

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: 02-27-2014 TIME: 16:38  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT ANTHONY MEDICAL CENTER (14-0233) (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.

(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		-362,909	-31,534	-2,987		1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		-362,909	-31,534	-2,987		200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5666 EAST STATE STREET  
 2 CITY: ROCKFORD STATE: IL

P.O.BOX:  
 ZIP CODE: 61108-2472 COUNTY: WINNEBAGO

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 SAINT ANTHONY MEDICAL CENTER	14-0233	40420	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								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 MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS 2	OUT-OF STATE MEDICAID PAID DAYS 3	OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6			
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	4,063							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	2	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	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	N			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.				
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	1	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))
64		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)

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
-------------------	-------------------	--	---	---

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		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)

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
-------------------	-------------------	--	---	---

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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76

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)

		V	XIX	
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	1	2	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N	2	105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- SICAL N	OCUP- ATIONAL SPEECH RESPI- RATORY 109
MISCELLANEOUS COST REPORTING INFORMATION				
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.			115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE: 6,808,111			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121
TRANSPLANT CENTER INFORMATION				
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

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

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

	TITLE XVIII		TITLE V	TITLE XIX
	PART A	PART B		
	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		156
157 SUBPROVIDER - IRF	N	N		157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC		N		161
161.10 CORF				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.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	0.50	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. (mmdyyyy) (SEE INSTRUCTIONS)	01/01/2012 09/30/2013	170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2		1
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3	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
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	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
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		Y	Y	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
			Y/N	Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	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	N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	N	14
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				N 15
<b>PS&amp;R REPORT DATA</b>					
		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)	N	2	N	4
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
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

- 41 FIRST NAME: 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	125,495,687	1,009,265	126,504,952	3,626,135.00	34.89
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A ADMINISTRATIVE		501,168		501,168	2,030.00	246.88
4.01	PHYSICIAN-PART A - TEACHING						4
5	PHYSICIAN-PART B		8,483,541		8,483,541	34,052.00	249.13
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	23,766	-23,766			6
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		25,353,356	-398,967	24,954,389	363,970.00	68.56
	OTHER WAGES & RELATED COSTS						9
11	CONTRACT LABOR (SEE INSTRUCTIONS)		466,711		466,711	6,305.00	74.02
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						11
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		4,657,106		4,657,106	77,707.00	59.93
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		21,582,025		21,582,025	426,604.00	50.59
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						14
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						15
	WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		28,906,813		28,906,813		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		5,245,234		5,245,234		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		44,096		44,096		22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		744,801		744,801		23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						26
26	EMPLOYEE BENEFITS DEPARTMENT						26
27	ADMINISTRATIVE & GENERAL		15,729,521	729,711	16,459,232	606,216.00	27.15
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,792,851		1,792,851	19,976.00	89.75
29	MAINTENANCE & REPAIRS		1,254,182	9,421	1,263,603	47,808.00	26.43
30	OPERATION OF PLANT		541,315	19,494	560,809	17,729.00	31.63
31	LAUNDRY & LINEN SERVICE		123,367	1,330	124,697	8,242.00	15.13
32	HOUSEKEEPING		1,524,418	431	1,524,849	111,866.00	13.63
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,237,652	-773,383	464,269	30,858.00	15.05
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		187,974		187,974	4,120.00	45.62
36	CAFETERIA		174,142	771,994	946,136	65,695.00	14.40
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		2,428,583	36,319	2,464,902	56,132.00	43.91
39	CENTRAL SERVICES AND SUPPLY		1,215,147	7,667	1,222,814	63,848.00	19.15
40	PHARMACY		3,187,509	22,859	3,210,368	77,708.00	41.31
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,385,953	-2,422	1,383,531	63,615.00	21.75
42	SOCIAL SERVICE		521,067	5,521	526,588	18,285.00	28.80
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	118,969,205	1,033,031	120,002,236	3,616,179.00	33.18	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	25,353,356	-398,967	24,954,389	363,970.00	68.56	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	93,615,849	1,431,998	95,047,847	3,252,209.00	29.23	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	26,705,842		26,705,842	510,616.00	52.30	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	28,950,909		28,950,909		30.46	5
6	TOTAL (SUM OF LINES 3 THRU 5)	149,272,600	1,431,998	150,704,598	3,762,825.00	40.05	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	31,303,681	828,942	32,132,623	1,192,098.00	26.95	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	8,559,198	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	15,230,865	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	93,279	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	335,492	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	1,348,430	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES			
17	FICA-EMPLOYERS PORTION ONLY	8,445,767	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	173,920	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES	40,861	22
23	TUITION REIMBURSEMENT	713,132	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	34,940,944	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

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)				0.233310	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				8,865,226	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				87,432,179	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				20,398,802	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				11,533,576	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				11,533,576	19
		UNINSURED	INSURED		TOTAL	
		PATIENTS	PATIENTS			
		1	2		3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	37,729,197	32,820,655		70,549,852	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	8,802,599	7,657,387		16,459,986	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	153,853	434,004		587,857	22
23	COST OF CHARITY CARE	8,648,746	7,223,383		15,872,129	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				11,801,079	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,040,771	26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				10,760,308	27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				2,510,487	28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				18,382,616	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				29,916,192	30
31						31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		4,884,976	4,884,976	81,690	1
2	00200		6,162,655	6,162,655	113,434	2
3	00300					3
4	00400		33,157,643	33,157,643	3,380,976	4
5	00500	15,729,521	53,058,394	68,787,915	-154,289	5
6	00600	1,254,182	3,064,372	4,318,554	8,636	6
7	00700	541,315	3,834,578	4,375,893	3,728	7
8	00800	123,367	717,843	841,210	850	8
9	00900	1,524,418	495,415	2,019,833	10,497	9
10	01000	1,237,652	1,469,211	2,706,863	-1,568,469	10
11	01100	174,142	11,609	185,751	1,578,191	11
12	01200					12
13	01300	2,428,583	346,492	2,775,075	16,724	13
14	01400	1,215,147	420,201	1,635,348	8,368	14
15	01500	3,187,509	256,504	3,444,013	21,950	15
16	01600	1,385,953	469,006	1,854,959	9,544	16
17	01700	521,067	58,179	579,246	3,588	17
19	01900					19
20	02000	2,454,712	538,896	2,993,608	16,903	20
20.01	02001	104,610	6,610	111,220	-111,220	20.01
20.02	02002	507,825	327,225	835,050	-835,050	20.02
21	02100	23,766	95,213	118,979	164	21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	17,415,313	2,438,884	19,854,197	-1,618,057	30
31	03100	6,948,363	3,142,666	10,091,029	47,847	31
43	04300				578,223	43
ANCILLARY SERVICE COST CENTERS						
50	05000	5,716,871	24,125,074	29,841,945	-18,830,711	50
51	05100	900,510	32,152	932,662	6,201	51
52	05200				1,063,718	52
53	05300		1,755,669	1,755,669		53
54	05400	3,034,499	3,067,374	6,101,873	-2,220,073	54
54.01	05401	1,154,646	296,421	1,451,067	220,400	54.01
55	05500	6,683,059	913,772	7,596,831	-215,760	55
56	05600	404,002	1,246,263	1,650,265	659,161	56
57	05700	873,041	1,656,153	2,529,194	417,133	57
58	05800	617,245	667,559	1,284,804	838,236	58
59	05900	2,010,217	9,420,355	11,430,572	-8,774,607	59
60	06000	6,395,272	3,003,859	9,399,131	240,115	60
62.30	06250					62.30
63	06300		2,365,124	2,365,124		63
65	06500	2,186,166	409,198	2,595,364	-236,293	65
66	06600	2,408,490	169,465	2,577,955	16,585	66
67	06700	273,021	88,805	361,826	1,880	67
68	06800	242,339	1,915	244,254	1,668	68
69	06900	469,535	60,049	529,584	3,233	69
70	07000	542,796	242,902	785,698	3,738	70
71	07100		1,016,959	1,016,959	12,131,316	71
72	07200				18,226,480	72
73	07300		22,818,888	22,818,888		73
74	07400					74
75.01	07501	2,323,042	773,134	3,096,176	-512,697	75.01
76	03950					76
76.01	03340	633,598	519,140	1,152,738	-367,675	76.01
76.97	07697	425,079	131,047	556,126	128	76.97
76.98	07698					76.98
76.99	07699		39,600	39,600		76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	326,455	908,192	1,234,647	2,248	90
91	09100	8,812,150	5,061,671	13,873,821	-513,595	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
95	09500	14,735	3,056,486	3,071,221	101	95
SPECIAL PURPOSE COST CENTERS						
118		103,224,213	198,803,798	302,028,011	3,755,158	118
NONREIMBURSABLE COST CENTERS						
190	19000				135,212	190
192	19200	19,635,426	26,940,347	46,575,773	-3,908,522	192
193.01	19301		9,082	9,082	18,152	193.01
193.02	19302	2,636,048	-1,826,851	809,197		193.02
200		125,495,687	223,926,376	349,422,063		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	4,966,666		4,966,666	1
2	00200	6,276,089		6,276,089	2
3	00300				3
4	00400	36,538,619	910,760	37,449,379	4
5	00500	68,633,626	-6,085,992	62,547,634	5
6	00600	4,327,190	-275,936	4,051,254	6
7	00700	4,379,621	-516,913	3,862,708	7
8	00800	842,060	480	842,540	8
9	00900	2,030,330	-1,411	2,028,919	9
10	01000	1,138,394	211	1,138,605	10
11	01100	1,763,942	-825,259	938,683	11
12	01200				12
13	01300	2,791,799	-99,862	2,691,937	13
14	01400	1,643,716	2,652	1,646,368	14
15	01500	3,465,963	-10,330	3,455,633	15
16	01600	1,864,503	-5,750	1,858,753	16
17	01700	582,834	-4,067	578,767	17
19	01900				19
20	02000	3,010,511	-3,010,511		20
20.01	02001				20.01
20.02	02002				20.02
21	02100	119,143	-119,143		21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	18,236,140	18,705	18,254,845	30
31	03100	10,138,876	-24,753	10,114,123	31
43	04300	578,223	-25,277	552,946	43
ANCILLARY SERVICE COST CENTERS					
50	05000	11,011,234	-210,930	10,800,304	50
51	05100	938,863	1,942	940,805	51
52	05200	1,063,718	-22,300	1,041,418	52
53	05300	1,755,669	-829,380	926,289	53
54	05400	3,881,800	-216,841	3,664,959	54
54.01	05401	1,671,467	6,585	1,678,052	54.01
55	05500	7,381,071	-4,635,894	2,745,177	55
56	05600	2,309,426	-28,676	2,280,750	56
57	05700	2,946,327	-92,957	2,853,370	57
58	05800	2,123,040	-61,174	2,061,866	58
59	05900	2,655,965	-77,162	2,578,803	59
60	06000	9,639,246	-6,575	9,632,671	60
62.30	06250				62.30
63	06300	2,365,124		2,365,124	63
65	06500	2,359,071	-15,885	2,343,186	65
66	06600	2,594,540	-118,022	2,476,518	66
67	06700	363,706	-135	363,571	67
68	06800	245,922	450	246,372	68
69	06900	532,817	-3,727	529,090	69
70	07000	789,436	-9,975	779,461	70
71	07100	13,148,275		13,148,275	71
72	07200	18,226,480		18,226,480	72
73	07300	22,818,888		22,818,888	73
74	07400				74
75.01	07501	2,583,479	-20,125	2,563,354	75.01
76	03950				76
76.01	03340	785,063	12,759	797,822	76.01
76.97	07697	556,254	6,599	562,853	76.97
76.98	07698				76.98
76.99	07699	39,600		39,600	76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	1,236,895	-4,272	1,232,623	90
91	09100	13,360,226	-5,872,591	7,487,635	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
95	09500	3,071,322	-1,402	3,069,920	95
SPECIAL PURPOSE COST CENTERS					
118		305,783,169	-22,272,084	283,511,085	118
NONREIMBURSABLE COST CENTERS					
190	19000	135,212		135,212	190
192	19200	42,667,251	59,493	42,726,744	192
193.01	19301	27,234		27,234	193.01
193.02	19302	809,197	411	809,608	193.02
200		349,422,063	-22,212,180	327,209,883	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 FIRE INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1			81,690 1
2		CAP REL COSTS-MVBLE EQUIP	2			113,434 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A						195,124 500
1 CAFETERIA RECLASS	B	CAFETERIA	11		769,680	807,312 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					769,680	807,312 500
1 NURSERY RECLASS	C	NURSERY	43		414,307	161,063 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					414,307	161,063 500
1 LABOR AND DELIVERY RECLASS	D	DELIVERY ROOM & LABOR ROOM	52		762,173	296,296 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					762,173	296,296 500
1 CFH-RCC IMAGING	E	ULTRASOUND	54.01		50,200	106,201 1
2		RADIOISOTOPE	56		152,386	322,384 2
3		CT SCAN	57		260,868	551,884 3
4		MRI	58		222,770	471,287 4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					686,224	1,451,756 500
1 EMPLOYEE BENEFIT RECLASS	F	EMPLOYEE BENEFITS DEPARTMENT	4			3,911,321 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F						3,911,321 500
1 PHONE	G	ADMINISTRATIVE & GENERAL	5			29,505 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G						29,505 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1	2	3	4	5	
1 TEAM AWARD	H	ADMINISTRATIVE & GENERAL	5	29,163	1
2		MAINTENANCE & REPAIRS	6	785	2
3		OPERATION OF PLANT	7	18,480	3
4		LAUNDRY & LINEN SERVICE	8	480	4
5		HOUSEKEEPING	9		1,215
6		DIETARY	10	720	6
7		CAFETERIA	11	1,115	7
8		NURSING ADMINISTRATION	13	19,595	8
9		CENTRAL SERVICES & SUPPLY	14	2,652	9
10		PHARMACY	15	909	10
11		MEDICAL RECORDS & LIBRARY	16	2,712	11
12		SOCIAL SERVICE	17	1,933	12
13		NURSING SCHOOL	20		12,016
14		ADMINISTRATIVE & GENERAL	5	3,641	14
15		ADMINISTRATIVE & GENERAL	5	17,899	15
16		ADULTS & PEDIATRICS	30	60,872	16
17		INTENSIVE CARE UNIT	31	28,131	17
18		NURSERY	43	2,507	18
19		OPERATING ROOM	50	13,590	19
20		RECOVERY ROOM	51	1,942	20
21		DELIVERY ROOM & LABOR ROOM	52	4,612	21
22		RADIOLOGY-DIAGNOSTIC	54		1,821
23		ULTRASOUND	54.01	6,585	23
24		RADIOLOGY-THERAPEUTIC	55	23,816	24
25		RADIOISOTOPE	56	1,415	25
26		CT SCAN	57		625
27		MRI	58		245
28		CARDIAC CATHETERIZATION	59	9,347	28
29		LABORATORY	60		5,807
30		RESPIRATORY THERAPY	65		1,659
31		PHYSICAL THERAPY	66	5,580	31
32		OCCUPATIONAL THERAPY	67		135
33		SPEECH PATHOLOGY	68	450	33
34		ELECTROCARDIOLOGY	69		3,727
35		CARDIAC REHABILITATION	76.97	6,707	35
36		ELECTROENCEPHALOGRAPHY	70	25	36
37		SURGERY/CARDIAC AMB DAY CARE	75.01	10,000	37
38		GASTRO INTESTINAL SERVICES	76.01	12,903	38
39		CLINIC	90		4,272
40		EMERGENCY	91	29,859	40
41		AMBULANCE SERVICES	95	7,196	41
42		PHYSICIANS' PRIVATE OFFICES	192	59,493	42
43		OTHER NON-REIMBURSABLE	193.02	411	43
500 TOTAL RECLASSIFICATIONS				385,525	31,522
CODE LETTER - H					500
1 VACATION	I	EMPLOYEE BENEFITS DEPARTMENT	4	864,180	1
500 TOTAL RECLASSIFICATIONS				864,180	500
CODE LETTER - I					
1 CARDIAC REHAB	J	PHYSICIANS' PRIVATE OFFICES	192	2,174	625
500 TOTAL RECLASSIFICATIONS				2,174	625
CODE LETTER - J					500
1 RCA RENT EXPENSE RECLASS	K	LABORATORY	60		37,282
2		ULTRASOUND	54.01		99,891
3		RADIOISOTOPE	56		85,890
500 TOTAL RECLASSIFICATIONS					223,063
CODE LETTER - K					500
1 CFH RCC RENT EXPENSE RECLASS	L	LABORATORY	60		158,794
2		RADIOLOGY-DIAGNOSTIC	54		94,299
3		ULTRASOUND	54.01		31,532
4		RADIOISOTOPE	56		95,719
5		CT SCAN	57		163,860
6		MRI	58		139,929
7		ADMINISTRATIVE & GENERAL	5		20,095
500 TOTAL RECLASSIFICATIONS					704,228
CODE LETTER - L					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1	1	2	3	4	5
1 NON-ALLOWED I&R	M	I&R SERVICES-SALARY & FRINGES	21		23,766
500 TOTAL RECLASSIFICATIONS					23,766
CODE LETTER - M					500
1 VACATION ACCRUAL	N	ADMINISTRATIVE & GENERAL	5	108,316	1
2		MAINTENANCE & REPAIRS	6	8,636	2
3		OPERATION OF PLANT	7	3,728	3
4		LAUNDRY & LINEN SERVICE	8	850	4
5		HOUSEKEEPING	9	10,497	5
6		DIETARY	10	8,523	6
7		CAFETERIA	11	1,199	7
8		NURSING ADMINISTRATION	13	16,724	8
9		CENTRAL SERVICES & SUPPLY	14	8,368	9
10		PHARMACY	15	21,950	10
11		MEDICAL RECORDS & LIBRARY	16	9,544	11
12		SOCIAL SERVICE	17	3,588	12
13		NURSING SCHOOL	20	16,903	13
14		ADMINISTRATIVE & GENERAL	5	720	14
15		ADMINISTRATIVE & GENERAL	5	3,497	15
16		I&R SERVICES-SALARY & FRINGES	21		164
17		ADULTS & PEDIATRICS	30	111,823	17
18		INTENSIVE CARE UNIT	31	47,847	18
19		NURSERY	43	2,853	19
20		OPERATING ROOM	50	39,367	20
21		RECOVERY ROOM	51	6,201	21
22		DELIVERY ROOM & LABOR ROOM	52	5,249	22
23		RADIOLOGY-DIAGNOSTIC	54	20,896	23
24		ULTRASOUND	54.01	7,951	24
25		RADIOLOGY-THERAPEUTIC	55	46,020	25
26		RADIOISOTOPE	56	2,782	26
27		CT SCAN	57	6,012	27
28		MRI	58	4,250	28
29		CARDIAC CATHETERIZATION	59	13,843	29
30		LABORATORY	60	44,039	30
31		RESPIRATORY THERAPY	65	15,054	31
32		PHYSICAL THERAPY	66	16,585	32
33		OCCUPATIONAL THERAPY	67	1,880	33
34		SPEECH PATHOLOGY	68	1,668	34
35		ELECTROCARDIOLOGY	69	3,233	35
36		CARDIAC REHABILITATION	76.97	2,927	36
37		ELECTROENCEPHALOGRAPHY	70	3,738	37
38		SURGERY/CARDIAC AMB DAY CARE	75.01	15,997	38
39		GASTRO INTESTINAL SERVICES	76.01	4,363	39
40		CLINIC	90	2,248	40
41		EMERGENCY	91	60,682	41
42		AMBULANCE SERVICES	95	101	42
43		GIFT, FLOWER, COFFEE SHOP & C	190	135,212	43
44		CONVENT	193.01	18,152	44
500 TOTAL RECLASSIFICATIONS				864,016	164
CODE LETTER - N					500
1 DISABILITY	O	ADMINISTRATIVE & GENERAL	5		16,455
2		OPERATION OF PLANT	7		2,714
3		HOUSEKEEPING	9		8,851
4		DIETARY	10		12,946
5		CENTRAL SERVICES & SUPPLY	14		3,353
6		MEDICAL RECORDS & LIBRARY	16		14,678
7		ADULTS & PEDIATRICS	30		9,156
8		INTENSIVE CARE UNIT	31		6,348
9		NURSERY	43		6,071
10		OPERATING ROOM	50		20,217
11		RECOVERY ROOM	51		7,056
12		DELIVERY ROOM & LABOR ROOM	52		11,168
13		RADIOLOGY-DIAGNOSTIC	54		1,871
14		RADIOLOGY-THERAPEUTIC	55		925
15		CARDIAC CATHETERIZATION	59		5,565
16		LABORATORY	60		4,004
17		ELECTROCARDIOLOGY	69		322
18		SURGERY/CARDIAC AMB DAY CARE	75.01		716
19		CLINIC	90		2,500
20		EMERGENCY	91		6,409
21		OTHER NON-REIMBURSABLE	193.02		14,158
500 TOTAL RECLASSIFICATIONS					155,483
CODE LETTER - O					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 IMPLANTABLE MEDICAL DEVICES RECLASS	P	IMPL. DEV. CHARGED TO PATIENT	72		18,226,480
2					1
3					2
4					3
500 TOTAL RECLASSIFICATIONS					4
CODE LETTER - P					18,226,480 500
1 MEDICAL/SURGICAL SUPPLIES RECLASS	Q	MEDICAL SUPPLIES CHARGED TO P	71		12,135,116
2					1
3					2
4					3
5					4
6					5
7					6
8					7
9					8
10					9
11					10
500 TOTAL RECLASSIFICATIONS					11
CODE LETTER - Q					12,135,116 500
1 NON-ALLOWED PARAMED PROGRAM	R	ADMINISTRATIVE & GENERAL	5	507,825	
2		EMPLOYEE BENEFITS DEPARTMENT	4		327,225
500 TOTAL RECLASSIFICATIONS				507,825	327,225 500
CODE LETTER - R					
1 NON-ALLOWED MED TECH	S	EMPLOYEE BENEFITS DEPARTMENT	4		6,610
2		ADMINISTRATIVE & GENERAL	5	104,610	
500 TOTAL RECLASSIFICATIONS				104,610	6,610 500
CODE LETTER - S					
GRAND TOTAL (INCREASES)				5,360,714	38,686,659

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	5		195,124	9 1
2						9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					195,124	500
1 CAFETERIA RECLASS	B	DIETARY	10	769,680	807,312	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				769,680	807,312	500
1 NURSERY RECLASS	C	ADULTS & PEDIATRICS	30	414,307	161,063	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				414,307	161,063	500
1 LABOR AND DELIVERY RECLASS	D	ADULTS & PEDIATRICS	30	762,173	296,296	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				762,173	296,296	500
1 CFH-RCC IMAGING	E	RADIOLOGY-DIAGNOSTIC	54	50,200	106,201	1
2		RADIOLOGY-DIAGNOSTIC	54	152,386	322,384	2
3		RADIOLOGY-DIAGNOSTIC	54	260,868	551,884	3
4		RADIOLOGY-DIAGNOSTIC	54	222,770	471,287	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				686,224	1,451,756	500
1 EMPLOYEE BENEFIT RECLASS	F	PHYSICIANS' PRIVATE OFFICES	192		3,911,321	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					3,911,321	500
1 PHONE	G	ADMINISTRATIVE & GENERAL	5	29,505		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				29,505		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	H	ADMINISTRATIVE & GENERAL	5		29,163	1
2		MAINTENANCE & REPAIRS	6		785	2
3		OPERATION OF PLANT	7		18,480	3
4		LAUNDRY & LINEN SERVICE	8		480	4
5		HOUSEKEEPING	9	1,215		5
6		DIETARY	10		720	6
7		CAFETERIA	11		1,115	7
8		NURSING ADMINISTRATION	13		19,595	8
9		CENTRAL SERVICES & SUPPLY	14		2,652	9
10		PHARMACY	15		909	10
11		MEDICAL RECORDS & LIBRARY	16		2,712	11
12		SOCIAL SERVICE	17		1,933	12
13		NURSING SCHOOL	20	12,016		13
14		ADMINISTRATIVE & GENERAL	5		3,641	14
15		ADMINISTRATIVE & GENERAL	5		17,899	15
16		ADULTS & PEDIATRICS	30		60,872	16
17		INTENSIVE CARE UNIT	31		28,131	17
18		NURSERY	43		2,507	18
19		OPERATING ROOM	50		13,590	19
20		RECOVERY ROOM	51		1,942	20
21		DELIVERY ROOM & LABOR ROOM	52		4,612	21
22		RADIOLOGY-DIAGNOSTIC	54	1,821		22
23		ULTRASOUND	54.01		6,585	23
24		RADIOLOGY-THERAPEUTIC	55		23,816	24
25		RADIOISOTOPE	56		1,415	25
26		CT SCAN	57	625		26
27		MRI	58	245		27
28		CARDIAC CATHETERIZATION	59		9,347	28
29		LABORATORY	60	5,807		29
30		RESPIRATORY THERAPY	65	1,659		30
31		PHYSICAL THERAPY	66		5,580	31
32		OCCUPATIONAL THERAPY	67	135		32
33		SPEECH PATHOLOGY	68		450	33
34		ELECTROCARDIOLOGY	69	3,727		34
35		CARDIAC REHABILITATION	76.97		6,707	35
36		ELECTROENCEPHALOGRAPHY	70		25	36
37		SURGERY/CARDIAC AMB DAY CARE	75.01		10,000	37
38		GASTRO INTESTINAL SERVICES	76.01		12,903	38
39		CLINIC	90	4,272		39
40		EMERGENCY	91		29,859	40
41		AMBULANCE SERVICES	95		7,196	41
42		PHYSICIANS' PRIVATE OFFICES	192		59,493	42
43		OTHER NON-REIMBURSABLE	193.02		411	43
500 TOTAL RECLASSIFICATIONS				31,522	385,525	500
CODE LETTER - H						
1 VACATION	I	EMPLOYEE BENEFITS DEPARTMENT	4		864,180	1
500 TOTAL RECLASSIFICATIONS					864,180	500
CODE LETTER - I						
1 CARDIAC REHAB	J	CARDIAC REHABILITATION	76.97	2,174	625	1
500 TOTAL RECLASSIFICATIONS				2,174	625	500
CODE LETTER - J						
1 RCA RENT EXPENSE RECLASS	K	CT SCAN	57		223,063	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					223,063	500
CODE LETTER - K						
1 CFH RCC RENT EXPENSE RECLASS	L	ADMINISTRATIVE & GENERAL	5		704,228	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS					704,228	500
CODE LETTER - L						

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 NON-ALLOWED I&R	M	I&R SERVICES-SALARY & FRINGES	21	23,766		1
500 TOTAL RECLASSIFICATIONS				23,766		500
CODE LETTER - M						
1 VACATION ACCRUAL	N	EMPLOYEE BENEFITS DEPARTMENT	4	864,180		1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
500 TOTAL RECLASSIFICATIONS				864,180		500
CODE LETTER - N						
1 DISABILITY	O	ADMINISTRATIVE & GENERAL	5	16,455		1
2		OPERATION OF PLANT	7	2,714		2
3		HOUSEKEEPING	9	8,851		3
4		DIETARY	10	12,946		4
5		CENTRAL SERVICES & SUPPLY	14	3,353		5
6		MEDICAL RECORDS & LIBRARY	16	14,678		6
7		ADULTS & PEDIATRICS	30	9,156		7
8		INTENSIVE CARE UNIT	31	6,348		8
9		NURSERY	43	6,071		9
10		OPERATING ROOM	50	20,217		10
11		RECOVERY ROOM	51	7,056		11
12		DELIVERY ROOM & LABOR ROOM	52	11,168		12
13		RADIOLOGY-DIAGNOSTIC	54	1,871		13
14		RADIOLOGY-THERAPEUTIC	55	925		14
15		CARDIAC CATHETERIZATION	59	5,565		15
16		LABORATORY	60	4,004		16
17		ELECTROCARDIOLOGY	69	322		17
18		SURGERY/CARDIAC AMB DAY CARE	75.01	716		18
19		CLINIC	90	2,500		19
20		EMERGENCY	91	6,409		20
21		OTHER NON-REIMBURSABLE	193.02	14,158		21
500 TOTAL RECLASSIFICATIONS				155,483		500
CODE LETTER - O						

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 IMPLANTABLE MEDICAL DEVICES RECLASS	P	OPERATING ROOM	50		13,293,582	1
2		CARDIAC CATHETERIZATION	59		4,890,135	2
3		MEDICAL SUPPLIES CHARGED TO P	71		3,800	3
4		GASTRO INTESTINAL SERVICES	76.01		38,963	4
500 TOTAL RECLASSIFICATIONS					18,226,480	500
CODE LETTER - P						
1 MEDICAL/SURGICAL SUPPLIES RECLASS	Q	ADULTS & PEDIATRICS	30		96,041	1
2		OPERATING ROOM	50		5,576,496	2
3		RADIOLOGY-DIAGNOSTIC	54		197,288	3
4		ULTRASOUND	54.01		75,375	4
5		RADIOLOGY-THERAPEUTIC	55		261,780	5
6		CT SCAN	57		342,428	6
7		CARDIAC CATHETERIZATION	59		3,898,315	7
8		RESPIRATORY THERAPY	65		251,347	8
9		SURGERY/CARDIAC AMB DAY CARE	75.01		528,694	9
10		GASTRO INTESTINAL SERVICES	76.01		333,075	10
11		EMERGENCY	91		574,277	11
500 TOTAL RECLASSIFICATIONS					12,135,116	500
CODE LETTER - Q						
1 NON-ALLOWED PARAMED PROGRAM	R	PARAMED TRAINING	20.02	507,825		1
2		PARAMED TRAINING	20.02		327,225	2
500 TOTAL RECLASSIFICATIONS				507,825	327,225	500
CODE LETTER - R						
1 NON-ALLOWED MED TECH	S	MEDTECH SCHOOL	20.01		6,610	1
2		MEDTECH SCHOOL	20.01	104,610		2
500 TOTAL RECLASSIFICATIONS				104,610	6,610	500
CODE LETTER - S						
GRAND TOTAL (DECREASES)				4,351,449	39,695,924	

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	4,112,456					4,112,456	1
2 LAND IMPROVEMENTS	3,654,143					3,654,143	2
3 BUILDINGS AND FIXTURES	118,085,144	1,704,754		1,704,754	131,128	119,658,770	3
4 BUILDING IMPROVEMENTS	1,239,629				250,393	989,236	4
5 FIXED EQUIPMENT	123,616,873	4,325,300		4,325,300	29,897,770	98,044,403	5
6 MOVABLE EQUIPMENT	143,559					143,559	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	250,851,804	6,030,054		6,030,054	30,279,291	226,602,567	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	250,851,804	6,030,054		6,030,054	30,279,291	226,602,567	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	4,884,976						4,884,976
2 CAP REL COSTS-MVBLE EQUIP	6,162,655						6,162,655
3 TOTAL (SUM OF LINES 1-2)	11,047,631						11,047,631

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14)
1 CAP REL COSTS-BLDG & FIXT	4,966,666						4,966,666
2 CAP REL COSTS-MVBLE EQUIP	6,276,089						6,276,089
3 TOTAL	11,242,755						11,242,755

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-67,499	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-22,947	ADMINISTRATIVE & GENERAL	5	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-11,453,075			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	4,332,877			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-826,374	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-8,462	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-2,998,495	NURSING SCHOOL	20	19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 PROFESSIONAL DEVELOPMENT	B	-4,865	ADMINISTRATIVE & GENERAL	5	33
33.01 PRINTING AND DUPLICATING	B	-722	ADMINISTRATIVE & GENERAL	5	33.01
33.02 ONCOLOGY	B	-270	ADULTS & PEDIATRICS	30	33.02
33.03 GENERAL ACCOUNTING	B	-581	ADMINISTRATIVE & GENERAL	5	33.03
33.04 PATIENT ACCOUNTING	B	-979,673	ADMINISTRATIVE & GENERAL	5	33.04
33.05 HOSPITAL ADMINISTRATION	B	-12,104	ADMINISTRATIVE & GENERAL	5	33.05
33.06 MEDICAL COMMUNICATIONS-DISPATCH	B	-11,317	ADMINISTRATIVE & GENERAL	5	33.06
33.07 PERSONNEL	B	-1,023	ADMINISTRATIVE & GENERAL	5	33.07
33.08 EMPLOYEE HEALTH SERVICES	B	-15,607	ADMINISTRATIVE & GENERAL	5	33.08
33.09 CHAPLAINCY	B	-14,735	ADMINISTRATIVE & GENERAL	5	33.09
33.10 MEDICAL STAFF ADMIN	B	-57,167	ADMINISTRATIVE & GENERAL	5	33.10
33.11 INSERVICE EDUCATION NURSING	B	-10,025	ADMINISTRATIVE & GENERAL	5	33.11
33.12 QUALITY IMPROVEMENT	B	-138	ADMINISTRATIVE & GENERAL	5	33.12
33.13 OTHER AMBULATORY SVCS	B	-8,933	SURGERY/CARDIAC AMB DAY CARE	75.01	33.13
33.14 CLINICAL ENGINEERING SERVICES	B	-944	MAINTENANCE & REPAIRS	6	33.14
33.17 PLANT MAINTENANCE- OFF CAMPUS	B	-148,852	MAINTENANCE & REPAIRS	6	33.17
33.18 PLANT OPERATIONS	B	-71,738	OPERATION OF PLANT	7	33.18
33.19 HOUSEKEEPING	B	-196	HOUSEKEEPING	9	33.19
33.21 ALTERNATE BIRTHING CENTER	B	-853	ADULTS & PEDIATRICS	30	33.21
33.22 ALTERNATE BIRTHING CENTER	B	-565	NURSERY	43	33.22
33.23 ALTERNATE BIRTHING CENTER	B	-1,040	DELIVERY ROOM & LABOR ROOM	52	33.23
33.24 SURGERY- GENERAL (MAJOR)	B	-30,548	OPERATING ROOM	50	33.24
33.25 RADIOLOGY - DIAGNOSTIC	B	-9,266	RADIOLOGY-DIAGNOSTIC	54	33.25
33.26 CHEMOTHERAPY	B	-46,053	RADIOLOGY-THERAPEUTIC	55	33.26
33.27 PROFESSIONAL DEV - CLIN SPEC	B	-3,120	NURSING ADMINISTRATION	13	33.27
33.28 RADIATION THERAPY ADMIN	B	-541,624	RADIOLOGY-THERAPEUTIC	55	33.28
33.29 EMPLOYEE BENEFITS	B	-10	EMPLOYEE BENEFITS DEPARTMENT	4	33.29
33.30 RADIATION THERAPY	B	-1,850	RADIOLOGY-THERAPEUTIC	55	33.30
33.31 MRI	B	-16,600	MRI	58	33.31

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	
33.32 PHYSICAL THERAPY	B	-123,478	PHYSICAL THERAPY	66	33.32
33.36 DIETARY	B	-509	DIETARY	10	33.36
34					34
35 INTEREST INCOME-SAMC	A	-16,334	ADMINISTRATIVE & GENERAL	5	35
36 PHYSICIAN RECRUITMENT	A	-215,433	ADMINISTRATIVE & GENERAL	5	36
37 ADVERTISING	A	-1,413,051	ADMINISTRATIVE & GENERAL	5	37
37.01 ADVERTISING	A	-2,815	RADIOLOGY-DIAGNOSTIC	54	37.01
37.02 ADVERTISING	A	-286	RADIOLOGY-THERAPEUTIC	55	37.02
37.03 ADVERTISING	A	-768	LABORATORY	60	37.03
37.04 ADVERTISING	A	-124	PHYSICAL THERAPY	66	37.04
37.05 ADVERTISING	A	-25	SURGERY/CARDIAC AMB DAY CARE	75.01	37.05
37.06 ADVERTISING	A	-144	GASTRO INTESTINAL SERVICES	76.01	37.06
37.07 ADVERTISING	A	-108	CARDIAC REHABILITATION	76.97	37.07
37.08 ADVERTISING	A	-262	EMERGENCY	91	37.08
37.09 ADVERTISING	A	-8,598	AMBULANCE SERVICES	95	37.09
38 PRE-EMPLOYMENT PHYSICALS	A	-7,951	EMPLOYEE BENEFITS DEPARTMENT	4	38
39 PROPERTY TAXES	A	-12,579	ADMINISTRATIVE & GENERAL	5	39
39.10 PROPERTY TAXES	A	-31,092	OPERATION OF PLANT	7	39.10
39.20 PROPERTY TAXES	A	-126,925	MAINTENANCE & REPAIRS	6	39.20
40 LOBBYING EXPENSE	A	-42,671	ADMINISTRATIVE & GENERAL	5	40
41 MEDICAID FEES	A	-8,354,044	ADMINISTRATIVE & GENERAL	5	41
42 OCC MED PORTION OF EE HEALTH SVCS	A	-22,091	ADMINISTRATIVE & GENERAL	5	42
43 UNEMPLOYMENT COMPENSATION	A	173,920	EMPLOYEE BENEFITS DEPARTMENT	4	43
44 TEAM AWARD	A	29,163	ADMINISTRATIVE & GENERAL	5	44
44.01 TEAM AWARD	A	785	MAINTENANCE & REPAIRS	6	44.01
44.02 TEAM AWARD	A	18,480	OPERATION OF PLANT	7	44.02
44.03 TEAM AWARD	A	480	LAUNDRY & LINEN SERVICE	8	44.03
44.04 TEAM AWARD	A	-1,215	HOUSEKEEPING	9	44.04
44.05 TEAM AWARD	A	720	DIETARY	10	44.05
44.06 TEAM AWARD	A	1,115	CAFETERIA	11	44.06
44.07 TEAM AWARD	A	19,595	NURSING ADMINISTRATION	13	44.07
44.08 TEAM AWARD	A	2,652	CENTRAL SERVICES & SUPPLY	14	44.08
44.09 TEAM AWARD	A	909	PHARMACY	15	44.09
44.10 TEAM AWARD	A	2,712	MEDICAL RECORDS & LIBRARY	16	44.10
44.11 TEAM AWARD	A	1,933	SOCIAL SERVICE	17	44.11
44.12 TEAM AWARD	A	-12,016	NURSING SCHOOL	20	44.12
44.13 TEAM AWARD	A	3,641	ADMINISTRATIVE & GENERAL	5	44.13
44.14 TEAM AWARD	A	17,899	ADMINISTRATIVE & GENERAL	5	44.14
44.15 TEAM AWARD	A	60,872	ADULTS & PEDIATRICS	30	44.15
44.16 TEAM AWARD	A	28,131	INTENSIVE CARE UNIT	31	44.16
44.17 TEAM AWARD	A	2,507	NURSERY	43	44.17
44.18 TEAM AWARD	A	13,590	OPERATING ROOM	50	44.18
44.19 TEAM AWARD	A	1,942	RECOVERY ROOM	51	44.19
44.20 TEAM AWARD	A	28,767	DELIVERY ROOM & LABOR ROOM	52	44.20
44.21 TEAM AWARD	A	-1,821	RADIOLOGY-DIAGNOSTIC	54	44.21
44.22 TEAM AWARD	A	6,585	ULTRASOUND	54.01	44.22
44.23 TEAM AWARD	A	23,816	RADIOLOGY-THERAPEUTIC	55	44.23
44.24 TEAM AWARD	A	1,415	RADIOISOTOPE	56	44.24
44.25 TEAM AWARD	A	-625	CT SCAN	57	44.25
44.26 TEAM AWARD	A	-245	MRI	58	44.26
44.27 TEAM AWARD	A	9,347	CARDIAC CATHETERIZATION	59	44.27
44.28 TEAM AWARD	A	-5,807	LABORATORY	60	44.28
44.29 TEAM AWARD	A	-1,659	RESPIRATORY THERAPY	65	44.29
44.30 TEAM AWARD	A	5,580	PHYSICAL THERAPY	66	44.30
44.31 TEAM AWARD	A	-135	OCCUPATIONAL THERAPY	67	44.31
44.32 TEAM AWARD	A	450	SPEECH PATHOLOGY	68	44.32
44.33 TEAM AWARD	A	-3,727	ELECTROCARDIOLOGY	69	44.33
44.34 TEAM AWARD	A	25	ELECTROENCEPHALOGRAPHY	70	44.34
44.36 TEAM AWARD	A	10,000	SURGERY/CARDIAC AMB DAY CARE	75.01	44.36
44.37 TEAM AWARD	A	12,903	GASTRO INTESTINAL SERVICES	76.01	44.37
44.38 TEAM AWARD	A	-4,272	CLINIC	90	44.38
44.39 TEAM AWARD	A	29,859	EMERGENCY	91	44.39
44.40 TEAM AWARD	A	7,196	AMBULANCE SERVICES	95	44.40
44.41 TEAM AWARD	A	59,493	PHYSICIANS' PRIVATE OFFICES	192	44.41
44.42 TEAM AWARD	A	411	OTHER NON-REIMBURSABLE	193.02	44.42
44.43 TEAM AWARD	A	6,707	CARDIAC REHABILITATION	76.97	44.43
45 EMPLOYED PHYSICIAN BENEFITS	A	744,801	EMPLOYEE BENEFITS DEPARTMENT	4	45
46 RESIDENT EDUCATION	A	-95,377	I&R SERVICES-SALARY & FRINGES A	21	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-22,212,180			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	SISTER SERVICES	26,387	26,387		1
2	5	ADMINISTRATIVE & GENERAL	A & G	25,155,043	26,702,082	-1,547,039	2
3	7	OPERATION OF PLANT	OPERATION OF PLANT	804,752	1,237,315	-432,563	3
4	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGY- ST FRANCIS INC	366,561	569,500	-202,939	4
4.01	55	RADIOLOGY-THERAPEUTIC	ONCOLOGY- ST FRANCIS INC	105,054	163,216	-58,162	4.01
4.02	56	RADIOISOTOPE	NUC MED- ST FRANCIS INC	54,352	84,443	-30,091	4.02
4.03	57	CT SCAN	CT SCAN-ST FRANCIS INC	166,776	259,108	-92,332	4.03
4.04	58	MRI	MRI- ST FRANCIS INC	80,070	124,399	-44,329	4.04
4.05	59	CARDIAC CATHETERIZATION	CARD CATH- ST FRANCIS INC	156,258	242,767	-86,509	4.05
4.06	5	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE INTEREST	6,826,841		6,826,841	4.06
4.07	60	LABORATORY	OSF SYSTEM LAB	703,432	703,432		4.07
4.08	31	INTENSIVE CARE UNIT	EICU	1,385,997	1,385,997		4.08
5		TOTALS (SUM OF LINES 1-4)		35,831,523	31,498,646	4,332,877	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL HOSPITAL ADMIN	38,040	38,040		171,400		1	
2	13	NURSING ADMINISTRATION PALLIATIVE CARE	124,742	113,630	11,112	171,400	102	8,405	420
4	5	ADMINISTRATIVE & GENERAL MEDICAL STAFF A	18,000	18,000		171,400			
5	21	I&R SERVICES-SALARY & FR RESIDENT EDUCAT	23,766	23,766		171,400			
6	50	OPERATING ROOM SURGERY	318,053	54,053	264,000	204,100	1,760	172,700	8,635
7	55	RADIOLOGY-THERAPEUTIC ONCOLOGY	4,127,285	3,867,645	259,640	231,100	1,040	115,550	5,778
8	21	I&R SERVICES-SALARY & FR RESIDENT EDUCAT	12,500		12,500	171,400	195	16,069	803
9	91	EMERGENCY ER PHYSICIANS	4,694,641	4,464,224	230,417	171,400	888	73,175	3,659
11	31	INTENSIVE CARE UNIT MED/SURGICAL IN	95,734	20,734	75,000	171,400	520	42,850	2,143
12	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	23,265	23,265		171,400			
13	43	NURSERY ALTERNATE BIRTH	15,425	15,425		171,400			
14	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	28,376	28,376		171,400			
15	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	5,065	5,065		171,400			
16	43	NURSERY ALTERNATE BIRTH	3,358	3,358		171,400			
17	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	6,177	6,177		171,400			
18	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	6,660		6,660	171,400	699	57,600	2,880
19	43	NURSERY ALTERNATE BIRTH	4,416		4,416	171,400	464	38,235	1,912
20	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	8,124		8,124	171,400	853	70,290	3,515
21	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	971	971		171,400			
22	43	NURSERY ALTERNATE BIRTH	644	644		171,400			
23	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	1,185	1,185		171,400			
24	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	2,151	2,151		171,400			
25	43	NURSERY ALTERNATE BIRTH	1,426	1,426		171,400			
26	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	2,623	2,623		171,400			
27	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	3,677	3,677		171,400			
28	43	NURSERY ALTERNATE BIRTH	2,438	2,438		171,400			
29	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	4,485	4,485		171,400			
30	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	126,619		126,619	171,400	3,039	250,425	12,521
31	43	NURSERY ALTERNATE BIRTH	83,950		83,950	171,400	2,015	166,044	8,302
32	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	154,432		154,432	171,400	3,706	305,389	15,269
33	91	EMERGENCY TRAMA CENTER	1,560,378		1,560,378	171,400	8,760	721,858	36,093
34	91	EMERGENCY TRAMA CENTER	326,833	3,083	323,750	171,400	1,984	163,489	8,174
35	91	EMERGENCY TRAMA CENTER	27,500		27,500	171,400	1,272	104,818	5,241
36	91	EMERGENCY TRAMA CENTER	124,600		124,600	171,400	3,024	249,189	12,459
37	91	EMERGENCY TRAMA CENTER	126,564	45,600	80,964	171,400	8,088	666,482	33,324
38	91	EMERGENCY TRAMA CENTER	20,460	13,500	6,960	171,400	696	57,353	2,868
39	91	EMERGENCY TRAMA CENTER	133,100		133,100	171,400	2,928	241,278	12,064
40	91	EMERGENCY TRAMA CENTER	35,813	10,813	25,000	171,400	260	21,425	1,071
41	91	EMERGENCY TRAMA CENTER	411,120	144,920	266,200	171,400	5,808	478,602	23,930
42	91	EMERGENCY TRAMA CENTER	1,100		1,100	171,400	24	1,978	99
43	91	EMERGENCY TRAMA CENTER	365,000		365,000	171,400	8,760	721,858	36,093
44	91	EMERGENCY TRAMA CENTER	31,500		31,500	171,400	1,512	124,595	6,230
45	91	EMERGENCY TRAMA CENTER	14,800	300	14,500	171,400	1,392	114,706	5,735
46	91	EMERGENCY TRAMA CENTER	14,100	1,950	12,150	171,400	1,224	100,862	5,043
47	91	EMERGENCY TRAMA CENTER	15,750	15,750		171,400			
48	91	EMERGENCY TRAMA CENTER	21,000	21,000		171,400			
49	91	EMERGENCY TRAMA CENTER	35,650		35,650	171,400	2,904	239,301	11,965
51	91	EMERGENCY TRAMA CENTER	30,700	21,200	9,500	171,400	912	75,152	3,758
52	91	EMERGENCY TRAMA CENTER	16,000	250	15,750	171,400	1,536	126,572	6,329
53	75.01	SURGERY/CARDIAC AMB DAY OTHER AMBULATOR	36,000		36,000	171,400	180	14,833	742
54	50	OPERATING ROOM SURGERY	120,250		120,250	204,100	730	71,631	3,582
55	53	ANESTHESIOLOGY ANESTHESIOLOGY	1,089,000	645,000	444,000	200,300	2,696	259,620	12,981
56	54	RADIOLOGY-DIAGNOSTIC RADIOLOGY ADMIN	155,700		155,700	231,100	8,760	973,286	48,664
57	65	RESPIRATORY THERAPY RESPIRATORY THE	24,939		24,939	171,400	130	10,713	536
58	76.01	GASTRO INTESTINAL SERVIC GASTRO INTESTIN	10,000		10,000	171,400	260	21,425	1,071
59	70	ELECTROENCEPHALOGRAPHY SLEEP LAB	10,000	10,000		171,400			
60	5	ADMINISTRATIVE & GENERAL OTHER HEALTH PR	68,313	33,313	35,000	171,400	280	23,073	1,154
61	17	SOCIAL SERVICE SOCIAL WORK SVC	6,000	6,000		171,400			
62	15	PHARMACY PHARMACY	25,000		25,000	171,400	167	13,761	688
63	5	ADMINISTRATIVE & GENERAL MEDICAL STAFF A	7,235	7,235		171,400			
64	5	ADMINISTRATIVE & GENERAL MEDICAL STAFF A	26,917	26,917		171,400			
65	5	ADMINISTRATIVE & GENERAL MEDICAL STAFF A	2,750	2,750		171,400			
66	5	ADMINISTRATIVE & GENERAL MEDICAL STAFF A	3,000		3,000	171,400	21	1,730	87
67	5	ADMINISTRATIVE & GENERAL MEDICAL STAFF A	750		750	171,400	24	1,978	99
68	5	ADMINISTRATIVE & GENERAL EMPLOYEE HLTH S	6,750		6,750	171,400	63	5,191	260
69	5	ADMINISTRATIVE & GENERAL MEDICAL STAFF A	5,000		5,000	171,400	50	4,120	206
71	30	ADULTS & PEDIATRICS ALTERNATE BIRTH	11,766		11,766	171,400	71	5,851	293
72	43	NURSERY ALTERNATE BIRTH	7,801		7,801	171,400	47	3,873	194
73	52	DELIVERY ROOM & LABOR RO ALTERNATE BIRTH	14,350		14,350	171,400	87	7,169	358
200		TOTAL	14,881,717	9,710,939	5,170,778		79,931	6,944,504	347,228

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL	HOSPITAL ADMIN					38,040	1
2	13	NURSING ADMINISTRATION	PALLIATIVE CARE			8,405	2,707	116,337	2
4	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					18,000	4
5	21	I&R SERVICES-SALARY & FR	RESIDENT EDUCAT					23,766	5
6	50	OPERATING ROOM	SURGERY			172,700	91,300	145,353	6
7	55	RADIOLOGY-THERAPEUTIC	ONCOLOGY			115,550	144,090	4,011,735	7
8	21	I&R SERVICES-SALARY & FR	RESIDENT EDUCAT			16,069			8
9	91	EMERGENCY	ER PHYSICIANS			73,175	157,242	4,621,466	9
11	31	INTENSIVE CARE UNIT	MED/SURGICAL IN			42,850	32,150	52,884	11
12	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					23,265	12
13	43	NURSERY	ALTERNATE BIRTH					15,425	13
14	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					28,376	14
15	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					5,065	15
16	43	NURSERY	ALTERNATE BIRTH					3,358	16
17	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					6,177	17
18	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH			57,600			18
19	43	NURSERY	ALTERNATE BIRTH			38,235			19
20	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH			70,290			20
21	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					971	21
22	43	NURSERY	ALTERNATE BIRTH					644	22
23	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					1,185	23
24	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					2,151	24
25	43	NURSERY	ALTERNATE BIRTH					1,426	25
26	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					2,623	26
27	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH					3,677	27
28	43	NURSERY	ALTERNATE BIRTH					2,438	28
29	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH					4,485	29
30	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH			250,425			30
31	43	NURSERY	ALTERNATE BIRTH			166,044			31
32	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH			305,389			32
33	91	EMERGENCY	TRAMA CENTER			721,858	838,520	838,520	33
34	91	EMERGENCY	TRAMA CENTER			163,489	160,261	163,344	34
35	91	EMERGENCY	TRAMA CENTER			104,818			35
36	91	EMERGENCY	TRAMA CENTER			249,189			36
37	91	EMERGENCY	TRAMA CENTER			666,482		45,600	37
38	91	EMERGENCY	TRAMA CENTER			57,353		13,500	38
39	91	EMERGENCY	TRAMA CENTER			241,278			39
40	91	EMERGENCY	TRAMA CENTER			21,425	3,575	14,388	40
41	91	EMERGENCY	TRAMA CENTER			478,602		144,920	41
42	91	EMERGENCY	TRAMA CENTER			1,978			42
43	91	EMERGENCY	TRAMA CENTER			721,858			43
44	91	EMERGENCY	TRAMA CENTER			124,595			44
45	91	EMERGENCY	TRAMA CENTER			114,706		300	45
46	91	EMERGENCY	TRAMA CENTER			100,862		1,950	46
47	91	EMERGENCY	TRAMA CENTER					15,750	47
48	91	EMERGENCY	TRAMA CENTER					21,000	48
49	91	EMERGENCY	TRAMA CENTER			239,301			49
51	91	EMERGENCY	TRAMA CENTER			75,152		21,200	51
52	91	EMERGENCY	TRAMA CENTER			126,572		250	52
53	75.01	SURGERY/CARDIAC AMB DAY	OTHER AMBULATOR			14,833	21,167	21,167	53
54	50	OPERATING ROOM	SURGERY			71,631	48,619	48,619	54
55	53	ANESTHESIOLOGY	ANESTHESIOLOGY			259,620	184,380	829,380	55
56	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGY ADMIN			973,286			56
57	65	RESPIRATORY THERAPY	RESPIRATORY THE			10,713	14,226	14,226	57
58	76.01	GASTRO INTESTINAL SERVIC	GASTRO INTESTIN			21,425			58
59	70	ELECTROENCEPHALOGRAPHY	SLEEP LAB					10,000	59
60	5	ADMINISTRATIVE & GENERAL	OTHER HEALTH PR			23,073	11,927	45,240	60
61	17	SOCIAL SERVICE	SOCIAL WORK SVC					6,000	61
62	15	PHARMACY	PHARMACY			13,761	11,239	11,239	62
63	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					7,235	63
64	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					26,917	64
65	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A					2,750	65
66	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A			1,730	1,270	1,270	66
67	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A			1,978			67
68	5	ADMINISTRATIVE & GENERAL	EMPLOYEE HLTH S			5,191	1,559	1,559	68
69	5	ADMINISTRATIVE & GENERAL	MEDICAL STAFF A			4,120	880	880	69
71	30	ADULTS & PEDIATRICS	ALTERNATE BIRTH			5,851	5,915	5,915	71
72	43	NURSERY	ALTERNATE BIRTH			3,873	3,928	3,928	72
73	52	DELIVERY ROOM & LABOR RO	ALTERNATE BIRTH			7,169	7,181	7,181	73
200		TOTAL				6,944,504	1,742,136	11,453,075	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	4,966,666	4,966,666				1
2 CAP REL COSTS-MVBLE EQUIP	6,276,089		6,276,089			2
4 EMPLOYEE BENEFITS DEPARTMENT	37,449,379			37,449,379		4
5 ADMINISTRATIVE & GENERAL	62,547,634	512,243	913,210	5,208,653	69,181,740	5
6 MAINTENANCE & REPAIRS	4,051,254	573,612	106,507	401,243	5,132,616	6
7 OPERATION OF PLANT	3,862,708	257,519	156,544	178,079	4,454,850	7
8 LAUNDRY & LINEN SERVICE	842,540	58,811		39,596	940,947	8
9 HOUSEKEEPING	2,028,919	75,557	7,131	484,199	2,595,806	9
10 DIETARY	1,138,605	74,564	31,266	147,424	1,391,859	10
11 CAFETERIA	938,683	65,000		300,435	1,304,118	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,691,937	19,403	64,064	746,621	3,522,025	13
14 CENTRAL SERVICES & SUPPLY	1,646,368	74,042	189,464	388,291	2,298,165	14
15 PHARMACY	3,455,633	42,448	65,302	1,019,417	4,582,800	15
16 MEDICAL RECORDS & LIBRARY	1,858,753	43,156	2,789	439,325	2,344,023	16
17 SOCIAL SERVICE	578,767	4,290		167,212	750,269	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		457,487	68,464	781,019	1,306,970	20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	18,254,845	608,032	328,758	5,187,097	24,378,732	30
31 INTENSIVE CARE UNIT	10,114,123	232,409	141,378	2,228,486	12,716,396	31
43 NURSERY	552,946	28,239	10,042	131,333	722,560	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,800,304	319,016	972,213	1,825,726	13,917,259	50
51 RECOVERY ROOM	940,805	87,945	38,093	286,292	1,353,135	51
52 DELIVERY ROOM & LABOR ROOM	1,041,418	51,952	18,337	241,605	1,353,312	52
53 ANESTHESIOLOGY	926,289	1,604	72,679		1,000,572	53
54 RADIOLOGY-DIAGNOSTIC	3,664,959	121,400	268,097	751,132	4,805,588	54
54.01 ULTRASOUND	1,678,052	30,079	194,818	387,201	2,290,150	54.01
55 RADIOLOGY-THERAPEUTIC	2,745,177	176,176	854,267	915,885	4,691,505	55
56 RADIOISOTOPE	2,280,750	12,211	153,940	178,008	2,624,909	56
57 CT SCAN	2,853,370	14,631	127,142	361,771	3,356,914	57
58 MRI	2,061,866	49,630	214,120	268,009	2,593,625	58
59 CARDIAC CATHETERIZATION	2,578,803	83,921	434,919	643,919	3,741,562	59
60 LABORATORY	9,632,671	106,335	293,921	2,041,617	12,074,544	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,365,124				2,365,124	63
65 RESPIRATORY THERAPY	2,343,186	35,186	78,073	698,446	3,154,891	65
66 PHYSICAL THERAPY	2,476,518	110,999	40,898	771,828	3,400,243	66
67 OCCUPATIONAL THERAPY	363,571	14,218	770	87,249	465,808	67
68 SPEECH PATHOLOGY	246,372	2,952	10,555	77,625	337,504	68
69 ELECTROCARDIOLOGY	529,090	11,443	5,299	148,837	694,669	69
70 ELECTROENCEPHALOGRAPHY	779,461	14,720	33,416	173,554	1,001,151	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,148,275		3,593		13,151,868	71
72 IMPL. DEV. CHARGED TO PATIENTS	18,226,480				18,226,480	72
73 DRUGS CHARGED TO PATIENTS	22,818,888	3,906	88,959		22,911,753	73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	2,563,354	47,672	47,068	745,684	3,403,778	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	797,822	51,067	23,884	206,675	1,079,448	76.01
76.97 CARDIAC REHABILITATION	562,853	2,529	22,788	137,348	725,518	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	39,600	5,185			44,785	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,232,623			102,226	1,334,849	90
91 EMERGENCY	7,487,635	143,224	121,080	1,407,351	9,159,290	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	3,069,920	15,605	2,691	6,996	3,095,212	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	283,511,085	4,640,418	6,206,539	30,313,414	275,979,322	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,212		17,121	42,935	195,268	190
192 PHYSICIANS' PRIVATE OFFICES	42,726,744	256,781	44,311	6,254,583	49,282,419	192
193.01 CONVENT	27,234	5,205		5,764	38,203	193.01
193.02 OTHER NON-REIMBURSABLE	809,608	64,262	8,118	832,683	1,714,671	193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
02/27/2014 16:38

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	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	327,209,883	4,966,666	6,276,089	37,449,379	327,209,883	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	69,181,740					5
6 MAINTENANCE & REPAIRS	1,376,142	6,508,758				6
7 OPERATION OF PLANT	1,194,421	431,902	6,081,173			7
8 LAUNDRY & LINEN SERVICE	252,284	98,635	98,705	1,390,571		8
9 HOUSEKEEPING	695,980	126,722	126,812		3,545,320	9
10 DIETARY	373,181	125,055	125,144		75,769	10
11 CAFETERIA	349,656	109,015	109,093		66,050	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	944,315	32,543	32,566		19,717	13
14 CENTRAL SERVICES & SUPPLY	616,177	124,181	124,269	33,826	75,239	14
15 PHARMACY	1,228,727	71,192	71,242		43,134	15
16 MEDICAL RECORDS & LIBRARY	628,472	72,380	72,431		43,854	16
17 SOCIAL SERVICE	201,160	7,195	7,200		4,359	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	350,421	767,281	767,826		464,882	20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	6,536,352	1,019,767	1,020,493	481,991	617,859	30
31 INTENSIVE CARE UNIT	3,409,482	389,787	390,064	104,816	236,165	31
43 NURSERY	193,731	47,362	47,396	11,595	28,696	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,731,454	535,042	535,422	167,430	324,172	50
51 RECOVERY ROOM	362,798	147,499	147,604	21,558	89,367	51
52 DELIVERY ROOM & LABOR ROOM	362,846	87,133	87,195	21,174	52,792	52
53 ANESTHESIOLOGY	268,270	2,690	2,692		1,630	53
54 RADIOLOGY-DIAGNOSTIC	1,288,460	203,607	203,752	23,496	123,362	54
54.01 ULTRASOUND	614,028	50,448	50,484	13,289	30,566	54.01
55 RADIOLOGY-THERAPEUTIC	1,257,872	295,476	295,686	30,648	179,024	55
56 RADIOISOTOPE	703,783	20,480	20,494		12,408	56
57 CT SCAN	900,046	24,539	24,557	30,881	14,868	57
58 MRI	695,395	83,238	83,297	11,872	50,433	58
59 CARDIAC CATHETERIZATION	1,003,176	140,749	140,849	60,693	85,277	59
60 LABORATORY	3,237,391	178,342	178,468	390	108,054	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	634,130					63
65 RESPIRATORY THERAPY	845,880	59,013	59,055	732	35,755	65
66 PHYSICAL THERAPY	911,663	186,164	186,296		112,793	66
67 OCCUPATIONAL THERAPY	124,891	23,846	23,863		14,448	67
68 SPEECH PATHOLOGY	90,491	4,951	4,954		3,000	68
69 ELECTROCARDIOLOGY	186,253	19,192	19,206	7,332	11,628	69
70 ELECTROENCEPHALOGRAPHY	268,426	24,688	24,705	1,052	14,958	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,526,239					71
72 IMPL. DEV. CHARGED TO PATIENTS	4,886,829					72
73 DRUGS CHARGED TO PATIENTS	6,143,030	6,551	6,556		3,969	73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	912,611	79,954	80,011	68,969	48,443	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	289,418	85,648	85,708	14,711	51,892	76.01
76.97 CARDIAC REHABILITATION	194,524	4,241	4,244		2,570	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	12,008	8,697	8,703		5,269	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	357,896					90
91 EMERGENCY	2,455,761	240,209	240,380	284,116	145,539	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	829,879	26,173	26,191		15,858	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	55,445,949	5,961,587	5,533,613	1,390,571	3,213,799	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,355					190
192 PHYSICIANS' PRIVATE OFFICES	13,213,461	430,664	430,970		260,932	192
193.01 CONVENT	10,243	8,730	8,736		5,289	193.01
193.02 OTHER NON-REIMBURSABLE	459,732	107,777	107,854		65,300	193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	69,181,740	6,508,758	6,081,173	1,390,571	3,545,320	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS 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	2,091,008					10
11 CAFETERIA		1,937,932				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		40,457	4,591,623			13
14 CENTRAL SERVICES & SUPPLY		45,765	109,328	3,426,950		14
15 PHARMACY		56,238	172,376	408	6,226,117	15
16 MEDICAL RECORDS & LIBRARY		47,344		12		16
17 SOCIAL SERVICE		13,199		18		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		49,639		1,015		20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	1,685,024	441,872	1,352,998	310,945	13,173	30
31 INTENSIVE CARE UNIT	258,469	161,686	495,229	183,940	2,680	31
43 NURSERY	13,833	8,608	26,268	3,476	51	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,871	141,314	432,824	1,453,558	786	50
51 RECOVERY ROOM		16,929	51,979	5,281		51
52 DELIVERY ROOM & LABOR ROOM	25,269	15,638	47,970	6,348	95	52
53 ANESTHESIOLOGY				103,490	829,152	53
54 RADIOLOGY-DIAGNOSTIC		57,673	221,369	22,400	6,645	54
54.01 ULTRASOUND		22,524	65,846	3,398	279	54.01
55 RADIOLOGY-THERAPEUTIC	42,053	64,703	145,647	39,983	1,395	55
56 RADIOISOTOPE		10,616	22,490	1,315	1,608	56
57 CT SCAN		25,967	62,465	4,387	55,865	57
58 MRI		15,925	34,232	1,153	419	58
59 CARDIAC CATHETERIZATION	7,246	47,774	146,365	750,315	345	59
60 LABORATORY		146,909	431,690	66,904	4,626	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		49,496	151,474	14,122	7,644	65
66 PHYSICAL THERAPY		53,513	163,637	110		66
67 OCCUPATIONAL THERAPY		5,021	15,559	20		67
68 SPEECH PATHOLOGY		4,304	13,185			68
69 ELECTROCARDIOLOGY		15,064	46,264	6,568	2,401	69
70 ELECTROENCEPHALOGRAPHY		14,777	45,075	751		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				88,778		71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS				2,661		73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	13,372	53,226	162,938	91,636	2,269	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES		12,195	37,176	82,330		76.01
76.97 CARDIAC REHABILITATION		9,899	30,511	506		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		7,317	22,403	2,476		90
91 EMERGENCY	43,871	108,890		158,103	11,771	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		15,638		370		95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,091,008	1,780,120	4,507,298	3,406,777	941,204	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		72,307	74,686	19,963	5,280,324	192
193.01 CONVENT					4,589	193.01
193.02 OTHER NON-REIMBURSABLE		85,505	9,639	210		193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,091,008	1,937,932	4,591,623	3,426,950	6,226,117	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	NURSING SCHOOL 20	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS 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	3,208,516				16
17 SOCIAL SERVICE		983,400			17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL			3,708,034		20
20.01 MEDTECH SCHOOL					20.01
20.02 PARAMED TRAINING					20.02
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	213,082	771,161	2,277,519	41,120,968	30
31 INTENSIVE CARE UNIT	152,300	193,947	474,889	19,169,850	31
43 NURSERY	4,425	18,292	182,336	1,308,629	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	140,773		102,066	21,483,971	50
51 RECOVERY ROOM	15,795			2,211,945	51
52 DELIVERY ROOM & LABOR ROOM	8,141		335,612	2,403,525	52
53 ANESTHESIOLOGY	49,889			2,258,385	53
54 RADIOLOGY-DIAGNOSTIC	174,873			7,131,225	54
54.01 ULTRASOUND	81,718			3,222,730	54.01
55 RADIOLOGY-THERAPEUTIC	132,954			7,176,946	55
56 RADIOISOTOPE	57,746			3,475,849	56
57 CT SCAN	214,699			4,715,188	57
58 MRI	57,231			3,626,820	58
59 CARDIAC CATHETERIZATION	171,734		32,604	6,328,689	59
60 LABORATORY	443,788			16,871,106	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	35,344			3,034,598	63
65 RESPIRATORY THERAPY	56,604			4,434,666	65
66 PHYSICAL THERAPY	33,357			5,047,776	66
67 OCCUPATIONAL THERAPY	5,777			679,233	67
68 SPEECH PATHOLOGY	3,141			461,530	68
69 ELECTROCARDIOLOGY	23,503			1,032,080	69
70 ELECTROENCEPHALOGRAPHY	18,138			1,413,721	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	294,165			17,061,050	71
72 IMPL. DEV. CHARGED TO PATIENTS	263,520			23,376,829	72
73 DRUGS CHARGED TO PATIENTS	292,128			29,366,648	73
74 RENAL DIALYSIS					74
75.01 SURGERY/CARDIAC AMB DAY CARE	22,288		135,024	5,074,519	75.01
76 DIABETIC SERVICE					76
76.01 GASTRO INTESTINAL SERVICES	13,372		51,033	1,802,931	76.01
76.97 CARDIAC REHABILITATION	3,626		36,503	1,012,142	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	1,740			81,202	76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	13,192			1,738,133	90
91 EMERGENCY	189,527		80,448	13,117,905	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES	19,946			4,029,267	95
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	3,208,516	983,400	3,708,034	255,270,056	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				247,623	190
192 PHYSICIANS' PRIVATE OFFICES				69,065,726	192
193.01 CONVENT				75,790	193.01
193.02 OTHER NON-REIMBURSABLE				2,550,688	193.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	3,208,516	983,400	3,708,034	327,209,883	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS 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
20.01	MEDTECH SCHOOL		20.01
20.02	PARAMED TRAINING		20.02
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	41,120,968	30
31	INTENSIVE CARE UNIT	19,169,850	31
43	NURSERY	1,308,629	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	21,483,971	50
51	RECOVERY ROOM	2,211,945	51
52	DELIVERY ROOM & LABOR ROOM	2,403,525	52
53	ANESTHESIOLOGY	2,258,385	53
54	RADIOLOGY-DIAGNOSTIC	7,131,225	54
54.01	ULTRASOUND	3,222,730	54.01
55	RADIOLOGY-THERAPEUTIC	7,176,946	55
56	RADIOISOTOPE	3,475,849	56
57	CT SCAN	4,715,188	57
58	MRI	3,626,820	58
59	CARDIAC CATHETERIZATION	6,328,689	59
60	LABORATORY	16,871,106	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	3,034,598	63
65	RESPIRATORY THERAPY	4,434,666	65
66	PHYSICAL THERAPY	5,047,776	66
67	OCCUPATIONAL THERAPY	679,233	67
68	SPEECH PATHOLOGY	461,530	68
69	ELECTROCARDIOLOGY	1,032,080	69
70	ELECTROENCEPHALOGRAPHY	1,413,721	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,061,050	71
72	IMPL. DEV. CHARGED TO PATIENTS	23,376,829	72
73	DRUGS CHARGED TO PATIENTS	29,366,648	73
74	RENAL DIALYSIS		74
75.01	SURGERY/CARDIAC AMB DAY CARE	5,074,519	75.01
76	DIABETIC SERVICE		76
76.01	GASTRO INTESTINAL SERVICES	1,802,931	76.01
76.97	CARDIAC REHABILITATION	1,012,142	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY	81,202	76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	1,738,133	90
91	EMERGENCY	13,117,905	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
95	AMBULANCE SERVICES	4,029,267	95
SPECIAL PURPOSE COST CENTERS			
118	SUBTOTALS (SUM OF LINES 1-117)	255,270,056	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	247,623	190
192	PHYSICIANS' PRIVATE OFFICES	69,065,726	192
193.01	CONVENT	75,790	193.01
193.02	OTHER NON-REIMBURSABLE	2,550,688	193.02
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	327,209,883	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	8,521,581	512,243	913,210	9,947,034	9,947,034	5
6 MAINTENANCE & REPAIRS	6,391	573,612	106,507	686,510	197,862	6
7 OPERATION OF PLANT		257,519	156,544	414,063	171,734	7
8 LAUNDRY & LINEN SERVICE		58,811		58,811	36,274	8
9 HOUSEKEEPING		75,557	7,131	82,688	100,068	9
10 DIETARY	1,996	74,564	31,266	107,826	53,656	10
11 CAFETERIA		65,000		65,000	50,274	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		19,403	64,064	83,467	135,774	13
14 CENTRAL SERVICES & SUPPLY	5,016	74,042	189,464	268,522	88,594	14
15 PHARMACY		42,448	65,302	107,750	176,667	15
16 MEDICAL RECORDS & LIBRARY		43,156	2,789	45,945	90,362	16
17 SOCIAL SERVICE		4,290		4,290	28,923	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	3,893	457,487	68,464	529,844	50,384	20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	495	608,032	328,758	937,285	939,800	30
31 INTENSIVE CARE UNIT	980	232,409	141,378	374,767	490,217	31
43 NURSERY		28,239	10,042	38,281	27,855	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	518,245	319,016	972,213	1,809,474	536,510	50
51 RECOVERY ROOM		87,945	38,093	126,038	52,163	51
52 DELIVERY ROOM & LABOR ROOM		51,952	18,337	70,289	52,170	52
53 ANESTHESIOLOGY		1,604	72,679	74,283	38,572	53
54 RADIOLOGY-DIAGNOSTIC	479,107	121,400	268,097	868,604	185,255	54
54.01 ULTRASOUND	131,423	30,079	194,818	356,320	88,285	54.01
55 RADIOLOGY-THERAPEUTIC	424,928	176,176	854,267	1,455,371	180,858	55
56 RADIOISOTOPE	449,310	12,211	153,940	615,461	101,190	56
57 CT SCAN	913,304	14,631	127,142	1,055,077	129,409	57
58 MRI	841,029	49,630	214,120	1,104,779	99,984	58
59 CARDIAC CATHETERIZATION	38,500	83,921	434,919	557,340	144,237	59
60 LABORATORY	184,558	106,335	293,921	584,814	465,474	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					91,176	63
65 RESPIRATORY THERAPY	70,091	35,186	78,073	183,350	121,621	65
66 PHYSICAL THERAPY	8,371	110,999	40,898	160,268	131,079	66
67 OCCUPATIONAL THERAPY		14,218	770	14,988	17,957	67
68 SPEECH PATHOLOGY		2,952	10,555	13,507	13,011	68
69 ELECTROCARDIOLOGY		11,443	5,299	16,742	26,779	69
70 ELECTROENCEPHALOGRAPHY	121,391	14,720	33,416	169,527	38,594	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	504,513		3,593	508,106	507,005	71
72 IMPL. DEV. CHARGED TO PATIENTS					702,631	72
73 DRUGS CHARGED TO PATIENTS		3,906	88,959	92,865	883,248	73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	356	47,672	47,068	95,096	131,216	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES		51,067	23,884	74,951	41,613	76.01
76.97 CARDIAC REHABILITATION	117,110	2,529	22,788	142,427	27,969	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		5,185		5,185	1,726	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	128,613			128,613	51,458	90
91 EMERGENCY	14,988	143,224	121,080	279,292	353,091	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	1,916,069	15,605	2,691	1,934,365	119,320	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	15,402,258	4,640,418	6,206,539	26,249,215	7,972,045	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			17,121	17,121	7,528	190
192 PHYSICIANS' PRIVATE OFFICES	1,709,647	256,781	44,311	2,010,739	1,899,887	192
193.01 CONVENT		5,205		5,205	1,473	193.01
193.02 OTHER NON-REIMBURSABLE		64,262	8,118	72,380	66,101	193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,111,905	4,966,666	6,276,089	28,354,660	9,947,034	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	884,372					6
7 OPERATION OF PLANT	58,684	644,481				7
8 LAUNDRY & LINEN SERVICE	13,402	10,461	118,948			8
9 HOUSEKEEPING	17,218	13,440		213,414		9
10 DIETARY	16,992	13,263		4,561	196,298	10
11 CAFETERIA	14,812	11,562		3,976		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,422	3,451		1,187		13
14 CENTRAL SERVICES & SUPPLY	16,873	13,170	2,893	4,529		14
15 PHARMACY	9,673	7,550		2,596		15
16 MEDICAL RECORDS & LIBRARY	9,835	7,676		2,640		16
17 SOCIAL SERVICE	978	763		262		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	104,254	81,374		27,984		20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	138,561	108,151	41,229	37,192	158,186	30
31 INTENSIVE CARE UNIT	52,962	41,339	8,966	14,216	24,264	31
43 NURSERY	6,435	5,023	992	1,727	1,299	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	72,698	56,744	14,322	19,514	176	50
51 RECOVERY ROOM	20,041	15,643	1,844	5,380		51
52 DELIVERY ROOM & LABOR ROOM	11,839	9,241	1,811	3,178	2,372	52
53 ANESTHESIOLOGY	365	285		98		53
54 RADIOLOGY-DIAGNOSTIC	27,665	21,594	2,010	7,426		54
54.01 ULTRASOUND	6,855	5,350	1,137	1,840		54.01
55 RADIOLOGY-THERAPEUTIC	40,148	31,337	2,622	10,777	3,948	55
56 RADIOISOTOPE	2,783	2,172		747		56
57 CT SCAN	3,334	2,602	2,642	895		57
58 MRI	11,310	8,828	1,015	3,036		58
59 CARDIAC CATHETERIZATION	19,124	14,927	5,192	5,133	680	59
60 LABORATORY	24,232	18,914	33	6,504		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	8,018	6,259	63	2,152		65
66 PHYSICAL THERAPY	25,295	19,744		6,790		66
67 OCCUPATIONAL THERAPY	3,240	2,529		870		67
68 SPEECH PATHOLOGY	673	525		181		68
69 ELECTROCARDIOLOGY	2,608	2,035	627	700		69
70 ELECTROENCEPHALOGRAPHY	3,354	2,618	90	900		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	890	695		239		73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	10,864	8,480	5,899	2,916	1,255	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	11,637	9,083	1,258	3,124		76.01
76.97 CARDIAC REHABILITATION	576	450		155		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	1,182	922		317		76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	32,638	25,475	24,303	8,761	4,118	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	3,556	2,776		955		95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	810,026	586,451	118,948	193,458	196,298	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	58,516	45,674		15,707		192
193.01 CONVENT	1,186	926		318		193.01
193.02 OTHER NON-REIMBURSABLE	14,644	11,430		3,931		193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	884,372	644,481	118,948	213,414	196,298	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS 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	145,624					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,040	231,341				13
14 CENTRAL SERVICES & SUPPLY	3,439	5,508	403,528			14
15 PHARMACY	4,226	8,685	48	317,195		15
16 MEDICAL RECORDS & LIBRARY	3,558				160,017	16
17 SOCIAL SERVICE	992		2			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	3,730		119			20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	33,205	68,169	36,614	671	10,661	30
31 INTENSIVE CARE UNIT	12,150	24,951	21,659	137	7,620	31
43 NURSERY	647	1,323	409	3	221	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,619	21,807	171,160	40	7,043	50
51 RECOVERY ROOM	1,272	2,619	622		790	51
52 DELIVERY ROOM & LABOR ROOM	1,175	2,417	747	5	407	52
53 ANESTHESIOLOGY			12,186	42,242	2,496	53
54 RADIOLOGY-DIAGNOSTIC	4,334	11,153	2,638	339	8,750	54
54.01 ULTRASOUND	1,693	3,318	400	14	4,089	54.01
55 RADIOLOGY-THERAPEUTIC	4,862	7,338	4,708	71	6,652	55
56 RADIOISOTOPE	798	1,133	155	82	2,889	56
57 CT SCAN	1,951	3,147	517	2,846	10,742	57
58 MRI	1,197	1,725	136	21	2,863	58
59 CARDIAC CATHETERIZATION	3,590	7,374	88,350	18	8,592	59
60 LABORATORY	11,039	21,750	7,878	236	21,691	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					1,768	63
65 RESPIRATORY THERAPY	3,719	7,632	1,663	389	2,832	65
66 PHYSICAL THERAPY	4,021	8,245	13		1,669	66
67 OCCUPATIONAL THERAPY	377	784	2		289	67
68 SPEECH PATHOLOGY	323	664			157	68
69 ELECTROCARDIOLOGY	1,132	2,331	773	122	1,176	69
70 ELECTROENCEPHALOGRAPHY	1,110	2,271	88		908	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			10,454		14,718	71
72 IMPL. DEV. CHARGED TO PATIENTS					13,185	72
73 DRUGS CHARGED TO PATIENTS			313		14,616	73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	4,000	8,209	10,790	116	1,115	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	916	1,873	9,694		669	76.01
76.97 CARDIAC REHABILITATION	744	1,537	60		181	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					87	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	550	1,129	292		660	90
91 EMERGENCY	8,182		18,617	600	9,483	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	1,175		44		998	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	133,766	227,092	401,152	47,952	160,017	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	5,433	3,763	2,351	269,009		192
193.01 CONVENT				234		193.01
193.02 OTHER NON-REIMBURSABLE	6,425	486	25			193.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	145,624	231,341	403,528	317,195	160,017	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	20	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	36,210				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL		797,689			20
20.01 MEDTECH SCHOOL					20.01
20.02 PARAMED TRAINING					20.02
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	28,395		2,538,119		2,538,119
31 INTENSIVE CARE UNIT	7,141		1,080,389		1,080,389
43 NURSERY	674		84,889		84,889
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			2,720,107		2,720,107
51 RECOVERY ROOM			226,412		226,412
52 DELIVERY ROOM & LABOR ROOM			155,651		155,651
53 ANESTHESIOLOGY			170,527		170,527
54 RADIOLOGY-DIAGNOSTIC			1,139,768		1,139,768
54.01 ULTRASOUND			469,301		469,301
55 RADIOLOGY-THERAPEUTIC			1,748,692		1,748,692
56 RADIOISOTOPE			727,410		727,410
57 CT SCAN			1,213,162		1,213,162
58 MRI			1,234,894		1,234,894
59 CARDIAC CATHETERIZATION			854,557		854,557
60 LABORATORY			1,162,565		1,162,565
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.			92,944		92,944
65 RESPIRATORY THERAPY			337,698		337,698
66 PHYSICAL THERAPY			357,124		357,124
67 OCCUPATIONAL THERAPY			41,036		41,036
68 SPEECH PATHOLOGY			29,041		29,041
69 ELECTROCARDIOLOGY			55,025		55,025
70 ELECTROENCEPHALOGRAPHY			219,460		219,460
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			1,040,283		1,040,283
72 IMPL. DEV. CHARGED TO PATIENTS			715,816		715,816
73 DRUGS CHARGED TO PATIENTS			992,866		992,866
74 RENAL DIALYSIS					74
75.01 SURGERY/CARDIAC AMB DAY CARE			279,956		279,956
76 DIABETIC SERVICE					76
76.01 GASTRO INTESTINAL SERVICES			154,818		154,818
76.97 CARDIAC REHABILITATION			174,099		174,099
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY			9,419		9,419
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			182,702		182,702
91 EMERGENCY			764,560		764,560
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES			2,063,189		2,063,189
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	36,210		23,036,479		23,036,479
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			24,649		24,649
192 PHYSICIANS' PRIVATE OFFICES			4,311,079		4,311,079
193.01 CONVENT			9,342		9,342
193.02 OTHER NON-REIMBURSABLE			175,422		175,422
200 CROSS FOOT ADJUSTMENTS		797,689	797,689		797,689
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	36,210	797,689	28,354,660		28,354,660

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	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	504,769					1
2 CAP REL COSTS-MVBLE EQUIP		5,794,378				2
4 EMPLOYEE BENEFITS DEPARTMENT			117,936,346			4
5 ADMINISTRATIVE & GENERAL	52,060	843,118	16,403,192	-69,181,740	258,028,143	5
6 MAINTENANCE & REPAIRS	58,297	98,332	1,263,603		5,132,616	6
7 OPERATION OF PLANT	26,172	144,529	560,809		4,454,850	7
8 LAUNDRY & LINEN SERVICE	5,977		124,697		940,947	8
9 HOUSEKEEPING	7,679	6,584	1,524,849		2,595,806	9
10 DIETARY	7,578	28,866	464,269		1,391,859	10
11 CAFETERIA	6,606		946,136		1,304,118	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,972	59,147	2,351,272		3,522,025	13
14 CENTRAL SERVICES & SUPPLY	7,525	174,922	1,222,814		2,298,165	14
15 PHARMACY	4,314	60,290	3,210,368		4,582,800	15
16 MEDICAL RECORDS & LIBRARY	4,386	2,575	1,383,531		2,344,023	16
17 SOCIAL SERVICE	436		526,588		750,269	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	46,495	63,209	2,459,599		1,306,970	20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	61,795	303,525	16,335,306		24,378,732	30
31 INTENSIVE CARE UNIT	23,620	130,527	7,017,993		12,716,396	31
43 NURSERY	2,870	9,271	413,596		722,560	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,422	897,590	5,749,611		13,917,259	50
51 RECOVERY ROOM	8,938	35,169	901,597		1,353,135	51
52 DELIVERY ROOM & LABOR ROOM	5,280	16,930	760,866		1,353,312	52
53 ANESTHESIOLOGY	163	67,101			1,000,572	53
54 RADIOLOGY-DIAGNOSTIC	12,338	247,520	2,365,479		4,805,588	54
54.01 ULTRASOUND	3,057	179,865	1,219,382		2,290,150	54.01
55 RADIOLOGY-THERAPEUTIC	17,905	788,699	2,884,324		4,691,505	55
56 RADIOISOTOPE	1,241	142,125	560,585		2,624,909	56
57 CT SCAN	1,487	117,383	1,139,296		3,356,914	57
58 MRI	5,044	197,686	844,020		2,593,625	58
59 CARDIAC CATHETERIZATION	8,529	401,538	2,027,842		3,741,562	59
60 LABORATORY	10,807	271,362	6,429,500		12,074,544	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					2,365,124	63
65 RESPIRATORY THERAPY	3,576	72,081	2,199,561		3,154,891	65
66 PHYSICAL THERAPY	11,281	37,759	2,430,655		3,400,243	66
67 OCCUPATIONAL THERAPY	1,445	711	274,766		465,808	67
68 SPEECH PATHOLOGY	300	9,745	244,457		337,504	68
69 ELECTROCARDIOLOGY	1,163	4,892	468,719		694,669	69
70 ELECTROENCEPHALOGRAPHY	1,496	30,851	546,559		1,001,151	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,317			13,151,868	71
72 IMPL. DEV. CHARGED TO PATIENTS					18,226,480	72
73 DRUGS CHARGED TO PATIENTS	397	82,131			22,911,753	73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	4,845	43,455	2,348,323		3,403,778	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	5,190	22,051	650,864		1,079,448	76.01
76.97 CARDIAC REHABILITATION	257	21,039	432,539		725,518	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	527				44,785	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			321,931		1,334,849	90
91 EMERGENCY	14,556	111,787	4,432,058		9,159,290	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	1,586	2,484	22,032		3,095,212	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	471,612	5,730,166	95,463,588	-69,181,740	206,797,582	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,807	135,212		195,268	190
192 PHYSICIANS' PRIVATE OFFICES	26,097	40,910	19,697,093		49,282,419	192
193.01 CONVENT	529		18,152		38,203	193.01
193.02 OTHER NON-REIMBURSABLE	6,531	7,495	2,622,301		1,714,671	193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
 02/27/2014 16:38

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	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,966,666	6,276,089	37,449,379		69,181,740	202
203	UNIT COST MULT-WS B PT I	9.839483	1.083134	0.317539		0.268117	203
204	COST TO BE ALLOC PER B PT II					9,947,034	204
205	UNIT COST MULT-WS B PT II					0.038550	205

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 MEALS SERVED 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	394,412					6
7 OPERATION OF PLANT	26,172	368,240				7
8 LAUNDRY & LINEN SERVICE	5,977	5,977	1,137,720			8
9 HOUSEKEEPING	7,679	7,679		354,584		9
10 DIETARY	7,578	7,578		7,578	158,717	10
11 CAFETERIA	6,606	6,606		6,606		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,972	1,972		1,972		13
14 CENTRAL SERVICES & SUPPLY	7,525	7,525	27,675	7,525		14
15 PHARMACY	4,314	4,314		4,314		15
16 MEDICAL RECORDS & LIBRARY	4,386	4,386		4,386		16
17 SOCIAL SERVICE	436	436		436		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	46,495	46,495		46,495		20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	61,795	61,795	394,349	61,795	127,901	30
31 INTENSIVE CARE UNIT	23,620	23,620	85,757	23,620	19,619	31
43 NURSERY	2,870	2,870	9,487	2,870	1,050	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,422	32,422	136,986	32,422	142	50
51 RECOVERY ROOM	8,938	8,938	17,638	8,938		51
52 DELIVERY ROOM & LABOR ROOM	5,280	5,280	17,324	5,280	1,918	52
53 ANESTHESIOLOGY	163	163		163		53
54 RADIOLOGY-DIAGNOSTIC	12,338	12,338	19,224	12,338		54
54.01 ULTRASOUND	3,057	3,057	10,873	3,057		54.01
55 RADIOLOGY-THERAPEUTIC	17,905	17,905	25,075	17,905	3,192	55
56 RADIOISOTOPE	1,241	1,241		1,241		56
57 CT SCAN	1,487	1,487	25,266	1,487		57
58 MRI	5,044	5,044	9,713	5,044		58
59 CARDIAC CATHETERIZATION	8,529	8,529	49,657	8,529	550	59
60 LABORATORY	10,807	10,807	319	10,807		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	3,576	3,576	599	3,576		65
66 PHYSICAL THERAPY	11,281	11,281		11,281		66
67 OCCUPATIONAL THERAPY	1,445	1,445		1,445		67
68 SPEECH PATHOLOGY	300	300		300		68
69 ELECTROCARDIOLOGY	1,163	1,163	5,999	1,163		69
70 ELECTROENCEPHALOGRAPHY	1,496	1,496	861	1,496		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	397	397		397		73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	4,845	4,845	56,428	4,845	1,015	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	5,190	5,190	12,036	5,190		76.01
76.97 CARDIAC REHABILITATION	257	257		257		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	527	527		527		76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY	14,556	14,556	232,454	14,556	3,330	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	1,586	1,586		1,586		95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	361,255	335,083	1,137,720	321,427	158,717	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	26,097	26,097		26,097		192
193.01 CONVENT	529	529		529		193.01
193.02 OTHER NON-REIMBURSABLE	6,531	6,531		6,531		193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
 02/27/2014 16:38

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 MEALS SERVED 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	6,508,758	6,081,173	1,390,571	3,545,320	2,091,008	202
203	UNIT COST MULT-WS B PT I	16.502434	16.514157	1.222244	9.998533	13.174443	203
204	COST TO BE ALLOC PER B PT II	884,372	644,481	118,948	213,414	196,298	204
205	UNIT COST MULT-WS B PT II	2.242254	1.750166	0.104549	0.601871	1.236780	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTE'S	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	11	13	14	15	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						10
11 CAFETERIA	13,508					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	282	2,174,133				13
14 CENTRAL SERVICES & SUPPLY	319	51,767	15,569,362			14
15 PHARMACY	392	81,620	1,854	847,903		15
16 MEDICAL RECORDS & LIBRARY	330				1,084,828,076	16
17 SOCIAL SERVICE	92					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	346		4,610			20
20.01 MEDTECH SCHOOL						20.01
20.02 PARAMED TRAINING						20.02
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	3,080	640,644	1,412,685	1,794	72,035,877	30
31 INTENSIVE CARE UNIT	1,127	234,491	835,679	365	51,487,497	31
43 NURSERY	60	12,438	15,792	7	1,495,994	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	985	204,942	6,603,833	107	47,590,749	50
51 RECOVERY ROOM	118	24,612	23,992		5,339,609	51
52 DELIVERY ROOM & LABOR ROOM	109	22,714	28,838	13	2,752,080	52
53 ANESTHESIOLOGY			470,174	112,918	16,865,920	53
54 RADIOLOGY-DIAGNOSTIC	402	104,818	101,769	905	59,118,737	54
54.01 ULTRASOUND	157	31,178	15,438	38	27,626,116	54.01
55 RADIOLOGY-THERAPEUTIC	451	68,964	181,651	190	44,947,154	55
56 RADIOISOTOPE	74	10,649	5,973	219	19,522,075	56
57 CT SCAN	181	29,577	19,932	7,608	72,582,463	57
58 MRI	111	16,209	5,238	57	19,347,936	58
59 CARDIAC CATHETERIZATION	333	69,304	3,408,836	47	58,057,419	59
60 LABORATORY	1,024	204,405	303,959	630	150,166,462	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					11,948,687	63
65 RESPIRATORY THERAPY	345	71,723	64,161	1,041	19,135,982	65
66 PHYSICAL THERAPY	373	77,482	501		11,276,923	66
67 OCCUPATIONAL THERAPY	35	7,367	90		1,953,041	67
68 SPEECH PATHOLOGY	30	6,243			1,061,806	68
69 ELECTROCARDIOLOGY	105	21,906	29,840	327	7,945,577	69
70 ELECTROENCEPHALOGRAPHY	103	21,343	3,414		6,131,902	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			403,338		99,447,172	71
72 IMPL. DEV. CHARGED TO PATIENTS					89,087,178	72
73 DRUGS CHARGED TO PATIENTS			12,090		98,758,595	73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CARE	371	77,151	416,321	309	7,534,683	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	85	17,603	374,042		4,520,763	76.01
76.97 CARDIAC REHABILITATION	69	14,447	2,300		1,225,829	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					588,188	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	51	10,608	11,249		4,459,913	90
91 EMERGENCY	759		718,293	1,603	64,072,612	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	109		1,680		6,743,137	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	12,408	2,134,205	15,477,709	128,178	1,084,828,076	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	504	35,364	90,698	719,100		192
193.01 CONVENT				625		193.01
193.02 OTHER NON-REIMBURSABLE	596	4,564	955			193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
 02/27/2014 16:38

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		FTE'S					
		11	13	14	15	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,937,932	4,591,623	3,426,950	6,226,117	3,208,516	202
203	UNIT COST MULT-WS B PT I	143.465502	2.111933	0.220109	7.342959	0.002958	203
204	COST TO BE ALLOC PER B PT II	145,624	231,341	403,528	317,195	160,017	204
205	UNIT COST MULT-WS B PT II	10.780574	0.106406	0.025918	0.374093	0.000148	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	
	PATIENT DAYS	ASSIGNED TIME	
	17	20	
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	49,513		17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL		20,926	20
20.01 MEDTECH SCHOOL			20.01
20.02 PARAMED TRAINING			20.02
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	38,827	12,853	30
31 INTENSIVE CARE UNIT	9,765	2,680	31
43 NURSERY	921	1,029	43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		576	50
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM		1,894	52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
55 RADIOLOGY-THERAPEUTIC			55
56 RADIOISOTOPE			56
57 CT SCAN			57
58 MRI			58
59 CARDIAC CATHETERIZATION		184	59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
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
75.01 SURGERY/CARDIAC AMB DAY CARE		762	75.01
76 DIABETIC SERVICE			76
76.01 GASTRO INTESTINAL SERVICES		288	76.01
76.97 CARDIAC REHABILITATION		206	76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC			90
91 EMERGENCY		454	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES			95
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	49,513	20,926	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
193.01 CONVENT			193.01
193.02 OTHER NON-REIMBURSABLE			193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
02/27/2014 16:38

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		SOCIAL SERVICE	NURSING SCHOOL	
		PATIENT DAYS	ASSIGNED TIME	
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	COST TO BE ALLOC PER B PT I	983,400	3,708,034	202
203	UNIT COST MULT-WS B PT I	19.861451	177.197458	203
204	COST TO BE ALLOC PER B PT II	36,210	797,689	204
205	UNIT COST MULT-WS B PT II	0.731323	38.119516	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	41,120,968		41,120,968	5,915	41,126,883	30
31 INTENSIVE CARE UNIT	19,169,850		19,169,850	32,150	19,202,000	31
43 NURSERY	1,308,629		1,308,629	3,928	1,312,557	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,483,971		21,483,971	139,919	21,623,890	50
51 RECOVERY ROOM	2,211,945		2,211,945		2,211,945	51
52 DELIVERY ROOM & LABOR ROOM	2,403,525		2,403,525	7,181	2,410,706	52
53 ANESTHESIOLOGY	2,258,385		2,258,385	184,380	2,442,765	53
54 RADIOLOGY-DIAGNOSTIC	7,131,225		7,131,225		7,131,225	54
54.01 ULTRASOUND	3,222,730		3,222,730		3,222,730	54.01
55 RADIOLOGY-THERAPEUTIC	7,176,946		7,176,946	144,090	7,321,036	55
56 RADIOISOTOPE	3,475,849		3,475,849		3,475,849	56
57 CT SCAN	4,715,188		4,715,188		4,715,188	57
58 MRI	3,626,820		3,626,820		3,626,820	58
59 CARDIAC CATHETERIZATION	6,328,689		6,328,689		6,328,689	59
60 LABORATORY	16,871,106		16,871,106		16,871,106	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	3,034,598		3,034,598		3,034,598	63
65 RESPIRATORY THERAPY	4,434,666		4,434,666	14,226	4,448,892	65
66 PHYSICAL THERAPY	5,047,776		5,047,776		5,047,776	66
67 OCCUPATIONAL THERAPY	679,233		679,233		679,233	67
68 SPEECH PATHOLOGY	461,530		461,530		461,530	68
69 ELECTROCARDIOLOGY	1,032,080		1,032,080		1,032,080	69
70 ELECTROENCEPHALOGRAPHY	1,413,721		1,413,721		1,413,721	70
71 MEDICAL SUPPLIES CHARGED TO	17,061,050		17,061,050		17,061,050	71
72 IMPL. DEV. CHARGED TO PATIE	23,376,829		23,376,829		23,376,829	72
73 DRUGS CHARGED TO PATIENTS	29,366,648		29,366,648		29,366,648	73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CAR	5,074,519		5,074,519	21,167	5,095,686	75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	1,802,931		1,802,931		1,802,931	76.01
76.97 CARDIAC REHABILITATION	1,012,142		1,012,142		1,012,142	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	81,202		81,202		81,202	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,738,133		1,738,133		1,738,133	90
91 EMERGENCY	13,117,905		13,117,905	1,159,598	14,277,503	91
92 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	4,993,707		4,993,707		4,993,707	92
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	4,029,267		4,029,267		4,029,267	95
200 SUBTOTAL (SEE INSTRUCTIONS)	260,263,763		260,263,763	1,712,554	261,976,317	200
201 LESS OBSERVATION BEDS	4,993,707		4,993,707		4,993,707	201
202 TOTAL (SEE INSTRUCTIONS)	255,270,056		255,270,056		256,982,610	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	72,035,877		72,035,877			30
31 INTENSIVE CARE UNIT	51,487,497		51,487,497			31
43 NURSERY	1,495,994		1,495,994			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,031,307	19,559,443	47,590,750	0.451432	0.451432	0.454372 50
51 RECOVERY ROOM	2,332,264	3,007,345	5,339,609	0.414252	0.414252	0.414252 51
52 DELIVERY ROOM & LABOR ROOM	2,752,080		2,752,080	0.873349	0.873349	0.875958 52
53 ANESTHESIOLOGY	9,272,237	7,593,683	16,865,920	0.133902	0.133902	0.144834 53
54 RADIOLOGY-DIAGNOSTIC	12,428,522	46,690,215	59,118,737	0.120625	0.120625	0.120625 54
54.01 ULTRASOUND	8,015,214	19,610,902	27,626,116	0.116655	0.116655	0.116655 54.01
55 RADIOLOGY-THERAPEUTIC	839,946	44,107,208	44,947,154	0.159675	0.159675	0.162881 55
56 RADIOISOTOPE	2,397,310	17,124,765	19,522,075	0.178047	0.178047	0.178047 56
57 CT SCAN	26,493,370	46,089,093	72,582,463	0.064963	0.064963	0.064963 57
58 MRI	5,405,913	13,942,023	19,347,936	0.187453	0.187453	0.187453 58
59 CARDIAC CATHETERIZATION	30,621,109	27,436,310	58,057,419	0.109007	0.109007	0.109007 59
60 LABORATORY	66,917,370	83,249,092	150,166,462	0.112349	0.112349	0.112349 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	9,409,357	2,539,330	11,948,687	0.253969	0.253969	0.253969 63
65 RESPIRATORY THERAPY	17,672,271	1,463,711	19,135,982	0.231745	0.231745	0.232488 65
66 PHYSICAL THERAPY	4,072,151	7,204,772	11,276,923	0.447620	0.447620	0.447620 66
67 OCCUPATIONAL THERAPY	1,133,843	819,198	1,953,041	0.347782	0.347782	0.347782 67
68 SPEECH PATHOLOGY	622,149	439,657	1,061,806	0.434665	0.434665	0.434665 68
69 ELECTROCARDIOLOGY	2,362,321	5,583,256	7,945,577	0.129894	0.129894	0.129894 69
70 ELECTROENCEPHALOGRAPHY	437,319	5,694,583	6,131,902	0.230552	0.230552	0.230552 70
71 MEDICAL SUPPLIES CHARGED TO	65,937,366	33,509,806	99,447,172	0.171559	0.171559	0.171559 71
72 IMPL. DEV. CHARGED TO PATIE	65,069,091	24,018,087	89,087,178	0.262404	0.262404	0.262404 72
73 DRUGS CHARGED TO PATIENTS	40,336,306	58,422,289	98,758,595	0.297358	0.297358	0.297358 73
74 RENAL DIALYSIS						74
75.01 SURGERY/CARDIAC AMB DAY CAR	393,146	7,141,537	7,534,683	0.673488	0.673488	0.676297 75.01
76 DIABETIC SERVICE						76
76.01 GASTRO INTESTINAL SERVICES	1,633,934	2,886,829	4,520,763	0.398811	0.398811	0.398811 76.01
76.97 CARDIAC REHABILITATION	2,068	1,223,761	1,225,829	0.825680	0.825680	0.825680 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	32,749	555,439	588,188	0.138054	0.138054	0.138054 76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	11,082	4,448,831	4,459,913	0.389724	0.389724	0.389724 90
91 EMERGENCY	22,690,084	41,382,528	64,072,612	0.204735	0.204735	0.222833 91
92 OBSERVATION BEDS (NON-DISTI		9,294,959	9,294,959	0.537249	0.537249	0.537249 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	3,275,320	3,467,817	6,743,137	0.597536	0.597536	0.597536 95
200 SUBTOTAL (SEE INSTRUCTIONS)	555,616,567	538,506,469	1,094,123,036			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	555,616,567	538,506,469	1,094,123,036			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)			
	1	2	3		5			
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,538,119		2,538,119	44,193	57.43	20,487	1,176,568	30
31 INTENSIVE CARE UNIT	1,080,389		1,080,389	9,765	110.64	5,233	578,979	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	84,889		84,889	921	92.17			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,703,397		3,703,397	54,879		25,720	1,755,547	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA		
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,720,107	47,590,750	0.057156	11,113,262	635,190
51	RECOVERY ROOM	226,412	5,339,609	0.042402	858,169	36,388
52	DELIVERY ROOM & LABOR ROOM	155,651	2,752,080	0.056558		
53	ANESTHESIOLOGY	170,527	16,865,920	0.010111	3,470,872	35,094
54	RADIOLOGY-DIAGNOSTIC	1,139,768	59,118,737	0.019279	6,299,412	121,446
54.01	ULTRASOUND	469,301	27,626,116	0.016988	4,527,316	76,910
55	RADIOLOGY-THERAPEUTIC	1,748,692	44,947,154	0.038906	484,919	18,866
56	RADIOISOTOPE	727,410	19,522,075	0.037261	1,305,457	48,643
57	CT SCAN	1,213,162	72,582,463	0.016714	11,411,798	190,737
58	MRI	1,234,894	19,347,936	0.063826	2,355,634	150,351
59	CARDIAC CATHETERIZATION	854,557	58,057,419	0.014719	13,732,874	202,134
60	LABORATORY	1,162,565	150,166,462	0.007742	34,769,514	269,186
62.30	BLOOD CLOTTING FOR HEMOPHILIA					
63	BLOOD STORING, PROCESSING & T	92,944	11,948,687	0.007779	4,447,080	34,594
65	RESPIRATORY THERAPY	337,698	19,135,982	0.017647	9,875,690	174,276
66	PHYSICAL THERAPY	357,124	11,276,923	0.031669	2,255,606	71,433
67	OCCUPATIONAL THERAPY	41,036	1,953,041	0.021011	625,948	13,152
68	SPEECH PATHOLOGY	29,041	1,061,806	0.027351	391,003	10,694
69	ELECTROCARDIOLOGY	55,025	7,945,577	0.006925	1,333,647	9,236
70	ELECTROENCEPHALOGRAPHY	219,460	6,131,902	0.035790	227,648	8,148
71	MEDICAL SUPPLIES CHARGED TO P	1,040,283	99,447,172	0.010461	29,213,714	305,605
72	IMPL. DEV. CHARGED TO PATIENT	715,816	89,087,178	0.008035	28,625,015	230,002
73	DRUGS CHARGED TO PATIENTS	992,866	98,758,595	0.010053	21,194,291	213,066
74	RENAL DIALYSIS					
75.01	SURGERY/CARDIAC AMB DAY CARE	279,956	7,534,683	0.037156	206,642	7,678
76	DIABETIC SERVICE					
76.01	GASTRO INTESTINAL SERVICES	154,818	4,520,763	0.034246	840,986	28,800
76.97	CARDIAC REHABILITATION	174,099	1,225,829	0.142026	1,323	188
76.98	HYPERBARIC OXYGEN THERAPY					
76.99	LITHOTRIPSY	9,419	588,188	0.016014		
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	182,702	4,459,913	0.040965	6,298	258
91	EMERGENCY	764,560	64,072,612	0.011933	9,598,539	114,539
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	308,182	9,294,959	0.033156		
94	HOME PROGRAM DIALYSIS					
95	AMBULANCE SERVICES					
200	TOTAL (SUM OF LINES 50-199)	17,578,075	962,360,531		199,172,657	3,006,614

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
 02/27/2014 16:38

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	2,277,519				2,277,519	30
31 INTENSIVE CARE UNIT	474,889				474,889	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	182,336				182,336	43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	2,934,744				2,934,744	200

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
 02/27/2014 16:38

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	44,193	51.54	20,487	1,055,900	30
31 INTENSIVE CARE UNIT	9,765	48.63	5,233	254,481	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	921	197.98			43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	54,879		25,720	1,310,381	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX]	HOSPITAL (14-0233)	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]		[ ]	TEFRA
BOXES	[ ] TITLE XIX	[ ]	IRF	[ ]	NF	[ ]		[ ]	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM				102,066	102,066			50
51	RECOVERY ROOM								51
52	DELIVERY ROOM & LABOR ROOM				335,612	335,612			52
53	ANESTHESIOLOGY								53
54	RADIOLOGY-DIAGNOSTIC								54
54.01	ULTRASOUND								54.01
55	RADIOLOGY-THERAPEUTIC								55
56	RADIOISOTOPE								56
57	CT SCAN								57
58	MRI								58
59	CARDIAC CATHETERIZATION				32,604	32,604			59
60	LABORATORY								60
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
63	BLOOD STORING, PROCESSING & T								63
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
75.01	SURGERY/CARDIAC AMB DAY CARE				135,024	135,024			75.01
76	DIABETIC SERVICE								76
76.01	GASTRO INTESTINAL SERVICES				51,033	51,033			76.01
76.97	CARDIAC REHABILITATION				36,503	36,503			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC								90
91	EMERGENCY				80,448	80,448			91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS				276,542	276,542			92
94	HOME PROGRAM DIALYSIS								94
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)				1,049,832	1,049,832			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA					
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	47,590,750	0.002145	0.002145	11,113,262	23,838	5,271,738	11,308	50	
51	RECOVERY ROOM	5,339,609			858,169		626,233		51	
52	DELIVERY ROOM & LABOR ROOM	2,752,080	0.121948	0.121948					52	
53	ANESTHESIOLOGY	16,865,920			3,470,872		1,941,173		53	
54	RADIOLOGY-DIAGNOSTIC	59,118,737			6,299,412		13,717,773		54	
54.01	ULTRASOUND	27,626,116			4,527,316		8,440,478		54.01	
55	RADIOLOGY-THERAPEUTIC	44,947,154			484,919		20,777,484		55	
56	RADIOISOTOPE	19,522,075			1,305,457		7,909,556		56	
57	CT SCAN	72,582,463			11,411,798		16,632,638		57	
58	MRI	19,347,936			2,355,634		4,294,908		58	
59	CARDIAC CATHETERIZATION	58,057,419	0.000562	0.000562	13,732,874	7,718	13,411,979	7,538	59	
60	LABORATORY	150,166,462			34,769,514		3,241,460		60	
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30	
63	BLOOD STORING, PROCESSING &	11,948,687			4,447,080		1,018,236		63	
65	RESPIRATORY THERAPY	19,135,982			9,875,690		606,516		65	
66	PHYSICAL THERAPY	11,276,923			2,255,606		696		66	
67	OCCUPATIONAL THERAPY	1,953,041			625,948		252		67	
68	SPEECH PATHOLOGY	1,061,806			391,003				68	
69	ELECTROCARDIOLOGY	7,945,577			1,333,647		2,197,228		69	
70	ELECTROENCEPHALOGRAPHY	6,131,902			227,648		2,053,350		70	
71	MEDICAL SUPPLIES CHARGED TO	99,447,172			29,213,714		11,164,836		71	
72	IMPL. DEV. CHARGED TO PATIEN	89,087,178			28,625,015		9,610,615		72	
73	DRUGS CHARGED TO PATIENTS	98,758,595			21,194,291		25,298,008		73	
74	RENAL DIALYSIS								74	
75.01	SURGERY/CARDIAC AMB DAY CARE	7,534,683	0.017920	0.017920	206,642	3,703	2,925,786	52,430	75.01	
76	DIABETIC SERVICE								76	
76.01	GASTRO INTESTINAL SERVICES	4,520,763	0.011289	0.011289	840,986	9,494	1,195,573	13,497	76.01	
76.97	CARDIAC REHABILITATION	1,225,829	0.029778	0.029778	1,323	39	541,485	16,124	76.97	
76.98	HYPERBARIC OXYGEN THERAPY								76.98	
76.99	LITHOTRIPSY	588,188					211,898		76.99	
OUTPATIENT SERVICE COST CENTERS										
90	CLINIC	4,459,913			6,298		2,092,775		90	
91	EMERGENCY	64,072,612	0.001256	0.001256	9,598,539	12,056	10,078,733	12,659	91	
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	9,294,959	0.029752	0.029752			5,723,916	170,298	92	
94	HOME PROGRAM DIALYSIS								94	
95	AMBULANCE SERVICES								95	
200	TOTAL (SUM OF LINES 50-199)	962,360,531			199,172,657	56,848	170,985,323	283,854	200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES 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	0.451432	5,271,738			2,379,831			50
51 RECOVERY ROOM	0.414252	626,233			259,418			51
52 DELIVERY ROOM & LABOR ROOM	0.873349							52
53 ANESTHESIOLOGY	0.133902	1,941,173			259,927			53
54 RADIOLOGY-DIAGNOSTIC	0.120625	13,717,773			1,654,706			54
54.01 ULTRASOUND	0.116655	8,440,478			984,624			54.01
55 RADIOLOGY-THERAPEUTIC	0.159675	20,777,484			3,317,645			55
56 RADIOISOTOPE	0.178047	7,909,556			1,408,273			56
57 CT SCAN	0.064963	16,632,638			1,080,506			57
58 MRI	0.187453	4,294,908			805,093			58
59 CARDIAC CATHETERIZATION	0.109007	13,411,979			1,462,000			59
60 LABORATORY	0.112349	3,241,460			364,175			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.253969	1,018,236			258,600			63
65 RESPIRATORY THERAPY	0.231745	606,516			140,557			65
66 PHYSICAL THERAPY	0.447620	696			312			66
67 OCCUPATIONAL THERAPY	0.347782	252			88			67
68 SPEECH PATHOLOGY	0.434665							68
69 ELECTROCARDIOLOGY	0.129894	2,197,228			285,407			69
70 ELECTROENCEPHALOGRAPHY	0.230552	2,053,350			473,404			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.171559	11,164,836			1,915,428			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.262404	9,610,615			2,521,864			72
73 DRUGS CHARGED TO PATIENTS	0.297358	25,298,008		771,779	7,522,565		229,495	73
74 RENAL DIALYSIS								74
75.01 SURGERY/CARDIAC AMB DAY CARE	0.673488	2,925,786			1,970,482			75.01
76 DIABETIC SERVICE								76
76.01 GASTRO INTESTINAL SERVICES	0.398811	1,195,573			476,808			76.01
76.97 CARDIAC REHABILITATION	0.825680	541,485			447,093			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY	0.138054	211,898			29,253			76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.389724	2,092,775			815,605			90
91 EMERGENCY	0.204735	10,078,733			2,063,469			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.537249	5,723,916			3,075,168			92
HOME PROGRAM DIALYSIS								
94 HOME PROGRAM DIALYSIS								94
95 AMBULANCE SERVICES	0.597536							95
200 SUBTOTAL (SEE INSTRUCTIONS)		170,985,323		771,779	35,972,301		229,495	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		170,985,323		771,779	35,972,301		229,495	202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST		
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	30	31
	1	2	3		5		7		
INPAT ROUTINE SERV COST CTRS									
30 ADULTS & PEDIATRICS	2,538,119		2,538,119	44,193	57.43	2,818	161,838	30	
31 INTENSIVE CARE UNIT	1,080,389		1,080,389	9,765	110.64	781	86,410	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	84,889		84,889	921	92.17	464	42,767	43	
44 SKILLED NURSING FACILITY								44	
45 NURSING FACILITY								45	
200 TOTAL (LINES 30-199)	3,703,397		3,703,397	54,879		4,063	291,015	200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS									
50					2,720,107	47,590,750	0.057156		50
51					226,412	5,339,609	0.042402		51
52					155,651	2,752,080	0.056558		52
53					170,527	16,865,920	0.010111		53
54					1,139,768	59,118,737	0.019279		54
54.01					469,301	27,626,116	0.016988		54.01
55					1,748,692	44,947,154	0.038906		55
56					727,410	19,522,075	0.037261		56
57					1,213,162	72,582,463	0.016714		57
58					1,234,894	19,347,936	0.063826		58
59					854,557	58,057,419	0.014719		59
60					1,162,565	150,166,462	0.007742		60
62.30									62.30
63					92,944	11,948,687	0.007779		63
65					337,698	19,135,982	0.017647		65
66					357,124	11,276,923	0.031669		66
67					41,036	1,953,041	0.021011		67
68					29,041	1,061,806	0.027351		68
69					55,025	7,945,577	0.006925		69
70					219,460	6,131,902	0.035790		70
71					1,040,283	99,447,172	0.010461		71
72					715,816	89,087,178	0.008035		72
73					992,866	98,758,595	0.010053		73
74									74
75.01					279,956	7,534,683	0.037156		75.01
76									76
76.01					154,818	4,520,763	0.034246		76.01
76.97					174,099	1,225,829	0.142026		76.97
76.98									76.98
76.99					9,419	588,188	0.016014		76.99
OUTPATIENT SERVICE COST CENTERS									
90					182,702	4,459,913	0.040965		90
91					764,560	64,072,612	0.011933		91
92					308,182	9,294,959	0.033156		92
OTHER REIMBURSABLE COST CENTERS									
94									94
95									95
200					17,578,075	962,360,531			200

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
 02/27/2014 16:38

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	2,277,519				2,277,519	31
32 INTENSIVE CARE UNIT	474,889				474,889	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	182,336				182,336	44
45 SKILLED NURSING FACILITY						45
200 NURSING FACILITY						200
TOTAL (SUM OF LINES 30-199)	2,934,744				2,934,744	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	44,193	51.54	2,818	145,240	30
31 INTENSIVE CARE UNIT	9,765	48.63	781	37,980	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	921	197.98	464	91,863	43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	54,879		4,063	275,083	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER							
						NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6	
ANCILLARY SERVICE COST CENTERS												
50												50
51							102,066			102,066	102,066	51
52												52
53							335,612			335,612	335,612	53
54												54
54.01												54.01
55												55
56												56
57												57
58												58
59												59
60							32,604			32,604	32,604	60
62.30												62.30
63												63
65												65
66												66
67												67
68												68
69												69
70												70
71												71
72												72
73												73
74												74
75.01												75.01
76												76
76.01												76.01
76.97												76.97
76.98												76.98
76.99												76.99
OUTPATIENT SERVICE COST CENTERS												
90												90
91												91
92												92
OTHER REIMBURSABLE COST CENTERS												
94												94
95												95
200							773,290			773,290	773,290	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0233) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	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	47,590,750	0.002145	0.002145			50
51						RECOVERY ROOM	5,339,609					51
52						DELIVERY ROOM & LABOR ROOM	2,752,080	0.121948	0.121948			52
53						ANESTHESIOLOGY	16,865,920					53
54						RADIOLOGY-DIAGNOSTIC	59,118,737					54
54.01						ULTRASOUND	27,626,116					54.01
55						RADIOLOGY-THERAPEUTIC	44,947,154					55
56						RADIOISOTOPE	19,522,075					56
57						CT SCAN	72,582,463					57
58						MRI	19,347,936					58
59						CARDIAC CATHETERIZATION	58,057,419	0.000562	0.000562			59
60						LABORATORY	150,166,462					60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	11,948,687					63
65						RESPIRATORY THERAPY	19,135,982					65
66						PHYSICAL THERAPY	11,276,923					66
67						OCCUPATIONAL THERAPY	1,953,041					67
68						SPEECH PATHOLOGY	1,061,806					68
69						ELECTROCARDIOLOGY	7,945,577					69
70						ELECTROENCEPHALOGRAPHY	6,131,902					70
71						MEDICAL SUPPLIES CHARGED TO	99,447,172					71
72						IMPL. DEV. CHARGED TO PATIEN	89,087,178					72
73						DRUGS CHARGED TO PATIENTS	98,758,595					73
74						RENAL DIALYSIS						74
75.01						SURGERY/CARDIAC AMB DAY CARE	7,534,683	0.017920	0.017920			75.01
76						DIABETIC SERVICE						76
76.01						GASTRO INTESTINAL SERVICES	4,520,763	0.011289	0.011289			76.01
76.97						CARDIAC REHABILITATION	1,225,829	0.029778	0.029778			76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY	588,188					76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	4,459,913					90
91						EMERGENCY	64,072,612	0.001256	0.001256			91
92						OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS)	9,294,959					92
HOME PROGRAM DIALYSIS												
94						HOME PROGRAM DIALYSIS						94
95						AMBULANCE SERVICES	6,743,137					95
200						TOTAL (SUM OF LINES 50-199)	962,360,531					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.451432						50
51 RECOVERY ROOM	0.414252						51
52 DELIVERY ROOM & LABOR ROOM	0.873349						52
53 ANESTHESIOLOGY	0.133902						53
54 RADIOLOGY-DIAGNOSTIC	0.120625						54
54.01 ULTRASOUND	0.116655						54.01
55 RADIOLOGY-THERAPEUTIC	0.159675						55
56 RADIOISOTOPE	0.178047						56
57 CT SCAN	0.064963						57
58 MRI	0.187453						58
59 CARDIAC CATHETERIZATION	0.109007						59
60 LABORATORY	0.112349						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.253969						63
65 RESPIRATORY THERAPY	0.231745						65
66 PHYSICAL THERAPY	0.447620						66
67 OCCUPATIONAL THERAPY	0.347782						67
68 SPEECH PATHOLOGY	0.434665						68
69 ELECTROCARDIOLOGY	0.129894						69
70 ELECTROENCEPHALOGRAPHY	0.230552						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.171559						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.262404						72
73 DRUGS CHARGED TO PATIENTS	0.297358						73
74 RENAL DIALYSIS							74
75.01 SURGERY/CARDIAC AMB DAY CARE	0.673488						75.01
76 DIABETIC SERVICE							76
76.01 GASTRO INTESTINAL SERVICES	0.398811						76.01
76.97 CARDIAC REHABILITATION	0.825680						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	0.138054						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.389724						90
91 EMERGENCY	0.204735						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.537249						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES	0.597536						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] 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)	44,193	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	44,193	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,593	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,234	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)	20,487	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)	41,126,883	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	41,126,883	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	67,109,766	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	67,109,766	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.612830	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,464.19	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)	41,126,883	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] 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) 930.62 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 19,065,612 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) 19,065,612 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	19,202,000	9,765	1,966.41	5,233	10,290,224	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)					40,584,853	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					69,940,689	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,065,928 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,063,462 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 6,129,390 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 63,811,299 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,366 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 930.62 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,993,707 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	2,538,119	41,126,883	0.061714	4,993,707	308,182	90
91 NURSING SCHOOL COST	2,277,519	41,126,883	0.055378	4,993,707	276,542	91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] 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)	44,193	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	44,193	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,593	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,234	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)	2,818	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)	921	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	464	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)	41,120,968	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	41,120,968	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	67,109,766	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	67,109,766	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.612742	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,464.19	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)	41,120,968	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 930.49 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,622,121 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) 2,622,121 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,308,629	921	1,420.88	464	659,288 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	19,169,850	9,765	1,963.12	781	1,533,197 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)					4,814,606 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 566,098 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 566,098 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,366 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0233) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		34,649,677			30
31 INTENSIVE CARE UNIT		26,347,990			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.454372	11,113,262	5,049,555		50
51 RECOVERY ROOM	0.414252	858,169	355,498		51
52 DELIVERY ROOM & LABOR ROOM	0.875958				52
53 ANESTHESIOLOGY	0.144834	3,470,872	502,700		53
54 RADIOLOGY-DIAGNOSTIC	0.120625	6,299,412	759,867		54
54.01 ULTRASOUND	0.116655	4,527,316	528,134		54.01
55 RADIOLOGY-THERAPEUTIC	0.162881	484,919	78,984		55
56 RADIOISOTOPE	0.178047	1,305,457	232,433		56
57 CT SCAN	0.064963	11,411,798	741,345		57
58 MRI	0.187453	2,355,634	441,571		58
59 CARDIAC CATHETERIZATION	0.109007	13,732,874	1,496,979		59
60 LABORATORY	0.112349	34,769,514	3,906,320		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.253969	4,447,080	1,129,420		63
65 RESPIRATORY THERAPY	0.232488	9,875,690	2,295,979		65
66 PHYSICAL THERAPY	0.447620	2,255,606	1,009,654		66
67 OCCUPATIONAL THERAPY	0.347782	625,948	217,693		67
68 SPEECH PATHOLOGY	0.434665	391,003	169,955		68
69 ELECTROCARDIOLOGY	0.129894	1,333,647	173,233		69
70 ELECTROENCEPHALOGRAPHY	0.230552	227,648	52,485		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.171559	29,213,714	5,011,876		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.262404	28,625,015	7,511,318		72
73 DRUGS CHARGED TO PATIENTS	0.297358	21,194,291	6,302,292		73
74 RENAL DIALYSIS					74
75.01 SURGERY/CARDIAC AMB DAY CARE	0.676297	206,642	139,751		75.01
76 DIABETIC SERVICE					76
76.01 GASTRO INTESTINAL SERVICES	0.398811	840,986	335,394		76.01
76.97 CARDIAC REHABILITATION	0.825680	1,323	1,092		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	0.138054				76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.389724	6,298	2,454		90
91 EMERGENCY	0.222833	9,598,539	2,138,871		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.537249				92
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		199,172,657	40,584,853		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		199,172,657			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0233)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.451432			50
51 RECOVERY ROOM	0.414252			51
52 DELIVERY ROOM & LABOR ROOM	0.873349			52
53 ANESTHESIOLOGY	0.133902			53
54 RADIOLOGY-DIAGNOSTIC	0.120625			54
54.01 ULTRASOUND	0.116655			54.01
55 RADIOLOGY-THERAPEUTIC	0.159675			55
56 RADIOISOTOPE	0.178047			56
57 CT SCAN	0.064963			57
58 MRI	0.187453			58
59 CARDIAC CATHETERIZATION	0.109007			59
60 LABORATORY	0.112349			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.253969			63
65 RESPIRATORY THERAPY	0.231745			65
66 PHYSICAL THERAPY	0.447620			66
67 OCCUPATIONAL THERAPY	0.347782			67
68 SPEECH PATHOLOGY	0.434665			68
69 ELECTROCARDIOLOGY	0.129894			69
70 ELECTROENCEPHALOGRAPHY	0.230552			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.171559			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.262404			72
73 DRUGS CHARGED TO PATIENTS	0.297358			73
74 RENAL DIALYSIS				74
75.01 SURGERY/CARDIAC AMB DAY CARE	0.673488			75.01
76 DIABETIC SERVICE				76
76.01 GASTRO INTESTINAL SERVICES	0.398811			76.01
76.97 CARDIAC REHABILITATION	0.825680			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.138054			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.389724			90
91 EMERGENCY	0.204735			91
92 OBSERVATION BEDS (NON-DISTINCT)	0.537249			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
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 (14-0233)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	48,654,642	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,491,187	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	4,604,872	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	220.30	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)	0.0328	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		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)	52,145,829	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)	52,145,829	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,111,206	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0233)  
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	1,234,003	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	23,553	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	1,310,381	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	56,848	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	58,881,820	59
60	PRIMARY PAYER PAYMENTS	2,867	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	58,878,953	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,030,444	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	158,811	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	632,094	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	410,861	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	559,562	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	55,100,559	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)	26,301	68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (COLLEGE OF NURSING ADJ)	-278,202	70
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	54,796,056	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	547,961	71.01
72	INTERIM PAYMENTS	54,611,004	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-362,909	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK  HOSPITAL (14-0233)  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF  SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		54,559,704		25,118,483
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.				
				3.01
				3.02
PROGRAM .03 05/01/2013	05/01/2013	51,300	05/01/2013	171,800
TO .04				3.03
PROVIDER .05				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
		NONE		NONE
				3.50
PROVIDER .52				3.51
TO .53				3.52
PROGRAM .54				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)		51,300		171,800
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		54,611,004		25,290,283

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
PROGRAM .01		NONE		NONE
TO .02				5.03
PROVIDER .03				5.04
				5.05
				5.06
				5.07
				5.08
				5.09
				5.10
PROVIDER .50		NONE		NONE
TO .51				5.50
PROGRAM .52				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
PROGRAM .01		185,052		223,605
TO .02				6.02
PROVIDER .03				
PROVIDER .04				
TO .05				
PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		54,796,056		25,513,888
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
02/27/2014 16:38

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0233) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	10,970	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	25,720	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,810	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	48,592	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,094,123,036	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	70,549,852	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,287,572	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	25,751	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,261,821	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,264,808	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-2,987	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0233) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	4,814,606	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4,814,606	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	4,814,606	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	4,814,606	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,549,267			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	243,701,570			4
5	OTHER RECEIVABLES	4,039,917			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-167,161,966			6
7	INVENTORY	4,382,780			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	2,687,971			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	91,199,539			11
FIXED ASSETS					
12	LAND	4,112,456			12
13	LAND IMPROVEMENTS	3,654,143			13
14	ACCUMULATED DEPRECIATION	-3,567,342			14
15	BUILDINGS	124,172,330			15
16	ACCUMULATED DEPRECIATION	-71,997,274			16
17	LEASEHOLD IMPROVEMENTS	989,236			17
18	ACCUMULATED AMORTIZATION	-392,610			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	98,044,403			23
24	ACCUMULATED DEPRECIATION	-75,768,343			24
25	MINOR EQUIPMENT DEPRECIABLE	143,559			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)	79,390,558			30
OTHER ASSETS					
31	INVESTMENTS	7,792,570			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	7,177,819			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	14,970,389			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	185,560,486			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	3,697,815			37
38	SALARIES, WAGES & FEES PAYABLE	20,887,229			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	2,507,672			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	17,630,979			43
44	OTHER CURRENT LIABILITIES	4,828,466			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	49,552,161			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	3,931,521			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	3,931,521			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	53,483,682			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	132,076,804			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)	132,076,804			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	185,560,486			60

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		133,496,226							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-1,769,351							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		131,726,875							3
4 ADDITIONS (CREDIT ADJUSTMENTS)		349,929							4
5 CONTRIBUTION ACTIVITY									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		349,929							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		132,076,804							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 BAD DEBT									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)		132,076,804							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	67,109,766		67,109,766	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	67,109,766		67,109,766	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	51,195,654		51,195,654	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	51,195,654		51,195,654	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	118,305,420		118,305,420	18
19 ANCILLARY SERVICES	451,027,572		451,027,572	19
20 OUTPATIENT SERVICES		634,247,419	634,247,419	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	569,332,992	634,247,419	1,203,580,411	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		349,422,063	29
30 BAD DEBT			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)		349,422,063	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,203,580,411	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	868,240,311	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	335,340,100	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	349,422,063	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-14,081,963	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	865,978	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER)	10,620,412	24
24.01	OTHER (UNRESTRICTED CONTRIBUTIONS)	131,729	24.01
24.02	OTHER (ASSETS RELEASED FOR OPERATIONS)	507,598	24.02
24.03	OTHER (ASSET RELEASED-CAPITAL)	186,895	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	12,312,612	25
26	TOTAL (LINE 5 PLUS LINE 25)	-1,769,351	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-1,769,351	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-023) [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER	3,865,002		1
3	CAPITAL DRG OUTLIER PAYMENTS	154,990		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	133.13		3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0328		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.0821		8
10	SUM OF LINES 7 AND 8	0.1149		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0236		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	91,214		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,111,206		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
20.01 MEDTECH SCHOOL					20.01
20.02 PARAMED TRAINING					20.02
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
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
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
54.01 ULTRASOUND					54.01
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
63 BLOOD STORING, PROCESSING & TR					63
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
75.01 SURGERY/CARDIAC AMB DAY CARE					75.01
76 DIABETIC SERVICE					76
76.01 GASTRO INTESTINAL SERVICES					76.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
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
193.01 CONVENT					193.01
193.02 OTHER NON-REIMBURSABLE					193.02

PROVIDER CCN: 14-0233 SAINT ANTHONY 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  
02/27/2014 16:38

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

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

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

EXHIBIT 3

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