50	18.29					31.79	58
59 CARDIAC CATHETERIZATION	32.91	22.49					55.40	59
60 LABORATORY	23.53	2.58					26.11	60
63 BLOOD STORING, PROCESSING & TRA	29.94	5.48					35.42	63
64 INTRAVENOUS THERAPY	54.35	6.24					60.59	64
65 RESPIRATORY THERAPY	39.32	2.37					41.69	65
66 PHYSICAL THERAPY	61.43						61.43	66
67 OCCUPATIONAL THERAPY	60.56						60.56	67
68 SPEECH PATHOLOGY	65.88						65.88	68
69 ELECTROCARDIOLOGY	27.56	12.76					40.32	69
70 ELECTROENCEPHALOGRAPHY	14.96	16.07					31.03	70
71 MEDICAL SUPPLIES CHRGED TO PATI	29.60	10.15					39.75	71
72 IMPL. DEV. CHARGED TO PATIENT	35.14	10.58					45.72	72
73 DRUGS CHARGED TO PATIENTS	29.73	9.61					39.34	73
74 RENAL DIALYSIS	68.80	1.14					69.94	74
90.02 PROCEDURE CLINIC	1.25	44.35					45.60	90.02
90.04 EPILEPSY MONITORING UNIT		7.77					7.77	90.04
90.05 OFF SITE IMAGING CENTER	0.02	26.20					26.22	90.05
91 EMERGENCY	12.08	9.71					21.79	91
92 OBSERVATION BEDS		23.95					23.95	92
200 TOTAL CHARGES	20.36	11.74					32.10	200

COST CENTER	--- DIRECT COSTS --- AMOUNT	--- % ---	--- ALLOCATED OVERHEAD --- AMOUNT	--- % ---	--- TOTAL COSTS --- AMOUNT	--- % ---
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	7,792,114	5.55	-7,792,114	-11.03		1
2 CAP REL COSTS-MVBLE EQUIP	4,188,164	2.98	-4,188,164	-5.93		2
3 OTHER CAPITAL RELATED COSTS						3
4 EMPLOYEE BENEFITS	9,168,668	6.53	-9,168,668	-12.98		4
5 ADMINISTRATIVE & GENERAL	33,053,409	23.56	-33,053,409	-46.79		5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,490,056	3.91	-5,490,056	-7.77		7
8 LAUNDRY & LINEN SERVICE	525,839	0.37	-525,839	-0.74		8
9 HOUSEKEEPING	1,975,971	1.41	-1,975,971	-2.80		9
10 DIETARY	1,009,720	0.72	-1,009,720	-1.43		10
11 CAFETERIA	814,857	0.58	-814,857	-1.15		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,161,192	0.83	-1,161,192	-1.64		13
14 CENTRAL SERVICES & SUPPLY	468,687	0.33	-468,687	-0.66		14
15 PHARMACY	1,926,595	1.37	-1,926,595	-2.73		15
16 MEDICAL RECORDS & LIBRARY	1,459,962	1.04	-1,459,962	-2.07		16
17 SOCIAL SERVICE	1,612,057	1.15	-1,612,057	-2.28		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APP						21
22 I&R SRVCES-OTHER PRGM COSTS APP						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,868,057	12.02	23,887,643	33.81	40,755,700	29.05
31 INTENSIVE CARE UNIT	2,879,856	2.05	3,229,427	4.57	6,109,283	4.35
43 NURSERY	2,891,942	2.06	2,233,958	3.16	5,125,900	3.65
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,927,736	3.51	4,757,375	6.73	9,685,111	6.90
50.01 ENDOSCOPY	847,011	0.60	1,589,281	2.25	2,436,292	1.74
51 RECOVERY ROOM	702,919	0.50	867,642	1.23	1,570,561	1.12
52 DELIVERY ROOM & LABOR ROOM	2,016,326	1.44	2,649,297	3.75	4,665,623	3.33
53 ANESTHESIOLOGY	334,067	0.24	179,375	0.25	513,442	0.37
54 RADIOLOGY-DIAGNOSTIC	1,780,017	1.27	2,034,161	2.88	3,814,178	2.72
54.01 ULTRASOUND	670,052	0.48	542,410	0.77	1,212,462	0.86
54.02 RADIOLOGY-SPECIAL PROCEDURES	451,564	0.32	352,806	0.50	804,370	0.57
54.03 MAMMOGRAPHY	763,847	0.54	890,942	1.26	1,654,789	1.18
55 RADIOLOGY-THERAPEUTIC	565,149	0.40	1,526,427	2.16	2,091,576	1.49
56 RADIOISOTOPE	739,315	0.53	563,493	0.80	1,302,808	0.93
57 COMPUTED TOMOGRAPHY (CT) SCAN	807,392	0.58	830,647	1.18	1,638,039	1.17
58 MAGNETIC RESONANCE IMAGING (MRI)	546,450	0.39	605,677	0.86	1,152,127	0.82
59 CARDIAC CATHETERIZATION	1,750,446	1.25	1,328,131	1.88	3,078,577	2.19
60 LABORATORY	3,851,131	2.74	2,996,569	4.24	6,847,700	4.88
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	737,468	0.53	370,453	0.52	1,107,921	0.79
64 INTRAVENOUS THERAPY	193,308	0.14	108,545	0.15	301,853	0.22
65 RESPIRATORY THERAPY	1,586,432	1.13	1,073,635	1.52	2,660,067	1.90
66 PHYSICAL THERAPY	511,182	0.36	412,606	0.58	923,788	0.66
66.01 REHAB OUTPATIENT	685,287	0.49	385,492	0.55	1,070,779	0.76
67 OCCUPATIONAL THERAPY	181,487	0.13	112,210	0.16	293,697	0.21
68 SPEECH PATHOLOGY	82,428	0.06	49,564	0.07	131,992	0.09
69 ELECTROCARDIOLOGY	624,889	0.45	543,580	0.77	1,168,469	0.83
70 ELECTROENCEPHALOGRAPHY	108,854	0.08	121,192	0.17	230,046	0.16
71 MEDICAL SUPPLIES CHRGD TO PATI	3,261,521	2.32	1,844,251	2.61	5,105,772	3.64
72 IMPL. DEV. CHARGED TO PATIENT	6,343,292	4.52	2,423,396	3.43	8,766,688	6.25
73 DRUGS CHARGED TO PATIENTS	5,222,359	3.72	5,138,127	7.27	10,360,486	7.38
74 RENAL DIALYSIS	393,777	0.28	137,695	0.19	531,472	0.38
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	1,309,113	0.93	1,462,881	2.07	2,771,994	1.98
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	97,038	0.07	62,009	0.09	159,047	0.11
90.05 OFF SITE IMAGING CENTER	387,598	0.28	209,589	0.30	597,187	0.43
91 EMERGENCY	4,168,784	2.97	4,813,188	6.81	8,981,972	6.40
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
OUTPATIENT SERVICE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CAN	283,041	0.20	283,015	0.40	566,056	0.40
192 PHYSICIANS' PRIVATE OFFICES	69,848	0.05	22,947	0.03	92,795	0.07
192.01 POB	20,169	0.01	6,626	0.01	26,795	0.02

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
PERIOD FROM 01/01/2012 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
CMS-2552-10 - SUMMARY REPORT 98

VERSION: 2012.11  
11/30/2012 10:07

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
194	COMMUNITY PROGRAMS	776		1,029		1,805	
200	CROSS FOOT ADJUSTMENTS						
201	NEGATIVE COST CENTER						
202	TOTAL	140,309,219	100.00			140,309,219	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	965,534	52,853,042	0.018268	7,660,748	139,947	50
50.01 ENDOSCOPY	477,453	19,223,751	0.024837	2,093,015	51,984	50.01
51 RECOVERY ROOM	183,501	11,042,597	0.016618	1,574,699	26,168	51
52 DELIVERY ROOM & LABOR ROOM	661,404	9,670,300	0.068395	16,776	1,147	52
53 ANESTHESIOLOGY	9,351	13,490,517	0.000693	1,779,930	1,233	53
54 RADIOLOGY-DIAGNOSTIC	451,855	19,285,949	0.023429	3,543,037	83,010	54
54.01 ULTRASOUND	63,144	14,481,770	0.004360	2,026,469	8,835	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	51,191	4,148,192	0.012341	1,176,565	14,520	54.02
54.03 MAMMOGRAPHY	221,803	6,346,126	0.034951	1,278	45	54.03
55 RADIOLOGY-THERAPEUTIC	542,454	11,168,691	0.048569	195,531	9,497	55
56 RADIOISOTOPE	103,946	12,613,305	0.008241	2,755,795	22,711	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	138,648	40,104,422	0.003457	6,176,945	21,354	57
58 MAGNETIC RESONANCE IMAGING (MRI)	117,409	23,451,718	0.005006	3,165,725	15,848	58
59 CARDIAC CATHETERIZATION	222,141	13,467,509	0.016495	4,432,054	73,107	59
60 LABORATORY	468,915	93,760,546	0.005001	22,064,382	110,344	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	32,310	3,716,513	0.008694	1,112,754	9,674	63
64 INTRAVENOUS THERAPY	3,075	1,694,521	0.001815	920,994	1,672	64
65 RESPIRATORY THERAPY	94,003	17,331,798	0.005424	6,815,005	36,965	65
66 PHYSICAL THERAPY	56,809	4,484,881	0.012667	2,754,953	34,897	66
66.01 REHAB OUTPATIENT	10,599	3,998,014	0.002651			66.01
67 OCCUPATIONAL THERAPY	3,276	1,929,688	0.001698	1,168,599	1,984	67
68 SPEECH PATHOLOGY	1,298	522,447	0.002484	344,184	855	68
69 ELECTROCARDIOLOGY	18,174	19,541,782	0.000930	5,385,881	5,009	69
70 ELECTROENCEPHALOGRAPHY	26,016	1,559,341	0.016684	233,240	3,891	70
71 MEDICAL SUPPLIES CHRGED TO PATI	117,889	35,844,810	0.003289	10,609,480	34,895	71
72 IMPL. DEV. CHARGED TO PATIENT	92,031	10,293,186	0.008941	3,616,762	32,337	72
73 DRUGS CHARGED TO PATIENTS	197,208	53,602,331	0.003679	15,934,311	58,622	73
74 RENAL DIALYSIS	4,109	1,936,556	0.002122	1,332,332	2,827	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	311,345	5,215,802	0.059693	64,946	3,877	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	3,555	346,756	0.010252			90.04
90.05 OFF SITE IMAGING CENTER	6,778	4,870,111	0.001392	1,138	2	90.05
91 EMERGENCY	1,018,122	38,312,560	0.026574	4,628,206	122,990	91
92 OBSERVATION BEDS	540,490	7,641,355	0.070732			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	7,215,836	557,950,887		113,585,734	930,247	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	4,416,843		4,416,843	34,698	127.29	13,825	1,759,784 30
31	INTENSIVE CARE UNIT	551,163		551,163	2,677	205.89	1,260	259,421 31
200	TOTAL	4,968,006		4,968,006	37,375		15,085	2,019,205 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2,019,205	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							930,247	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2,949,452	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							2,968	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							15,085	
PER DISCHARGE CAPITAL COSTS							993.75	
PER DIEM CAPITAL COSTS							195.52	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	34,473,241
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	146,779,804
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.235

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,949,452
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.020

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	11,607,066
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	65,445,080
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.177

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE

EXHIBIT 4

	Amounts From E Part A (1)	Prior to 10/1/10 or after 9/30/12 Pre/Post Entitlement (2)	10/01/2010 through 09/30/2011 (3)	10/01/2011 through 09/30/2012 (4)	(Columns 2 through 4) TOTAL (5)	
1	DRG Amounts Other than Outlier Payments (E Part A Line 1)	23,399,363				1
2	Outlier payments for discharges (E Part A Line 2 - see instructions)	920,281				2
3	Operating outlier reconciliation (E Part A Line 2.01)					3
4	Managed Care Simulated Payments (E Part A Line 3)					4
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
5	Amount from Worksheet E Part A, Line 21 (see instructions)					5
6	IME payment adjustment (E Part A Line 22 - see instructions)					6
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON FOR MME SECTION 422						
7	Amount from Worksheet E Part A, Line 27 (see instructions)					7
8	IME add-on adjustment (E Part A Line 28 - see instructions)					8
9	Total IME payment (sum of lines 6 and 8 - ties to E Part A Line 29)					9
DISPROPORTIONATE SHARE ADJUSTMENT						
10	Allowable disproportionate share percentage (E Part A Line 33 - see instructions)	0.1057	0.1057	0.1057	0.1057	10
11	Disproportionate share adjustment (E Part A Line 34 - see instructions)	2,473,313				11
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
12	Total ESRD additional payment (E Part A Line 46 - see instructions)					12
13	Subtotal (ties to E Part A Line 47 - see instructions)	26,792,957				13
14	Hospital specific payments (SCH/MDH, small rural hospitals only (E Part A Line 48 - see instructions))					14
15	Total payment for inpatient operating costs - E Part A Line 49 (SCH/MDH see instructions)	26,792,957				15
16	Payment for inpatient program capital (E Part A Line 50 - from Worksheet L Part I, as applicable)	2,107,458				16
17	Special add-on payments for new technologies (E Part A Line 54)					17
18	Capital outlier reconciliation adjustment amount (E Part A Line 93 - see instructions)					18
19	SUBTOTAL (SEE INSTRUCTIONS)					19
CAPITAL PAYMENTS (FROM WORKSHEET L PART I)						
20	Capital DRG other than outlier (L Part I Line 1)	1,892,264				20
21	Capital DRG outlier payments (L Part I Line 2)	113,390				21
22	Indirect medical education percentage (L Part I Line 5 - see instructions)					22
23	Indirect medical education adjustment (line 20 times line 22 - ties to L Part I Line 6)					23
24	Allowable disproportionate share percentage (L Part I Line 10 - see instructions)	0.0538	0.0538	0.0538	0.0538	24
25	Disproportionate share adjustment (line 20 times line 24 - ties to L Part I Line 11)	101,804				25
26	Total prospective capital payments (sum of lines 20, 21, 22 and 25 - ties to L Part I Line 12)	2,107,458				26
LOW VOLUME ADJUSTMENT						
27	Low volume adjustment factor (enter into Column 3 and/or 4 as applicable - enter as a six-place ratio: 10%=0.100000, 20.3214%=0.203214)					27
28	Low volume adjustment (Line 19 times Line 27 - transfer amount to Worksheet E Part A Line 70.96)(FY 2011)					28
29	Low volume adjustment (Line 19 times Line 27 - transfer amount to Worksheet E Part A Line 70.97)(FY 2012)					29