

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/26/2014 13:41

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT, DATE: 02/26/2014 TIME: 13:41
2. MANUALLY SUBMITTED COST REPORT
3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH MEDICAL CENTER (14-0162) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, 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.

ECR Encryption: 02/26/2014 13:41
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IEUd20dgOnUfphFFILJ3sV2f3wTMal
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(SIGNED)

Joe G M
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CFO
TITLE

2/26/14
DATE

PI Encryption: 02/26/2014 13:41
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K2JCh02scJ0heFNDy0oNg4ZIPJtkID
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PART III - SETTLEMENT SUMMARY

	TITLE XVIII					TITLE XIX
	TITLE V	PART A	PART B	HIT		
	1	2	3	4	5	
1 HOSPITAL						1
2 SUBPROVIDER - IPF		-79,017	84,961	23,191		2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY		-273	6			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		-79,290	84,967	23,191		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.

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(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					1
2	SUBPROVIDER - IPF	-79,017	84,961	23,191		2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY	-273	6			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	-79,290	84,967	23,191		200

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2200 E WASHINGTON
 2 CITY: BLOOMINGTON

STATE: IL

P.O.BOX:
 ZIP CODE: 61701

COUNTY: MCLEAN

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)		
						V 6	XVIII 7	XIX 8
3	HOSPITAL							
4	SUBPROVIDER - IPF	ST. JOSEPH MEDICAL CENTER	14-0162	14060	1	07/01/1966	N	P O 3
5	SUBPROVIDER - IRF							4
6	SUBPROVIDER - (OTHER)							5
7	SWING BEDS - SNF							6
8	SWING BEDS - NF							7
9	HOSPITAL-BASED SNF	ST. JOSEPH MEDICAL CENTER	14-5590	14060		01/01/1988	N	P O 9
10	HOSPITAL-BASED NF							10
11	HOSPITAL-BASED OLTC							11
12	HOSPITAL-BASED HHA							12
13	SEPARATELY CERTIFIED ASC							13
14	HOSPITAL-BASED HOSPICE							14
15	HOSPITAL-BASED HEALTH CLINIC - RHC							15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC							16
17	HOSPITAL-BASED (CMHC)							17
18	RENAL DIALYSIS							18
19	OTHER							19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2012			TO: 09/30/2013			20
21	TYPE OF CONTROL							21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
		PAID DAYS 1	UNPAID DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID UNPAID DAYS 4		
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,745	346		2	84	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)						1 N N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V 1	XVIII 2	XIX 3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y
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
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 N	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.) (SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA \$5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
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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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
---	--------------------------------------	------------------------------------

66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT
 FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.
 ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT
 FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF
 (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)

66

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
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INPATIENT PSYCHIATRIC FACILITY PPS

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

N

70

71 IF LINE 70 YES:

COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR
 BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO.

71

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.

INPATIENT REHABILITATION FACILITY PPS

75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER?
 ENTER 'Y' FOR YES OR 'N' FOR NO.

N

75

76 IF LINE 75 YES:

COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING
 ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO.

76

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.

LONG TERM CARE HOSPITAL PPS

80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.

N

80

TEFRA PROVIDERS

85 IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.

N

85

86 DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)?
 ENTER 'Y' FOR YES, OR 'N' FOR NO.

N

86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

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

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)				
		TITLE XVIII	TITLE	TITLE
		PART A	PART B	V
				XIX
155	HOSPITAL	1	2	3
156	SUBPROVIDER - IPF	N	N	4
157	SUBPROVIDER - IRF	N	N	N 155
158	SUBPROVIDER - (OTHER)	N	N	156
159	SNF	N	N	157
160	HHA	N	N	158
161	CMHC	N	N	N 159
161.10	CORF			160
				161
				161.10

MULTICAMPUS

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

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT								
167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.							167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.							168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.				0.50			169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)				10/01/2012	09/30/2013		170

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.	1 N	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.	N		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

15 DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N 15
--	--	------

	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	12/19/2013	Y	12/19/2013 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 RELIEVED 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 DEBRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26
- 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? Y/N DATE 36
- 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 1 2 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: JENNIFER LAST NAME: DAVIS TITLE: MGR THIRD PARTY REIM 41
- 42 EMPLOYER: OSF HEALTHCARE SYSTEM 42
- 43 PHONE NUMBER: (309) 655-4096 E-MAIL ADDRESS: JENNIFER.Y.DAVIS@OSFHEALTHCARE 43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	58,797,962	-35,595	58,762,367	1,888,605.00	31.11
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A ADMINISTRATIVE		351,782		351,782	1,877.00	187.42
4.01	PHYSICIAN-PART A - TEACHING						
5	PHYSICIAN-PART B						
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						
8	HOME OFFICE PERSONNEL						
9	SNF	44	585,524	-7,818	577,706	24,502.00	23.58
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		19,270,056	-42,606	19,227,450	384,497.00	50.01
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		1,081,538		1,081,538	12,721.00	85.02
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		255,571		255,571	1,588.00	160.94
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,493,189		9,493,189	187,648.00	50.59
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		12,744,646		12,744,646		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		4,856,855		4,856,855		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A - ADMINISTRATIVE		33,680		33,680		
22.01	PHYSICIAN PART A - TEACHING						
23	PHYSICIAN PART B						
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS DEPARTMENT		1,540		1,540	92.00	16.74
27	ADMINISTRATIVE & GENERAL		4,596,387	582,061	5,178,448	149,365.00	34.67
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		135,684		135,684	1,358.00	99.91
29	MAINTENANCE & REPAIRS		626,064	-6,208	619,856	23,280.00	26.63
30	OPERATION OF PLANT		363,587	-11,063	352,524	14,366.00	24.54
31	LAUNDRY & LINEN SERVICE		25,675	12	25,687	2,346.00	10.95
32	HOUSEKEEPING		973,400	-27,202	946,198	75,566.00	12.52
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		799,736	-348,807	450,929	28,166.00	16.01
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA		95,430	320,390	415,820	27,804.00	14.96
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		1,097,677	-43,004	1,054,673	32,555.00	32.40
39	CENTRAL SERVICES AND SUPPLY		194,407	-3,409	190,998	12,603.00	15.15
40	PHARMACY						
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,007,512	-23,124	984,388	46,982.00	20.95
42	SOCIAL SERVICE		228,368	-3,130	225,238	9,401.00	23.96
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	58,933,646	-35,595	58,898,051	1,889,963.00	31.16
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	19,855,580	-50,424	19,805,156	408,999.00	48.42
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	39,078,066	14,829	39,092,895	1,480,964.00	26.40
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	10,830,298		10,830,298	201,957.00	53.63
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	12,778,326		12,778,326		32.69
6	TOTAL (SUM OF LINES 3 THRU 5)	62,686,690	14,829	62,701,519	1,682,921.00	37.26
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	10,145,467	436,516	10,581,983	423,884.00	24.96

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	4,495,468	1
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		2
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		4
5 401K/TSA PLAN ADMINISTRATION FEES		
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		5
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		6
HEALTH AND INSURANCE COST		7
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)		
9 PRESCRIPTION DRUG PLAN	7,627,879	8
10 DENTAL, HEARING AND VISION PLAN		9
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		10
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		11
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	185,308	13
15 WORKERS' COMPENSATION INSURANCE		14
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	1,010,292	15
TAXES		16
17 FICA-EMPLOYERS PORTION ONLY		
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	4,132,925	17
19 UNEMPLOYMENT INSURANCE		18
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	43,345	19
OTHER		20
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	161,663	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	17,656,880	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/26/2014 13:41

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL	17,666,911	2
3	SUBPROVIDER - IPF	17,664,622	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	2,289	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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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 IN LIEU OF FORM CMS-2552-10 (08/2011)

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N 1	DATE 2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1983 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
3	RUX			3
4	RUL			4
5	RVX			5
6	RVL			6
7	RHX			7
8	RHL			8
9	RMX			9
10	RML	7		7
11	RLX	66		66
12	RUC			11
13	RUB			12
14	RUA			13
15	RVC			14
16	RVB			15
17	RVA			16
18	RHC	7		7
19	RHB			17
20	RHA			18
21	RMC	77		77
22	RMB	51		51
23	RMA	40		40
24	RLB	733		733
25	RLA			23
26	ES3			24
27	ES2			25
28	ES1	15		15
29	HE2	27		27
30	HE1			28
31	HD2			29
32	HD1			30
33	HC2			31
34	HC1			32
35	HB2			33
36	HB1			34
37	LE2	151		151
38	LE1			35
39	LD2			37
40	LD1			38
41	LC2			39
42	LC1			40
43	LB2	3		3
44	LB1			41
45	CE2			42
46	CE1	6		6
47	CD2			44
48	CD1	6		6
49	CC2			45
50	CC1	10		10
51	CB2			46
52	CB1	80		80
53	CA2			47
54	CA1	168		168
55	SE3			48
56	SE2			49
57	SE1			50
58	SSC			51
59	SSB			52
60	SSA			53
61	IB2			54
62	IB1			55
63	IA1			56
64	IA2			57
65	BB2			58
66	BB1	1		1
67	BA2			59
68	BA1	6		6

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2		4		4 72
74	PC1				73
75	PB2				74
76	PB1				75
77	PA2		45		45 76
78	PA1				77
199	AAA		27		27 78
200	TOTAL		1,530		1,530 199
					200

SNF SERVICES

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

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

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?
		1	2	3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	1,030,064		207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.180422	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				7,276,478	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				47,330,389	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				8,539,443	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				1,262,965	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				1,262,965	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	22,425,584	11,119,613	33,545,197		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	4,046,069	2,006,223	6,052,292		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	94,314	117,458	211,772		22
23	COST OF CHARITY CARE	3,951,755	1,888,765	5,840,520		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)			9,028,126		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			519,089		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			8,509,037		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,535,217		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,375,737		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			8,638,702		31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	TOTAL		RECLASSIFI- CATIONS		
		SALARIES 1	OTHER 2			(COL. 1 + COL. 2) 3
	GENERAL SERVICE COST CENTERS					
1	00100 CAP REL COSTS-BLDG & FIXT		3,708,530	3,708,530	-436,249	1
2	00200 CAP REL COSTS-MVBLE EQUIP		2,961,548	2,961,548	-62,112	2
3	00300 OTHER CAP REL COSTS					3
4	00400 EMPLOYEE BENEFITS DEPARTMENT	1,540	14,283,168	14,284,708	2,081,849	4
5	00500 ADMINISTRATIVE & GENERAL	4,596,387	21,339,854	25,936,241	477,757	5
6	00600 MAINTENANCE & REPAIRS	626,064	1,166,992	1,793,056	-6,208	6
7	00700 OPERATION OF PLANT	363,587	2,008,402	2,371,989	-11,063	7
8	00800 LAUNDRY & LINEN SERVICE	25,675	453,624	479,299	12	8
9	00900 HOUSEKEEPING	973,400	78,255	1,051,655	-24,492	9
10	01000 DIETARY	799,736	439,735	1,239,471	-514,622	10
11	01100 CAFETERIA	95,430	6,390	101,820	486,205	11
12	01200 MAINTENANCE OF PERSONNEL					12
13	01300 NURSING ADMINISTRATION	1,097,677	188,483	1,286,160	-43,004	13
14	01400 CENTRAL SERVICES & SUPPLY	194,407	177,069	371,476	-3,409	14
15	01500 PHARMACY					15
16	01600 MEDICAL RECORDS & LIBRARY	1,007,512	371,166	1,378,678	-23,124	16
17	01700 SOCIAL SERVICE	228,368	36,465	264,833	-2,394	17
19	01900 NONPHYSICIAN ANESTHETISTS					19
20	02000 NURSING SCHOOL					20
21	02100 I&R SERVICES-SALARY & FRINGES APPRVD					21
22	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		180,912	180,912		22
23	02300 PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	03000 ADULTS & PEDIATRICS	11,175,514	1,310,574	12,486,088	-2,038,498	30
43	04300 NURSERY		1,142	1,142	399,527	43
44	04400 SKILLED NURSING FACILITY	585,524	24,483	610,007	-4,830	44
	ANCILLARY SERVICE COST CENTERS					
50	05000 OPERATING ROOM	2,359,855	11,002,437	13,362,292	-8,805,462	50
51	05100 RECOVERY ROOM	360,388	4,746	365,134	-2,932	51
52	05200 DELIVERY ROOM & LABOR ROOM		4,113	4,113	1,514,008	52
53	05300 ANESTHESIOLOGY		972,595	972,595		53
54	05400 RADIOLOGY-DIAGNOSTIC	1,206,980	520,245	1,727,225	-655,817	54
54.10	03440 MAMOGRAPHY	274,805	266,571	541,376	124,431	54.10
54.20	03630 ULTRASOUND	453,201	116,239	569,440	111,878	54.20
54.30	05401 ECHOCARDIOLOGY	294,116	60,949	355,065	41,947	54.30
55	05500 RADIOLOGY-THERAPEUTIC		13,597	13,597		55
56	05600 RADIOISOTOPE	215,012	687,976	902,988	125,873	56
57	05700 CT SCAN	398,279	814,150	1,212,429	201,392	57
58	05800 MRI	215,910	860,513	1,076,423	-1,399	58
59	05900 CARDIAC CATHETERIZATION	699,756	3,460,763	4,160,519	-2,519,970	59
60	06000 LABORATORY	2,014,211	1,675,379	3,689,590	-28,397	60
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	06500 RESPIRATORY THERAPY	653,851	276,985	930,836	-131,102	65
66	06600 PHYSICAL THERAPY	2,396,700	1,048,656	3,445,356	-54,281	66
67	06700 OCCUPATIONAL THERAPY	453,384	20,323	473,707	-3,439	67
68	06800 SPEECH PATHOLOGY	197,013	11,866	208,879	-1,408	68
69	06900 ELECTROCARDIOLOGY	190,745	35,207	225,952	-1,911	69
70	07000 ELECTROENCEPHALOGRAPHY	206,368	-56,188	150,180	-904	70
71	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	131,127	1,203,247	1,334,374	3,143,336	71
72	07200 IMPL. DEV. CHARGED TO PATIENTS				8,273,546	72
73	07300 DRUGS CHARGED TO PATIENTS	1,766,920	4,594,684	6,361,604	-22,753	73
74	07400 RENAL DIALYSIS		304,593	304,593		74
76	03330 ENDOSCOPY	164	836,154	836,318		76
76.10	03950 DIABETES SERVICES					76.10
76.20	03951 PAIN CLINIC	300,690	166,826	467,516	-4,449	76.20
76.97	07697 CARDIAC REHABILITATION	150,930	6,812	157,742	-16,973	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	09000 CLINIC	302,054	214,330	516,384	-1,859	90
91	09100 EMERGENCY	2,514,626	1,183,063	3,697,689	-32,315	91
92	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
94	09400 HOME PROGRAM DIALYSIS					94
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	39,527,906	79,043,623	118,571,529	1,526,385	118
	NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	322,479	502,375	824,854	75,791	190
192	19200 PHYSICIANS' PRIVATE OFFICES	17,506,319	31,007,582	48,513,901	-1,634,101	192
192.10	19201 RADIOLOGY CLINIC	27,995	53,878	81,873	-487	192.10
192.20	19202 FUND DEV, MKTING, COMM HEALTH ED	562,113	837,395	1,399,508	21,306	192.20
192.30	19203 MCLEAN CO EMS	158,316	99,543	257,859	-6,426	192.30
192.40	19204 INDUSTRIAL MEDICINE	692,834	94,178	787,012	2,339	192.40
192.60	19205 NONALLOWABLE CARDIAC REHAB				15,193	192.60
193	19300 NONPAID WORKERS		239	239		193
200	TOTAL (SUM OF LINES 118-199)	58,797,962	111,638,813	170,436,775		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	3,272,281		3,272,281	1
2	00200	CAP REL COSTS-MVBLE EQUIP	2,899,436		2,899,436	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	16,366,557	-127,326	16,239,231	4
5	00500	ADMINISTRATIVE & GENERAL	26,413,998	-10,411,669	16,002,329	5
6	00600	MAINTENANCE & REPAIRS	1,786,848	-14,109	1,772,739	6
7	00700	OPERATION OF PLANT	2,360,926	-140,634	2,220,292	7
8	00800	LAUNDRY & LINEN SERVICE	479,311		479,311	8
9	00900	HOUSEKEEPING	1,027,163	-1,596	1,025,567	9
10	01000	DIETARY	724,849		724,849	10
11	01100	CAFETERIA	588,025		588,025	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,243,156	-43,312	1,199,844	13
14	01400	CENTRAL SERVICES & SUPPLY	368,067		368,067	14
15	01500	PHARMACY				15
16	01600	MEDICAL RECORDS & LIBRARY	1,355,554	-83,850	1,271,704	16
17	01700	SOCIAL SERVICE	262,439		262,439	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	180,912	-180,912		22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	10,447,590	-8,245	10,439,345	30
43	04300	NURSERY	400,669		400,669	43
44	04400	SKILLED NURSING FACILITY	605,177		605,177	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	4,556,830		4,556,830	50
51	05100	RECOVERY ROOM	362,202		362,202	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,518,121		1,518,121	52
53	05300	ANESTHESIOLOGY	972,595	-661,280	311,315	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,071,408	-75,190	996,218	54
54.10	03440	MAMOGRAPHY	665,807	-7,696	658,111	54.10
54.20	03630	ULTRASOUND	681,318		681,318	54.20
54.30	05401	ECHOCARDIOLOGY	397,012		397,012	54.30
55	05500	RADIOLOGY-THERAPEUTIC	13,597		13,597	55
56	05600	RADIOISOTOPE	1,028,861	-12,239	1,016,622	56
57	05700	CT SCAN	1,413,821	-185,973	1,227,848	57
58	05800	MRI	1,075,024	-74,998	1,000,026	58
59	05900	CARDIAC CATHETERIZATION	1,640,549		1,640,549	59
60	06000	LABORATORY	3,661,193	-62,673	3,598,520	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	799,734		799,734	65
66	06600	PHYSICAL THERAPY	3,391,075	-37,896	3,353,179	66
67	06700	OCCUPATIONAL THERAPY	470,268		470,268	67
68	06800	SPEECH PATHOLOGY	207,471	-3,807	203,664	68
69	06900	ELECTROCARDIOLOGY	224,041		224,041	69
70	07000	ELECTROENCEPHALOGRAPHY	149,276		149,276	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,477,710		4,477,710	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	8,273,546		8,273,546	72
73	07300	DRUGS CHARGED TO PATIENTS	6,338,851	-2,428	6,336,423	73
74	07400	RENAL DIALYSIS	304,593		304,593	74
76	03330	ENDOSCOPY	836,318	-157,600	678,718	76
76.10	03950	DIABETES SERVICES				76.10
76.20	03951	PAIN CLINIC	463,067	-2,926	460,141	76.20
76.97	07697	CARDIAC REHABILITATION	140,769		140,769	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	514,525	-52,156	462,369	90
91	09100	EMERGENCY	3,665,374	-664,683	3,000,691	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	120,097,914	-13,013,198	107,084,716	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	900,645		900,645	190
192	19200	PHYSICIANS' PRIVATE OFFICES	46,879,800		46,879,800	192
192.10	19201	CARDIOLOGY CLINIC	81,386		81,386	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	1,420,814		1,420,814	192.20
192.30	19203	MCLEAN CO EMS	251,433		251,433	192.30
192.40	19204	INDUSTRIAL MEDICINE	789,351		789,351	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	15,193		15,193	192.60
193	19300	NONPAID WORKERS	239		239	193
200		TOTAL (SUM OF LINES 118-199)	170,436,775	-13,013,198	157,423,577	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
	1	2	3	4	5	
1 FIRE INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		67,022	1
2		CAP REL COSTS-MVBLE EQUIP	2		59,434	2
500 TOTAL RECLASSIFICATIONS					126,456	500
CODE LETTER - A						
1 CAFETERIA RECLASS	B	CAFETERIA	11	321,996	165,815	1
500 TOTAL RECLASSIFICATIONS				321,996	165,815	500
CODE LETTER - B						
1 CARDIAC REHAB RECLASS	C	NONALLOWABLE CARDIAC REHAB	192.60	14,538	655	1
500 TOTAL RECLASSIFICATIONS				14,538	655	500
CODE LETTER - C						
1 ALTERNATE BIRTHING CENTER RECLASS	D	NURSERY	43	346,026	53,501	1
2		DELIVERY ROOM & LABOR ROOM	52	1,311,267	202,741	2
500 TOTAL RECLASSIFICATIONS				1,657,293	256,242	500
CODE LETTER - D						
1 DEPRECIATION RECLASS	E	GIFT, FLOWER, COFFEE SHOP & C	190		78,041	1
2		PHYSICIANS' PRIVATE OFFICES	192		502,171	2
3		FUND DEV, MKTING, COMM HEALTH	192.20		37,560	3
4		INDUSTRIAL MEDICINE	192.40		7,045	4
500 TOTAL RECLASSIFICATIONS					624,817	500
CODE LETTER - E						
1 VACATION RECLASS	F	ADMINISTRATIVE & GENERAL	5	2,142		1
2		MAINTENANCE & REPAIRS	6	292		2
3		OPERATION OF PLANT	7	169		3
4		LAUNDRY & LINEN SERVICE	8	12		4
5		HOUSEKEEPING	9	454		5
6		DIETARY	10	373		6
7		CAFETERIA	11	44		7
8		NURSING ADMINISTRATION	13	512		8
9		CENTRAL SERVICES & SUPPLY	14	91		9
10		MEDICAL RECORDS & LIBRARY	16	470		10
11		SOCIAL SERVICE	17	106		11
12		ADULTS & PEDIATRICS	30	5,209		12
13		SKILLED NURSING FACILITY	44	273		13
14		OPERATING ROOM	50	1,100		14
15		RECOVERY ROOM	51	168		15
16		RADIOLOGY-DIAGNOSTIC	54	562		16
17		MAMOGRAPHY	54.10	128		17
18		ULTRASOUND	54.20	211		18
19		ECHOCARDIOLOGY	54.30	137		19
20		RADIOISOTOPE	56	100		20
21		CT SCAN	57	186		21
22		MRI	58	101		22
23		CARDIAC CATHETERIZATION	59	326		23
24		LABORATORY	60	939		24
25		RESPIRATORY THERAPY	65	305		25
26		PHYSICAL THERAPY	66	1,117		26
27		OCCUPATIONAL THERAPY	67	211		27
28		SPEECH PATHOLOGY	68	92		28
29		ELECTROCARDIOLOGY	69	89		29
30		ELECTROENCEPHALOGRAPHY	70	96		30
31		MEDICAL SUPPLIES CHARGED TO P	71	61		31
32		DRUGS CHARGED TO PATIENTS	73	823		32
33						33
34		PAIN CLINIC	76.20	140		34
35		CARDIAC REHABILITATION	76.97	70		35
36		CLINIC	90	141		36
37		EMERGENCY	91	1,172		37
38		GIFT, FLOWER, COFFEE SHOP & C	190	150		38
39		PHYSICIANS' PRIVATE OFFICES	192	8,158		39
40		CARDIOLOGY CLINIC	192.10	13		40
41		FUND DEV, MKTING, COMM HEALTH	192.20	262		41
42		MCLEAN CO EMS	192.30	74		42
43		INDUSTRIAL MEDICINE	192.40	323		43
500 TOTAL RECLASSIFICATIONS				27,402		500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 TEAM AWARD ADJUSTMENT RECLASS	G	ADMINISTRATIVE & GENERAL	5	1,308	1
500 TOTAL RECLASSIFICATIONS				1,308	500
CODE LETTER - G					
1 EMPLOYEE BENEFIT RECLASS	H	EMPLOYEE BENEFITS DEPARTMENT	4		2,109,251 1
500 TOTAL RECLASSIFICATIONS					2,109,251 500
CODE LETTER - H					
1 TELEPHONE	I	ADMINISTRATIVE & GENERAL	5		20,055 1
500 TOTAL RECLASSIFICATIONS					20,055 500
CODE LETTER - I					
1 TEAM AWARD	J	ADMINISTRATIVE & GENERAL	5	932,828	1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39					39
40					40
500 TOTAL RECLASSIFICATIONS				932,828	500
CODE LETTER - J					
1 IMPLANTABLE MEDICAL DEVICE RECLASS	K	IMPL. DEV. CHARGED TO PATIENT	72		8,273,546 1
2					2
500 TOTAL RECLASSIFICATIONS					8,273,546 500
CODE LETTER - K					
1 MED/SURG SUPPLY RECLASS	L	MEDICAL SUPPLIES CHARGED TO P	71		3,143,275 1
2					2
3					3
500 TOTAL RECLASSIFICATIONS					3,143,275 500
CODE LETTER - L					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	1	2	3	4	5	
1 DISABILITY RECLASS	M	ADMINISTRATIVE & GENERAL	5		3,405	1
2		HOUSEKEEPING	9		2,710	2
3		SOCIAL SERVICE	17		736	3
4		ADULTS & PEDIATRICS	30		23,743	4
5		SKILLED NURSING FACILITY	44		2,988	5
6		LABORATORY	60		3,524	6
7		RESPIRATORY THERAPY	65		5,732	7
8		EMERGENCY	91		1,412	8
500 TOTAL RECLASSIFICATIONS					44,250	500
CODE LETTER - M						
1 RADIOLOGY ADMIN RECLASS	N	RADIOLOGY-DIAGNOSTIC	54	98,723	15,204	1
2		RADIOLOGY-DIAGNOSTIC	54	47	7	2
3		RADIOISOTOPE	56	114,517	17,633	3
4		ECHOCARDIOLOGY	54.30	45,024	6,933	4
5		ULTRASOUND	54.20	49,361	7,601	5
6		MAMOGRAPHY	54.10	33,898	5,219	6
7		CT SCAN	57	129,886	20,001	7
8		RADIOLOGY-DIAGNOSTIC	54	13,878	33,827	8
9		ULTRASOUND	54.20	17,375	42,347	9
10		MAMOGRAPHY	54.10	23,426	57,099	10
11		MAMOGRAPHY	54.10	3,011	7,338	11
12		CT SCAN	57	18,148	44,233	12
500 TOTAL RECLASSIFICATIONS				547,294	257,442	500
CODE LETTER - N						
GRAND TOTAL (INCREASES)				3,502,659	15,021,804	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	5		126,456		9 1
2							9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					126,456		500
1 CAFETERIA RECLASS	B	DIETARY	10	321,996	165,815		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				321,996	165,815		500
1 CARDIAC REHAB RECLASS	C	CARDIAC REHABILITATION	76.97	14,538	655		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				14,538	655		500
1 ALTERNATE BIRTHING CENTER RECLASS	D	ADULTS & PEDIATRICS	30	346,026	53,501		1
2		ADULTS & PEDIATRICS	30	1,311,267	202,741		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				1,657,293	256,242		500
1 DEPRECIATION RECLASS	E	CAP REL COSTS-BLDG & FIXT	1		503,271		9 1
2		CAP REL COSTS-MVBLE EQUIP	2		121,546		9 2
3							3
4							4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					624,817		500
1 VACATION RECLASS	F	EMPLOYEE BENEFITS DEPARTMENT	4		27,402		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
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35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					27,402		500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 TEAM AWARD ADJUSTMENT RECLASS	G	ADMINISTRATIVE & GENERAL	5		1,308	1
500 TOTAL RECLASSIFICATIONS					1,308	500
CODE LETTER - G						
1 EMPLOYEE BENEFIT RECLASS	H	PHYSICIANS' PRIVATE OFFICES	192		2,109,251	1
500 TOTAL RECLASSIFICATIONS					2,109,251	500
CODE LETTER - H						
1 TELEPHONE	I	ADMINISTRATIVE & GENERAL	5	20,055		1
500 TOTAL RECLASSIFICATIONS				20,055		500
CODE LETTER - I						
1 TEAM AWARD	J	ADMINISTRATIVE & GENERAL	5	330,757		1
2		MAINTENANCE & REPAIRS	6	6,500		2
3		OPERATION OF PLANT	7	11,232		3
4		HOUSEKEEPING	9	24,946		4
5		DIETARY	10	27,184		5
6		CAFETERIA	11	1,650		6
7		NURSING ADMINISTRATION	13	43,516		7
8		CENTRAL SERVICES & SUPPLY	14	3,500		8
9		MEDICAL RECORDS & LIBRARY	16	23,594		9
10		SOCIAL SERVICE	17	2,500		10
11		ADULTS & PEDIATRICS	30	130,172		11
12		SKILLED NURSING FACILITY	44	5,103		12
13		OPERATING ROOM	50	28,744		13
14		RECOVERY ROOM	51	3,100		14
15		RADIOLOGY-DIAGNOSTIC	54	13,329		15
16		MAMOGRAPHY	54.10	5,688		16
17		ULTRASOUND	54.20	5,017		17
18		ECHOCARDIOLOGY	54.30	10,147		18
19		RADIOISOTOPE	56	6,377		19
20		CT SCAN	57	11,062		20
21		MRI	58	1,500		21
22		CARDIAC CATHETERIZATION	59	5,350		22
23		LABORATORY	60	29,336		23
24		RESPIRATORY THERAPY	65	7,350		24
25		PHYSICAL THERAPY	66	55,398		25
26		OCCUPATIONAL THERAPY	67	3,650		26
27		SPEECH PATHOLOGY	68	1,500		27
28		ELECTROCARDIOLOGY	69	2,000		28
29		ELECTROENCEPHALOGRAPHY	70	1,000		29
30		DRUGS CHARGED TO PATIENTS	73	23,576		30
31		PAIN CLINIC	76.20	4,589		31
32		CARDIAC REHABILITATION	76.97	1,850		32
33		CLINIC	90	2,000		33
34		EMERGENCY	91	33,487		34
35		GIFT, FLOWER, COFFEE SHOP & C	190	2,400		35
36		PHYSICIANS' PRIVATE OFFICES	192	35,179		36
37		CARDIOLOGY CLINIC	192.10	500		37
38		FUND DEV, MKTING, COMM HEALTH	192.20	16,516		38
39		MCLEAN CO EMS	192.30	6,500		39
40		INDUSTRIAL MEDICINE	192.40	5,029		40
500 TOTAL RECLASSIFICATIONS				932,828		500
CODE LETTER - J						
1 IMPLANTABLE MEDICAL DEVICE RECLASS	K	OPERATING ROOM	50		6,919,533	1
2		CARDIAC CATHETERIZATION	59		1,354,013	2
500 TOTAL RECLASSIFICATIONS					8,273,546	500
CODE LETTER - K						
1 MED/SURG SUPPLY RECLASS	L	OPERATING ROOM	50		1,858,285	1
2		CARDIAC CATHETERIZATION	59		1,160,933	2
3		RESPIRATORY THERAPY	65		124,057	3
500 TOTAL RECLASSIFICATIONS					3,143,275	500
CODE LETTER - L						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 DISABILITY RECLASS	M	ADMINISTRATIVE & GENERAL	5	3,405		1
2		HOUSEKEEPING	9	2,710		2
3		SOCIAL SERVICE	17	736		3
4		ADULTS & PEDIATRICS	30	23,743		4
5		SKILLED NURSING FACILITY	44	2,988		5
6		LABORATORY	60	3,524		6
7		RESPIRATORY THERAPY	65	5,732		7
8		EMERGENCY	91	1,412		8
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				44,250		500
1 RADIOLOGY ADMIN RECLASS	N	RADIOLOGY-DIAGNOSTIC	54	471,456	72,598	1
2		RADIOLOGY-DIAGNOSTIC	54	75,838	184,844	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				547,294	257,442	500
GRAND TOTAL (DECREASES)				3,538,254	14,986,209	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	1,635,357					1,635,357	1
2 LAND IMPROVEMENTS	2,308,315					2,308,315	2
3 BUILDINGS AND FIXTURES	107,990,827	1,772,914		1,772,914	4,249	109,759,492	3
4 BUILDING IMPROVEMENTS	195,305					195,305	4
5 FIXED EQUIPMENT	69,292,138	3,185,976		3,185,976	22,453,697	50,024,417	5
6 MOVABLE EQUIPMENT	102,891					102,891	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	181,524,833	4,958,890		4,958,890	22,457,946	164,025,777	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	181,524,833	4,958,890		4,958,890	22,457,946	164,025,777	10

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL (1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	3,708,530						3,708,530 1
2 CAP REL COSTS-MVBLE EQUIP	2,961,548						2,961,548 2
3 TOTAL (SUM OF LINES 1-2)	6,670,078						6,670,078 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL (2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	3,272,281						3,272,281 1
2 CAP REL COSTS-MVBLE EQUIP	2,899,436						2,899,436 2
3 TOTAL	6,171,717						6,171,717 3

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 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)	A	-62,177	ADMINISTRATIVE & GENERAL	5	7	
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8	
9 PARKING LOT (CHAPTER 21)					9	
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	A-8-2	-1,632,306			10	
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				11	
13 LAUNDRY AND LINEN SERVICE	A-8-1	-5,827,877			12	
14 CAFETERIA - EMPLOYEES AND GUESTS					13	
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					14	
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					15	
17 SALE OF DRUGS TO OTHER THAN PATIENTS					16	
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-83,850	MEDICAL RECORDS & LIBRARY	16	17	
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					18	
20 VENDING MACHINES					19	
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					20	
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					21	
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				22	
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3		RESPIRATORY THERAPY	65	23	
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	WKST		PHYSICAL THERAPY	66	24	
26 DEPRECIATION--BUILDINGS & FIXTURES			UTILIZATION REVIEW-SNF	114	25	
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-BLDG & FIXT	1	26	
28 NON-PHYSICIAN ANESTHETIST			CAP REL COSTS-MVBLE EQUIP	2	27	
29 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19	28	
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				29	
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3		OCCUPATIONAL THERAPY	67	30	
32 CAH HIT ADJ FOR DEPRECIATION AND	WKST					
33	A-8-3		SPEECH PATHOLOGY	68	31	
34 PATIENT ACCOUNTS	B	-30			32	
35 PERSONNEL	B	-7,439	ADMINISTRATIVE & GENERAL	5	33	
36 MEDICAL STAFF EXPENSE	B	-41,300	ADMINISTRATIVE & GENERAL	5	34	
37 DISASTER PREPAREDNESS	B	-43,351	ADMINISTRATIVE & GENERAL	5	35	
38					36	
39 PLANT MAINTENANCE	B	-14,109	MAINTENANCE & REPAIRS	6	37	
40 HOUSEKEEPING	B	-1,596	HOUSEKEEPING	9	38	
41					39	
42 CLINICAL EDUCATION	B	-40,509	NURSING ADMINISTRATION	13	40	
43					41	
44					42	
45					43	
46 RADIOLOGY ADMIN	B	-1,685	RADIOLOGY-DIAGNOSTIC	54	44	
47 COLLEGE AVE - RADIOLOGY ADMIN	B	-429	RADIOLOGY-DIAGNOSTIC	54	45	
48 LABORATORY	B	-12,673	LABORATORY	60	46	
49 FORT JESSE PHYSICAL THERAPY	B	-21,849	PHYSICAL THERAPY	66	47	
49.01 COLLEGE AVE - PHYSICAL THERAPY	B	-15,877	PHYSICAL THERAPY	66	48	
49.03 INDUSTRIAL REHAB	B	-150	PHYSICAL THERAPY	66	49	
49.05 SPEECH - LANGUAGE PATHOLOGY	B	-3,449	PHYSICAL THERAPY	66	49.01	
49.06 AUDIOLOGY	B	-358	SPEECH PATHOLOGY	68	49.03	
49.07 ENDOSCOPY	B	-164	SPEECH PATHOLOGY	68	49.05	
49.08 DRUGS SOLD TO PATIENTS	B	-2,428	ENDOSCOPY	76	49.06	
49.09 PAIN CLINIC	B	-2,926	DRUGS CHARGED TO PATIENTS	73	49.07	
49.10 WOUND CLINIC	B	-14,000	PAIN CLINIC	76.20	49.08	
49.12 PRE-EMPLOYMENT PHYSICALS	A	-148,972	CLINIC	90	49.09	
49.13 MEDICAID ASSESSMENT	B	-4,508,997	EMPLOYEE BENEFITS DEPARTMENT	4	49.10	
49.14 PHYSICIAN RECRUITMENT	A	-122	ADMINISTRATIVE & GENERAL	5	49.12	
49.15 PROPERTY TAXES	A	-150,826	ADMINISTRATIVE & GENERAL	5	49.13	

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.16 TEAM AWARD ADJUSTMENT PRIOR YEAR	A	1,308	ADMINISTRATIVE & GENERAL	5	49.16
49.18 AHA, IHA & CHA DUES (LOBBYING)	A	-30,457	ADMINISTRATIVE & GENERAL	5	49.18
49.19 UNEMPLOYMENT COMP	A	21,646	EMPLOYEE BENEFITS DEPARTMENT	4	49.19
49.21 REVENUE CYCLE ADMINISTRATION	B	-324,288	ADMINISTRATIVE & GENERAL	5	49.21
49.23 ALTERNATE BIRTHING CENTER	B	-8,245	ADULTS & PEDIATRICS	30	49.23
49.25 PHYSICAL THERAPY	B	-20	PHYSICAL THERAPY	66	49.25
49.26 PHYSICIAN RECRUITMENT	A	-78	ENDOSCOPY	76	49.26
49.27 COLLEGE AVE - MAMMOGRAPHY	B	-118	MAMMOGRAPHY	54.10	49.27
49.28 COLLEGE AVE - DEXA	B	-114	MAMMOGRAPHY	54.10	49.28
49.29 COMPUTED TOMOGRAPHIC SCANNER	B	-33,383	CT SCAN	57	49.29
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,013,198			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				
2	7	OPERATION OF PLANT				
3	13	NURSING ADMINISTRATION				
4	58	MRI				
4.01	56	RADIOISOTOPE				
4.02	57	CT SCAN				
4.03	54.10	MAMOGRAPHY				
4.04	54	RADIOLOGY-DIAGNOSTIC				
4.05	76	ENDOSCOPY				
4.06	60	LABORATORY				
4.07	30	ADULTS & PEDIATRICS				
5		TOTALS (SUM OF LINES 1-4)				
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				
			9,468,862	14,675,577	-5,206,715	1
			255,756	396,390	-140,634	2
			5,098	7,901	-2,803	3
			128,874	203,872	-74,998	4
			21,028	33,267	-12,239	4.01
			262,208	414,798	-152,590	4.02
			12,827	20,291	-7,464	4.03
			125,571	198,647	-73,076	4.04
			524,528	681,886	-157,358	4.05
			1,324,460	1,324,460		4.06
			262,632	262,632		4.07
			12,391,844	18,219,721	-5,827,877	5

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 (2)	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
		PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)
6	B OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED		
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:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	91 EMERGENCY	81,193	81,193		171,400				1
2	91 EMERGENCY	669,190	513,190	156,000	171,400	1,040	85,700	4,285	2
3	90 CLINIC	38,156	38,156		171,400				3
4	53 ANESTHESIOLOGY	52,000		52,000	200,300	208	20,030	1,002	4
5	53 ANESTHESIOLOGY	629,310	629,310		200,300				5
6	60 LABORATORY	50,000	50,000		171,400				6
7	22 I&R SERVICES-OTHER PRGM	180,912	180,912		171,400				7
8	5 ADMINISTRATIVE & GENERAL	17,000		17,000	171,400	104	8,570	429	8
9	5 ADMINISTRATIVE & GENERAL	5,575		5,575	171,400	28	2,307	115	9
10	5 ADMINISTRATIVE & GENERAL	24,996		24,996	171,400	208	17,140	857	10
11	5 ADMINISTRATIVE & GENERAL	17,721	17,721		171,400				11
200	TOTAL	1,766,053	1,510,482	255,571		1,588	133,747	6,688	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	91	EMERGENCY	VARIOUS						81,193	1
2	91	EMERGENCY	ER PHYSICIANS				85,700	70,300	583,490	2
3	90	CLINIC	VARIOUS						38,156	3
4	53	ANESTHESIOLOGY	ANESTHESIOLOGY				20,030	31,970	31,970	4
5	53	ANESTHESIOLOGY	ANESTHESIOLOGY						629,310	5
6	60	LABORATORY	LAB						50,000	6
7	22	I&R SERVICES-OTHER PRGM	I & R SERVICES						180,912	7
8	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A				8,570	8,430	8,430	8
9	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF B				2,307	3,268	3,268	9
10	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF C				17,140	7,856	7,856	10
11	5	ADMINISTRATIVE & GENERAL	VARIOUS						17,721	11
200		TOTAL					133,747	121,824	1,632,306	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL. 7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS. 0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,272,281	3,272,281				1
2 CAP REL COSTS-MVBLE EQUIP	2,899,436		2,899,436			2
4 EMPLOYEE BENEFITS DEPARTMENT	16,239,231			16,239,231		4
5 ADMINISTRATIVE & GENERAL	16,002,329	237,762	545,662	1,431,126	18,216,879	5
6 MAINTENANCE & REPAIRS	1,772,739	446,772	25,678	171,305	2,416,494	6
7 OPERATION OF PLANT	2,220,292	110,043	77,359	97,424	2,505,118	7
8 LAUNDRY & LINEN SERVICE	479,311	13,465		7,099	499,875	8
9 HOUSEKEEPING	1,025,567	30,107	6,932	261,493	1,324,099	9
10 DIETARY	724,849	37,308	6,716	124,620	893,493	10
11 CAFETERIA	588,025	23,375	683	114,917	727,000	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,199,844	33,416	160,933	291,472	1,685,665	13
14 CENTRAL SERVICES & SUPPLY	368,067	37,398	342,494	52,785	800,744	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,271,704	35,978	1,118	272,047	1,580,847	16
17 SOCIAL SERVICE	262,439	8,325		62,247	333,011	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,439,345	539,080	233,687	2,589,378	13,801,490	30
43 NURSERY	400,669	26,314	22,241	95,628	544,852	43
44 SKILLED NURSING FACILITY	605,177	41,478	6,202	159,656	812,513	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,556,830	168,114	267,598	644,534	5,637,076	50
51 RECOVERY ROOM	362,202	20,616	4,110	98,787	485,715	51
52 DELIVERY ROOM & LABOR ROOM	1,518,121	99,706	105,661	362,384	2,085,872	52
53 ANESTHESIOLOGY	311,315	3,875	61,349		376,539	53
54 RADIOLOGY-DIAGNOSTIC	996,218	35,157	55,781	209,915	1,297,071	54
54.10 MAMOGRAPHY	658,111	27,422	15,090	91,083	791,706	54.10
54.20 ULTRASOUND	681,318	15,435	51,906	142,363	891,022	54.20
54.30 ECHOCARDIOLOGY	397,012	14,458	42,328	90,959	544,757	54.30
55 RADIOLOGY-THERAPEUTIC	13,597				13,597	55
56 RADIOISOTOPE	1,016,622	17,644	20,681	89,335	1,144,282	56
57 CT SCAN	1,227,848	32,217	43,323	147,974	1,451,362	57
58 MRI	1,000,026	27,086	101,614	59,283	1,188,009	58
59 CARDIAC CATHETERIZATION	1,640,549	40,025	75,805	191,998	1,948,377	59
60 LABORATORY	3,598,520	129,600	48,727	547,830	4,324,677	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	799,734	15,567	39,578	177,168	1,032,047	65
66 PHYSICAL THERAPY	3,353,179	41,134	82,018	647,356	4,123,687	66
67 OCCUPATIONAL THERAPY	470,268	9,417	713	124,348	604,746	67
68 SPEECH PATHOLOGY	203,664	6,059	6,833	54,058	270,614	68
69 ELECTROCARDIOLOGY	224,041	20,862	38,269	52,187	335,359	69
70 ELECTROENCEPHALOGRAPHY	149,276	10,279	33,438	56,782	249,775	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,477,710	14,992		36,255	4,528,957	71
72 IMPL. DEV. CHARGED TO PATIENTS	8,273,546				8,273,546	72
73 DRUGS CHARGED TO PATIENTS	6,336,423	17,266	111,565	482,021	6,947,275	73
74 RENAL DIALYSIS	304,593	45,050			349,643	74
76 ENDOSCOPY	678,718	41,856		45	720,619	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	460,141		58,944	81,870	600,955	76.20
76.97 CARDIAC REHABILITATION	140,769	36,511	86,892	37,202	301,374	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	462,369		673	82,962	546,004	90
91 EMERGENCY	3,000,691	103,376	29,741	685,626	3,819,434	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	107,084,716	2,614,545	2,812,342	10,925,522	101,026,177	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEN	900,645	33,613	77,849	88,499	1,100,606	190
192 PHYSICIANS' PRIVATE OFFICES	46,879,800	547,308		4,830,586	52,257,694	192
192.10 RADIOLOGY CLINIC	81,386			7,602	88,988	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,420,814	37,439		150,855	1,609,108	192.20
192.30 MCLEAN CO EMS	251,433			41,977	293,410	192.30
192.40 INDUSTRIAL MEDICINE	789,351	35,493		190,172	1,015,016	192.40

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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 MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
192.60 NONALLOWABLE CARDIAC REHAB	15,193	3,883	9,245	4,018	32,339	192.60
193 NONPAID WORKERS	239				239	193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	157,423,577	3,272,281	2,899,436	16,239,231	157,423,577	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
1 GENERAL SERVICE COST CENTERS						1
2 CAP REL COSTS-BLDG & FIXT						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	18,216,879					5
6 MAINTENANCE & REPAIRS	316,227	2,732,721				6
7 OPERATION OF PLANT	327,825	113,072	2,946,015			7
8 LAUNDRY & LINEN SERVICE	65,415	13,836	15,559	594,685		8
9 HOUSEKEEPING	173,274	30,936	34,790		1,563,099	9
10 DIETARY	116,924	38,335	43,111		23,271	10
11 CAFETERIA	95,137	24,018	27,011		14,580	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	220,589	34,336	38,614		20,844	13
14 CENTRAL SERVICES & SUPPLY	104,787	38,427	43,215		23,328	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	206,873	36,968	41,574		22,442	16
17 SOCIAL SERVICE	43,578	8,554	9,620		5,193	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
43 ADULTS & PEDIATRICS	1,806,091	553,921	622,931	256,951	336,262	30
44 NURSERY	71,300	27,038	30,407	17,060	16,414	43
44 SKILLED NURSING FACILITY	106,327	42,620	47,930	46,938	25,873	44
50 ANCILLARY SERVICE COST CENTERS						
51 OPERATING ROOM	737,679	172,742	194,263	61,076	104,865	50
51 RECOVERY ROOM	63,562	21,184	23,823		12,860	51
52 DELIVERY ROOM & LABOR ROOM	272,961	102,451	115,214	64,648	62,194	52
53 ANESTHESIOLOGY	49,275	3,982	4,478		2,417	53
54 RADIOLOGY-DIAGNOSTIC	169,737	36,124	40,625	6,633	21,930	54
54.10 MAMOGRAPHY	103,604	28,177	31,688	2,793	17,105	54.10
54.20 ULTRASOUND	116,601	15,860	17,836		9,628	54.20
54.30 ECHOCARDIOLOGY	71,288	14,856	16,707		9,019	54.30
55 RADIOLOGY-THERAPEUTIC	1,779					55
56 RADIOISOTOPE	149,743	18,130	20,388	1,274	11,006	56
57 CT SCAN	189,928	33,104	37,228	14,452	20,096	57
58 MRI	155,465	27,831	31,299	7,752	16,895	58
59 CARDIAC CATHETERIZATION	254,969	41,127	46,251	16,648	24,967	59
60 LABORATORY	565,936	133,167	149,758		80,840	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	135,056	15,995	17,988		9,710	65
66 PHYSICAL THERAPY	539,634	42,266	47,532		25,658	66
67 OCCUPATIONAL THERAPY	79,138	9,676	10,882		5,874	67
68 SPEECH PATHOLOGY	35,413	6,226	7,002		3,780	68
69 ELECTROCARDIOLOGY	43,886	21,437	24,107	13,596	13,013	69
70 ELECTROENCEPHALOGRAPHY	32,686	10,562	11,878	1,361	6,412	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	592,668	15,405	17,324		9,352	71
72 IMPL. DEV. CHARGED TO PATIENTS	1,082,693					72
73 DRUGS CHARGED TO PATIENTS	909,134	17,742	19,952		10,770	73
74 RENAL DIALYSIS	45,755	46,290	52,057		28,101	74
76 ENDOSCOPY	94,302	43,008	48,367		26,109	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	78,642					76.20
76.97 CARDIAC REHABILITATION	39,438	37,516	42,190		22,775	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
91 CLINIC	71,451					90
92 EMERGENCY	499,819	106,222	119,455	81,503	64,483	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
94 OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	10,836,589	1,983,141	2,103,054	594,685	1,108,066	118
190 NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	144,028	34,538	38,841		20,967	190
192 PHYSICIANS' PRIVATE OFFICES	6,838,560	605,100	680,480		367,325	192
192.10 RADIOLOGY CLINIC	11,645					192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	210,571	69,482	78,138		42,179	192.20
192.30 MCLEAN CO EMS	38,396					192.30
192.40 INDUSTRIAL MEDICINE	132,827	36,470	41,014		22,140	192.40
192.60 NONALLOWABLE CARDIAC REHAB	4,232	3,990	4,488		2,422	192.60
193 NONPAID WORKERS	31					193

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	18,216,879	2,732,721	2,946,015	594,685	1,563,099	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,115,134					10
11 CAFETERIA		887,746				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		24,630	2,024,678			13
14 CENTRAL SERVICES & SUPPLY		9,609	33,833	1,053,943		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		35,775		993	1,925,472	16
17 SOCIAL SERVICE		7,207		37		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,023,487	288,694	1,015,042	75,321	146,581	30
43 NURSERY		9,168	32,281	3,584	5,178	43
44 SKILLED NURSING FACILITY	91,647	19,051	67,077	3,125	3,903	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		68,783	242,184	410,352	137,752	50
51 RECOVERY ROOM		8,301	29,229	1,089	8,387	51
52 DELIVERY ROOM & LABOR ROOM		34,741	122,323	14,051	19,652	52
53 ANESTHESIOLOGY				23,979	15,812	53
54 RADIOLOGY-DIAGNOSTIC		20,951		2,689	44,112	54
54.10 MAMOGRAPHY		3,573		705	17,564	54.10
54.20 ULTRASOUND		7,070		915	25,994	54.20
54.30 ECHOCARDIOLOGY		8,149	28,694	1,405	20,053	54.30
55 RADIOLOGY-THERAPEUTIC					2	55
56 RADIOISOTOPE		8,301		1,499	48,284	56
57 CT SCAN		13,258		3,670	153,845	57
58 MRI		4,850		17	68,866	58
59 CARDIAC CATHETERIZATION		15,554	54,764	51,188	113,995	59
60 LABORATORY		66,137		26,242	276,407	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		20,404	71,842	7,813	33,831	65
66 PHYSICAL THERAPY		9,807		1,284	31,391	66
67 OCCUPATIONAL THERAPY		6,234		16	9,209	67
68 SPEECH PATHOLOGY		3,147		17	3,424	68
69 ELECTROCARDIOLOGY		5,565	19,593	3,858	16,195	69
70 ELECTROENCEPHALOGRAPHY		3,117		60	2,993	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,203		268,648	147,817	71
72 IMPL. DEV. CHARGED TO PATIENTS					151,346	72
73 DRUGS CHARGED TO PATIENTS		33,023		105,222	317,758	73
74 RENAL DIALYSIS					5,928	74
76 ENDOSCOPY				27	11,754	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC			35,707	1,587	10,300	76.20
76.97 CARDIAC REHABILITATION		3,679	12,955	436	1,206	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				841	3,275	90
91 EMERGENCY		73,603	259,154	31,105	72,658	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,115,134	818,584	2,024,678	1,041,775	1,925,472	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,901		386		190
192 PHYSICIANS' PRIVATE OFFICES		22,669		9,902		192
192.10 CARDIOLOGY CLINIC		1,216		270		192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED		17,637		217		192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE		16,344		1,347		192.40
192.60 NONALLOWABLE CARDIAC REHAB		395		46		192.60
193 NONPAID WORKERS						193

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES + SUPPLY	MEDICAL RECORDS + LIBRARY	
		10	11	13	14	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	1,115,134	887,746	2,024,678	1,053,943	1,925,472	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 DEPARTMENT					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	407,200				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	373,734	20,300,505		20,300,505	30
43 NURSERY		757,282		757,282	43
44 SKILLED NURSING FACILITY	33,466	1,302,470		1,302,470	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		7,766,772		7,766,772	50
51 RECOVERY ROOM		654,150		654,150	51
52 DELIVERY ROOM & LABOR ROOM		2,894,107		2,894,107	52
53 ANESTHESIOLOGY		476,482		476,482	53
54 RADIOLOGY-DIAGNOSTIC		1,639,872		1,639,872	54
54.10 MAMOGRAPHY		996,915		996,915	54.10
54.20 ULTRASOUND		1,084,926		1,084,926	54.20
54.30 ECHOCARDIOLOGY		714,928		714,928	54.30
55 RADIOLOGY-THERAPEUTIC		15,378		15,378	55
56 RADIOISOTOPE		1,402,907		1,402,907	56
57 CT SCAN		1,916,943		1,916,943	57
58 MRI		1,500,984		1,500,984	58
59 CARDIAC CATHETERIZATION		2,567,840		2,567,840	59
60 LABORATORY		5,623,164		5,623,164	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,344,686		1,344,686	65
66 PHYSICAL THERAPY		4,821,259		4,821,259	66
67 OCCUPATIONAL THERAPY		725,775		725,775	67
68 SPEECH PATHOLOGY		329,623		329,623	68
69 ELECTROCARDIOLOGY		496,609		496,609	69
70 ELECTROENCEPHALOGRAPHY		318,844		318,844	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,586,374		5,586,374	71
72 IMPL. DEV. CHARGED TO PATIENTS		9,507,585		9,507,585	72
73 DRUGS CHARGED TO PATIENTS		8,360,876		8,360,876	73
74 RENAL DIALYSIS		527,774		527,774	74
76 ENDOSCOPY		944,186		944,186	76
76.10 DIABETES SERVICES					76.10
76.20 PAIN CLINIC		727,191		727,191	76.20
76.97 CARDIAC REHABILITATION		461,569		461,569	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		621,571		621,571	90
91 EMERGENCY		5,127,436		5,127,436	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	407,200	91,516,983		91,516,983	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,350,267		1,350,267	190
192 PHYSICIANS' PRIVATE OFFICES		60,781,730		60,781,730	192
192.10 RADIOLOGY CLINIC		102,119		102,119	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED		2,027,332		2,027,332	192.20
192.30 MCLEAN CO EMS		331,806		331,806	192.30
192.40 INDUSTRIAL MEDICINE		1,265,158		1,265,158	192.40
192.60 NONALLOWABLE CARDIAC REHAB		47,912		47,912	192.60
193 NONPAID WORKERS		270		270	193

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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	
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	407,200	157,423,577		157,423,577	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	3,697,067	237,762	545,662	4,480,491	4,480,491	5
6 MAINTENANCE & REPAIRS	3,422	446,772	25,678	475,872	77,777	6
7 OPERATION OF PLANT		110,043	77,359	187,402	80,630	7
8 LAUNDRY & LINEN SERVICE		13,465		13,465	16,089	8
9 HOUSEKEEPING	1,800	30,107	6,932	38,839	42,617	9
10 DIETARY		37,308	6,716	44,024	28,758	10
11 CAFETERIA		23,375	683	24,058	23,399	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,204	33,416	160,933	199,553	54,255	13
14 CENTRAL SERVICES & SUPPLY		37,398	342,494	379,892	25,773	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,668	35,978	1,118	41,764	50,881	16
17 SOCIAL SERVICE		8,325		8,325	10,718	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICES	14,929	539,080	233,687	787,696	444,215	30
43 NURSERY		26,314	22,241	48,555	17,537	43
44 SKILLED NURSING FACILITY		41,478	6,202	47,680	26,152	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	65,761	168,114	267,598	501,473	181,435	50
51 RECOVERY ROOM		20,616	4,110	24,726	15,633	51
52 DELIVERY ROOM & LABOR ROOM		99,706	105,661	205,367	67,136	52
53 ANESTHESIOLOGY		3,875	61,349	65,224	12,119	53
54 RADIOLOGY-DIAGNOSTIC	33,661	35,157	55,781	124,599	41,748	54
54.10 MAMOGRAPHY	272,371	27,422	15,090	314,883	25,482	54.10
54.20 ULTRASOUND	41,121	15,435	51,906	108,462	28,678	54.20
54.30 ECHOCARDIOLOGY		14,458	42,328	56,786	17,534	54.30
55 RADIOLOGY-THERAPEUTIC					438	55
56 RADIOISOTOPE	123,098	17,644	20,681	161,423	36,830	56
57 CT SCAN	317,453	32,217	43,323	392,993	46,714	57
58 MRI	361,895	27,086	101,614	490,595	38,237	58
59 CARDIAC CATHETERIZATION	297,522	40,025	75,805	413,352	62,710	59
60 LABORATORY	3,948	129,600	48,727	182,275	139,194	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,089	15,567	39,578	61,234	33,217	65
66 PHYSICAL THERAPY	783,828	41,134	82,018	906,980	132,725	66
67 OCCUPATIONAL THERAPY		9,417	713	10,130	19,464	67
68 SPEECH PATHOLOGY	35	6,059	6,833	12,927	8,710	68
69 ELECTROCARDIOLOGY		20,862	38,269	59,131	10,794	69
70 ELECTROENCEPHALOGRAPHY		10,279	33,438	43,717	8,039	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	110,182	14,992		125,174	145,769	71
72 IMPL. DEV. CHARGED TO PATIENTS					266,292	72
73 DRUGS CHARGED TO PATIENTS		17,266	111,565	128,831	223,605	73
74 RENAL DIALYSIS		45,050		45,050	11,254	74
76 ENDOSCOPY		41,856		41,856	23,194	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	62,868		58,944	121,812	19,342	76.20
76.97 CARDIAC REHABILITATION		36,511	86,892	123,403	9,700	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	78,559		673	79,232	17,574	90
91 EMERGENCY	4,668	103,376	29,741	137,785	122,932	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	6,290,149	2,614,545	2,812,342	11,717,036	2,665,300	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,613	77,849	111,462	35,424	190
192 PHYSICIANS' PRIVATE OFFICES	949,080	547,308		1,496,388	1,681,950	192
192.10 RADIOLOGY CLINIC					2,864	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	5,877	37,439		43,316	51,791	192.20
192.30 MCLEAN CO EMS					9,444	192.30
192.40 INDUSTRIAL MEDICINE	3,661	35,493		39,154	32,669	192.40
192.60 NONALLOWABLE CARDIAC REHAB		3,883	9,245	13,128	1,041	192.60
193 NONPAID WORKERS					8	193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	7,248,767	3,272,281	2,899,436	13,420,484	4,480,491	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	553,649					6
7 OPERATION OF PLANT	22,908	290,940				7
8 LAUNDRY & LINEN SERVICE	2,803	1,537	33,894			8
9 HOUSEKEEPING	6,268	3,436		91,160		9
10 DIETARY	7,767	4,257		1,357	86,163	10
11 CAFETERIA	4,866	2,667		850		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	6,956	3,813		1,216		13
14 CENTRAL SERVICES & SUPPLY	7,785	4,268		1,360		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	7,490	4,106		1,309		16
17 SOCIAL SERVICE	1,733	950		303		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	112,224	61,519	14,644	19,611	79,082	30
43 NURSERY	5,478	3,003	972	957		43
44 SKILLED NURSING FACILITY	8,635	4,733	2,789	1,509	7,081	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,998	19,185	3,481	6,116		50
51 RECOVERY ROOM	4,292	2,353		750		51
52 DELIVERY ROOM & LABOR ROOM	20,757	11,378	3,685	3,627		52
53 ANESTHESIOLOGY	807	442		141		53
54 RADIOLOGY-DIAGNOSTIC	7,319	4,012	378	1,279		54
54.10 MAMOGRAPHY	5,709	3,129	159	998		54.10
54.20 ULTRASOUND	3,213	1,761		562		54.20
54.30 ECHOCARDIOLOGY	3,010	1,650		526		54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	3,673	2,013	73	642		56
57 CT SCAN	6,707	3,677	824	1,172		57
58 MRI	5,639	3,091	442	985		58
59 CARDIAC CATHETERIZATION	8,332	4,568	949	1,456		59
60 LABORATORY	26,980	14,790		4,715		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,241	1,776		566		65
66 PHYSICAL THERAPY	8,563	4,694		1,496		66
67 OCCUPATIONAL THERAPY	1,960	1,075		343		67
68 SPEECH PATHOLOGY	1,261	691		220		68
69 ELECTROCARDIOLOGY	4,343	2,381	775	759		69
70 ELECTROENCEPHALOGRAPHY	2,140	1,173	78	374		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,121	1,711		545		71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	3,594	1,970		628		73
74 RENAL DIALYSIS	9,378	5,141		1,639		74
76 ENDOSCOPY	8,713	4,777		1,523		76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION	7,601	4,167		1,328		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	21,521	11,797	4,645	3,761		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	401,785	207,691	33,894	64,623	86,163	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,997	3,836		1,223		190
192 PHYSICIANS' PRIVATE OFFICES	122,593	67,203		21,422		192
192.10 RADIOLOGY CLINIC						192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	14,077	7,717		2,460		192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	7,389	4,050		1,291		192.40
192.60 NONALLOWABLE CARDIAC REHAB	808	443		141		192.60
193 NONPAID WORKERS						193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	553,649	290,940	33,894	91,160	86,163	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES + SUPPLY 14	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	55,840					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,549	267,342				13
14 CENTRAL SERVICES & SUPPLY	604	4,467	424,149			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,250		400	108,200		16
17 SOCIAL SERVICE	453		15		22,497	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,160	134,029	30,312	8,247	20,648	30
43 NURSERY	577	4,262	1,442	291		43
44 SKILLED NURSING FACILITY	1,198	8,857	1,258	220	1,849	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,327	31,978	165,142	7,750		50
51 RECOVERY ROOM	522	3,859	438	472		51
52 DELIVERY ROOM & LABOR ROOM	2,185	16,152	5,655	1,106		52
53 ANESTHESIOLOGY			9,650	890		53
54 RADIOLOGY-DIAGNOSTIC	1,318		1,082	2,482		54
54.10 MAMOGRAPHY	225		284	988		54.10
54.20 ULTRASOUND	445		368	1,462		54.20
54.30 ECHOCARDIOLOGY	513	3,789	565	1,128		54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	522		603	2,716		56
57 CT SCAN	834		1,477	8,655		57
58 MRI	305		7	3,874		58
59 CARDIAC CATHETERIZATION	978	7,231	20,600	6,413		59
60 LABORATORY	4,160		10,561	15,551		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,283	9,486	3,144	1,903		65
66 PHYSICAL THERAPY	617		517	1,766		66
67 OCCUPATIONAL THERAPY	392		6	518		67
68 SPEECH PATHOLOGY	198		7	193		68
69 ELECTROCARDIOLOGY	350	2,587	1,553	911		69
70 ELECTROENCEPHALOGRAPHY	196		24	168		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	390		108,115	8,316		71
72 IMPL. DEV. CHARGED TO PATIENTS				8,515		72
73 DRUGS CHARGED TO PATIENTS	2,077		42,346	17,751		73
74 RENAL DIALYSIS				334		74
76 ENDOSCOPY			11	661		76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC		4,715	639	579		76.20
76.97 CARDIAC REHABILITATION	231	1,711	175	68		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			338	184		90
91 EMERGENCY	4,630	34,219	12,518	4,088		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	51,489	267,342	419,252	108,200	22,497	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	686		155			190
192 PHYSICIANS' PRIVATE OFFICES	1,426		3,985			192
192.10 RADIOLOGY CLINIC	77		109			192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,109		87			192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE	1,028		542			192.40
192.60 NONALLOWABLE CARDIAC REHAB	25		19			192.60
193 NONPAID WORKERS						193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES + SUPPLY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		11	13	14	16	17	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	55,840	267,342	424,149	108,200	22,497	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				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 SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	1,730,387		1,730,387	30
43 NURSERY	83,074		83,074	43
44 SKILLED NURSING FACILITY	111,961		111,961	44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	955,885		955,885	50
51 RECOVERY ROOM	53,045		53,045	51
52 DELIVERY ROOM & LABOR ROOM	337,048		337,048	52
53 ANESTHESIOLOGY	89,273		89,273	53
54 RADIOLOGY-DIAGNOSTIC	184,217		184,217	54
54.10 MAMOGRAPHY	351,857		351,857	54.10
54.20 ULTRASOUND	144,951		144,951	54.20
54.30 ECHOCARDIOLOGY	85,501		85,501	54.30
55 RADIOLOGY-THERAPEUTIC	438		438	55
56 RADIOISOTOPE	208,495		208,495	56
57 CT SCAN	463,053		463,053	57
58 MRI	543,175		543,175	58
59 CARDIAC CATHETERIZATION	526,589		526,589	59
60 LABORATORY	398,226		398,226	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	115,850		115,850	65
66 PHYSICAL THERAPY	1,057,358		1,057,358	66
67 OCCUPATIONAL THERAPY	33,888		33,888	67
68 SPEECH PATHOLOGY	24,207		24,207	68
69 ELECTROCARDIOLOGY	83,584		83,584	69
70 ELECTROENCEPHALOGRAPHY	55,909		55,909	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	393,141		393,141	71
72 IMPL. DEV. CHARGED TO PATIENTS	274,807		274,807	72
73 DRUGS CHARGED TO PATIENTS	420,802		420,802	73
74 RENAL DIALYSIS	72,796		72,796	74
76 ENDOSCOPY	80,735		80,735	76
76.10 DIABETES SERVICES				76.10
76.20 PAIN CLINIC	147,087		147,087	76.20
76.97 CARDIAC REHABILITATION	148,384		148,384	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	97,328		97,328	90
91 EMERGENCY	357,896		357,896	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	9,630,947		9,630,947	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	159,783		159,783	190
192 PHYSICIANS' PRIVATE OFFICES	3,394,967		3,394,967	192
192.10 RADIOLOGY CLINIC	3,050		3,050	192.10
192.20 FUND DEV. MKTING, COMM HEALTH ED	120,557		120,557	192.20
192.30 MCLEAN CO EMS	9,444		9,444	192.30
192.40 INDUSTRIAL MEDICINE	86,123		86,123	192.40
192.60 NONALLOWABLE CARDIAC REHAB	15,605		15,605	192.60
193 NONPAID WORKERS	8		8	193

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		24	25	26	
200	CROSS FOOT ADJUSTMENTS				200
201	NEGATIVE COST CENTER				201
202	TOTAL (SUM OF LINES 118-201)	13,420,484		13,420,484	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	398,558					1
2 CAP REL COSTS-MVBLE EQUIP		2,906,580				2
4 EMPLOYEE BENEFITS DEPARTMENT			58,760,827			4
5 ADMINISTRATIVE & GENERAL	28,959	547,006	5,178,448	-18,216,879	139,206,698	5
6 MAINTENANCE & REPAIRS	54,416	25,741	619,856		2,416,494	6
7 OPERATION OF PLANT	13,403	77,550	352,524		2,505,118	7
8 LAUNDRY & LINEN SERVICE	1,640		25,687		499,875	8
9 HOUSEKEEPING	3,667	6,949	946,198		1,324,099	9
10 DIETARY	4,544	6,733	450,929		893,493	10
11 CAFETERIA	2,847	685	415,820		727,000	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,070	161,330	1,054,673		1,685,665	13
14 CENTRAL SERVICES & SUPPLY	4,555	343,338	190,998		800,744	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,382	1,121	984,388		1,580,847	16
17 SOCIAL SERVICE	1,014		225,238		333,011	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	65,659	234,263	9,369,515		13,801,490	30
43 NURSERY	3,205	22,296	346,026		544,852	43
44 SKILLED NURSING FACILITY	5,052	6,217	577,706		812,513	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,476	268,257	2,332,211		5,637,076	50
51 RECOVERY ROOM	2,511	4,120	357,456		485,715	51
52 DELIVERY ROOM & LABOR ROOM	12,144	105,921	1,311,267		2,085,872	52
53 ANESTHESIOLOGY	472	61,500			376,539	53
54 RADIOLOGY-DIAGNOSTIC	4,282	55,918	759,567		1,297,071	54
54.10 MAMOGRAPHY	3,340	15,127	329,580		791,706	54.10
54.20 ULTRASOUND	1,880	52,034	515,131		891,022	54.20
54.30 ECHOCARDIOLOGY	1,761	42,432	329,130		544,757	54.30
55 RADIOLOGY-THERAPEUTIC					13,597	55
56 RADIOISOTOPE	2,149	20,732	323,252		1,144,282	56
57 CT SCAN	3,924	43,430	535,437		1,451,362	57
58 MRI	3,299	101,864	214,511		1,188,009	58
59 CARDIAC CATHETERIZATION	4,875	75,992	694,732		1,948,377	59
60 LABORATORY	15,785	48,847	1,982,290		4,324,677	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,896	39,676	641,074		1,032,047	65
66 PHYSICAL THERAPY	5,010	82,220	2,342,419		4,123,687	66
67 OCCUPATIONAL THERAPY	1,147	715	449,945		604,746	67
68 SPEECH PATHOLOGY	738	6,850	195,605		270,614	68
69 ELECTROCARDIOLOGY	2,541	38,363	188,834		335,359	69
70 ELECTROENCEPHALOGRAPHY	1,252	33,520	205,464		249,775	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,826		131,188		4,528,957	71
72 IMPL. DEV. CHARGED TO PATIENTS					8,273,546	72
73 DRUGS CHARGED TO PATIENTS	2,103	111,840	1,744,167		6,947,275	73
74 RENAL DIALYSIS	5,487				349,643	74
76 ENDOSCOPY	5,098		164		720,619	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC		59,089	296,241		600,955	76.20
76.97 CARDIAC REHABILITATION	4,447	87,106	134,612		301,374	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		675	300,195		546,004	90
91 EMERGENCY	12,591	29,814	2,480,899		3,819,434	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	318,447	2,819,271	39,533,377	-18,216,879	82,809,298	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,094	78,041	320,229		1,100,606	190
192 PHYSICIANS' PRIVATE OFFICES	66,661		17,479,298		52,257,694	192
192.10 RADIOLOGY CLINIC			27,508		88,988	192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	4,560		545,859		1,609,108	192.20
192.30 MCLEAN CO EMS			151,890		293,410	192.30
192.40 INDUSTRIAL MEDICINE	4,323		688,128		1,015,016	192.40
192.60 NONALLOWABLE CARDIAC REHAB	473	9,268	14,538		32,339	192.60

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
193	NONPAID WORKERS					239	193
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,272,281	2,899,436	16,239,231		18,216,879	202
203	UNIT COST MULT-WS B PT I	8.210301	0.997542	0.276362		0.130862	203
204	COST TO BE ALLOC PER B PT II					4,480,491	204
205	UNIT COST MULT-WS B PT II					0.032186	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS	
		6	7	8	9	10	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS	323,923					6
7	OPERATION OF PLANT	13,403	310,520				7
8	LAUNDRY & LINEN SERVICE	1,640	1,640	656,519			8
9	HOUSEKEEPING	3,667	3,667		305,213		9
10	DIETARY	4,544	4,544		4,544	26,331	10
11	CAFETERIA	2,847	2,847		2,847		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	4,070	4,070		4,070		13
14	CENTRAL SERVICES & SUPPLY	4,555	4,555		4,555		14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	4,382	4,382		4,382		16
17	SOCIAL SERVICE	1,014	1,014		1,014		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	65,659	65,659	283,667	65,659	24,167	30
43	NURSERY	3,205	3,205	18,834	3,205		43
44	SKILLED NURSING FACILITY	5,052	5,052	54,027	5,052	2,164	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	20,476	20,476	67,427	20,476		50
51	RECOVERY ROOM	2,511	2,511		2,511		51
52	DELIVERY ROOM & LABOR ROOM	12,144	12,144	71,370	12,144		52
53	ANESTHESIOLOGY	472	472		472		53
54	RADIOLOGY-DIAGNOSTIC	4,282	4,282	7,323	4,282		54
54.10	MAMOGRAPHY	3,340	3,340	3,083	3,340		54.10
54.20	ULTRASOUND	1,880	1,880		1,880		54.20
54.30	ECHOCARDIOLOGY	1,761	1,761		1,761		54.30
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE	2,149	2,149	1,407	2,149		56
57	CT SCAN	3,924	3,924	15,955	3,924		57
58	MRI	3,299	3,299	8,558	3,299		58
59	CARDIAC CATHETERIZATION	4,875	4,875	18,379	4,875		59
60	LABORATORY	15,785	15,785		15,785		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,896	1,896		1,896		65
66	PHYSICAL THERAPY	5,010	5,010		5,010		66
67	OCCUPATIONAL THERAPY	1,147	1,147		1,147		67
68	SPEECH PATHOLOGY	738	738		738		68
69	ELECTROCARDIOLOGY	2,541	2,541	15,010	2,541		69
70	ELECTROENCEPHALOGRAPHY	1,252	1,252	1,502	1,252		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,826	1,826		1,826		71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS	2,103	2,103		2,103		73
74	RENAL DIALYSIS	5,487	5,487		5,487		74
76	ENDOSCOPY	5,098	5,098		5,098		76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC						76.20
76.97	CARDIAC REHABILITATION	4,447	4,447		4,447		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC						90
91	EMERGENCY	12,591	12,591	89,977	12,591		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (SUM OF LINES 1-117)	235,072	221,669	656,519	216,362	26,331	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,094	4,094		4,094		190
192	PHYSICIANS' PRIVATE OFFICES	71,725	71,725		71,725		192
192.10	CARDIOLOGY CLINIC						192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	8,236	8,236		8,236		192.20
192.30	MCLEAN CO EMS						192.30
192.40	INDUSTRIAL MEDICINE	4,323	4,323		4,323		192.40
192.60	NONALLOWABLE CARDIAC REHAB	473	473		473		192.60

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10	
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,732,721	2,946,015	594,685	1,563,099	1,115,134	202
203 UNIT COST MULT-WS B PT I	8.436329	9.487360	0.905815	5.121338	42.350613	203
204 COST TO BE ALLOC PER B PT II	553,649	290,940	33,894	91,160	86,163	204
205 UNIT COST MULT-WS B PT II	1.709199	0.936944	0.051627	0.298677	3.272303	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING ADMINIS- TRATION FTES	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS
	11	13	14	16	17
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					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	58,389				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,620	37,821			13
14 CENTRAL SERVICES & SUPPLY	632	632	3,632,607		14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	2,353		3,423	508,535,959	16
17 SOCIAL SERVICE	474		126		17
19 NONPHYSICIAN ANESTHETISTS					26,331
20 NURSING SCHOOL					19
21 I&R SERVICES-SALARY & FRINGES APPRVD					20
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					21
23 PARAMED ED PRGM-(SPECIFY)					22
INFANTIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	18,988	18,961	259,606	38,716,459	24,167
43 NURSERY	603	603	12,354	1,367,722	30
44 SKILLED NURSING FACILITY	1,253	1,253	10,770	1,030,940	43
ANCILLARY SERVICE COST CENTERS					2,164
50 OPERATING ROOM	4,524	4,524	1,414,342	36,384,510	44
51 RECOVERY ROOM	546	546	3,754	2,215,357	50
52 DELIVERY ROOM & LABOR ROOM	2,285	2,285	48,429	5,190,612	51
53 ANESTHESIOLOGY			82,648	4,176,397	52
54 RADIOLOGY-DIAGNOSTIC	1,378		9,269	11,651,373	53
54.10 MAMOGRAPHY	235		2,431	4,639,325	54
54.20 ULTRASOUND	465		3,154	6,865,898	54.10
54.30 ECHOCARDIOLOGY	536	536	4,841	5,296,548	54.20
55 RADIOLOGY-THERAPEUTIC				638	54.30
56 RADIOISOTOPE	546		5,168	12,753,344	55
57 CT SCAN	872		12,651	40,635,259	56
58 MRI	319		57	18,189,557	57
59 CARDIAC CATHETERIZATION	1,023	1,023	176,429	30,109,713	58
60 LABORATORY	4,350		90,448	73,007,579	59
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					60
65 RESPIRATORY THERAPY	1,342	1,342	26,930	8,935,816	62.30
66 PHYSICAL THERAPY	645		4,426	8,291,224	65
67 OCCUPATIONAL THERAPY	410		55	2,432,342	66
68 SPEECH PATHOLOGY	207		60	904,333	67
69 ELECTROCARDIOLOGY	366	366	13,299	4,277,554	68
70 ELECTROENCEPHALOGRAPHY	205		207	790,469	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	408		925,945	39,043,007	70
72 IMPL. DEV. CHARGED TO PATIENTS				39,975,183	71
73 DRUGS CHARGED TO PATIENTS	2,172		362,666	83,889,300	72
74 RENAL DIALYSIS				1,565,805	73
76 ENDOSCOPY			94	3,104,640	74
76.10 DIABETES SERVICES					76
76.20 PAIN CLINIC		667	5,471	2,720,467	76.10
76.97 CARDIAC REHABILITATION	242	242	1,503	318,492	76.20
76.98 HYPERBARIC OXYGEN THERAPY					76.97
76.99 LITHOTRIPSY					76.98
OUTPATIENT SERVICE COST CENTERS					76.99
90 CLINIC			2,898	864,961	90
91 EMERGENCY	4,841	4,841	107,208	19,191,135	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	53,840	37,821	3,590,664	508,535,959	26,331
NONREIMBURSABLE COST CENTERS					118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	717		1,329		190
192 PHYSICIANS' PRIVATE OFFICES	1,491		34,129		192
192.10 RADIOLOGY CLINIC	80		932		192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	1,160		749		192.20
192.30 MCLEAN CO EMS					192.30
192.40 INDUSTRIAL MEDICINE	1,075		4,644		192.40
192.60 NONALLOWABLE CARDIAC REHAB	26		160		192.60

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	CAFETERIA FTES 11	NURSING ADMINIS- TRATION FTES 13	CENTRAL SERVICES + SUPPLY INV ISSUES 14	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE PATIENT DAYS 17	
193 NONPAID WORKERS						193
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	887,746	2,024,678	1,053,943	1,925,472	407,200	202
203 UNIT COST MULT-WS B PT I	15.203994	53.533169	0.290134	0.003786	15.464661	203
204 COST TO BE ALLOC PER B PT II	55,840	267,342	424,149	108,200	22,497	204
205 UNIT COST MULT-WS B PT II	0.956345	7.068613	0.116762	0.000213	0.854392	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 DEPARTMENT	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 SERVICES-SALARY & FRINGES APPRVD	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
43	NURSERY	43
44	SKILLED NURSING FACILITY	44
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.10	MAMOGRAPHY	54.10
54.20	ULTRASOUND	54.20
54.30	ECHOCARDIOLOGY	54.30
55	RADIOLOGY-THERAPEUTIC	55
56	RADIOISOTOPE	56
57	CT SCAN	57
58	MRI	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENTS	72
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
76	ENDOSCOPY	76
76.10	DIABETES SERVICES	76.10
76.20	PAIN CLINIC	76.20
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	90
91	EMERGENCY	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	92
OTHER REIMBURSABLE COST CENTERS		
94	HOME PROGRAM DIALYSIS	94
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192	PHYSICIANS' PRIVATE OFFICES	192
192.10	CARDIOLOGY CLINIC	192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	192.20
192.30	MCLEAN CO EMS	192.30
192.40	INDUSTRIAL MEDICINE	192.40
192.60	NONALLOWABLE CARDIAC REHAB	192.60

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

193	NONPAID WORKERS	193
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	20,300,505		20,300,505		20,300,505	30
43 NURSERY	757,282		757,282		757,282	43
44 SKILLED NURSING FACILITY	1,302,470		1,302,470		1,302,470	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,766,772		7,766,772		7,766,772	50
51 RECOVERY ROOM	654,150		654,150		654,150	51
52 DELIVERY ROOM & LABOR ROOM	2,894,107		2,894,107		2,894,107	52
53 ANESTHESIOLOGY	476,482		476,482	31,970	508,452	53
54 RADIOLOGY-DIAGNOSTIC	1,639,872		1,639,872		1,639,872	54
54.10 MAMOGRAPHY	996,915		996,915		996,915	54.10
54.20 ULTRASOUND	1,084,926		1,084,926		1,084,926	54.20
54.30 ECHOCARDIOLOGY	714,928		714,928		714,928	54.30
55 RADIOLOGY-THERAPEUTIC	15,378		15,378		15,378	55
56 RADIOISOTOPE	1,402,907		1,402,907		1,402,907	56
57 CT SCAN	1,916,943		1,916,943		1,916,943	57
58 MRI	1,500,984		1,500,984		1,500,984	58
59 CARDIAC CATHETERIZATION	2,567,840		2,567,840		2,567,840	59
60 LABORATORY	5,623,164		5,623,164		5,623,164	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,344,686		1,344,686		1,344,686	65
66 PHYSICAL THERAPY	4,821,259		4,821,259		4,821,259	66
67 OCCUPATIONAL THERAPY	725,775		725,775		725,775	67
68 SPEECH PATHOLOGY	329,623		329,623		329,623	68
69 ELECTROCARDIOLOGY	496,609		496,609		496,609	69
70 ELECTROENCEPHALOGRAPHY	318,844		318,844		318,844	70
71 MEDICAL SUPPLIES CHARGED TO	5,586,374		5,586,374		5,586,374	71
72 IMPL. DEV. CHARGED TO PATIE	9,507,585		9,507,585		9,507,585	72
73 DRUGS CHARGED TO PATIENTS	8,360,876		8,360,876		8,360,876	73
74 RENAL DIALYSIS	527,774		527,774		527,774	74
76 ENDOSCOPY	944,186		944,186		944,186	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	727,191		727,191		727,191	76.20
76.97 CARDIAC REHABILITATION	461,569		461,569		461,569	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	621,571		621,571		621,571	90
91 EMERGENCY	5,127,436		5,127,436	70,300	5,197,736	91
92 OBSERVATION BEDS (NON-DISTI	1,707,998		1,707,998		1,707,998	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 SUBTOTAL (SEE INSTRUCTIONS)	93,224,981		93,224,981	102,270	93,327,251	200
201 LESS OBSERVATION BEDS	1,707,998		1,707,998		1,707,998	201
202 TOTAL (SEE INSTRUCTIONS)	91,516,983		91,516,983		91,619,253	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	26,377,961		26,377,961			30
43 NURSERY	1,147,010		1,147,010			43
44 SKILLED NURSING FACILITY	1,030,940		1,030,940			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,954,153	12,430,357	36,384,510	0.213464	0.213464	0.213464 50
51 RECOVERY ROOM	1,334,362	880,995	2,215,357	0.295280	0.295280	0.295280 51
52 DELIVERY ROOM & LABOR ROOM	4,353,792	836,820	5,190,612	0.557566	0.557566	0.557566 52
53 ANESTHESIOLOGY	2,662,366	1,514,031	4,176,397	0.114089	0.114089	0.121744 53
54 RADIOLOGY-DIAGNOSTIC	3,543,975	8,107,398	11,651,373	0.140745	0.140745	0.140745 54
54.10 MAMMOGRAPHY	1,337	4,637,988	4,639,325	0.214884	0.214884	0.214884 54.10
54.20 ULTRASOUND	1,020,601	5,845,297	6,865,898	0.158017	0.158017	0.158017 54.20
54.30 ECHOCARDIOLOGY	1,765,536	3,531,012	5,296,548	0.134980	0.134980	0.134980 54.30
55 RADIOLOGY-THERAPEUTIC		638	638	24.103448	24.103448	24.103448 55
56 RADIOISOTOPE	1,754,199	10,999,145	12,753,344	0.110003	0.110003	0.110003 56
57 CT SCAN	8,756,074	31,879,185	40,635,259	0.047174	0.047174	0.047174 57
58 MRI	2,941,467	15,248,090	18,189,557	0.082519	0.082519	0.082519 58
59 CARDIAC CATHETERIZATION	15,279,517	14,830,196	30,109,713	0.085283	0.085283	0.085283 59
60 LABORATORY	22,876,069	50,131,510	73,007,579	0.077022	0.077022	0.077022 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	7,158,229	1,777,587	8,935,816	0.150483	0.150483	0.150483 65
66 PHYSICAL THERAPY	2,166,716	6,124,508	8,291,224	0.581489	0.581489	0.581489 66
67 OCCUPATIONAL THERAPY	1,245,754	1,186,588	2,432,342	0.298385	0.298385	0.298385 67
68 SPEECH PATHOLOGY	205,797	698,536	904,333	0.364493	0.364493	0.364493 68
69 ELECTROCARDIOLOGY	982,077	3,295,477	4,277,554	0.116096	0.116096	0.116096 69
70 ELECTROENCEPHALOGRAPHY	346,719	443,750	790,469	0.403361	0.403361	0.403361 70
71 MEDICAL SUPPLIES CHARGED TO	28,829,855	10,213,152	39,043,007	0.143083	0.143083	0.143083 71
72 IMPL. DEV. CHARGED TO PATIE	32,025,241	7,949,942	39,975,183	0.237837	0.237837	0.237837 72
73 DRUGS CHARGED TO PATIENTS	65,337,175	18,552,125	83,889,300	0.099666	0.099666	0.099666 73
74 RENAL DIALYSIS	1,473,571	92,234	1,565,805	0.337062	0.337062	0.337062 74
76 ENDOSCOPY	2,681,236	423,404	3,104,640	0.304121	0.304121	0.304121 76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	273	2,720,194	2,720,467	0.267304	0.267304	0.267304 76.20
76.97 CARDIAC REHABILITATION	74,121	244,371	318,492	1.449233	1.449233	1.449233 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,961	860,000	864,961	0.718612	0.718612	0.718612 90
91 EMERGENCY	3,589,885	15,601,250	19,191,135	0.267177	0.267177	0.270840 91
92 OBSERVATION BEDS (NON-DISTI	1,661,373	9,601,450	11,262,823	0.151649	0.151649	0.151649 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 SUBTOTAL (SEE INSTRUCTIONS)	266,582,342	240,657,230	507,239,572			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	266,582,342	240,657,230	507,239,572			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	SWING-BED ADJUSTMENT	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	2	(COL.1 MINUS COL.2)	4	(COL.3 + COL.4)	6	(COL.5 x COL.6)	7
	1		3		5			
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,730,387		1,730,387	26,160	66.15	11,953	790,691	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	83,074		83,074	1,957	42.45			43
44 SKILLED NURSING FACILITY	111,961		111,961	2,164	51.74	1,530	79,162	44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,925,422		1,925,422	30,281		13,483	869,853	200

APPORTIONMENT OF INPATIENT ANCIŁLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0162) [] 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	955,885	36,384,510	0.026272	9,570,049	251,424	50
51 RECOVERY ROOM	53,045	2,215,357	0.023944	477,206	11,426	51
52 DELIVERY ROOM & LABOR ROOM	337,048	5,190,612	0.064934			52
53 ANESTHESIOLOGY	89,273	4,176,397	0.021376	1,024,446	21,899	53
54 RADIOLOGY-DIAGNOSTIC	184,217	11,651,373	0.015811	1,813,475	28,673	54
54.10 MAMOGRAPHY	351,857	4,639,325	0.075842	817	62	54.10
54.20 ULTRASOUND	144,951	6,865,898	0.021112	496,521	10,483	54.20
54.30 ECHOCARDIOLOGY	85,501	5,296,548	0.016143	946,088	15,273	54.30
55 RADIOLOGY-THERAPEUTIC	438	638	0.686520			55
56 RADIOISOTOPE	208,495	12,753,344	0.016348	989,965	16,184	56
57 CT SCAN	463,053	40,635,259	0.011395	3,618,136	41,229	57
58 MRI	543,175	18,189,557	0.029862	1,317,623	39,347	58
59 CARDIAC CATHETERIZATION	526,589	30,109,713	0.017489	6,949,545	121,541	59
60 LABORATORY	398,226	73,007,579	0.005455	11,022,165	60,126	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	115,850	8,935,816	0.012965	4,105,797	53,232	65
66 PHYSICAL THERAPY	1,057,358	8,291,224	0.127527	1,076,254	137,251	66
67 OCCUPATIONAL THERAPY	33,888	2,432,342	0.013932	575,754	8,021	67
68 SPEECH PATHOLOGY	24,207	904,333	0.026768	129,076	3,455	68
69 ELECTROCARDIOLOGY	83,584	4,277,554	0.019540	554,996	10,845	69
70 ELECTROENCEPHALOGRAPHY	55,909	790,469	0.070729	147,513	10,433	70
71 MEDICAL SUPPLIES CHARGED TO P	393,141	39,043,007	0.010069	13,636,252	137,303	71
72 IMPL. DEV. CHARGED TO PATIENT	274,807	39,975,183	0.006874	14,545,047	99,983	72
73 DRUGS CHARGED TO PATIENTS	420,802	83,889,300	0.005016	30,776,135	154,373	73
74 RENAL DIALYSIS	72,796	1,565,805	0.046491	1,004,650	46,707	74
76 ENDOSCOPY	80,735	3,104,640	0.026005	1,362,860	35,441	76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	147,087	2,720,467	0.054067	273	15	76.20
76.97 CARDIAC REHABILITATION	148,384	318,492	0.465896	31,163	14,519	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	97,328	864,961	0.112523	3,772	424	90
91 EMERGENCY	357,896	19,191,135	0.018649	1,792,531	33,429	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	145,588	11,262,823	0.012926	820,470	10,605	92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	7,851,113	478,683,661		108,788,579	1,373,703	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					200
TOTAL (SUM OF LINES 30-199)					

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	26,160		11,953		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	1,957				43
44 SKILLED NURSING FACILITY	2,164		1,530		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	30,281		13,483		200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	36,384,510			9,570,049		3,285,109	50
51 RECOVERY ROOM	2,215,357			477,206		165,367	51
52 DELIVERY ROOM & LABOR ROOM	5,190,612						52
53 ANESTHESIOLOGY	4,176,397			1,024,446		395,820	53
54 RADIOLOGY-DIAGNOSTIC	11,651,373			1,813,475		1,971,592	54
54.10 MAMOGRAPHY	4,639,325			817		241,477	54.10
54.20 ULTRASOUND	6,865,898			496,521		1,492,954	54.20
54.30 ECHOCARDIOLOGY	5,296,548			946,088		1,079,097	54.30
55 RADIOLOGY-THERAPEUTIC	638					635	55
56 RADIOISOTOPE	12,753,344			989,965		4,310,899	56
57 CT SCAN	40,635,259			3,618,136		9,471,391	57
58 MRI	18,189,557			1,317,623		3,468,457	58
59 CARDIAC CATHETERIZATION	30,109,713			6,949,545		6,975,866	59
60 LABORATORY	73,007,579			11,022,165		1,831,890	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	8,935,816			4,105,797		605,053	65
66 PHYSICAL THERAPY	8,291,224			1,076,254			66
67 OCCUPATIONAL THERAPY	2,432,342			575,754			67
68 SPEECH PATHOLOGY	904,333			129,076		9,835	68
69 ELECTROCARDIOLOGY	4,277,554			554,996		1,101,526	69
70 ELECTROENCEPHALOGRAPHY	790,469			147,513		84,142	70
71 MEDICAL SUPPLIES CHARGED TO	39,043,007			13,636,252		4,003,343	71
72 IMPL. DEV. CHARGED TO PATIEN	39,975,183			14,545,047		3,559,382	72
73 DRUGS CHARGED TO PATIENTS	83,889,300			30,776,135		7,404,216	73
74 RENAL DIALYSIS	1,565,805			1,004,650		34,989	74
76 ENDOSCOPY	3,104,640			1,362,860		100,453	76
76.10 DIABETES SERVICES							76.10
76.20 PAIN CLINIC	2,720,467			273		885,703	76.20
76.97 CARDIAC REHABILITATION	318,492			31,163		117,522	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	864,961			3,772		432,985	90
91 EMERGENCY	19,191,135			1,792,531		2,917,181	91
92 OBSERVATION BEDS (NON-DISTIN	11,262,823			820,470		3,455,515	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	478,683,661			108,788,579		59,402,399	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
50 ANCILLARY SERVICE COST CENTERS								
51 OPERATING ROOM	0.213464	3,285,109			701,253		50	
52 RECOVERY ROOM	0.295280	165,367			48,830		51	
53 DELIVERY ROOM & LABOR ROOM	0.557566						52	
54 ANESTHESIOLOGY	0.114089	395,820			45,159		53	
54.10 RADIOLOGY-DIAGNOSTIC	0.140745	1,971,592			277,492		54	
54.20 MAMMOGRAPHY	0.214884	241,477			51,890		54.10	
54.30 ULTRASOUND	0.158017	1,492,954			235,912		54.20	
55 ECHOCARDIOLOGY	0.134980	1,079,097			145,657		54.30	
56 RADIOLOGY-THERAPEUTIC	24.103448	635			15,306		55	
57 RADIOISOTOPE	0.110003	4,310,899			474,212		56	
58 CT SCAN	0.047174	9,471,391			446,803		57	
59 MRI	0.082519	3,468,457			286,214		58	
60 CARDIAC CATHETERIZATION LABORATORY	0.085283	6,975,866			594,923		59	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	0.077022	1,831,890	31,427		141,096	2,421	60	
65 RESPIRATORY THERAPY	0.150483	605,053		118	91,050	18	62.30	
66 PHYSICAL THERAPY	0.581489						65	
67 OCCUPATIONAL THERAPY	0.298385						66	
68 SPEECH PATHOLOGY	0.364493	9,835			3,585		67	
69 ELECTROCARDIOLOGY	0.116096	1,101,526			127,883		68	
70 ELECTROENCEPHALOGRAPHY	0.403361	84,142			33,940		69	
71 MEDICAL SUPPLIES CHARGED TO PAT	0.143083	4,003,343			572,810		70	
72 IMPL. DEV. CHARGED TO PATIENTS	0.237837	3,559,382			846,553		71	
73 DRUGS CHARGED TO PATIENTS	0.099666	7,404,216		81,310	737,949		72	
74 RENAL DIALYSIS	0.337062	34,989			11,793		73	
76 ENDOSCOPY	0.304121	100,453			30,550		74	
76.10 DIABETES SERVICES							76	
76.20 PAIN CLINIC	0.267304	885,703			236,752		76.10	
76.97 CARDIAC REHABILITATION	1.449233	117,522			170,317		76.20	
76.98 HYPERBARIC OXYGEN THERAPY							76.97	
76.99 LITHOTRIPSY							76.98	
90 OUTPATIENT SERVICE COST CENTERS							76.99	
91 CLINIC	0.718612	432,985			311,148		90	
92 EMERGENCY	0.267177	2,917,181			779,404		91	
94 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.151649	3,455,515			524,025		92	
200 HOME PROGRAM DIALYSIS							94	
201 SUBTOTAL (SEE INSTRUCTIONS)		59,402,399	31,545	81,310	7,942,506	2,439	8,104 200	
202 LESS PBP CLINIC LAB SERVICES							201	
NET CHARGES (LINE 200 - LINE 201)		59,402,399	31,545	81,310	7,942,506	2,439	8,104 202	

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	36,384,510			640			50
51 RECOVERY ROOM	2,215,357						51
52 DELIVERY ROOM & LABOR ROOM	5,190,612						52
53 ANESTHESIOLOGY	4,176,397						53
54 RADIOLOGY-DIAGNOSTIC	11,651,373			14,575			54
54.10 MAMOGRAPHY	4,639,325			4			54.10
54.20 ULTRASOUND	6,865,898			10,177			54.20
54.30 ECHOCARDIOLOGY	5,296,548						54.30
55 RADIOLOGY-THERAPEUTIC	638						55
56 RADIOISOTOPE	12,753,344						56
57 CT SCAN	40,635,259			14,877			57
58 MRI	18,189,557						58
59 CARDIAC CATHETERIZATION	30,109,713			2,488			59
60 LABORATORY	73,007,579			268,503			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	8,935,816			129,460			65
66 PHYSICAL THERAPY	8,291,224			214,448			66
67 OCCUPATIONAL THERAPY	2,432,342			177,171			67
68 SPEECH PATHOLOGY	904,333			7,043			68
69 ELECTROCARDIOLOGY	4,277,554			1,553			69
70 ELECTROENCEPHALOGRAPHY	790,469						70
71 MEDICAL SUPPLIES CHARGED TO	39,043,007			313,825			71
72 IMPL. DEV. CHARGED TO PATIEN	39,975,183						72
73 DRUGS CHARGED TO PATIENTS	83,889,300			1,375,088			73
74 RENAL DIALYSIS	1,565,805						74
76 ENDOSCOPY	3,104,640			6,534			76
76.10 DIABETES SERVICES							76.10
76.20 PAIN CLINIC	2,720,467						76.20
76.97 CARDIAC REHABILITATION	318,492			2,090			76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	864,961						90
91 EMERGENCY	19,191,135			465			91
92 OBSERVATION BEDS (NON-DISTIN	11,262,823						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	478,683,661			2,538,941			200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.213464							50
51 RECOVERY ROOM	0.295280							51
52 DELIVERY ROOM & LABOR ROOM	0.557566							52
53 ANESTHESIOLOGY	0.114089							53
54 RADIOLOGY-DIAGNOSTIC	0.140745							54
54.10 MAMOGRAPHY	0.214884							54.10
54.20 ULTRASOUND	0.158017							54.20
54.30 ECHOCARDIOLOGY	0.134980							54.30
55 RADIOLOGY-THERAPEUTIC	24.103448							55
56 RADIOISOTOPE	0.110003							56
57 CT SCAN	0.047174							57
58 MRI	0.082519							58
59 CARDIAC CATHETERIZATION	0.085283							59
60 LABORATORY	0.077022							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.150483							65
66 PHYSICAL THERAPY	0.581489							66
67 OCCUPATIONAL THERAPY	0.298385							67
68 SPEECH PATHOLOGY	0.364493							68
69 ELECTROCARDIOLOGY	0.116096							69
70 ELECTROENCEPHALOGRAPHY	0.403361							70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.143083							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237837							72
73 DRUGS CHARGED TO PATIENTS	0.099666							73
74 RENAL DIALYSIS	0.337062				58			6 74
76 ENDOSCOPY	0.304121							76
76.10 DIABETES SERVICES								76.10
76.20 PAIN CLINIC	0.267304							76.20
76.97 CARDIAC REHABILITATION	1.449233							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.718612							90
91 EMERGENCY	0.267177							91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.151649							92
HOME PROGRAM DIALYSIS								
94								94
200 SUBTOTAL (SEE INSTRUCTIONS)					58			6 200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)					58			6 202

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	SWING-BED ADJUSTMENT	REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM	
	(FROM WKST B, PT. II, COL. 26)		CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 + COL.4)		CAP COST (COL.5 x COL.6)	
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	1,730,387		1,730,387	26,160	66.15	2,024	133,888	30
32 INTENSIVE CARE UNIT								31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT								34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY	83,074		83,074	1,957	42.45	643	27,295	43
45 SKILLED NURSING FACILITY	111,961		111,961	2,164	51.74	118	6,105	44
200 NURSING FACILITY								45
TOTAL (LINES 30-199)	1,925,422		1,925,422	30,281		2,785	167,288	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK TITLE V HOSPITAL (14-0162) SUB (OTHER) PPS
 APPLICABLE TITLE XVIII-PT A IPF TEFRA
 BOXES TITLE XIX IRF OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 × COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	955,885	36,384,510	0.026272			50
51 RECOVERY ROOM	53,045	2,215,357	0.023944			51
52 DELIVERY ROOM & LABOR ROOM	337,048	5,190,612	0.064934			52
53 ANESTHESIOLOGY	89,273	4,176,397	0.021376			53
54 RADIOLOGY-DIAGNOSTIC	184,217	11,651,373	0.015811			54
54.10 MAMOGRAPHY	351,857	4,639,325	0.075842			54.10
54.20 ULTRASOUND	144,951	6,865,898	0.021112			54.20
54.30 ECHOCARDIOLOGY	85,501	5,296,548	0.016143			54.30
55 RADIOLOGY-THERAPEUTIC	438	636	0.686520			55
56 RADIOISOTOPE	208,495	12,753,344	0.016348			56
57 CT SCAN	463,053	40,635,259	0.011395			57
58 MRI	543,175	18,189,557	0.029862			58
59 CARDIAC CATHETERIZATION	526,589	30,109,713	0.017489			59
60 LABORATORY	398,226	73,007,579	0.005455			60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	115,850	8,935,816	0.012965			65
66 PHYSICAL THERAPY	1,057,358	8,291,224	0.127527			66
67 OCCUPATIONAL THERAPY	33,888	2,432,342	0.013932			67
68 SPEECH PATHOLOGY	24,207	904,333	0.026768			68
69 ELECTROCARDIOLOGY	83,584	4,277,554	0.019540			69
70 ELECTROENCEPHALOGRAPHY	55,909	790,469	0.070729			70
71 MEDICAL SUPPLIES CHARGED TO P	393,141	39,043,007	0.010069			71
72 IMPL. DEV. CHARGED TO PATIENT	274,807	39,975,183	0.006874			72
73 DRUGS CHARGED TO PATIENTS	420,802	83,889,300	0.005016			73
74 RENAL DIALYSIS	72,796	1,565,805	0.046491			74
76 ENDOSCOPY	80,735	3,104,640	0.026005			76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC	147,087	2,720,467	0.054067			76.20
76.97 CARDIAC REHABILITATION	148,384	318,492	0.465896			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	97,328	864,961	0.112523			90
91 EMERGENCY	357,896	19,191,135	0.018649			91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	145,588	11,262,823	0.012926			92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	7,851,113	478,683,661				200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

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

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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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	INFATIENT PROGRAM DAYS 8	INFAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30	INPAT ROUTINE SERV COST CTRS					
31	ADULTS & PEDIATRICS	26,160		2,024		30
32	INTENSIVE CARE UNIT					31
33	CORONARY CARE UNIT					32
34	BURN INTENSIVE CARE UNIT					33
35	SURGICAL INTENSIVE CARE UNIT					34
40	OTHER SPECIAL CARE (SPECIFY)					35
41	SUBPROVIDER - IPF					40
42	SUBPROVIDER - IRF					41
43	SUBPROVIDER I					42
44	NURSERY	1,957		643		43
45	SKILLED NURSING FACILITY	2,164		118		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	30,281		2,785		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0162)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL 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 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9		11		13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	36,384,510					50
51	RECOVERY ROOM	2,215,357					51
52	DELIVERY ROOM & LABOR ROOM	5,190,612					52
53	ANESTHESIOLOGY	4,176,397					53
54	RADIOLOGY-DIAGNOSTIC	11,651,373					54
54.10	MAMOGRAPHY	4,639,325					54.10
54.20	ULTRASOUND	6,865,898					54.20
54.30	ECHOCARDIOLOGY	5,296,548					54.30
55	RADIOLOGY-THERAPEUTIC	638					55
56	RADIOISOTOPE	12,753,344					56
57	CT SCAN	40,635,259					57
58	MRI	18,189,557					58
59	CARDIAC CATHETERIZATION	30,109,713					59
60	LABORATORY	73,007,579					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	8,935,816					65
66	PHYSICAL THERAPY	8,291,224					66
67	OCCUPATIONAL THERAPY	2,432,342					67
68	SPEECH PATHOLOGY	904,333					68
69	ELECTROCARDIOLOGY	4,277,554					69
70	ELECTROENCEPHALOGRAPHY	790,469					70
71	MEDICAL SUPPLIES CHARGED TO	39,043,007					71
72	IMPL. DEV. CHARGED TO PATIEN	39,975,183					72
73	DRUGS CHARGED TO PATIENTS	83,889,300					73
74	RENAL DIALYSIS	1,565,805					74
76	ENDOSCOPY	3,104,640					76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	2,720,467					76.20
76.97	CARDIAC REHABILITATION	318,492					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	864,961					90
91	EMERGENCY	19,191,135					91
92	OBSERVATION BEDS (NON-DISTIN	11,262,823					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	478,683,661					200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

[] SUB (OTHER)
 [XX] SNF (14-5590)
 [] NF

[] ICF/MR

[] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8) 7	(COL. 5 ÷ COL. 7) 8	(COL. 6 ÷ COL. 7) 9	PGM 10	(COL. 8 x COL. 10) 11	12	(COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	36,384,510						50
51 RECOVERY ROOM	2,215,357						51
52 DELIVERY ROOM & LABOR ROOM	5,190,612						52
53 ANESTHESIOLOGY	4,176,397						53
54 RADIOLOGY-DIAGNOSTIC	11,651,373						54
54.10 MAMOGRAPHY	4,639,325						54.10
54.20 ULTRASOUND	6,865,898						54.20
54.30 ECHOCARDIOLOGY	5,296,548						54.30
55 RADIOLOGY-THERAPEUTIC	638						55
56 RADIOISOTOPE	12,753,344						56
57 CT SCAN	40,635,259						57
58 MRI	18,189,557						58
59 CARDIAC CATHETERIZATION	30,109,713						59
60 LABORATORY	73,007,579						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	8,935,816						65
66 PHYSICAL THERAPY	8,291,224						66
67 OCCUPATIONAL THERAPY	2,432,342						67
68 SPEECH PATHOLOGY	904,333						68
69 ELECTROCARDIOLOGY	4,277,554						69
70 ELECTROENCEPHALOGRAPHY	790,469						70
71 MEDICAL SUPPLIES CHARGED TO	39,043,007						71
72 IMPL. DEV. CHARGED TO PATIEN	39,975,183						72
73 DRUGS CHARGED TO PATIENTS	83,889,300						73
74 RENAL DIALYSIS	1,565,805						74
76 ENDOSCOPY	3,104,640						76
76.10 DIABETES SERVICES							76.10
76.20 PAIN CLINIC	2,720,467						76.20
76.97 CARDIAC REHABILITATION	318,492						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	864,961						90
91 EMERGENCY	19,191,135						91
92 OBSERVATION BEDS (NON-DISTIN	11,262,823						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	478,683,661						200

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.213464						50	
51 RECOVERY ROOM	0.295280						51	
52 DELIVERY ROOM & LABOR ROOM	0.557566						52	
53 ANESTHESIOLOGY	0.114089						53	
54 RADIOLOGY-DIAGNOSTIC	0.140745						54	
54.10 MAMOGRAPHY	0.214884						54.10	
54.20 ULTRASOUND	0.158017						54.20	
54.30 ECHOCARDIOLOGY	0.134980						54.30	
55 RADIOLOGY-THERAPEUTIC	24.103448						55	
56 RADIOISOTOPE	0.110003						56	
57 CT SCAN	0.047174						57	
58 MRI	0.082519						58	
59 CARDIAC CATHETERIZATION	0.085283						59	
60 LABORATORY	0.077022						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65 RESPIRATORY THERAPY	0.150483						65	
66 PHYSICAL THERAPY	0.581489						66	
67 OCCUPATIONAL THERAPY	0.298385						67	
68 SPEECH PATHOLOGY	0.364493						68	
69 ELECTROCARDIOLOGY	0.116096						69	
70 ELECTROENCEPHALOGRAPHY	0.403361						70	
71 MEDICAL SUPPLIES CHARGED TO PAT	0.143083						71	
72 IMPL. DEV. CHARGED TO PATIENTS	0.237837						72	
73 DRUGS CHARGED TO PATIENTS	0.099666						73	
74 RENAL DIALYSIS	0.337062						74	
76 ENDOSCOPY	0.304121						76	
76.10 DIABETES SERVICES							76.10	
76.20 PAIN CLINIC	0.267304						76.20	
76.97 CARDIAC REHABILITATION	1.449233						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.718612						90	
91 EMERGENCY	0.267177						91	
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.151649						92	
94 HOME PROGRAM DIALYSIS							94	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	26,160 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,160 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,959 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,953 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)	20,300,505 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	20,300,505 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	20,300,505 37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 776.01 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 9,275,648 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) 9,275,648 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					16,075,224	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					25,350,872	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					790,691	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,373,703	51
52 TOTAL PROGRAM EXCLUDABLE COST					2,164,394	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					23,186,478	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) 2,201 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 776.01 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,707,998 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,730,387	20,300,505	0.085239	1,707,998	145,588	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2013.11
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2,164 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 2,164 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 3 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 2,164 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 1,530 9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) 10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) 14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 16
SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 1,302,470 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) 22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) 23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) 24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) 25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS) 26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 1,302,470 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 31) 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31) 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) 1,302,470 37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	1,302,470	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	601.89	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 × LINE 71)	920,876	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 × LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	920,876	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 × LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 × LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	920,876	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	412,278	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	1,333,154	86

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	26,160 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,160 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,959 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,024 9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,957 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	643 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)	20,300,505 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	20,300,505 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	20,300,505 37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0162) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX-INPT [] IRF

[] PFS
 [] TEFRA
 [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) 776.01 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,570,644 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 1,570,644 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)	757,282	1,957	386.96	643	248,815 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,819,459 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 161,183 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 161,183 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) 2,201 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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	2,164	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,164	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,164	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)	118	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	1,302,470	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,302,470	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 31)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31)		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 35 x LINE 31)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	1,302,470	37

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PARTS III & IV

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

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	1,302,470	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	601.88	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	71,022	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	71,022	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)	111,961	75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)	51.74	76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)	6,105	77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)	64,917	78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)	64,917	80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	6,105	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	6,105	86

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
30 INPATIENT ROUTINE SERVICE COST CENTERS				
ADULTS & PEDIATRICS		12,952,402		30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.213464	9,570,049	2,042,861	50
51 RECOVERY ROOM	0.295280	477,206	140,909	51
52 DELIVERY ROOM & LABOR ROOM	0.557566			52
53 ANESTHESIOLOGY	0.121744	1,024,446	124,720	53
54 RADIOLOGY-DIAGNOSTIC	0.140745	1,813,475	255,238	54
54.10 MAMOGRAPHY	0.214884	817	176	54.10
54.20 ULTRASOUND	0.158017	496,521	78,459	54.20
54.30 ECHOCARDIOLOGY	0.134980	946,088	127,703	54.30
55 RADIOLOGY-THERAPEUTIC	24.103448			55
56 RADIOISOTOPE	0.110003	989,965	108,899	56
57 CT SCAN	0.047174	3,618,136	170,682	57
58 MRI	0.082519	1,317,623	108,729	58
59 CARDIAC CATHETERIZATION	0.085283	6,949,545	592,678	59
60 LABORATORY	0.077022	11,022,165	848,949	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.150483	4,105,797	617,853	65
66 PHYSICAL THERAPY	0.581489	1,076,254	625,830	66
67 OCCUPATIONAL THERAPY	0.298385	575,754	171,796	67
68 SPEECH PATHOLOGY	0.364493	129,076	47,047	68
69 ELECTROCARDIOLOGY	0.116096	554,996	64,433	69
70 ELECTROENCEPHALOGRAPHY	0.403361	147,513	59,501	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.143083	13,636,252	1,951,116	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237837	14,545,047	3,459,350	72
73 DRUGS CHARGED TO PATIENTS	0.099666	30,776,135	3,067,334	73
74 RENAL DIALYSIS	0.337062	1,004,650	338,629	74
76 ENDOSCOPY	0.304121	1,362,860	414,474	76
76.10 DIABETES SERVICES				76.10
76.20 PAIN CLINIC	0.267304	273	73	76.20
76.97 CARDIAC REHABILITATION	1.449233	31,163	45,162	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.718612	3,772	2,711	90
91 EMERGENCY	0.270840	1,792,531	485,489	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.151649	820,470	124,423	92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		108,788,579	16,075,224	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		108,788,579		202

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

[] SUB (OTHER) [] S/B SNF
 (XX) SNF (14-5590) [] S/B NF
 [] NF [] ICF/MR

[XX] PPS
 [] TEFRA
 [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
30 INPATIENT ROUTINE SERVICE COST CENTERS				
ADULTS & PEDIATRICS				30
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.213464	640	137	50
51 RECOVERY ROOM	0.295280			51
52 DELIVERY ROOM & LABOR ROOM	0.557566			52
53 ANESTHESIOLOGY	0.114089			53
54 RADIOLOGY-DIAGNOSTIC	0.140745	14,575	2,051	54
54.10 MAMOGRAPHY	0.214884	4	1	54.10
54.20 ULTRASOUND	0.158017	10,177	1,608	54.20
54.30 ECHOCARDIOLOGY	0.134980			54.30
55 RADIOLOGY-THERAPEUTIC	24.103448			55
56 RADIOISOTOPE	0.110003			56
57 CT SCAN	0.047174	14,877	702	57
58 MRI	0.082519			58
59 CARDIAC CATHETERIZATION	0.085283	2,488	212	59
60 LABORATORY	0.077022	268,503	20,681	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.150483	129,460	19,482	65
66 PHYSICAL THERAPY	0.581489	214,448	124,699	66
67 OCCUPATIONAL THERAPY	0.298385	177,171	52,865	67
68 SPEECH PATHOLOGY	0.364493	7,043	2,567	68
69 ELECTROCARDIOLOGY	0.116096	1,553	180	69
70 ELECTROENCEPHALOGRAPHY	0.403361			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.143083	313,825	44,903	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237837			72
73 DRUGS CHARGED TO PATIENTS	0.099666	1,375,088	137,050	73
74 RENAL DIALYSIS	0.337062			74
76 ENDOSCOPY	0.304121	6,534	1,987	76
76.10 DIABETES SERVICES				76.10
76.20 PAIN CLINIC	0.267304			76.20
76.97 CARDIAC REHABILITATION	1.449233	2,090	3,029	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.718612			90
91 EMERGENCY	0.267177	465	124	91
92 OBSERVATION BEDS (NON-DISTINCT	0.151649			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,538,941	412,278	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,538,941		202

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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 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
30 INPATIENT ROUTINE SERVICE COST CENTERS				
ADULTS & PEDIATRICS				30
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.213464			50
51 RECOVERY ROOM	0.295280			51
52 DELIVERY ROOM & LABOR ROOM	0.557566			52
53 ANESTHESIOLOGY	0.114089			53
54 RADIOLOGY-DIAGNOSTIC	0.140745			54
54.10 MAMOGRAPHY	0.214884			54.10
54.20 ULTRASOUND	0.158017			54.20
54.30 ECHOCARDIOLOGY	0.134980			54.30
55 RADIOLOGY-THERAPEUTIC	24.103448			55
56 RADIOISOTOPE	0.110003			56
57 CT SCAN	0.047174			57
58 MRI	0.082519			58
59 CARDIAC CATHETERIZATION	0.085283			59
60 LABORATORY	0.077022			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.150483			65
66 PHYSICAL THERAPY	0.581489			66
67 OCCUPATIONAL THERAPY	0.298385			67
68 SPEECH PATHOLOGY	0.364493			68
69 ELECTROCARDIOLOGY	0.116096			69
70 ELECTROENCEPHALOGRAPHY	0.403361			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.143083			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237837			72
73 DRUGS CHARGED TO PATIENTS	0.099666			73
74 RENAL DIALYSIS	0.337062			74
76 ENDOSCOPY	0.304121			76
76.10 DIABETES SERVICES				76.10
76.20 PAIN CLINIC	0.267304			76.20
76.97 CARDIAC REHABILITATION	1.449233			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.718612			90
91 EMERGENCY	0.267177			91
92 OBSERVATION BEDS (NON-DISTINCT)	0.151649			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
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

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [XX] SNF (14-5590) [] 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
30 INPATIENT ROUTINE SERVICE COST CENTERS			30
ADULTS & PEDIATRICS			
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.213464		50
51 RECOVERY ROOM	0.295280		51
52 DELIVERY ROOM & LABOR ROOM	0.557566		52
53 ANESTHESIOLOGY	0.114089		53
54 RADIOLOGY-DIAGNOSTIC	0.140745		54
54.10 MAMOGRAPHY	0.214884		54.10
54.20 ULTRASOUND	0.158017		54.20
54.30 ECHOCARDIOLOGY	0.134980		54.30
55 RADIOLOGY-THERAPEUTIC	24.103448		55
56 RADIOISOTOPE	0.110003		56
57 CT SCAN	0.047174		57
58 MRI	0.082519		58
59 CARDIAC CATHETERIZATION	0.085283		59
60 LABORATORY	0.077022		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.150483		65
66 PHYSICAL THERAPY	0.581489		66
67 OCCUPATIONAL THERAPY	0.298385		67
68 SPEECH PATHOLOGY	0.364493		68
69 ELECTROCARDIOLOGY	0.116096		69
70 ELECTROENCEPHALOGRAPHY	0.403361		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.143083		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.237837		72
73 DRUGS CHARGED TO PATIENTS	0.099666		73
74 RENAL DIALYSIS	0.337062		74
76 ENDOSCOPY	0.304121		76
76.10 DIABETES SERVICES			76.10
76.20 PAIN CLINIC	0.267304		76.20
76.97 CARDIAC REHABILITATION	1.449233		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.718612		90
91 EMERGENCY	0.267177		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.151649		92
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0162)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	23,076,133	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	527,131	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)	130.97	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0285	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1216	31
32	SUM OF LINES 30 AND 31	0.1501	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0251	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	579,211	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)	24,182,475	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)	24,182,475	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,933,297	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL [14-0162]
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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)	26,115,772	59
60	PRIMARY PAYER PAYMENTS	8,575	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	26,107,197	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,428,238	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	37,622	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	421,498	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	273,974	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	398,603	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	23,915,311	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	92,184	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-34,615	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	23,972,880	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	239,729	71.01
72	INTERIM PAYMENTS	23,812,168	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-79,017	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	727,849	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET I, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF
 SUB (OTHER) SNF (14-5590)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	6	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	58	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	58	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	58	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	52	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	6	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 \$2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)	6	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	6	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	6	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	6	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	6	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	6	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0162) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,812,168		7,683,704
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
		NONE		NONE
				3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
		NONE		NONE
				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)		23,812,168		7,683,704

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
				5.01
				5.02
				5.03
				5.04
				5.05
				5.06
				5.07
				5.08
				5.09
				5.50
				5.51
				5.52
				5.53
				5.54
				5.55
				5.56
				5.57
				5.58
				5.59
				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				6.01
				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		407,799			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
	.01	NONE		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	PROVIDER .52				3.52
	TO .53				3.53
	PROGRAM .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		407,799			4

TO BE COMPLETED BY CONTRACTOR

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

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

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA \$4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	6,553 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	11,953 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,237 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	23,959 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	507,239,572 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	33,545,197 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)	976,922 8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	19,538 9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	957,384 10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	934,193 30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	23,191 32

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT		
1 RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	431,581	1
2 ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4 SUBTOTAL (SUM OF LINES 1-3)	431,581	4
COMPUTATION OF NET COST OF COVERED SERVICES		
5 MEDICAL AND OTHER SERVICES		5
6 DEDUCTIBLES		6
7 COINSURANCE	19,939	7
8 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
9 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
10 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
11 UTILIZATION REVIEW		11
12 SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	411,642	12
13 INPATIENT PRIMARY PAYER PAYMENTS		13
14 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15 SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	411,642	15
15.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	4,116	15.01
16 INTERIM PAYMENTS	407,799	16
17 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18 BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS 15.01, 16 AND 17)	-273	18
19 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1		1
2	1,819,459	2
3		3
4	1,819,459	4
5		5
6		6
7	1,819,459	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8		8
9		9
10		10
11		11
12		12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16		16
17		17
18	1,819,459	18
19		19
20		20
21		21
PROSPECTIVE PAYMENT AMOUNT		
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30		30
31		31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
1		
2	6,105	
3		
4	6,105	
5		
6		
7	6,105	
8		
9		
10		
11		
12		
13		
14		
15	1.000000	1.000000
16		
17		
18	6,105	
19		
20		
21		
22		
23		
24		
25		
26		
27		
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40		
41		
42		
43		

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,181,335			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	80,198,148			4
5	OTHER RECEIVABLES	346,888			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-53,485,735			6
7	INVENTORY	1,952,918			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	997,104			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	33,190,658			11
FIXED ASSETS					
12	LAND	1,635,357			12
13	LAND IMPROVEMENTS	2,308,315			13
14	ACCUMULATED DEPRECIATION	-2,276,555			14
15	BUILDINGS	109,759,492			15
16	ACCUMULATED DEPRECIATION	-58,954,039			16
17	LEASEHOLD IMPROVEMENTS	768,160			17
18	ACCUMULATED AMORTIZATION	-195,305			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	61,169,680			23
24	ACCUMULATED DEPRECIATION	-48,066,558			24
25	MINOR EQUIPMENT DEPRECIABLE	102,891			25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	66,251,438			30
OTHER ASSETS					
31	INVESTMENTS	140,624,301			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	37,237,368			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	177,861,669			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	277,303,765			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	3,240,760			37
38	SALARIES, WAGES & FEES PAYABLE	9,572,518			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	1,989,037			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	11,335,613			43
44	OTHER CURRENT LIABILITIES	1,410,050			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	27,547,978			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	9,264,828			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	9,264,828			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	36,812,806			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	240,490,959			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)	240,490,959			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	277,303,765			60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		209,089,724							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		31,209,800							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		240,299,524							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTION ACTIVITY		191,435							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		191,435							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		240,490,959							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)		240,490,959							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	26,011,897		26,011,897	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY	1,030,064		1,030,064	8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
11 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	27,041,961		27,041,961	11
12 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				12
13 INTENSIVE CARE UNIT				13
14 CORONARY CARE UNIT				14
15 BURN INTENSIVE CARE UNIT				15
16 SURGICAL INTENSIVE CARE UNIT				16
17 OTHER SPECIAL CARE (SPECIFY)				17
18 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	27,041,961		27,041,961	18
19 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	239,540,381		239,540,381	19
20 ANCILLARY SERVICES				20
21 OUTPATIENT SERVICES		347,931,183	347,931,183	21
22 RHC				22
23 FQHC				23
25 HOME HEALTH AGENCY				25
26 AMBULANCE				26
27 ASC				27
28 HOSPICE				28
29 OTHER (SPECIFY)				29
30 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	266,582,342	347,931,183	614,513,525	30

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)			29
30 ADD (SPECIFY)		170,436,775	30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		170,436,775	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	614,513,525	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	427,607,113	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	186,906,412	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	170,436,775	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	16,469,637	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	342,177	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	8,987,412	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	459,949	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.)	83,850	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	155,194	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	931,735	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	3,779,846	25
26	TOTAL (LINE 5 PLUS LINE 25)	14,740,163	26
27		31,209,800	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)	31,209,800	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK TITLE V HOSPITAL ((14-016) PPS
 APPLICABLE 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	1,826,686	1
2	CAPITAL DRG OUTLIER PAYMENTS	50,166	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	65.64	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)	0.0285	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1216	8
9	SUM OF LINES 7 AND 8	0.1501	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0309	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	56,445	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,933,297	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 DEPARTMENT						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 SERVICES-SALARY & FRINGES						21
22 I&R SERVICES-OTHER PRGM COSTS						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.10 MAMOGRAPHY						54.10
54.20 ULTRASOUND						54.20
54.30 ECHOCARDIOLOGY						54.30
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 ENDOSCOPY						76
76.10 DIABETES SERVICES						76.10
76.20 PAIN CLINIC						76.20
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
192 PHYSICIANS' PRIVATE OFFICES						192
192.10 CARDIOLOGY CLINIC						192.10
192.20 FUND DEV, MKTING, COMM HEALTH						192.20
192.30 MCLEAN CO EMS						192.30
192.40 INDUSTRIAL MEDICINE						192.40
192.60 NONALLOWABLE CARDIAC REHAB						192.60
193 NONPAID WORKERS						193

PROVIDER CCN: 14-0162 ST. JOSEPH MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/26/2014 13:41

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

1	STEP 1: Determine the 3-Year Averaging Period	
2	Wage index fiscal year ending date	1
3	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
4	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
5	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
6	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
	STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)	
7	Effective date of pension plan	6
8	First day of the provider cost reporting period containing the pension plan effective date	7
9	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
	If this date occurs after the period shown on line 2, stop here and see instructions.	
	STEP 3: Average Pension Contributions During the Averaging Period	
10	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
11	Ending date of averaging period from Line 5	10
12	Enter provider contributions made during averaging period on Lines 9 & 10	11
13		11.01
14	Total calendar months included in averaging period (36 unless Step 2 completed)	12
15	Total contributions made during averaging period	13
16	Average monthly contribution (Line 13 divided by Line 12)	14
17	Number of months in provider cost reporting period on Line 2	15
18	Average pension contributions (Line 14 times Line 15)	16
	STEP 4: Total Pension Cost for Wage Index	
19	Annual prefunding installment (SEE INSTRUCTIONS)	17
20	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
21	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19