

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY      1.  ELECTRONICALLY FILED COST REPORT      DATE: 11/25/2013      TIME: 19:09  
 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 5.  COST REPORT STATUS      6. DATE RECEIVED: \_\_\_\_\_      10. NPR DATE: \_\_\_\_\_  
 USE ONLY      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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2012 AND ENDING 06/30/2013, 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) *Shawn L. ...*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
*VP of Finance / CFO*  
 TITLE  
*11/26/13*  
 DATE

ECR Encryption: 11/25/2013 19:09  
 XTC8.cacKi49BJRqrh7eoHIVgD9e0  
 ao66b0CgtxL:8v4y5ZzCEif7J7Yhb.  
 :ZKN1rSqFi0pJlit

PI Encryption: 11/25/2013 19:09  
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 K.fF60rPOD9nrd.qfNp9DzKoIEoqY  
 s06M0Lqm7v096gjjv  
 PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1	HOSPITAL	-19,182	28,133	-59,108		1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF	140,798	-23			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	121,616	28,110	-59,108		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.

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/25/2013 19:08

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

WORKSHEET S  
PARTS I, II & III

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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.  
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(SIGNED)

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII PART A 2	PART B 3	HIT 4	TITLE XIX 5	
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 800 BIESTERFIELD ROAD P.O. BOX: 1  
 2 CITY: ELK GROVE VILLAGE STATE: IL ZIP CODE: 60007-3397 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			3	
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	ALEXIAN BROTHERS MEDICAL CENTE	14-0258	16980	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	ALEXIAN REHABILITATION UNIT	14-T258	16980	5	01/01/1980	N	P	O	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	ALEXIAN BROTHERS HOME HEALTH A	14-7583	16980		06/01/1994	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	ALEXIAN BROTHERS HOSPICE	14-1632	16980		01/01/1976				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012				TO: 06/30/2013				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.									1	N 23

		IN-STATE		OUT-OF-STATE		MEDICAID HMO PAID DAYS	OTHER MEDICAID DAYS	
		MEDICAID PAID DAYS	MEDICAID UNPAID DAYS	MEDICAID PAID DAYS	MEDICAID UNPAID DAYS			
		1	2	3	4	5	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.	10,037	1,173	14	3	1,117		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 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.	1,033	21			141		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	N	N 39
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PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3		
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56	
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57	
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58	
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59	
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. (SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61	
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			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 1	PROGRAM CODE 2	UNWEIGHTED IME FTE COUNT 3	UNWEIGHTED DIRECT GME FTE COUNT 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
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
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 ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME 1	PROGRAM CODE 2	3	4
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66
ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 - COLUMN 4)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME 1	PROGRAM CODE 2	3	4
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.			Y 75
76 IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N 76
LONG TERM CARE HOSPITAL PPS			
80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
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.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		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- OCCUP- RESPI- SICAL ATIONAL SPEECH 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.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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: 5,404,683 PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121
TRANSPLANT CENTER INFORMATION				
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

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 149019 140

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

141 NAME: ALEXIAN BROTHERS HOSPITAL NETW CONTRACTOR'S NAME: WPS CONTRACTOR'S NUMBER: 52280 141  
 142 STREET: 3040 SALT CREEK LANE P.O. BOX: 142  
 143 CITY: ARLINGTON HEIGHTS STATE: IL ZIP CODE: 60005 143  
 144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y 144  
 145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT  
 SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO. Y 145  
 146 HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y'  
 FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE  
 APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2. N 146  
 147 WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO. N 147  
 148 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO. N 148  
 149 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO. N 149

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

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
155 HOSPITAL	1	2	3	4
156 SUBPROVIDER - IPF	N	N		N 155
157 SUBPROVIDER - IRF	N	N		156
158 SUBPROVIDER - (OTHER)	N	N		N 157
159 SNF	N	N		158
160 HHA	N	N		159
161 CMHC		N		160
161.10 CORF				161
				161.10

MULTICAMPUS

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

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

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

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. 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. 1.00 169  
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE  
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 01/09/2013 04/08/2013 170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3

FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
		1	2	3
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5

APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N	
		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	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
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14

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

		PART A		PART B		
		Y/N	DATE	Y/N	DATE	
		1	2	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N		16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	10/10/2013	Y	10/10/2013	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: MARY JO	LAST NAME: MACKNISKAS	TITLE: DIRECTOR OF REIMBURS	41
42	EMPLOYER: ALEXIAN BROTHERS HEALTH SYSTEM			42
43	PHONE NUMBER: 847-818-5067	E-MAIL ADDRESS: MARY.MACKNISKAS@ALEXIAN.NET		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	200	134,922,685		134,922,685	4,149,828.00	32.51	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		15,236,427		15,236,427	456,688.00	33.36	10
11		2,251,901		2,251,901	36,247.00	62.13	11
12							12
13							13
14		19,693,806		19,693,806	513,608.00	38.34	14
15		1,288,713		1,288,713	8,020.00	160.69	15
16							16
17		29,075,046		29,075,046			17
18							18
19		3,595,604		3,595,604			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
26		115,248		115,248	3,412.00	33.78	26
27		9,506,995	-484,250	9,022,745	307,281.00	29.36	27
28							28
29		885,647		885,647	55,142.00	16.06	29
30		1,249,248		1,249,248	44,933.00	27.80	30
31							31
32		311,948		311,948	10,693.00	29.17	32
33		3,856,197		3,856,197	197,079.00	19.57	33
34		322,817	-31,648	291,169	9,669.00	30.11	34
35		4,820,527		4,820,527	203,935.00	23.64	35
36		77,654	31,648	109,302	2,649.00	41.26	36
37							37
38		2,270,829		2,270,829	43,483.00	52.22	38
39		728,496		728,496	42,012.00	17.34	39
40		4,396,434		4,396,434	111,236.00	39.52	40
41		2,668,526		2,668,526	103,255.00	25.84	41
42		1,804,735	484,250	2,288,985	49,682.00	46.07	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	143,599,409		143,599,409	4,550,842.00	31.55	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	15,236,427		15,236,427	456,688.00	33.36	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	128,362,982		128,362,982	4,094,154.00	31.35	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	23,234,420		23,234,420	557,875.00	41.65	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	29,075,046		29,075,046		22.65	5
6	TOTAL (SUM OF LINES 3 THRU 5)	180,672,448		180,672,448	4,652,029.00	38.84	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	33,015,301		33,015,301	1,184,461.00	27.87	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,146,144	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)	4,628,268	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	7,448,485	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	519,518	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	127,905	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	183,306	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	462,682	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106, NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	5,183,544	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	63,994	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	347,792	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	21,111,638	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 LABOR	BENEFIT COST	
0		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	1,146,046	17,256,550	1
2	HOSPITAL	1,141,202	15,667,705	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF	3,433	806,542	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 OLTG			10
11	HOSPITAL-BASED HHA	1,411	645,931	11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE		136,372	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-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7583

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2,332		102	2,434	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,320.00		490.00		2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4
5 OTHER ADMINISTRATIVE PERSONNEL					5
6 DIRECT NURSING SERVICE			11.66	11.66	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			8.17	8.17	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			2.73	2.73	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.33	0.33	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE			0.31	0.31	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			2.32	2.32	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)					18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		2	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16974	20
20.01		29404	20.01

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	24,449	798	696	360	26,303	21
22 SKILLED NURSING VISIT CHARGES	4,155,930	135,660	118,320	61,200	4,471,110	22
23 PHYSICAL THERAPY VISITS	13,196	233	187	203	13,819	23
24 PHYSICAL THERAPY VISIT CHARGES	2,507,240	44,270	35,530	38,570	2,625,610	24
25 OCCUPATIONAL THERAPY VISITS	4,740	138	30	79	4,987	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	900,600	26,220	5,700	15,010	947,530	26
27 SPEECH PATHOLOGY VISITS	549	50	4	7	610	27
28 SPEECH PATHOLOGY VISIT CHARGES	104,310	9,500	760	1,330	115,900	28
29 MEDICAL SOCIAL SERVICE VISITS	492	41	11	4	548	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	103,320	8,610	2,310	840	115,080	30
31 HOME HEALTH AIDE VISITS	5,846	392	7	42	6,287	31
32 HOME HEALTH AIDE VISIT CHARGES	701,520	47,040	840	5,040	754,440	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	49,272	1,652	935	695	52,554	33
34 OTHER CHARGES	245,603	10,733	5,237	6,578	268,151	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	8,718,523	282,033	168,697	128,568	9,297,821	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,701		348	63	3,112	36
37 TOTAL NUMBER OF OUTLIER EPISODES		34			34	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	245,603	10,733	5,237	6,578	268,151	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1632

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

		----- UNDUPLICATED DAYS -----						
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)	
		1	2	3	4	5	6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	17,381	1,245	2,602	245	1,119	19,745	2
3	INPATIENT RESPITE CARE	60		60		4	64	3
4	GENERAL INPATIENT CARE	1,175	59	920	53	127	1,361	4
5	TOTAL HOSPICE DAYS	18,616	1,304	3,582	298	1,250	21,170	5

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)	
		1	2	3	4	5	6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	650	26	340	13	66	742	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	28.64	50.15	10.54	22.92	18.94	28.53	8
9	UNDUPLICATED CENSUS COUNT	637	24	324	13	63	724	9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

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)				0.213579	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				26,214,409	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				147,764,062	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				31,559,301	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.				5,344,892	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)				5,344,892	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	31,315,863	6,733,646	38,049,509		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,688,411	1,438,165	8,126,576		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				0	22
23	COST OF CHARITY CARE	6,688,411	1,438,165	8,126,576		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				16,025,408	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,117,213	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				14,908,195	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				3,184,077	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				11,310,653	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				16,655,545	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		15,643,900	15,643,900	-1,157,121	1
2	00200				8,884,838	2
3	00300					3
4	00400	115,248	21,565,218	21,680,466		4
5.01	00540	500,625	459,503	960,128		5.01
5.02	00550					5.02
5.03	00560		-1,508,816	-1,508,816		5.03
5.04	00570	1,774,741	165,713	1,940,454		5.04
5.05	00580	873,234	70,465	943,699		5.05
5.06	00590	6,358,395	93,513,002	99,871,397	-563,951	5.06
6	00600	885,647	2,142,124	3,027,771		6
7	00700	1,249,248	5,326,501	6,575,749		7
8	00800				1,410,000	8
9	00900	311,948	6,212,834	6,524,782	-1,410,000	9
10	01000	322,817	7,121,338	7,444,155	-1,754,883	10
11	01100	77,654	687,956	765,610	1,754,883	11
13	01300	2,270,829	321,307	2,592,136		13
14	01400	728,496	2,208,702	2,937,198	-450,482	14
15	01500	4,396,434	17,825,948	22,222,382	-16,125,117	15
16	01600	2,668,526	1,542,232	4,210,758		16
17	01700	1,804,735	730,770	2,535,505	563,951	17
23	02300	105,858	290,309	396,167		23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	32,665,688	6,681,902	39,347,590	450,482	30
31	03100	7,273,295	1,421,230	8,694,525		31
41	04100	6,395,681	8,214,990	14,610,671		41
43	04300	1,221,353	1,613,528	2,834,881		43
ANCILLARY SERVICE COST CENTERS						
50	05000	7,776,374	14,338,825	22,115,199	-8,365,951	50
50.01	05001	322,610	1,648,193	1,970,803	-950	50.01
50.02	03330	1,844,159	2,056,299	3,900,458	-786,320	50.02
51	05100	1,529,786	211,990	1,741,776	-34,621	51
52	05200	2,831,323	631,969	3,463,292	-240,498	52
53	05300		1,170,491	1,170,491	-598,918	53
54	05400	2,015,331	902,048	2,917,379	-54,010	54
54.01	03630	1,174,883	238,912	1,413,795	-17,123	54.01
54.02	05401	96,893	619,174	716,067	-181,603	54.02
54.03	03480	1,178,056	441,595	1,619,651	-60,383	54.03
54.04	03440	964,692	617,151	1,581,843	-80,673	54.04
56	05600	431,045	938,747	1,369,792	-709,274	56
57	05700	1,228,127	801,293	2,029,420	-203,893	57
58	05800	818,435	795,387	1,613,822	-116,710	58
59	05900	3,857,457	19,485,795	23,343,252	-15,054,805	59
60	06000	6,161,961	7,710,066	13,872,027		60
62.30	06250					62.30
63	06300	610,565	1,717,489	2,328,054		63
64	06400	980,368	509,640	1,490,008	-341,211	64
65	06500	2,546,764	714,356	3,261,120	-42,153	65
66	06600	2,884,982	398,497	3,283,479	-1,799	66
66.01	06601	1,761,085	237,371	1,998,456	-1,589	66.01
66.02	06602	1,562,152	279,454	1,841,606	-1,287	66.02
69	06900	724,955	169,143	894,098		69
70	07000	133,129	118,574	251,703		70
70.01	07001		-55,063	-55,063	-376,617	70.01
70.02	07002	548,858	94,810	643,668	-4,684	70.02
71	07100				20,355,812	71
72	07200		15,726,752	15,726,752	7,921,657	72
73	07300				16,125,117	73
74	07400	37,080	1,181,932	1,219,012		74
76.97	07697	417,275	82,390	499,665		76.97
76.98	07698					76.98
76.99	07699		6,066	6,066		76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,269,788	409,940	1,679,728	-165,773	90
90.01	09001	717,570	142,403	859,973		90.01
90.02	09002	737,468	1,248,783	1,986,251	-35,458	90.02
90.03	09003	189,363	42,803	232,166	-25,774	90.03
90.04	09004	636,592	1,335,562	1,972,154	-254,544	90.04
90.05	09005	1,109,859	896,877	2,006,736	-46,789	90.05
91	09100	5,088,360	3,322,287	8,410,647	-765,415	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
101	10100	6,092,257	1,393,715	7,485,972	-85,261	101
113	11300		7,351,100	7,351,100	-7,351,100	113

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
11/25/2013 19:08

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	
116	11600 HOSPICE	1,579,651	1,681,294	3,260,945		116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	133,859,705	283,864,766	417,724,471		118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	151,990	253,914	405,904		190
191	19100 RESEARCH					191
192	19200 PHYSICIANS' PRIVATE OFFICES	910,990	9,601,429	10,512,419		192
200	TOTAL (SUM OF LINES 118-199)	134,922,685	293,720,109	428,642,794		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	14,486,779	3,593,622	18,080,401	1
2	00200	CAP REL COSTS-MVBLE EQUIP	8,884,838	-5,277,551	3,607,287	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	21,680,466	-2,751	21,677,715	4
5.01	00540	NONPATIENT PHONES	960,128	-271,971	688,157	5.01
5.02	00550	DATA PROCESSING		14,735,239	14,735,239	5.02
5.03	00560	PURCHASING	-1,508,816	3,251,208	1,742,392	5.03
5.04	00570	ADMITTING	1,940,454		1,940,454	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	943,699	5,041,510	5,985,209	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	99,307,446	-49,869,242	49,438,204	5.06
6	00600	MAINTENANCE & REPAIRS	3,027,771	-79,856	2,947,915	6
7	00700	OPERATION OF PLANT	6,575,749	-2,001,905	4,573,844	7
8	00800	LAUNDRY & LINEN SERVICE	1,410,000		1,410,000	8
9	00900	HOUSEKEEPING	5,114,782		5,114,782	9
10	01000	DIETARY	5,689,272	-34,133	5,655,139	10
11	01100	CAFETERIA	2,520,493	-1,316,477	1,204,016	11
13	01300	NURSING ADMINISTRATION	2,592,136		2,592,136	13
14	01400	CENTRAL SERVICES & SUPPLY	2,486,716	-2,322	2,484,394	14
15	01500	PHARMACY	6,097,265		6,097,265	15
16	01600	MEDICAL RECORDS & LIBRARY	4,210,758	182,289	4,393,047	16
17	01700	SOCIAL SERVICE	3,099,456		3,099,456	17
23	02300	PARAMED ED PRGM-(SPECIFY)	396,167	-12,583	383,584	23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	39,798,072	169,705	39,967,777	30
31	03100	INTENSIVE CARE UNIT	8,694,525		8,694,525	31
41	04100	SUBPROVIDER - IRF	14,610,671	254,033	14,864,704	41
43	04300	NURSERY	2,834,881	-1,343,039	1,491,842	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	13,749,248	-1,741,881	12,007,367	50
50.01	05001	GAMMA KNIFE	1,969,853		1,969,853	50.01
50.02	03330	ENDOSCOPY	3,114,138		3,114,138	50.02
51	05100	RECOVERY ROOM	1,707,155		1,707,155	51
52	05200	DELIVERY ROOM & LABOR ROOM	3,222,794		3,222,794	52
53	05300	ANESTHESIOLOGY	571,573		571,573	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,863,369	-13,962	2,849,407	54
54.01	03630	ULTRASOUND	1,396,672		1,396,672	54.01
54.02	05401	PET SCAN	534,464		534,464	54.02
54.03	03480	RADIATION ONCOLOGY	1,559,268		1,559,268	54.03
54.04	03440	MAMMOGRAPHY	1,501,170		1,501,170	54.04
56	05600	RADIOISOTOPE	660,518		660,518	56
57	05700	CT SCAN	1,825,527		1,825,527	57
58	05800	MRI	1,497,112		1,497,112	58
59	05900	CARDIAC CATHETERIZATION	8,288,447	-2,089,863	6,198,584	59
60	06000	LABORATORY	13,872,027	-1,417,939	12,454,088	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	2,328,054		2,328,054	63
64	06400	INTRAVENOUS THERAPY	1,148,797		1,148,797	64
65	06500	RESPIRATORY THERAPY	3,218,967		3,218,967	65
66	06600	PHYSICAL THERAPY	3,281,680		3,281,680	66
66.01	06601	REHAB OUTPATIENT	1,996,867		1,996,867	66.01
66.02	06602	REHAB MED SURGICAL	1,840,319		1,840,319	66.02
69	06900	ELECTROCARDIOLOGY	894,098		894,098	69
70	07000	ELECTROENCEPHALOGRAPHY	251,703	-27,992	223,711	70
70.01	07001	NEUROMEG	-431,680	783,289	351,609	70.01
70.02	07002	SLEEP LAB	638,984		638,984	70.02
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,355,812		20,355,812	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	23,648,409		23,648,409	72
73	07300	DRUGS CHARGED TO PATIENTS	16,125,117		16,125,117	73
74	07400	RENAL DIALYSIS	1,219,012		1,219,012	74
76.97	07697	CARDIAC REHABILITATION	499,665		499,665	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY	6,066		6,066	76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	1,513,955		1,513,955	90
90.01	09001	DAY REHAB	859,973		859,973	90.01
90.02	09002	IMAGING CENTERS	1,950,793		1,950,793	90.02
90.03	09003	COUMADIN CLINIC	206,392		206,392	90.03
90.04	09004	WOUND CLINIC	1,717,610	-33,068	1,684,542	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,959,947		1,959,947	90.05
91	09100	EMERGENCY	7,645,232	-353,000	7,292,232	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
101	10100	HOME HEALTH AGENCY	7,400,711		7,400,711	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5		7	
116	11600 HOSPICE	3,260,945		3,260,945	116
118	SUBTOTALS (SUM OF LINES 1-117)	417,724,471	-37,878,640	379,845,831	118
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	405,904		405,904	190
191	19100 RESEARCH				191
192	19200 PHYSICIANS' PRIVATE OFFICES	10,512,419	-7,052,102	3,460,317	192
200	TOTAL (SUM OF LINES 118-199)	428,642,794	-44,930,742	383,712,052	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 CHARGEABLE DRUGS	A	DRUGS CHARGED TO PATIENTS	73		16,125,117 1
500 TOTAL RECLASSIFICATIONS					16,125,117 500
CODE LETTER - A					
1 BED RENTALS	B	ADULTS & PEDIATRICS	30		450,482 1
500 TOTAL RECLASSIFICATIONS					450,482 500
CODE LETTER - B					
1 LAUNDRY	C	LAUNDRY & LINEN SERVICE	8		1,410,000 1
500 TOTAL RECLASSIFICATIONS					1,410,000 500
CODE LETTER - C					
1 PASTORAL CARE	D	SOCIAL SERVICE	17	484,250	79,701 1
500 TOTAL RECLASSIFICATIONS				484,250	79,701 500
CODE LETTER - D					
1 SHARED DIETARY	E	CAFETERIA	11	31,648	1,723,235 1
500 TOTAL RECLASSIFICATIONS				31,648	1,723,235 500
CODE LETTER - E					
1 EQUIPMENT DEPRECIATION	F	CAP REL COSTS-MVBLE EQUIP	2		8,508,221 1
500 TOTAL RECLASSIFICATIONS					8,508,221 500
CODE LETTER - F					
1 IMPLANTS	G	IMPL. DEV. CHARGED TO PATIENT	72		7,921,657 1
2					2
3					3
500 TOTAL RECLASSIFICATIONS					7,921,657 500
CODE LETTER - G					
1 SUPPLIES	H	MEDICAL SUPPLIES CHARGED TO P	71		20,355,812 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
500 TOTAL RECLASSIFICATIONS					20,355,812 500
CODE LETTER - H					
1 NEUROMEG CAPITAL	I	CAP REL COSTS-MVBLE EQUIP	2		376,617 1
500 TOTAL RECLASSIFICATIONS					376,617 500
CODE LETTER - I					

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 INTEREST EXPENSE	J	CAP REL COSTS-BLDG & FIXT	1		7,351,100 1
500 TOTAL RECLASSIFICATIONS					7,351,100 500
CODE LETTER - J					
GRAND TOTAL (INCREASES)				515,898	64,301,942

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 CHARGEABLE DRUGS	A	PHARMACY	15		16,125,117	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					16,125,117	500
1 BED RENTALS	B	CENTRAL SERVICES & SUPPLY	14		450,482	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					450,482	500
1 LAUNDRY	C	HOUSEKEEPING	9		1,410,000	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					1,410,000	500
1 PASTORAL CARE	D	ADMINISTRATIVE AND GENERAL	5.06	484,250	79,701	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				484,250	79,701	500
1 SHARED DIETARY	E	DIETARY	10	31,648	1,723,235	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				31,648	1,723,235	500
1 EQUIPMENT DEPRECIATION	F	CAP REL COSTS-BLDG & FIXT	1		8,508,221	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					8,508,221	500
1 IMPLANTS	G	CARDIAC CATHETERIZATION	59		7,723,085	1
2		OPERATING ROOM	50		163,190	2
3		ENDOSCOPY	50.02		35,382	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					7,921,657	500
1 SUPPLIES	H	OPERATING ROOM	50		8,202,761	1
2		GAMMA KNIFE	50.01		950	2
3		ENDOSCOPY	50.02		750,938	3
4		RECOVERY ROOM	51		34,621	4
5		DELIVERY ROOM & LABOR ROOM	52		240,498	5
6		ANESTHESIOLOGY	53		598,918	6
7		RADIOLOGY-DIAGNOSTIC	54		54,010	7
8		ULTRASOUND	54.01		17,123	8
9		PET SCAN	54.02		181,603	9
10		RADIATION ONCOLOGY	54.03		60,383	10
11		MAMMOGRAPHY	54.04		80,673	11
12		RADIOISOTOPE	56		709,274	12
13		CT SCAN	57		203,893	13
14		MRI	58		116,710	14
15		CARDIAC CATHETERIZATION	59		7,331,720	15
16		INTRAVENOUS THERAPY	64		341,211	16
17		RESPIRATORY THERAPY	65		42,153	17
18		PHYSICAL THERAPY	66		1,799	18
19		REHAB OUTPATIENT	66.01		1,589	19
20		REHAB MED SURGICAL	66.02		1,287	20
21		SLEEP LAB	70.02		4,684	21
22		CLINIC	90		165,773	22
23		IMAGING CENTERS	90.02		35,458	23
24		COUMADIN CLINIC	90.03		25,774	24
25		WOUND CLINIC	90.04		254,544	25
26		CARDIOVASCULAR IMAGING CENTER	90.05		46,789	26
27		EMERGENCY	91		765,415	27
28		HOME HEALTH AGENCY	101		85,261	28
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					20,355,812	500
1 NEUROMEG CAPITAL	I	NEUROMEG	70.01		376,617	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					376,617	500

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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 INTEREST EXPENSE	J	INTEREST EXPENSE	113		7,351,100	11 1
500 TOTAL RECLASSIFICATIONS					7,351,100	500
CODE LETTER - J						
GRAND TOTAL (DECREASES)				515,898	64,301,942	

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	10,100,000					10,100,000		1
2 LAND IMPROVEMENTS		50,000		50,000		50,000		2
3 BUILDINGS AND FIXTURES	173,079,000	70,000		70,000		173,149,000		3
4 BUILDING IMPROVEMENTS	3,335,000	2,131,000		2,131,000		5,466,000		4
5 FIXED EQUIPMENT	525,000	587,000		587,000		1,112,000		5
6 MOVABLE EQUIPMENT	33,379,000	4,210,000		4,210,000	10,000	37,579,000		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	220,418,000	7,048,000		7,048,000	10,000	227,456,000		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	220,418,000	7,048,000		7,048,000	10,000	227,456,000		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	15,643,900						15,643,900	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	15,643,900						15,643,900	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL	
								(SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	189,877,000		189,877,000	0.834786					1
2 CAP REL COSTS-MVBLE EQUIP	37,579,000		37,579,000	0.165214					2
3 TOTAL (SUM OF LINES 1-2)	227,456,000		227,456,000	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	17,371,834			708,567			18,080,401	1
2 CAP REL COSTS-MVBLE EQUIP	3,607,287						3,607,287	2
3 TOTAL	20,979,121			708,567			21,687,688	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-7	
			COST CENTER	LINE NO.	WKST A-7	REF
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-6,642,533	CAP REL COSTS-BLDG & FIXT	1	11	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)						3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)						4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)						7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)						8
9 PARKING LOT (CHAPTER 21)						9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,815,265				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,160,348				12
13 LAUNDRY AND LINEN SERVICE						13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,316,477	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	-10,555	MEDICAL RECORDS & LIBRARY	16		18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						19
20 VENDING MACHINES						20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114		25
26 DEPRECIATION--BUILDINGS & FIXTURES	A	2,224,130	CAP REL COSTS-BLDG & FIXT	1	9	26
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-5,277,551	CAP REL COSTS-MVBLE EQUIP	2	9	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29 PHYSICIANS' ASSISTANT						29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32 CAH HIT ADJ FOR DEPRECIATION AND NEUROMEGL	A	866,566	NEUROMEGL	70.01		32
33						33
34						34
34.01 PHYSICIAN APPLICATION FEES	B	-63,150	ADMINISTRATIVE AND GENERAL	5.06		34.01
34.02 DAY CARE CENTER	A	-2,751	EMPLOYEE BENEFITS DEPARTMENT	4		34.02
34.03 WEIGHT MANAGEMENT	A	-133,797	ADMINISTRATIVE AND GENERAL	5.06		34.03
34.05 NON ALLOW PATIENT TRANSPORTATION	A	-79,856	MAINTENANCE & REPAIRS	6		34.05
35 ALCOHOL	A	-5,000	ADMINISTRATIVE AND GENERAL	5.06		35
36 REAL ESTATE TAXES	A	-117,167	ADMINISTRATIVE AND GENERAL	5.06		36
36.01 REAL ESTATE TAXES	A	-64,900	OPERATION OF PLANT	7		36.01
37 BAD DEBT	A	-16,025,408	ADMINISTRATIVE AND GENERAL	5.06		37
38 MISC INCOME	B	-384,878	ADMINISTRATIVE AND GENERAL	5.06		38
38.01 MISC INCOME	B	-48,477	CASHIERING/ACCOUNTS RECEIVABLE	5.05		38.01
38.02 MISC INCOME	B	-93,335	OPERATION OF PLANT	7		38.02
38.03 MISC INCOME	B	-34,133	DIETARY	10		38.03
38.04 MISC INCOME	B	-19,816	ADULTS & PEDIATRICS	30		38.04
38.05 MISC INCOME	B	-2,010	CARDIAC CATHETERIZATION	59		38.05
38.06 MISC INCOME	B	-17,685	WOUND CLINIC	90.04		38.06
38.07 MISC INCOME	B	-13,962	RADIOLOGY-DIAGNOSTIC	54		38.07
38.08 MISC INCOME	B	-6,397	LABORATORY	60		38.08
38.09 MISC INCOME	B	-2,322	CENTRAL SERVICES & SUPPLY	14		38.09
38.10 DRUG PREVENTION	A	-13,523	ADULTS & PEDIATRICS	30		38.10
38.11 INTERCOMPANY LAB	B	-1,411,542	LABORATORY	60		38.11
38.12 CONTRIBUTIONS	A	-318	ADMINISTRATIVE AND GENERAL	5.06		38.12
39 PHYSICIAN PART B	A	-7,052,102	PHYSICIANS' PRIVATE OFFICES	192		39
39.01 PHYSICIAN PART B	A	-1,721,852	ADMINISTRATIVE AND GENERAL	5.06		39.01
40 ANSWERING SERVICE	A	-271,971	NONPATIENT PHONES	5.01		40
41 RENTAL INCOME	B	-74,301	CAP REL COSTS-BLDG & FIXT	1	9	41
42 SATELLITE DISH	B	-74,851	OPERATION OF PLANT	7		42
43 CLINICAL PASTORAL EDUCATION INCOME	B	-12,583	PARAMED ED PRGM-(SPECIFY)	23		43

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
				COST CENTER 3	LINE NO. 4	
44	LOBBYING PORTION OF DUES	A	-50,000	ADMINISTRATIVE AND GENERAL	5.06	44
45	NONALLOWABLE	A	-622	ADMINISTRATIVE AND GENERAL	5.06	45
46						46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200}		-44,930,742			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5.06	ADMINISTRATIVE AND GENERAL	23,719,739	55,086,789	-31,367,050	1
2	1	CAP REL COSTS-BLDG & FIXT	8,086,326		8,086,326	9 2
3	5.03	PURCHASING	3,251,208		3,251,208	3
3.01	5.06	ADMINISTRATIVE AND GENERAL	1,266,333	1,266,333		4.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	213,437	213,437		4.02
3.03	5.02	DATA PROCESSING	14,735,239		14,735,239	4.03
3.04	30	ADULTS & PEDIATRICS	381,267		381,267	4.04
3.05	41	SUBPROVIDER - IRF	254,033		254,033	4.05
3.06	90.04	WOUND CLINIC	41,937	57,320	-15,383	4.06
3.07	5.05	CASHIERING/ACCOUNTS RECEIVABLE	5,089,987		5,089,987	4.07
3.08	7	OPERATION OF PLANT	3,000,594	4,769,413	-1,768,819	4.08
3.09	16	MEDICAL RECORDS & LIBRARY	192,844		192,844	4.09
4						4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	60,232,944	61,393,292	-1,160,348	5

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

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

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

SYMBOL (1)	NAME 2	PERCENT OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 6
6	B ALEXIAN BROTHERS HOSPITAL NETW	100.00			
7					
8					
9					
10					

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO. 1	2		3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS	CARDIO	178,223	178,223					1
2	50	OPERATING ROOM	CVA SURGEONS	1,741,881	1,741,881					2
3	59	CARDIAC CATHETERIZATION	INTERVENTIONAL	2,087,853	2,087,853					3
4	91	EMERGENCY	MEA	353,000	353,000					4
5	70.01	NEUROMEG	NEUROMEG	83,277	83,277					5
6	70	ELECTROENCEPHALOGRAPHY	AMBULATORY EEG	27,992	27,992					6
7	43	NURSERY	NEONATOLOGISTS	1,343,039	1,343,039					7
8	41	SUBPROVIDER - IRF		347,448		347,448	350,000	2,080	350,000	17,500
9	50.01	GAMMA KNIFE		58,250		58,250	250,000	490	58,894	2,945
200		TOTAL		6,220,963	5,815,265	405,698		2,570	408,894	20,445

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO. 10	11		12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS			CARDIO				178,223	1
2	50	OPERATING ROOM			CVA SURGEONS				1,741,881	2
3	59	CARDIAC CATHETERIZATION			INTERVENTIONAL				2,087,853	3
4	91	EMERGENCY			MEA				353,000	4
5	70.01	NEUROMEG			NEUROMEG				83,277	5
6	70	ELECTROENCEPHALOGRAPHY			AMBULATORY EEG				27,992	6
7	43	NURSERY			NEONATOLOGISTS				1,343,039	7
8	41	SUBPROVIDER - IRF					350,000			8
9	50.01	GAMMA KNIFE					58,894			9
200		TOTAL					408,894		5,815,265	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	18,080,401	18,080,401				1
2 CAP REL COSTS-MVBLE EQUIP	3,607,287		3,607,287			2
4 EMPLOYEE BENEFITS DEPARTMENT	21,677,715	89,109	12,337	21,779,161		4
5.01 NONPATIENT PHONES	688,157	38,799	27,745	80,880	835,581	5.01
5.02 DATA PROCESSING	14,735,239	11,440			67,023	5.02
5.03 PURCHASING	1,742,392		416		13,669	5.03
5.04 ADMITTING	1,940,454	105,245	1,337	286,724	24,252	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,985,209		3,901	141,078	31,748	5.05
5.06 ADMINISTRATIVE AND GENERAL	49,438,204	780,138	128,338	949,015	121,258	5.06
6 MAINTENANCE & REPAIRS	2,947,915	48,697	99,291	143,083	28,220	6
7 OPERATION OF PLANT	4,573,844	4,324,054	144,464	201,826	3,087	7
8 LAUNDRY & LINEN SERVICE	1,410,000					8
9 HOUSEKEEPING	5,114,782	100,356	15,424	50,398	7,937	9
10 DIETARY	5,655,139	309,570	9,475	47,041	20,724	10
11 CAFETERIA	1,204,016	349,308	9,500	17,659		11
13 NURSING ADMINISTRATION	2,592,136	17,918	106,351	366,871	8,378	13
14 CENTRAL SERVICES & SUPPLY	2,484,394	388,540	67,404	117,694	5,291	14
15 PHARMACY	6,097,265	142,117	4,992	710,279	14,551	15
16 MEDICAL RECORDS & LIBRARY	4,393,047	271,084	7,392	431,122	35,716	16
17 SOCIAL SERVICE	3,099,456	18,737		369,804	5,291	17
23 PARAMED ED PRGM-(SPECIFY)	383,584	22,229		17,102	7,055	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,967,777	3,598,610	389,813	5,277,344	78,487	30
31 INTENSIVE CARE UNIT	8,694,525	660,057	147,868	1,175,059	26,015	31
41 SUBPROVIDER - IRF	14,864,704	1,049,970	136,987	1,033,273	22,047	41
43 NURSERY	1,491,842	65,074		197,319	8,819	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,007,367	971,048	489,451	1,256,335	26,015	50
50.01 GAMMA KNIFE	1,969,853	88,868	39,445	52,120	441	50.01
50.02 ENDOSCOPY	3,114,138	167,742	4,005	297,939	2,205	50.02
51 RECOVERY ROOM	1,707,155	147,704	19,823	247,149	5,732	51
52 DELIVERY ROOM & LABOR ROOM	3,222,794	474,325		457,423	10,583	52
53 ANESTHESIOLOGY	571,573	10,958	43,289		882	53
54 RADIOLOGY-DIAGNOSTIC	2,849,407	212,152	204,790	325,593	48,062	54
54.01 ULTRASOUND	1,396,672	110,351	44,057	189,812	882	54.01
54.02 PET SCAN	534,464	33,645	10,058	15,654		54.02
54.03 RADIATION ONCOLOGY	1,559,268	238,523	122,164	190,324		54.03
54.04 MAMMOGRAPHY	1,501,170	143,056	68,118	155,854		54.04
56 RADIOISOTOPE	660,518	139,444	33,616	69,639	5,732	56
57 CT SCAN	1,825,527	106,762	25,391	198,414	882	57
58 MRI	1,497,112	158,903	32,004	132,225	7,937	58
59 CARDIAC CATHETERIZATION	6,198,584	385,818	201,894	623,203	8,819	59
60 LABORATORY	12,454,088	449,062	83,850	995,514	38,362	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		20,977	1,102	98,642	2,205	62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,328,054	11,873	9,111	158,386		63
64 INTRAVENOUS THERAPY	1,148,797	54,212	44,765	411,450		64
65 RESPIRATORY THERAPY	3,218,967	200,182	2,872	466,092	6,614	65
66 PHYSICAL THERAPY	3,281,680	156,230	1,248	284,517	6,614	66
66.01 REHAB OUTPATIENT	1,996,867	20,495	619	252,378	4,850	66.01
66.02 REHAB MED SURGICAL	1,840,319	79,668	20,672	117,122	7,055	66.02
69 ELECTROCARDIOLOGY	894,098	59,029	2,377	21,508	6,614	69
70 ELECTROENCEPHALOGRAPHY	223,711	351,609	12,620	380,968	441	70
70.01 NEUROMEG	638,984	142,430	40,244	88,672	441	70.01
70.02 SLEEP LAB						70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,355,812					71
72 IMPL. DEV. CHARGED TO PATIENTS	23,648,409	10,838				72
73 DRUGS CHARGED TO PATIENTS	16,125,117					73
74 RENAL DIALYSIS	1,219,012	23,217	3,246	5,991		74
76.97 CARDIAC REHABILITATION	499,665	100,838		67,414	3,087	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	6,066					76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,513,955	237,006	17,221	205,144	8,819	90
90.01 DAY REHAB	859,973	50,214	2,289	115,929	441	90.01
90.02 IMAGING CENTERS	1,950,793		129,463	119,144	4,409	90.02
90.03 COUMADIN CLINIC	206,392	13,944		30,593	441	90.03
90.04 WOUND CLINIC	1,684,542	146,572	4,743	102,847	1,323	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	1,959,947			179,307	441	90.05
91 EMERGENCY	7,292,232	346,947	49,989	822,065	43,653	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	7,400,711		3,112	984,253	43,212	101
SPECIAL PURPOSE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	NON PATIENT PHONES 5.01	
113	INTEREST EXPENSE						113
116	HOSPICE	3,260,945		4,121	255,205		116
118	SUBTOTALS (SUM OF LINES 1-117)	379,845,831	17,916,705	3,453,152	21,607,428	833,817	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	405,904	51,033		24,555	1,764	190
191	RESEARCH		73,142	2,951			191
192	PHYSICIANS' PRIVATE OFFICES	3,460,317	39,521	151,184	147,178		192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	383,712,052	18,080,401	3,607,287	21,779,161	835,581	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASING 5.03	ADMITTING 5.04	CASHIERING /ACCOUNTS RECEIVABLE 5.05	SUBTOTAL (COLS. 0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING	14,813,702					5.02
5.03 PURCHASING	462,188	2,218,665				5.03
5.04 ADMITTING		1,135	2,359,147			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	11,258,413	403		17,420,752		5.05
5.06 ADMINISTRATIVE AND GENERAL	3,093,101				54,510,054	5.06
6 MAINTENANCE & REPAIRS		472			3,267,678	6
7 OPERATION OF PLANT		1,720			9,248,995	7
8 LAUNDRY & LINEN SERVICE					1,410,000	8
9 HOUSEKEEPING		10,789			5,299,686	9
10 DIETARY		81,539			6,123,488	10
11 CAFETERIA		2,647			1,583,130	11
13 NURSING ADMINISTRATION		1,781			3,093,435	13
14 CENTRAL SERVICES & SUPPLY		14,312			3,077,635	14
15 PHARMACY		508,139			7,477,343	15
16 MEDICAL RECORDS & LIBRARY		1,493			5,139,854	16
17 SOCIAL SERVICE		291			3,493,579	17
23 PARAMED ED PRGM-(SPECIFY)		521			430,491	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		49,219	219,387	1,598,998	51,179,635	30
31 INTENSIVE CARE UNIT		17,316	41,638	303,477	11,065,955	31
41 SUBPROVIDER - IRF		12,011	55,718	406,098	17,580,808	41
43 NURSERY		4,301	11,682	85,141	1,864,178	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		207,991	196,139	1,429,552	16,583,898	50
50.01 GAMMA KNIFE		189	14,907	108,647	2,274,470	50.01
50.02 ENDOSCOPY		24,595	73,666	536,912	4,221,202	50.02
51 RECOVERY ROOM		1,757	34,114	248,640	2,412,074	51
52 DELIVERY ROOM & LABOR ROOM		8,820	19,963	145,503	4,339,411	52
53 ANESTHESIOLOGY		25,010	46,991	342,496	1,041,199	53
54 RADIOLOGY-DIAGNOSTIC		2,637	47,225	344,201	4,034,067	54
54.01 ULTRASOUND		502	35,361	257,726	2,035,363	54.01
54.02 PET SCAN		5,596	11,079	80,752	691,248	54.02
54.03 RADIATION ONCOLOGY		851	46,043	335,587	2,492,760	54.03
54.04 MAMMOGRAPHY		1,164	16,975	123,722	2,010,059	54.04
56 RADIOISOTOPE		23,568	27,377	199,534	1,159,428	56
57 CT SCAN		6,686	119,832	873,394	3,156,888	57
58 MRI		5,555	55,098	401,580	2,290,414	58
59 CARDIAC CATHETERIZATION		411,758	122,371	891,901	8,844,348	59
60 LABORATORY		126,094	332,635	2,428,950	16,908,555	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		51,363	13,515	98,501	2,614,359	62.30
63 BLOOD STORING, PROCESSING & TRANS.		15,371	4,356	31,746	1,379,640	63
64 INTRAVENOUS THERAPY		10,872	54,857	399,824	4,202,002	64
65 RESPIRATORY THERAPY		880	38,844	283,116	4,280,280	65
66 PHYSICAL THERAPY		1,309	15,715	114,535	2,577,035	66.01
66.01 REHAB OUTPATIENT		117	18,004	131,221	2,268,003	66.02
66.02 REHAB MED SURGICAL		969	52,047	379,344	1,550,975	69
69 ELECTROCARDIOLOGY		260	5,165	37,647	356,311	70
70 ELECTROENCEPHALOGRAPHY			1,623	11,827	759,088	70.01
70.01 NEUROREG		1,719	8,146	59,374	980,010	70.02
70.02 SLEEP LAB			137,135	999,504	21,492,451	71
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		473,989	59,763	435,583	24,628,582	72
72 IMPL. DEV. CHARGED TO PATIENTS			188,939	1,377,078	17,691,134	73
73 DRUGS CHARGED TO PATIENTS		439	8,579	62,524	1,323,008	74
74 RENAL DIALYSIS		812	1,737	12,661	686,214	76.97
76.97 CARDIAC REHABILITATION			12	88	6,166	76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		5,782	15,086	109,957	2,112,970	90
90.01 DAY REHAB		100	7,413	54,031	1,090,390	90.01
90.02 IMAGING CENTERS		1,279	23,363	170,283	2,398,734	90.02
90.03 COUMADIN CLINIC		654	1,567	11,422	265,013	90.03
90.04 WOUND CLINIC		21,186	23,153	168,750	2,153,116	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS		7,774	47,454	345,866	2,540,789	90.05
91 EMERGENCY		20,809	104,473	761,447	9,441,615	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY		4,174		119,347	8,554,809	101
SPECIAL PURPOSE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	SUBTOTAL (COLS. 0-4)	
		5.02	5.03	5.04	5.05	4A	
113	INTEREST EXPENSE						113
116	HOSPICE		6,541		42,362	3,569,174	116
118	SUBTOTALS (SUM OF LINES 1-117)	14,813,702	2,187,261	2,359,147	17,360,849	379,263,196	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		36			483,292	190
191	RESEARCH					76,093	191
192	PHYSICIANS' PRIVATE OFFICES		31,368		59,903	3,889,471	192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	14,813,702	2,218,665	2,359,147	17,420,752	383,712,052	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	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
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL	54,510,054					5.06
6 MAINTENANCE & REPAIRS	541,069	3,808,747				6
7 OPERATION OF PLANT	1,531,467	968,380	11,748,842			7
8 LAUNDRY & LINEN SERVICE	233,471			1,643,471		8
9 HOUSEKEEPING	877,533	22,475	92,965		6,292,659	9
10 DIETARY	1,013,939	69,329	286,770		154,819	10
11 CAFETERIA	262,138	78,228	323,582		174,692	11
13 NURSING ADMINISTRATION	512,217	4,013	16,599		8,961	13
14 CENTRAL SERVICES & SUPPLY	509,601	87,014	359,924	3,174	194,312	14
15 PHARMACY	1,238,113	31,827	131,650		71,074	15
16 MEDICAL RECORDS & LIBRARY	851,067	60,710	251,119		135,572	16
17 SOCIAL SERVICE	578,474	4,196	17,357		9,371	17
23 PARAMED ED PRGM-(SPECIFY)	71,282	4,978	20,592		11,117	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,474,558	805,916	3,333,581	614,773	1,799,697	30
31 INTENSIVE CARE UNIT	1,832,323	147,821	611,445	168,740	330,101	31
41 SUBPROVIDER - IRF	2,911,065	235,143	972,641	104,083	525,100	41
43 NURSERY	308,674	14,573	60,281	34	32,544	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,745,995	217,468	899,532	264,977	485,630	50
50.01 GAMMA KNIFE	376,611	19,902	82,323		44,444	50.01
50.02 ENDOSCOPY	698,955	37,566	155,388		83,889	50.02
51 RECOVERY ROOM	399,396	33,079	136,826	43,446	73,868	51
52 DELIVERY ROOM & LABOR ROOM	718,528	106,226	439,392	57,895	237,215	52
53 ANESTHESIOLOGY	172,404	2,454	10,151		5,480	53
54 RADIOLOGY-DIAGNOSTIC	667,969	47,512	196,527	49,251	106,099	54
54.01 ULTRASOUND	337,019	24,713	102,224	46,733	55,187	54.01
54.02 PET SCAN	114,458	7,535	31,167		16,826	54.02
54.03 RADIATION ONCOLOGY	412,756	53,418	220,956		119,288	54.03
54.04 MAMMOGRAPHY	332,830	32,038	132,520		71,544	54.04
56 RADIOISOTOPE	191,980	31,229	129,174		69,737	56
57 CT SCAN	522,724	23,910	98,899		53,393	57
58 MRI	379,251	35,587	147,200		79,469	58
59 CARDIAC CATHETERIZATION	1,464,465	86,405	357,403	31,711	192,951	59
60 LABORATORY	2,799,752	100,568	415,989		224,580	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	432,891	4,698	19,432		10,491	63
64 INTRAVENOUS THERAPY	228,444	2,659	10,999		5,938	64
65 RESPIRATORY THERAPY	695,776	12,141	50,219		27,112	65
66 PHYSICAL THERAPY	708,737	44,831	185,439	35,810	100,113	66
66.01 REHAB OUTPATIENT	426,711	34,988	144,724		78,132	66.01
66.02 REHAB MED SURGICAL	375,540	4,590	18,986		10,250	66.02
69 ELECTROCARDIOLOGY	256,814	17,842	73,801		39,843	69
70 ELECTROENCEPHALOGRAPHY	58,999	13,220	54,681	25,978	29,521	70
70.01 NEUROMEG	125,691	2,826	11,690		6,311	70.01
70.02 SLEEP LAB	162,272	31,898	131,940		71,231	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,558,763					71
72 IMPL. DEV. CHARGED TO PATIENTS	4,078,050	2,427	10,039		5,420	72
73 DRUGS CHARGED TO PATIENTS	2,929,333					73
74 RENAL DIALYSIS	219,066	5,199	21,507		11,611	74
76.97 CARDIAC REHABILITATION	113,625	22,583	93,411		50,430	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	1,021					76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	349,870	53,078	219,551	68,042	118,529	90
90.01 DAY REHAB	180,549	11,246	46,516		25,113	90.01
90.02 IMAGING CENTERS	397,187					90.02
90.03 COUMADIN CLINIC	43,881	3,123	12,917		6,974	90.03
90.04 WOUND CLINIC	356,517	32,825	135,778		73,302	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	420,709					90.05
91 EMERGENCY	1,563,361	77,700	321,395	128,824	173,512	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	1,416,522					101
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
113	INTEREST EXPENSE						113
116	HOSPICE	590,991					116
118	SUBTOTALS (SUM OF LINES 1-117)	53,773,404	3,772,087	11,597,202	1,643,471	6,210,793	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,024	11,429	47,275		25,522	190
191	RESEARCH	12,600	16,380	67,755		36,579	191
192	PHYSICIANS' PRIVATE OFFICES	644,026	8,851	36,610		19,765	192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	54,510,054	3,808,747	11,748,842	1,643,471	6,292,659	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
5.01 NONPATIENT PHONES						5,01
5.02 DATA PROCESSING						5,02
5.03 PURCHASING						5,03
5.04 ADMITTING						5,04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5,05
5.06 ADMINISTRATIVE AND GENERAL						5,06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	7,648,345					10
11 CAFETERIA		2,421,770				11
13 NURSING ADMINISTRATION		28,347	3,663,572			13
14 CENTRAL SERVICES & SUPPLY		27,384		4,259,044		14
15 PHARMACY		72,501			9,022,508	15
16 MEDICAL RECORDS & LIBRARY		67,295				16
17 SOCIAL SERVICE		32,387				17
23 PARAMED ED PRGM-(SPECIFY)		1,979				23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,358,821	688,053	1,830,669			30
31 INTENSIVE CARE UNIT	614,152	133,831	356,077			31
41 SUBPROVIDER - IRF	1,675,372	147,496	392,435			41
43 NURSERY		17,800	47,359			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		145,585	387,350			50
50.01 GAMMA KNIFE		4,081	10,857			50.01
50.02 ENDOSCOPY		37,443	99,624			50.02
51 RECOVERY ROOM		24,280	64,600			51
52 DELIVERY ROOM & LABOR ROOM		50,444	134,214			52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		48,316				54
54.01 ULTRASOUND		17,000				54.01
54.02 PET SCAN		1,545				54.02
54.03 RADIATION ONCOLOGY		16,295				54.03
54.04 MAMMOGRAPHY		18,261				54.04
56 RADIOISOTOPE		6,507				56
57 CT SCAN		21,514				57
58 MRI		14,153				58
59 CARDIAC CATHETERIZATION		58,443				59
60 LABORATORY		161,880				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		11,930				63
64 INTRAVENOUS THERAPY		13,719				64
65 RESPIRATORY THERAPY		55,677				65
66 PHYSICAL THERAPY		55,528				66
66.01 REHAB OUTPATIENT		32,902				66.01
66.02 REHAB MED SURGICAL		25,364				66.02
69 ELECTROCARDIOLOGY		14,899				69
70 ELECTROENCEPHALOGRAPHY		3,511				70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB		12,160				70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,259,044		71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS					9,022,508	73
74 RENAL DIALYSIS		529				74
76.97 CARDIAC REHABILITATION		7,497				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		23,250	61,859			90
90.01 DAY REHAB		13,001				90.01
90.02 IMAGING CENTERS		14,709				90.02
90.03 COUMADIN CLINIC		3,172				90.03
90.04 WOUND CLINIC		14,194				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS		24,063				90.05
91 EMERGENCY		104,684	278,528			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY		89,650				101
SPECIAL PURPOSE COST CENTERS						

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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	
113	INTEREST EXPENSE						113
116	HOSPICE		34,990				116
118	SUBTOTALS (SUM OF LINES 1-117)	7,648,345	2,398,249	3,663,572	4,259,044	9,022,508	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,203				190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES		19,318				192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	7,648,345	2,421,770	3,663,572	4,259,044	9,022,508	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	16	17	23	24	25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	6,505,617				16
17 SOCIAL SERVICE		4,135,364			17
23 PARAMED ED PRGM-(SPECIFY)			540,439		23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	4,558,168	2,897,448	378,659	81,919,978	30
31 INTENSIVE CARE UNIT	522,392	332,064	43,397	16,158,298	31
41 SUBPROVIDER - IRF	1,425,057	905,852	118,383	26,993,435	41
43 NURSERY				2,345,443	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				21,730,435	50
50.01 GAMMA KNIFE				2,812,688	50.01
50.02 ENDOSCOPY				5,334,067	50.02
51 RECOVERY ROOM				3,187,569	51
52 DELIVERY ROOM & LABOR ROOM				6,083,325	52
53 ANESTHESIOLOGY				1,231,688	53
54 RADIOLOGY-DIAGNOSTIC				5,149,741	54
54.01 ULTRASOUND				2,618,239	54.01
54.02 PET SCAN				862,779	54.02
54.03 RADIATION ONCOLOGY				3,315,473	54.03
54.04 MAMMOGRAPHY				2,597,252	54.04
56 RADIOISOTOPE				1,588,055	56
57 CT SCAN				3,877,328	57
58 MRI				2,946,074	58
59 CARDIAC CATHETERIZATION				11,035,726	59
60 LABORATORY				20,611,324	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.				3,093,801	63
64 INTRAVENOUS THERAPY				1,641,399	64
65 RESPIRATORY THERAPY				5,042,927	65
66 PHYSICAL THERAPY				5,410,738	66
66.01 REHAB OUTPATIENT				3,294,492	66.01
66.02 REHAB MED SURGICAL				2,702,733	66.02
69 ELECTROCARDIOLOGY				1,954,174	69
70 ELECTROENCEPHALOGRAPHY				542,221	70
70.01 NEUROMEG				905,606	70.01
70.02 SLEEP LAB				1,389,511	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				29,310,258	71
72 IMPL. DEV. CHARGED TO PATIENTS				28,724,518	72
73 DRUGS CHARGED TO PATIENTS				29,642,975	73
74 RENAL DIALYSIS				1,580,920	74
76.97 CARDIAC REHABILITATION				973,760	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY				7,187	76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				3,007,149	90
90.01 DAY REHAB				1,366,815	90.01
90.02 IMAGING CENTERS				2,810,630	90.02
90.03 COUMADIN CLINIC				335,080	90.03
90.04 WOUND CLINIC				2,765,732	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS				2,985,561	90.05
91 EMERGENCY				12,089,619	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
101 HOME HEALTH AGENCY				10,060,981	101
SPECIAL PURPOSE COST CENTERS					

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
113 INTEREST EXPENSE					113
116 HOSPICE				4,195,155	116
118 SUBTOTALS (SUM OF LINES 1-117)	6,505,617	4,135,364	540,439	378,232,859	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				651,745	190
191 RESEARCH				209,407	191
192 PHYSICIANS' PRIVATE OFFICES				4,618,041	192
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	6,505,617	4,135,364	540,439	383,712,052	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
5.01	NONPATIENT PHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	81,919,978	30
31	INTENSIVE CARE UNIT	16,158,298	31
41	SUBPROVIDER - IRF	26,993,435	41
43	NURSERY	2,345,443	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	21,730,435	50
50.01	GAMMA KNIFE	2,812,688	50.01
50.02	ENDOSCOPY	5,334,067	50.02
51	RECOVERY ROOM	3,187,569	51
52	DELIVERY ROOM & LABOR ROOM	6,083,325	52
53	ANESTHESIOLOGY	1,231,688	53
54	RADIOLOGY-DIAGNOSTIC	5,149,741	54
54.01	ULTRASOUND	2,618,239	54.01
54.02	PET SCAN	862,779	54.02
54.03	RADIATION ONCOLOGY	3,315,473	54.03
54.04	MAMMOGRAPHY	2,597,252	54.04
56	RADIOISOTOPE	1,588,055	56
57	CT SCAN	3,877,328	57
58	MRI	2,946,074	58
59	CARDIAC CATHETERIZATION	11,035,726	59
60	LABORATORY	20,611,324	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	3,093,801	63
64	INTRAVENOUS THERAPY	1,641,399	64
65	RESPIRATORY THERAPY	5,042,927	65
66	PHYSICAL THERAPY	5,410,738	66
66.01	REHAB OUTPATIENT	3,294,492	66.01
66.02	REHAB MED SURGICAL	2,702,733	66.02
69	ELECTROCARDIOLOGY	1,954,174	69
70	ELECTROENCEPHALOGRAPHY	542,221	70
70.01	NEUROMEG	905,606	70.01
70.02	SLEEP LAB	1,389,511	70.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,310,258	71
72	IMPL. DEV. CHARGED TO PATIENTS	28,724,518	72
73	DRUGS CHARGED TO PATIENTS	29,642,975	73
74	RENAL DIALYSIS	1,580,920	74
76.97	CARDIAC REHABILITATION	973,760	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY	7,187	76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	3,007,149	90
90.01	DAY REHAB	1,366,815	90.01
90.02	IMAGING CENTERS	2,810,630	90.02
90.03	COUMADIN CLINIC	335,080	90.03
90.04	WOUND CLINIC	2,765,732	90.04
90.05	CARDIOVASCULAR IMAGING CENTERS	2,985,561	90.05
91	EMERGENCY	12,089,619	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
101	HOME HEALTH AGENCY	10,060,981	101
SPECIAL PURPOSE COST CENTERS			

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
113	INTEREST EXPENSE		113
116	HOSPICE	4,195,155	116
118	SUBTOTALS (SUM OF LINES 1-117)	378,232,859	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	651,745	190
191	RESEARCH	209,407	191
192	PHYSICIANS' PRIVATE OFFICES	4,618,041	192
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	383,712,052	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	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS DEPARTMENT		89,109	12,337	101,446	101,446	5.01
5.01 NONPATIENT PHONES		38,799	27,745	66,544	377	5.02
5.02 DATA PROCESSING		11,440		11,440		5.03
5.03 PURCHASING			416	416		5.04
5.04 ADMITTING		105,245	1,337	106,582	1,336	5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE			3,901	3,901	658	5.06
5.06 ADMINISTRATIVE AND GENERAL		780,138	128,338	908,476	4,423	6
6 MAINTENANCE & REPAIRS		48,697	99,291	147,988	667	7
7 OPERATION OF PLANT		4,324,054	144,464	4,468,518	941	8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING		100,356	15,424	115,780	235	10
10 DIETARY		309,570	9,475	319,045	219	11
11 CAFETERIA		349,308	9,500	358,808	82	13
13 NURSING ADMINISTRATION		17,918	106,351	124,269	1,710	14
14 CENTRAL SERVICES & SUPPLY		388,540	67,404	455,944	549	15
15 PHARMACY		142,117	4,992	147,109	3,311	16
16 MEDICAL RECORDS & LIBRARY		271,084	7,392	278,476	2,009	17
17 SOCIAL SERVICE		18,737		18,737	1,724	23
23 PARAMED ED PRGM-(SPECIFY)		22,229		22,229	80	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,598,610	389,813	3,988,423	24,532	30
31 INTENSIVE CARE UNIT		660,057	147,868	807,925	5,477	31
41 SUBPROVIDER - IRF		1,049,970	136,987	1,186,957	4,816	41
43 NURSERY		65,074		65,074	920	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		971,048	489,451	1,460,499	5,856	50
50.01 GAMMA KNIFE		88,868	39,445	128,313	243	50.01
50.02 ENDOSCOPY		167,742	4,005	171,747	1,389	50.02
51 RECOVERY ROOM		147,704	19,823	167,527	1,152	51
52 DELIVERY ROOM & LABOR ROOM		474,325		474,325	2,132	52
53 ANESTHESIOLOGY		10,958	43,289	54,247		53
54 RADIOLOGY-DIAGNOSTIC		212,152	204,790	416,942	1,518	54
54.01 ULTRASOUND		110,351	44,057	154,408	885	54.01
54.02 PET SCAN		33,645	10,058	43,703	73	54.02
54.03 RADIATION ONCOLOGY		238,523	122,164	360,687	887	54.03
54.04 MAMMOGRAPHY		143,056	68,118	211,174	726	54.04
56 RADIOISOTOPE		139,444	33,616	173,060	325	56
57 CT SCAN		106,762	25,391	132,153	925	57
58 MRI		158,903	32,004	190,907	616	58
59 CARDIAC CATHETERIZATION		385,818	201,894	587,712	2,905	59
60 LABORATORY		449,062	83,850	532,912	4,640	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			1,102	22,079	460	62.30
63 BLOOD STORING, PROCESSING & TRANS.		20,977	9,111	20,984	738	63
64 INTRAVENOUS THERAPY		54,212	44,765	98,977	1,918	64
65 RESPIRATORY THERAPY		200,182	2,872	203,054	2,172	65
66 PHYSICAL THERAPY		156,230	1,248	157,478	1,326	66.01
66.01 REHAB OUTPATIENT		20,495	619	21,114	1,176	66.02
66.02 REHAB MED SURGICAL		79,668	20,672	100,340	546	69
69 ELECTROCARDIOLOGY		59,029	2,377	61,406	100	70
70 ELECTROENCEPHALOGRAPHY		12,620	380,968	393,588		70.01
70.01 NEUROMEG		142,430	40,244	182,674	413	70.02
70.02 SLEEP LAB						71
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						72
72 IMPL. DEV. CHARGED TO PATIENTS		10,838		10,838		73
73 DRUGS CHARGED TO PATIENTS						74
74 RENAL DIALYSIS		23,217	3,246	26,463	28	76.97
76.97 CARDIAC REHABILITATION		100,838		100,838	314	76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		237,006	17,221	254,227	956	90
90.01 DAY REHAB		50,214	2,289	52,503	540	90.01
90.02 IMAGING CENTERS			129,463	129,463	555	90.02
90.03 COUMADIN CLINIC		13,944		13,944	143	90.03
90.04 WOUND CLINIC		146,572	4,743	151,315	479	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS					836	90.05
91 EMERGENCY		346,947	49,989	396,936	3,832	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY			3,112	3,112	4,587	101
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
113	INTEREST EXPENSE						113
116	HOSPICE			4,121	4,121	1,189	116
118	SUBTOTALS (SUM OF LINES 1-117)		17,916,705	3,453,152	21,369,857	100,646	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		51,033		51,033	114	190
191	RESEARCH		73,142	2,951	76,093		191
192	PHYSICIANS' PRIVATE OFFICES		39,521	151,184	190,705	686	192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)		18,080,401	3,607,287	21,687,688	101,446	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING 5.03	ADMITTING 5.04	CASHIERING /ACCOUNTS RECEIVABLE 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES	66,921					5.01
5.02 DATA PROCESSING	5,368	16,808				5.02
5.03 PURCHASING	1,095	524	2,035			5.03
5.04 ADMITTING	1,942		1	109,861		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,543	12,774			19,876	5.05
5.06 ADMINISTRATIVE AND GENERAL	9,711	3,510				5.06
6 MAINTENANCE & REPAIRS	2,260					6
7 OPERATION OF PLANT	247		2			7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	636		10			9
10 DIETARY	1,660		75			10
11 CAFETERIA			2			11
13 NURSING ADMINISTRATION	671		2			13
14 CENTRAL SERVICES & SUPPLY	424		13			14
15 PHARMACY	1,165		465			15
16 MEDICAL RECORDS & LIBRARY	2,860		1			16
17 SOCIAL SERVICE	424					17
23 PARAMED ED PRGM-(SPECIFY)	565					23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,286		45	10,276	1,794	30
31 INTENSIVE CARE UNIT	2,084		16	1,950	341	31
41 SUBPROVIDER - IRF	1,766		11	2,610	456	41
43 NURSERY	706		4	547	96	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,084		191	9,187	1,604	50
50.01 GAMMA KNIFE	35			698	122	50.01
50.02 ENDOSCOPY	177		23	3,451	602	50.02
51 RECOVERY ROOM	459		2	1,598	279	51
52 DELIVERY ROOM & LABOR ROOM	848		8	935	163	52
53 ANESTHESIOLOGY	71		23	2,201	384	53
54 RADIOLOGY-DIAGNOSTIC	3,849		2	2,212	386	54
54.01 ULTRASOUND	71			1,656	289	54.01
54.02 PET SCAN			5	519	91	54.02
54.03 RADIATION ONCOLOGY			1	2,157	377	54.03
54.04 MAMMOGRAPHY			1	795	139	54.04
56 RADIOISOTOPE	459		22	1,282	224	56
57 CT SCAN	71		6	5,613	980	57
58 MRI	636		5	2,581	451	58
59 CARDIAC CATHETERIZATION	706		379	5,732	1,001	59
60 LABORATORY	3,072		116	14,940	3,051	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			47	633	111	62.30
63 BLOOD STORING, PROCESSING & TRANS.	177		14	204	36	63
64 INTRAVENOUS THERAPY			10	2,570	449	64
65 RESPIRATORY THERAPY	565		1	1,819	318	65
66 PHYSICAL THERAPY	530		1	736	129	66
66.01 REHAB OUTPATIENT	530		1	843	147	66.01
66.02 REHAB MED SURGICAL	388		1	2,438	426	66.02
69 ELECTROCARDIOLOGY	565			242	42	69
70 ELECTROENCEPHALOGRAPHY	530			76	13	70
70.01 NEUROMEG	35			382	67	70.01
70.02 SLEEP LAB	35		2	6,423	1,122	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			436	2,799	489	71
72 IMPL. DEV. CHARGED TO PATIENTS				8,850	1,545	72
73 DRUGS CHARGED TO PATIENTS				402	70	73
74 RENAL DIALYSIS				81	14	74
76.97 CARDIAC REHABILITATION	247		1			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY				1		76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	706		5	707	123	90
90.01 DAY REHAB	35			347	61	90.01
90.02 IMAGING CENTERS	353		1	1,094	191	90.02
90.03 COUMADIN CLINIC	35		1	73	13	90.03
90.04 WOUND CLINIC	106		19	1,084	189	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	35		7	2,223	388	90.05
91 EMERGENCY	3,496		19	4,894	854	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	3,461		4		134	101
SPECIAL PURPOSE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

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COST CENTER DESCRIPTION		NON PATIENT PHONES 5.01	DATA PROCESSING 5.02	PURCHASING 5.03	ADMITTING 5.04	CASHIERING /ACCOUNTS RECEIVABLE 5.05	
113	INTEREST EXPENSE						113
116	HOSPICE				6	48	116
118	SUBTOTALS (SUM OF LINES 1-117)	66,780	16,808	2,006	109,861	19,809	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141					190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES			29		67	192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	66,921	16,808	2,035	109,861	19,876	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS DEPARTMENT						5.01
5.01 NONPATIENT PHONES						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.06 ADMINISTRATIVE AND GENERAL	926,120					6
6 MAINTENANCE & REPAIRS	9,192	160,107				7
7 OPERATION OF PLANT	26,017	40,705	4,536,430			8
8 LAUNDRY & LINEN SERVICE	3,966			3,966		9
9 HOUSEKEEPING	14,908	945	35,895		168,409	10
10 DIETARY	17,225	2,914	110,727		4,143	11
11 CAFETERIA	4,453	3,288	124,940		4,675	13
13 NURSING ADMINISTRATION	8,702	169	6,409		240	14
14 CENTRAL SERVICES & SUPPLY	8,657	3,658	138,973	8	5,200	15
15 PHARMACY	21,034	1,338	50,832		1,902	16
16 MEDICAL RECORDS & LIBRARY	14,458	2,552	96,961		3,628	17
17 SOCIAL SERVICE	9,827	176	6,702		251	23
23 PARAMED ED PRGM-(SPECIFY)	1,211	209	7,951		298	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	144,048	33,878	1,287,153	1,482	48,165	30
31 INTENSIVE CARE UNIT	31,129	6,214	236,090	407	8,834	31
41 SUBPROVIDER - IRF	49,455	9,885	375,553	251	14,053	41
43 NURSERY	5,244	613	23,276		871	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	46,651	9,142	347,325	640	12,997	50
50.01 GAMMA KNIFE	6,398	837	31,786		1,189	50.01
50.02 ENDOSCOPY	11,874	1,579	59,998		2,245	50.02
51 RECOVERY ROOM	6,785	1,391	52,831	105	1,977	51
52 DELIVERY ROOM & LABOR ROOM	12,207	4,465	169,657	140	6,349	52
53 ANESTHESIOLOGY	2,929	103	3,919		147	53
54 RADIOLOGY-DIAGNOSTIC	11,348	1,997	75,883	119	2,840	54
54.01 ULTRASOUND	5,725	1,039	39,470	113	1,477	54.01
54.02 PET SCAN	1,944	317	12,034		450	54.02
54.03 RADIATION ONCOLOGY	7,012	2,246	85,315		3,192	54.03
54.04 MAMMOGRAPHY	5,654	1,347	51,168		1,915	54.04
56 RADIOISOTOPE	3,261	1,313	49,876		1,866	56
57 CT SCAN	8,880	1,005	38,187		1,429	57
58 MRI	6,443	1,496	56,837		2,127	58
59 CARDIAC CATHETERIZATION	24,879	3,632	138,000	77	5,164	59
60 LABORATORY	47,564	4,228	160,620		6,010	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		197	7,503		281	62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,354	112	4,247		159	63
64 INTRAVENOUS THERAPY	3,881	510	19,391		726	64
65 RESPIRATORY THERAPY	11,820	1,885	71,601	86	2,679	65
66 PHYSICAL THERAPY	12,040	1,471	55,880		2,091	66
66.01 REHAB OUTPATIENT	7,249	193	7,331		274	66.01
66.02 REHAB MED SURGICAL	6,380	750	28,496		1,066	66.02
69 ELECTROCARDIOLOGY	4,363	556	21,113	63	790	69
70 ELECTROENCEPHALOGRAPHY	1,002	119	4,514		169	70
70.01 NEUROMEG	2,135	1,341	50,944		1,906	70.01
70.02 SLEEP LAB	2,757					70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	60,458					71
72 IMPL. DEV. CHARGED TO PATIENTS	69,280	102	3,876		145	72
73 DRUGS CHARGED TO PATIENTS	49,765					73
74 RENAL DIALYSIS	3,722	219	8,304		311	74
76.97 CARDIAC REHABILITATION	1,930	949	36,068		1,350	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	17					76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,944	2,231	84,772	164	3,172	90
90.01 DAY REHAB	3,067	473	17,961		672	90.01
90.02 IMAGING CENTERS	6,748					90.02
90.03 COUMADIN CLINIC	745	131	4,988		187	90.03
90.04 WOUND CLINIC	6,057	1,380	52,426		1,962	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	7,147					90.05
91 EMERGENCY	26,559	3,266	124,096	311	4,644	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	24,065					101
SPECIAL PURPOSE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION		ADMIN AND GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
113	INTEREST EXPENSE						113
116	HOSPICE	10,040					116
118	SUBTOTALS (SUM OF LINES 1-117)	913,605	158,566	4,477,879	3,966	166,218	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,360	480	18,254		683	190
191	RESEARCH	214	689	26,161		979	191
192	PHYSICIANS' PRIVATE OFFICES	10,941	372	14,136		529	192
200	GROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	926,120	160,107	4,536,430	3,966	168,409	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS DEPARTMENT						5.01
5.01 NONPATIENT PHONES						5.02
5.02 DATA PROCESSING						5.03
5.03 PURCHASING						5.04
5.04 ADMITTING						5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.06 ADMINISTRATIVE AND GENERAL						6
6 MAINTENANCE & REPAIRS						7
7 OPERATION OF PLANT						8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING						10
10 DIETARY	456,008					11
11 CAFETERIA		496,248				13
13 NURSING ADMINISTRATION		5,809	147,981			14
14 CENTRAL SERVICES & SUPPLY		5,611		619,037		15
15 PHARMACY		14,856			242,012	16
16 MEDICAL RECORDS & LIBRARY		13,790				17
17 SOCIAL SERVICE		6,636				23
23 PARAMED ED PRGM-(SPECIFY)		406				30
INPATIENT ROUTINE SERV COST CENTERS						31
30 ADULTS & PEDIATRICS	319,502	140,991	73,946			41
31 INTENSIVE CARE UNIT	36,617	27,423	14,383			43
41 SUBPROVIDER - IRF	99,889	30,224	15,851			50
43 NURSERY		3,647	1,913			50.01
ANCILLARY SERVICE COST CENTERS						50.02
50 OPERATING ROOM		29,832	15,646			51
50.01 GAMMA KNIFE		836	439			52
50.02 ENDOSCOPY		7,673	4,024			53
51 RECOVERY ROOM		4,975	2,609			54
52 DELIVERY ROOM & LABOR ROOM		10,337	5,421			54.01
53 ANESTHESIOLOGY						54.02
54 RADIOLOGY-DIAGNOSTIC		9,900				54.03
54.01 ULTRASOUND		3,483				54.04
54.02 PET SCAN		317				56
54.03 RADIATION ONCOLOGY		3,339				57
54.04 MAMMOGRAPHY		3,742				58
56 RADIOISOTOPE		1,333				59
57 CT SCAN		4,409				60
58 MRI		2,900				62.30
59 CARDIAC CATHETERIZATION		11,976				63
60 LABORATORY		33,171				64
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		2,445				65
63 BLOOD STORING, PROCESSING & TRANS.		2,811				66
64 INTRAVENOUS THERAPY		11,409				66.01
65 RESPIRATORY THERAPY		11,378				66.02
66 PHYSICAL THERAPY		6,742				69
66.01 REHAB OUTPATIENT		5,197				70
66.02 REHAB MED SURGICAL		3,053				70.01
69 ELECTROCARDIOLOGY		719				70.02
70 ELECTROENCEPHALOGRAPHY						71
70.01 NEUROMEG						72
70.02 SLEEP LAB		2,492				73
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				619,037		74
72 IMPL. DEV. CHARGED TO PATIENTS						76.97
73 DRUGS CHARGED TO PATIENTS						76.98
74 RENAL DIALYSIS		108			242,012	76.99
76.97 CARDIAC REHABILITATION		1,536				90
76.98 HYPERBARIC OXYGEN THERAPY						90.01
76.99 LITHOTRIPSY						90.02
OUTPATIENT SERVICE COST CENTERS						90.03
90 CLINIC		4,764	2,499			90.04
90.01 DAY REHAB		2,664				90.05
90.02 IMAGING CENTERS		3,014				91
90.03 COUMADIN CLINIC		650				92
90.04 WOUND CLINIC		2,908				94
90.05 CARDIOVASCULAR IMAGING CENTERS		4,931				101
91 EMERGENCY		21,451	11,250			
92 OBSERVATION BEDS (NON-DISTINCT PART)						
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						
101 HOME HEALTH AGENCY		18,370				
SPECIAL PURPOSE COST CENTERS						

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COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
113	INTEREST EXPENSE						113
116	HOSPICE		7,170				116
118	SUBTOTALS (SUM OF LINES 1-117)	456,008	491,428	147,981	619,037	242,012	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		861				190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES		3,959				192
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	456,008	496,248	147,981	619,037	242,012	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					1
1 CAP REL COSTS-BLDG & FIXT					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS DEPARTMENT					5.01
5.01 NONPATIENT PHONES					5.02
5.02 DATA PROCESSING					5.03
5.03 PURCHASING					5.04
5.04 ADMITTING					5.05
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.06 ADMINISTRATIVE AND GENERAL					6
6 MAINTENANCE & REPAIRS					7
7 OPERATION OF PLANT					8
8 LAUNDRY & LINEN SERVICE					9
9 HOUSEKEEPING					10
10 DIETARY					11
11 CAFETERIA					13
13 NURSING ADMINISTRATION					14
14 CENTRAL SERVICES & SUPPLY					15
15 PHARMACY					16
16 MEDICAL RECORDS & LIBRARY	414,735				17
17 SOCIAL SERVICE		44,477			23
23 PARAMED ED PRGM-(SPECIFY)			32,949		30
INPATIENT ROUTINE SERV COST CENTERS					31
30 ADULTS & PEDIATRICS	290,584	31,163		6,402,268	41
31 INTENSIVE CARE UNIT	33,303	3,571		1,215,764	43
41 SUBPROVIDER - IRF	90,848	9,743		1,892,368	43
43 NURSERY				102,911	50
ANCILLARY SERVICE COST CENTERS					50.01
50 OPERATING ROOM				1,941,654	50.02
50.01 GAMMA KNIFE				170,896	51
50.02 ENDOSCOPY				264,782	52
51 RECOVERY ROOM				241,690	53
52 DELIVERY ROOM & LABOR ROOM				686,987	54
53 ANESTHESIOLOGY				64,024	54.01
54 RADIOLOGY-DIAGNOSTIC				526,996	54.02
54.01 ULTRASOUND				208,616	54.03
54.02 PET SCAN				59,453	54.04
54.03 RADIATION ONCOLOGY				465,213	56
54.04 MAMMOGRAPHY				276,661	57
56 RADIOISOTOPE				233,021	58
57 CT SCAN				193,658	59
58 MRI				264,999	60
59 CARDIAC CATHETERIZATION				782,163	62.30
60 LABORATORY				810,324	63
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				41,287	64
63 BLOOD STORING, PROCESSING & TRANS.				33,186	65
64 INTRAVENOUS THERAPY				148,345	66
65 RESPIRATORY THERAPY				307,563	66.01
66 PHYSICAL THERAPY				233,633	66.02
66.01 REHAB OUTPATIENT				43,043	69
66.02 REHAB MED SURGICAL				142,044	70
69 ELECTROCARDIOLOGY				86,563	70.01
70 ELECTROENCEPHALOGRAPHY				400,649	70.02
70.01 NEUROMEG				243,013	71
70.02 SLEEP LAB				687,040	72
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				87,965	73
72 IMPL. DEV. CHARGED TO PATIENTS				302,172	74
73 DRUGS CHARGED TO PATIENTS				39,627	76.97
74 RENAL DIALYSIS				143,328	76.98
76.97 CARDIAC REHABILITATION					76.99
76.98 HYPERBARIC OXYGEN THERAPY				18	90
76.99 LITHOTRIPSY					90.01
OUTPATIENT SERVICE COST CENTERS					90.02
90 CLINIC				360,270	90.03
90.01 DAY REHAB				78,323	90.04
90.02 IMAGING CENTERS				141,419	90.05
90.03 COUMADIN CLINIC				20,910	91
90.04 WOUND CLINIC				217,925	92
90.05 CARDIOVASCULAR IMAGING CENTERS				15,567	94
91 EMERGENCY				601,608	101
92 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS				53,733	
101 HOME HEALTH AGENCY					
SPECIAL PURPOSE COST CENTERS					

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	PARAMED EDUCATION 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
113 INTEREST EXPENSE					113
116 HOSPICE				22,574	116
118 SUBTOTALS (SUM OF LINES 1-117)	414,735	44,477		21,256,253	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				72,926	190
191 RESEARCH				104,136	191
192 PHYSICIANS' PRIVATE OFFICES				221,424	192
200 CROSS FOOT ADJUSTMENTS			32,949	32,949	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	414,735	44,477	32,949	21,687,688	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

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
5.01	NONPATIENT PHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	ADMINISTRATIVE AND GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
23	PARAMED ED PRGM-(SPECIFY)		23
	INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	6,402,268	30
31	INTENSIVE CARE UNIT	1,215,764	31
41	SUBPROVIDER - IRF	1,892,368	41
43	NURSERY	102,911	43
	ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	1,941,654	50
50.01	GAMMA KNIFE	170,896	50.01
50.02	ENDOSCOPY	264,782	50.02
51	RECOVERY ROOM	241,690	51
52	DELIVERY ROOM & LABOR ROOM	686,987	52
53	ANESTHESIOLOGY	64,024	53
54	RADIOLOGY-DIAGNOSTIC	526,996	54
54.01	ULTRASOUND	208,616	54.01
54.02	PET SCAN	59,453	54.02
54.03	RADIATION ONCOLOGY	465,213	54.03
54.04	MAMMOGRAPHY	276,661	54.04
56	RADIOISOTOPE	233,021	56
57	CT SCAN	193,658	57
58	MRI	264,999	58
59	CARDIAC CATHETERIZATION	782,163	59
60	LABORATORY	810,324	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	41,287	63
64	INTRAVENOUS THERAPY	33,186	64
65	RESPIRATORY THERAPY	148,345	65
66	PHYSICAL THERAPY	307,563	66
66.01	REHAB OUTPATIENT	233,633	66.01
66.02	REHAB MED SURGICAL	43,043	66.02
69	ELECTROCARDIOLOGY	142,044	69
70	ELECTROENCEPHALOGRAPHY	86,563	70
70.01	NEUROMEG	400,649	70.01
70.02	SLEEP LAB	243,013	70.02
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	687,040	71
72	IMPL. DEV. CHARGED TO PATIENTS	87,965	72
73	DRUGS CHARGED TO PATIENTS	302,172	73
74	RENAL DIALYSIS	39,627	74
76.97	CARDIAC REHABILITATION	143,328	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY	18	76.99
	OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	360,270	90
90.01	DAY REHAB	78,323	90.01
90.02	IMAGING CENTERS	141,419	90.02
90.03	COUMADIN CLINIC	20,910	90.03
90.04	WOUND CLINIC	217,925	90.04
90.05	CARDIOVASCULAR IMAGING CENTERS	15,567	90.05
91	EMERGENCY	601,608	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
	OTHER REIMBURSABLE COST CENTERS		
94	HOME PROGRAM DIALYSIS		94
101	HOME HEALTH AGENCY	53,733	101
	SPECIAL PURPOSE COST CENTERS		

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
113	INTEREST EXPENSE		113
116	HOSPICE	22,574	116
118	SUBTOTALS (SUM OF LINES 1-117)	21,256,253	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,926	190
191	RESEARCH	104,136	191
192	PHYSICIANS' PRIVATE OFFICES	221,424	192
200	CROSS FOOT ADJUSTMENTS	32,949	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	21,687,688	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPREC EXPENSE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NON PATIENT PHONES NO OF PHONES 5.01	DATA PROCESSING DATA PROCESSING 5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	750,737					1
2 CAP REL COSTS-MVBLE EQUIP		3,566,092				2
4 EMPLOYEE BENEFITS DEPARTMENT	3,700	12,196	134,807,437			4
5.01 NONPATIENT PHONES	1,611	27,428	500,625	1,895		5.01
5.02 DATA PROCESSING	475			152	10,000	5.02
5.03 PURCHASING		411		31	312	5.03
5.04 ADMITTING	4,370	1,322	1,774,741	55		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		3,856	873,234	72	7,600	5.05
5.06 ADMINISTRATIVE AND GENERAL	32,393	126,872	5,874,145	275	2,088	5.06
6 MAINTENANCE & REPAIRS	2,022	98,157	885,647	64		6
7 OPERATION OF PLANT	179,544	142,814	1,249,248	7		7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,167	15,248	311,948	18		9
10 DIETARY	12,854	9,367	291,169	47		10
11 CAFETERIA	14,504	9,392	109,302			11
13 NURSING ADMINISTRATION	744	105,136	2,270,829	19		13
14 CENTRAL SERVICES & SUPPLY	16,133	66,634	728,496	12		14
15 PHARMACY	5,901	4,935	4,396,434	33		15
16 MEDICAL RECORDS & LIBRARY	11,256	7,308	2,668,526	81		16
17 SOCIAL SERVICE	778		2,288,985	12		17
23 PARAMED ED PRGM-(SPECIFY)	923		105,858	16		23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULT'S & PEDIATRICS	149,422	385,361	32,665,688	178		30
31 INTENSIVE CARE UNIT	27,407	146,179	7,273,295	59		31
41 SUBPROVIDER - IRF	43,597	135,423	6,395,681	50		41
43 NURSERY	2,702		1,221,353	20		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	40,320	483,864	7,776,374	59		50
50.01 GAMMA KNIFE	3,690	38,995	322,610	1		50.01
50.02 ENDOSCOPY	6,965	3,959	1,844,159	5		50.02
51 RECOVERY ROOM	6,133	19,597	1,529,786	13		51
52 DELIVERY ROOM & LABOR ROOM	19,695		2,831,323	24		52
53 ANESTHESIOLOGY	455	42,795		2		53
54 RADIOLOGY-DIAGNOSTIC	8,809	202,451	2,015,331	109		54
54.01 ULTRASOUND	4,582	43,554	1,174,883	2		54.01
54.02 PET SCAN	1,397	9,943	96,893			54.02
54.03 RADIATION ONCOLOGY	9,904	120,769	1,178,056			54.03
54.04 MAMMOGRAPHY	5,940	67,340	964,692			54.04
56 RADIOISOTOPE	5,790	33,232	431,045	13		56
57 CT SCAN	4,433	25,101	1,228,127	2		57
58 MRI	6,598	31,639	818,435	18		58
59 CARDIAC CATHETERIZATION	16,020	199,588	3,857,457	20		59
60 LABORATORY	18,646	82,892	6,161,961	87		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	871	1,089	610,565	5		63
64 INTRAVENOUS THERAPY	493	9,007	980,368			64
65 RESPIRATORY THERAPY	2,251	44,254	2,546,764	16		65
66 PHYSICAL THERAPY	8,312	2,839	2,884,982	15		66
66.01 REHAB OUTPATIENT	6,487	1,234	1,761,085	15		66.01
66.02 REHAB MED SURGICAL	851	612	1,562,152	11		66.02
69 ELECTROCARDIOLOGY	3,308	20,436	724,955	16		69
70 ELECTROENCEPHALOGRAPHY	2,451	2,350	133,129	15		70
70.01 NEUROMEG	524	376,617		1		70.01
70.02 SLEEP LAB	5,914	39,784	548,858	1		70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	450					72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	964	3,209	37,080			74
76.97 CARDIAC REHABILITATION	4,187		417,275	7		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,841	17,024	1,269,788	20		90
90.01 DAY REHAB	2,085	2,263	717,570	1		90.01
90.02 IMAGING CENTERS		127,985	737,468	10		90.02
90.03 COUMADIN CLINIC	579		189,363	1		90.03
90.04 WOUND CLINIC	6,086	4,689	636,592	3		90.04
90.05 CARDIOVASCULAR IMAGING CENTERS			1,109,859	1		90.05
91 EMERGENCY	14,406	49,418	5,088,360	99		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY		3,076	6,092,257	98		101

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPREC EXPENSE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	NON PATIENT PHONES NO OF PHONES 5.01	DATA PROCESSING DATA PROCESSING 5.02	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		4,074	1,579,651			116
118 SUBTOTALS (SUM OF LINES 1-117)	743,940	3,413,718	133,744,457	1,891	10,000	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119		151,990	4		190
191 RESEARCH	3,037	2,917				191
192 PHYSICIANS' PRIVATE OFFICES	1,641	149,457	910,990			192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	18,080,401	3,607,287	21,779,161	835,581	14,813,702	202
203 UNIT COST MULT-WS B PT I	24.083535	1.011552	0.161558	440.939842	1,481.370200	203
204 COST TO BE ALLOC PER B PT II			101,446	66,921	16,808	204
205 UNIT COST MULT-WS B PT II			0.000753	35.314512	1.680800	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	
	PURCHASING 5.03	GROSS REVENUE 5.04	GROSS REVENUE 5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	40,824,589					5.03
5.04 ADMITTING	20,893	1,754,432,667				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	7,408		1,777,039,307			5.05
5.06 ADMINISTRATIVE AND GENERAL				-54,510,054	329,201,998	5.06
6 MAINTENANCE & REPAIRS	8,678				3,267,678	6
7 OPERATION OF PLANT	31,658				9,248,995	7
8 LAUNDRY & LINEN SERVICE					1,410,000	8
9 HOUSEKEEPING	198,517				5,299,686	9
10 DIETARY	1,500,376				6,123,488	10
11 CAFETERIA	48,700				1,583,130	11
13 NURSING ADMINISTRATION	32,778				3,093,435	13
14 CENTRAL SERVICES & SUPPLY	263,345				3,077,635	14
15 PHARMACY	9,349,820				7,477,343	15
16 MEDICAL RECORDS & LIBRARY	27,479				5,139,854	16
17 SOCIAL SERVICE	5,362				3,493,579	17
23 PARAMED ED PRGM-(SPECIFY)	9,592				430,491	23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	905,658	163,113,120	163,113,120		51,179,635	30
31 INTENSIVE CARE UNIT	318,622	30,957,540	30,957,540		11,065,955	31
41 SUBPROVIDER - IRF	221,019	41,425,900	41,425,900		17,580,808	41
43 NURSERY	79,146	8,685,186	8,685,186		1,864,178	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,827,169	145,827,998	145,827,998		16,583,898	50
50.01 GAMMA KNIFE	3,479	11,083,079	11,083,079		2,274,470	50.01
50.02 ENDOSCOPY	452,562	54,770,137	54,770,137		4,221,202	50.02
51 RECOVERY ROOM	32,326	25,363,658	25,363,658		2,412,074	51
52 DELIVERY ROOM & LABOR ROOM	162,299	14,842,657	14,842,657		4,339,411	52
53 ANESTHESIOLOGY	460,191	34,937,837	34,937,837		1,041,199	53
54 RADIOLOGY-DIAGNOSTIC	48,518	35,111,845	35,111,845		4,034,067	54
54.01 ULTRASOUND	9,246	26,290,563	26,290,563		2,035,363	54.01
54.02 PET SCAN	102,977	8,237,461	8,237,461		691,248	54.02
54.03 RADIATION ONCOLOGY	15,665	34,233,078	34,233,078		2,492,760	54.03
54.04 MAMMOGRAPHY	21,410	12,620,829	12,620,829		2,010,059	54.04
56 RADIOISOTOPE	433,665	20,354,366	20,354,366		1,159,428	56
57 CT SCAN	123,035	89,094,560	89,094,560		3,156,888	57
58 MRI	102,215	40,965,034	40,965,034		2,290,414	58
59 CARDIAC CATHETERIZATION	7,576,605	90,982,469	90,982,469		8,844,348	59
60 LABORATORY	2,320,204	247,731,780	247,731,780		16,908,555	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	945,106	10,048,002	10,048,002		2,614,359	63
64 INTRAVENOUS THERAPY	282,829	3,238,432	3,238,432		1,379,640	64
65 RESPIRATORY THERAPY	200,045	40,785,908	40,785,908		4,202,002	65
66 PHYSICAL THERAPY	16,196	28,880,530	28,880,530		4,280,280	66
66.01 REHAB OUTPATIENT	24,088	11,683,646	11,683,646		2,577,035	66.01
66.02 REHAB MED SURGICAL	2,160	13,385,843	13,385,843		2,268,003	66.02
69 ELECTROCARDIOLOGY	17,835	38,696,716	38,696,716		1,550,975	69
70 ELECTROENCEPHALOGRAPHY	4,778	3,840,314	3,840,314		356,311	70
70.01 NEUROMEG		1,206,429	1,206,429		759,088	70.01
70.02 SLEEP LAB	31,624	6,056,726	6,056,726		980,010	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		101,959,004	101,959,004		21,492,451	71
72 IMPL. DEV. CHARGED TO PATIENTS	8,721,691	44,433,667	44,433,667		24,628,582	72
73 DRUGS CHARGED TO PATIENTS		140,475,174	140,475,174		17,691,134	73
74 RENAL DIALYSIS	8,075	6,378,080	6,378,080		1,323,008	74
76.97 CARDIAC REHABILITATION	14,938	1,291,531	1,291,531		686,214	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		8,933	8,933		6,166	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	106,391	11,216,650	11,216,650		2,112,970	90
90.01 DAY REHAB	1,844	5,511,714	5,511,714		1,090,390	90.01
90.02 IMAGING CENTERS	23,532	17,370,501	17,370,501		2,398,734	90.02
90.03 COUMADIN CLINIC	12,035	1,165,103	1,165,103		265,013	90.03
90.04 WOUND CLINIC	389,843	17,214,103	17,214,103		2,153,116	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	143,041	35,281,647	35,281,647		2,540,789	90.05
91 EMERGENCY	382,901	77,674,917	77,674,917		9,441,615	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	76,810		12,174,545		8,554,809	101

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	
	PURCHASING 5.03	GROSS REVENUE 5.04	GROSS REVENUE 5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	120,356		4,321,372		3,569,174	116
118 SUBTOTALS (SUM OF LINES 1-117)	40,246,735	1,754,432,667	1,770,928,584	-54,510,054	324,753,142	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	660				483,292	190
191 RESEARCH					76,093	191
192 PHYSICIANS' PRIVATE OFFICES	577,194		6,110,723		3,889,471	192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,218,665	2,359,147	17,420,752		54,510,054	202
203 UNIT COST MULT-WS B PT I	0.054346	0.001345	0.009803		0.165582	203
204 COST TO BE ALLOC PER B PT II	2,035	109,861	19,876		926,120	204
205 UNIT COST MULT-WS B PT II	0.000050	0.000063	0.000011		0.002813	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY PATIENT DAYS
	6	7	8	9	10
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
6 MAINTENANCE & REPAIRS	706,166				6
7 OPERATION OF PLANT	179,544	526,622			7
8 LAUNDRY & LINEN SERVICE			2,054,295		8
9 HOUSEKEEPING	4,167	4,167		522,455	9
10 DIETARY	12,854	12,854		12,854	99,516
11 CAFETERIA	14,504	14,504		14,504	11
13 NURSING ADMINISTRATION	744	744		744	13
14 CENTRAL SERVICES & SUPPLY	16,133	16,133	3,968	16,133	14
15 PHARMACY	5,901	5,901		5,901	15
16 MEDICAL RECORDS & LIBRARY	11,256	11,256		11,256	16
17 SOCIAL SERVICE	778	778		778	17
23 PARAMED ED PRGM-(SPECIFY)	923	923		923	23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	149,422	149,422	768,448	149,422	69,726
31 INTENSIVE CARE UNIT	27,407	27,407	210,921	27,407	7,991
41 SUBPROVIDER - IRF	43,597	43,597	130,101	43,597	21,799
43 NURSERY	2,702	2,702	43	2,702	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	40,320	40,320	331,214	40,320	50
50.01 GAMMA KNIFE	3,690	3,690		3,690	50.01
50.02 ENDOSCOPY	6,965	6,965		6,965	50.02
51 RECOVERY ROOM	6,133	6,133	54,306	6,133	51
52 DELIVERY ROOM & LABOR ROOM	19,695	19,695	72,367	19,695	52
53 ANESTHESIOLOGY	455	455		455	53
54 RADIOLOGY-DIAGNOSTIC	8,809	8,809	61,563	8,809	54
54.01 ULTRASOUND	4,582	4,582	58,415	4,582	54.01
54.02 PET SCAN	1,397	1,397		1,397	54.02
54.03 RADIATION ONCOLOGY	9,904	9,904		9,904	54.03
54.04 MAMMOGRAPHY	5,940	5,940		5,940	54.04
56 RADIOISOTOPE	5,790	5,790		5,790	56
57 CT SCAN	4,433	4,433		4,433	57
58 MRI	6,598	6,598		6,598	58
59 CARDIAC CATHETERIZATION	16,020	16,020	39,638	16,020	59
60 LABORATORY	18,646	18,646		18,646	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	871	871		871	63
64 INTRAVENOUS THERAPY	493	493		493	64
65 RESPIRATORY THERAPY	2,251	2,251		2,251	65
66 PHYSICAL THERAPY	8,312	8,312	44,762	8,312	66
66.01 REHAB OUTPATIENT	6,487	6,487		6,487	66.01
66.02 REHAB MED SURGICAL	851	851		851	66.02
69 ELECTROCARDIOLOGY	3,308	3,308		3,308	69
70 ELECTROENCEPHALOGRAPHY	2,451	2,451	32,472	2,451	70
70.01 NEUROMEG	524	524		524	70.01
70.02 SLEEP LAB	5,914	5,914		5,914	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS	450	450		450	72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	964	964		964	74
76.97 CARDIAC REHABILITATION	4,187	4,187		4,187	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	9,841	9,841	85,051	9,841	90
90.01 DAY REHAB	2,085	2,085		2,085	90.01
90.02 IMAGING CENTERS					90.02
90.03 COUMADIN CLINIC	579	579		579	90.03
90.04 WOUND CLINIC	6,086	6,086		6,086	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS					90.05
91 EMERGENCY	14,406	14,406	161,026	14,406	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
101 HOME HEALTH AGENCY					101

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KPMG LLP COMPU-MAX MICRO SYSTEM  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY PATIENT DAYS 10	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	699,369	519,825	2,054,295	515,658	99,516	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119		2,119		190
191 RESEARCH	3,037	3,037		3,037		191
192 PHYSICIANS' PRIVATE OFFICES	1,641	1,641		1,641		192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,808,747	11,748,842	1,643,471	6,292,659	7,648,345	202
203 UNIT COST MULT-WS B PT I	5.393558	22.309820	0.800017	12.044404	76.855430	203
204 COST TO BE ALLOC PER B PT II	160,107	4,536,430	3,966	168,409	456,008	204
205 UNIT COST MULT-WS B PT II	0.226727	8.614205	0.001931	0.322342	4.582258	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	PATIENT DAYS
	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
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA	178,641				11
13 NURSING ADMINISTRATION	2,091	101,570			13
14 CENTRAL SERVICES & SUPPLY	2,020		10,000		14
15 PHARMACY	5,348			10,000	15
16 MEDICAL RECORDS & LIBRARY	4,964				99,516
17 SOCIAL SERVICE	2,389				16
23 PARAMED ED PRGM-(SPECIFY)	146				17
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	50,754	50,754			69,726
31 INTENSIVE CARE UNIT	9,872	9,872			7,991
41 SUBPROVIDER - IRF	10,880	10,880			21,799
43 NURSERY	1,313	1,313			43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	10,739	10,739			50
50.01 GAMMA KNIFE	301	301			50.01
50.02 ENDOSCOPY	2,762	2,762			50.02
51 RECOVERY ROOM	1,791	1,791			51
52 DELIVERY ROOM & LABOR ROOM	3,721	3,721			52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	3,564				54
54.01 ULTRASOUND	1,254				54.01
54.02 PET SCAN	114				54.02
54.03 RADIATION ONCOLOGY	1,202				54.03
54.04 MAMMOGRAPHY	1,347				54.04
56 RADIOISOTOPE	480				56
57 CT SCAN	1,587				57
58 MRI	1,044				58
59 CARDIAC CATHETERIZATION	4,311				59
60 LABORATORY	11,941				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	880				63
64 INTRAVENOUS THERAPY	1,012				64
65 RESPIRATORY THERAPY	4,107				65
66 PHYSICAL THERAPY	4,096				66
66.01 REHAB OUTPATIENT	2,427				66.01
66.02 REHAB MED SURGICAL	1,871				66.02
69 ELECTROCARDIOLOGY	1,099				69
70 ELECTROENCEPHALOGRAPHY	259				70
70.01 NEUROMEG					70.01
70.02 SLEEP LAB	897				70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			10,000		71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS				10,000	73
74 RENAL DIALYSIS	39				74
76.97 CARDIAC REHABILITATION	553				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1,715	1,715			90
90.01 DAY REHAB	959				90.01
90.02 IMAGING CENTERS	1,085				90.02
90.03 COUMADIN CLINIC	234				90.03
90.04 WOUND CLINIC	1,047				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	1,775				90.05
91 EMERGENCY	7,722	7,722			91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
101 HOME HEALTH AGENCY	6,613				101

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL		
	MEALS SERVED 11	ADMINIS- TRATION DIRECT NRSING HRS 13	SERVICES & SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15	RECORDS & LIBRARY PATIENT DAYS 16		
116 SPECIAL PURPOSE COST CENTERS							116
118 HOSPICE	2,581						118
118 SUBTOTALS (SUM OF LINES 1-117)	176,906	101,570	10,000	10,000	99,516		
190 NONREIMBURSABLE COST CENTERS							
191 GIFT, FLOWER, COFFEE SHOP & CANTEEN	310						190
192 RESEARCH							191
200 PHYSICIANS' PRIVATE OFFICES	1,425						192
201 CROSS FOOT ADJUSTMENTS							200
202 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	2,421,770	3,663,572	4,259,044	9,022,508	6,505,617		202
203 UNIT COST MULT-WS B PT I	13.556630	36.069430	425.904400	902.250800	65.372573		203
204 COST TO BE ALLOC PER B PT II	496,248	147,981	619,037	242,012	414,735		204
205 UNIT COST MULT-WS B PT II	2.777907	1.456936	61.903700	24.201200	4.167521		205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	
	PATIENT DAYS	PATIENT DAYS	
	17	23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5.01 NONPATIENT PHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 ADMINISTRATIVE AND GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE	99,516		17
23 PARAMED ED PRGM-(SPECIFY)		99,516	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	69,726	69,726	30
31 INTENSIVE CARE UNIT	7,991	7,991	31
41 SUBPROVIDER - IRF	21,799	21,799	41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
50.01 GAMMA KNIFE			50.01
50.02 ENDOSCOPY			50.02
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 PET SCAN			54.02
54.03 RADIATION ONCOLOGY			54.03
54.04 MAMMOGRAPHY			54.04
56 RADIOISOTOPE			56
57 CT SCAN			57
58 MRI			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
64 INTRAVENOUS THERAPY			64
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
66.01 REHAB OUTPATIENT			66.01
66.02 REHAB MED SURGICAL			66.02
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
70.01 NEUROMEG			70.01
70.02 SLEEP LAB			70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENTS			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC			90
90.01 DAY REHAB			90.01
90.02 IMAGING CENTERS			90.02
90.03 COUMADIN CLINIC			90.03
90.04 WOUND CLINIC			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS			90.05
91 EMERGENCY			91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
101 HOME HEALTH AGENCY			101

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	PARAMED EDUCATION	
	PATIENT DAYS	PATIENT DAYS	
	17	23	
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	99,516	99,516	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
191 RESEARCH			191
192 PHYSICIANS' PRIVATE OFFICES			192
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	4,135,364	540,439	202
203 UNIT COST MULT-WS B PT I	41.554765	5.430674	203
204 COST TO BE ALLOC PER B PT II	44,477	32,949	204
205 UNIT COST MULT-WS B PT II	0.446933	0.331092	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	81,919,978		81,919,978		81,919,978	30
31 INTENSIVE CARE UNIT	16,158,298		16,158,298		16,158,298	31
41 SUBPROVIDER - IRF	26,993,435		26,993,435		26,993,435	41
43 NURSERY	2,345,443		2,345,443		2,345,443	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,730,435		21,730,435		21,730,435	50
50.01 GAMMA KNIFE	2,812,688		2,812,688		2,812,688	50.01
50.02 ENDOSCOPY	5,334,067		5,334,067		5,334,067	50.02
51 RECOVERY ROOM	3,187,569		3,187,569		3,187,569	51
52 DELIVERY ROOM & LABOR ROOM	6,083,325		6,083,325		6,083,325	52
53 ANESTHESIOLOGY	1,231,688		1,231,688		1,231,688	53
54 RADIOLOGY-DIAGNOSTIC	5,149,741		5,149,741		5,149,741	54
54.01 ULTRASOUND	2,618,239		2,618,239		2,618,239	54.01
54.02 PET SCAN	862,779		862,779		862,779	54.02
54.03 RADIATION ONCOLOGY	3,315,473		3,315,473		3,315,473	54.03
54.04 MAMMOGRAPHY	2,597,252		2,597,252		2,597,252	54.04
56 RADIOISOTOPE	1,588,055		1,588,055		1,588,055	56
57 CT SCAN	3,877,328		3,877,328		3,877,328	57
58 MRI	2,946,074		2,946,074		2,946,074	58
59 CARDIAC CATHETERIZATION	11,035,726		11,035,726		11,035,726	59
60 LABORATORY	20,611,324		20,611,324		20,611,324	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	3,093,801		3,093,801		3,093,801	63
64 INTRAVENOUS THERAPY	1,641,399		1,641,399		1,641,399	64
65 RESPIRATORY THERAPY	5,042,927		5,042,927		5,042,927	65
66 PHYSICAL THERAPY	5,410,738		5,410,738		5,410,738	66
66.01 REHAB OUTPATIENT	3,294,492		3,294,492		3,294,492	66.01
66.02 REHAB MED SURGICAL	2,702,733		2,702,733		2,702,733	66.02
69 ELECTROCARDIOLOGY	1,954,174		1,954,174		1,954,174	69
70 ELECTROENCEPHALOGRAPHY	542,221		542,221		542,221	70
70.01 NEUROMEG	905,606		905,606		905,606	70.01
70.02 SLEEP LAB	1,389,511		1,389,511		1,389,511	70.02
71 MEDICAL SUPPLIES CHARGED TO	29,310,258		29,310,258		29,310,258	71
72 IMPL. DEV. CHARGED TO PATIE	28,724,518		28,724,518		28,724,518	72
73 DRUGS CHARGED TO PATIENTS	29,642,975		29,642,975		29,642,975	73
74 RENAL DIALYSIS	1,580,920		1,580,920		1,580,920	74
76.97 CARDIAC REHABILITATION	973,760		973,760		973,760	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	7,187		7,187		7,187	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,007,149		3,007,149		3,007,149	90
90.01 DAY REHAB	1,366,815		1,366,815		1,366,815	90.01
90.02 IMAGING CENTERS	2,810,630		2,810,630		2,810,630	90.02
90.03 COUMADIN CLINIC	335,080		335,080		335,080	90.03
90.04 WOUND CLINIC	2,765,732		2,765,732		2,765,732	90.04
90.05 CARDIOVASCULAR IMAGING CENT	2,985,561		2,985,561		2,985,561	90.05
91 EMERGENCY	12,089,619		12,089,619		12,089,619	91
92 OBSERVATION BEDS (NON-DISTI	5,466,003		5,466,003		5,466,003	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY	10,060,981		10,060,981		10,060,981	101
113 INTEREST EXPENSE						113
116 HOSPICE	4,195,155		4,195,155		4,195,155	116
200 SUBTOTAL (SEE INSTRUCTIONS)	383,698,862		383,698,862		383,698,862	200
201 LESS OBSERVATION BEDS	5,466,003		5,466,003		5,466,003	201
202 TOTAL (SEE INSTRUCTIONS)	378,232,859		378,232,859		378,232,859	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	153,563,410		153,563,410			30
31 INTENSIVE CARE UNIT	30,957,540		30,957,540			31
41 SUBPROVIDER - IRF	41,425,900		41,425,900			41
43 NURSERY	8,685,186		8,685,186			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	73,612,711	72,215,287	145,827,998	0.149014	0.149014	50
50.01 GAMMA KNIFE	110,881	10,972,198	11,083,079	0.253782	0.253782	50.01
50.02 ENDOSCOPY	11,090,298	43,679,839	54,770,137	0.097390	0.097390	50.02
51 RECOVERY ROOM	13,010,797	12,352,861	25,363,658	0.125675	0.125675	51
52 DELIVERY ROOM & LABOR ROOM	11,254,043	3,588,614	14,842,657	0.409854	0.409854	52
53 ANESTHESIOLOGY	17,162,126	17,775,711	34,937,837	0.035254	0.035254	53
54 RADIOLOGY-DIAGNOSTIC	14,589,104	20,522,741	35,111,845	0.146667	0.146667	54
54.01 ULTRASOUND	9,786,685	16,503,878	26,290,563	0.099589	0.099589	54.01
54.02 PET SCAN	74,430	8,163,031	8,237,461	0.104738	0.104738	54.02
54.03 RADIATION ONCOLOGY	2,395,589	31,837,489	34,233,078	0.096850	0.096850	54.03
54.04 MAMMOGRAPHY	32,164	12,588,665	12,620,829	0.205791	0.205791	54.04
56 RADIOISOTOPE	8,457,318	11,897,048	20,354,366	0.078020	0.078020	56
57 CT SCAN	32,367,209	56,727,351	89,094,560	0.043519	0.043519	57
58 MRI	14,009,016	26,956,018	40,965,034	0.071917	0.071917	58
59 CARDIAC CATHETERIZATION	65,179,530	25,802,939	90,982,469	0.121295	0.121295	59
60 LABORATORY	109,087,973	138,643,807	247,731,780	0.083200	0.083200	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	7,467,122	2,580,880	10,048,002	0.307902	0.307902	63
64 INTRAVENOUS THERAPY	3,052,768	185,664	3,238,432	0.506850	0.506850	64
65 RESPIRATORY THERAPY	37,976,363	2,809,545	40,785,908	0.123644	0.123644	65
66 PHYSICAL THERAPY	28,880,530		28,880,530	0.187349	0.187349	66
66.01 REHAB OUTPATIENT		11,683,646	11,683,646	0.281975	0.281975	66.01
66.02 REHAB MED SURGICAL	12,927,495	458,348	13,385,843	0.201910	0.201910	66.02
69 ELECTROCARDIOLOGY	21,684,977	17,011,739	38,696,716	0.050500	0.050500	69
70 ELECTROENCEPHALOGRAPHY	1,014,745	2,825,569	3,840,314	0.141192	0.141192	70
70.01 NEUROMEG		1,206,429	1,206,429	0.750650	0.750650	70.01
70.02 SLEEP LAB	15,016	6,041,710	6,056,726	0.229416	0.229416	70.02
71 MEDICAL SUPPLIES CHARGED TO	71,042,126	30,916,878	101,959,004	0.287471	0.287471	71
72 IMPL. DEV. CHARGED TO PATIE	34,060,692	10,372,975	44,433,667	0.646458	0.646458	72
73 DRUGS CHARGED TO PATIENTS	98,470,350	42,004,824	140,475,174	0.211019	0.211019	73
74 RENAL DIALYSIS	5,985,549	392,531	6,378,080	0.247868	0.247868	74
76.97 CARDIAC REHABILITATION	83,244	1,208,287	1,291,531	0.753958	0.753958	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	8,933		8,933	0.804545	0.804545	76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	322,957	10,893,693	11,216,650	0.268097	0.268097	90
90.01 DAY REHAB		5,511,714	5,511,714	0.247984	0.247984	90.01
90.02 IMAGING CENTERS	129,895	17,240,606	17,370,501	0.161805	0.161805	90.02
90.03 COUMADIN CLINIC	3,963	1,161,140	1,165,103	0.287597	0.287597	90.03
90.04 WOUND CLINIC	85,202	17,128,901	17,214,103	0.160667	0.160667	90.04
90.05 CARDIOVASCULAR IMAGING CENT	204,303	35,077,344	35,281,647	0.084621	0.084621	90.05
91 EMERGENCY	23,774,136	53,900,781	77,674,917	0.155644	0.155644	91
92 OBSERVATION BEDS (NON-DISTI		9,549,710	9,549,710	0.572374	0.572374	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY		12,174,545	12,174,545			101
113 INTEREST EXPENSE						113
116 HOSPICE		4,321,372	4,321,372			116
200 SUBTOTAL (SEE INSTRUCTIONS)	964,042,276	806,886,308	1,770,928,584			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	964,042,276	806,886,308	1,770,928,584			202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK  
 APPLICABLE  
 BOXES

[ ] TITLE V  
 [XX] TITLE XVIII-PT A  
 [ ] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	4	(COL.3 ÷ COL.4)	6	(COL.5 x COL.6)	7
	1	2	3		5			
30 INPAT ROUTINE SERV COST CTRS								
ADULTS & PEDIATRICS	6,402,268		6,402,268	74,711	85.69	39,263	3,364,446	30
31 INTENSIVE CARE UNIT	1,215,764		1,215,764	7,991	152.14	4,275	650,399	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	1,892,368		1,892,368	21,799	86.81	15,410	1,337,742	41
42 SUBPROVIDER I								42
43 NURSERY	102,911		102,911	5,917	17.39			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	9,613,311		9,613,311	110,418		58,948	5,352,587	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 (14-0258) [ ] 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	1,941,654	145,827,998	0.013315	34,334,112	457,159	50
50.01	GAMMA KNIFE	170,896	11,083,079	0.015420	58,555	903	50.01
50.02	ENDOSCOPY	264,782	54,770,137	0.004834	6,757,612	32,666	50.02
51	RECOVERY ROOM	241,690	25,363,658	0.009529	6,166,621	58,762	51
52	DELIVERY ROOM & LABOR ROOM	686,987	14,842,657	0.046285	21,242	983	52
53	ANESTHESIOLOGY	64,024	34,937,837	0.001833	7,881,028	14,446	53
54	RADIOLOGY-DIAGNOSTIC	526,996	35,111,845	0.015009	9,037,577	135,645	54
54.01	ULTRASOUND	208,616	26,290,563	0.007935	5,241,661	41,593	54.01
54.02	PET SCAN	59,453	8,237,461	0.007217	55,707	402	54.02
54.03	RADIATION ONCOLOGY	465,213	34,233,078	0.013590	1,125,852	15,300	54.03
54.04	MAMMOGRAPHY	276,661	12,620,829	0.021921	14,444	317	54.04
56	RADIOISOTOPE	233,021	20,354,366	0.011448	5,462,465	62,534	56
57	CT SCAN	193,658	89,094,560	0.002174	19,129,054	41,587	57
58	MRI	264,999	40,965,034	0.006469	7,063,761	45,695	58
59	CARDIAC CATHETERIZATION	782,163	90,982,469	0.008597	33,885,091	291,310	59
60	LABORATORY	810,324	247,731,780	0.003271	59,766,693	195,497	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	41,287	10,048,002	0.004109	4,361,526	17,922	63
64	INTRAVENOUS THERAPY	33,186	3,238,432	0.010248	1,793,328	18,378	64
65	RESPIRATORY THERAPY	148,345	40,785,908	0.003637	21,548,460	78,372	65
66	PHYSICAL THERAPY	307,563	28,880,530	0.010649	33,110	353	66
66.01	REHAB OUTPATIENT	233,633	11,683,646	0.019997			66.01
66.02	REHAB MED SURGICAL	43,043	13,385,843	0.003216	8,432,092	27,118	66.02
69	ELECTROCARDIOLOGY	142,044	38,696,716	0.003671	13,544,491	49,722	69
70	ELECTROENCEPHALOGRAPHY	86,563	3,840,314	0.022541	587,879	13,251	70
70.01	NEUROMEG	400,649	1,206,429	0.332095			70.01
70.02	SLEEP LAB	243,013	6,056,726	0.040123	15,016	602	70.02
71	MEDICAL SUPPLIES CHARGED TO P	687,040	101,959,004	0.006738	35,640,619	240,146	71
72	IMPL. DEV. CHARGED TO PATIENT	87,965	44,433,667	0.001980	17,089,957	33,838	72
73	DRUGS CHARGED TO PATIENTS	302,172	140,475,174	0.002151	51,290,049	110,325	73
74	RENAL DIALYSIS	39,627	6,378,080	0.006213	3,882,834	24,124	74
76.97	CARDIAC REHABILITATION	143,328	1,291,531	0.110975	42,120	4,674	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	18	8,933	0.002015			76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	360,270	11,216,650	0.032119	202,267	6,497	90
90.01	DAY REHAB	78,323	5,511,714	0.014210			90.01
90.02	IMAGING CENTERS	141,419	17,370,501	0.008141	75,930	618	90.02
90.03	COUMADIN CLINIC	20,910	1,165,103	0.017947	3,963	71	90.03
90.04	WOUND CLINIC	217,925	17,214,103	0.012660	82,732	1,047	90.04
90.05	CARDIOVASCULAR IMAGING CENTER	15,567	35,281,647	0.000441	193,726	85	90.05
91	EMERGENCY	601,608	77,674,917	0.007745	14,135,391	109,479	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	427,185	9,549,710	0.044733			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	11,993,820	1,519,800,631		368,956,965	2,131,421	200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK  
 APPLICABLE  
 BOXES

TITLE V  
 TITLE XVIII-PT A  
 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					378,659	30
31 ADULTS & PEDIATRICS		378,659				31
32 INTENSIVE CARE UNIT		43,397			43,397	32
33 CORONARY CARE UNIT						33
34 BURN INTENSIVE CARE UNIT						34
35 SURGICAL INTENSIVE CARE UNIT						35
35 OTHER SPECIAL CARE (SPECIFY)						40
40 SUBPROVIDER - IPF						41
41 SUBPROVIDER - IRF		118,383			118,383	42
42 SUBPROVIDER I						43
43 NURSERY						44
44 SKILLED NURSING FACILITY						45
45 NURSING FACILITY						200
200 TOTAL (SUM OF LINES 30-199)		540,439			540,439	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	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
30	ADULTS & PEDIATRICS	74,711	5.07	39,263	199,063	31
31	INTENSIVE CARE UNIT	7,991	5.43	4,275	23,213	32
32	CORONARY CARE UNIT					33
33	BURN INTENSIVE CARE UNIT					34
34	SURGICAL INTENSIVE CARE UNIT					35
35	OTHER SPECIAL CARE (SPECIFY)					40
40	SUBPROVIDER - IPF					41
41	SUBPROVIDER - IRF	21,799	5.43	15,410	83,676	42
42	SUBPROVIDER I					43
43	NURSERY	5,917				44
44	SKILLED NURSING FACILITY					45
45	NURSING FACILITY					200
200	TOTAL (SUM OF LINES 30-199)	110,418		58,948	305,952	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0258)	[ ] 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						50
50.01 GAMMA KNIFE						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 PET SCAN						54.02
54.03 RADIATION ONCOLOGY						54.03
54.04 MAMMOGRAPHY						54.04
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
66.02 REHAB MED SURGICAL						66.02
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB						70.02
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 DAY REHAB						90.01
90.02 IMAGING CENTERS						90.02
90.03 COUMADIN CLINIC						90.03
90.04 WOUND CLINIC						90.04
90.05 CARDIOVASCULAR IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC			25,264		25,264	25,264
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)			25,264		25,264	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 (14-0258) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[XX] PPS [ ] TEFRA	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						145,827,998			34,334,112		13,855,281	50
50.01						11,083,079			58,555		3,857,309	50.01
50.02						54,770,137			6,757,612		14,880,319	50.02
51						25,363,658			6,166,621		2,562,210	51
52						14,842,657			21,242		13,541	52
53						34,937,837			7,881,028		3,442,294	53
54						35,111,845			9,037,577		5,857,266	54
54.01						26,290,563			5,241,661		3,757,571	54.01
54.02						8,237,461			55,707		4,348,610	54.02
54.03						34,233,078			1,125,852		12,976,345	54.03
54.04						12,620,829			14,444		962,291	54.04
56						20,354,366			5,462,465		5,217,464	56
57						89,094,560			19,129,054		17,290,540	57
58						40,965,034			7,063,761		7,985,118	58
59						90,982,469			33,885,091		13,277,825	59
60						247,731,780			59,766,693		5,287,619	60
62.30												62.30
63						10,048,002			4,361,526		822,897	63
64						3,238,432			1,793,328		67,941	64
65						40,785,908			21,548,460		775,369	65
66						28,880,530			33,110			66
66.01						11,683,646						66.01
66.02						13,385,843			8,432,092			66.02
69						38,696,716			13,544,491		5,462,893	69
70						3,840,314			587,879		628,754	70
70.01						1,206,429					199,965	70.01
70.02						6,056,726			15,016		1,470,904	70.02
71						101,959,004			35,640,619		8,879,165	71
72						44,433,667			17,089,957		4,658,216	72
73						140,475,174			51,290,049		15,057,602	73
74						6,378,080			3,882,834		288,601	74
76.97						1,291,531			42,120		630,155	76.97
76.98												76.98
76.99						8,933						76.99
OUTPATIENT SERVICE COST CENTERS												
90						11,216,650			202,267		4,445,706	90
90.01						5,511,714					35,364	90.01
90.02						17,370,501			75,930		5,315,887	90.02
90.03						1,165,103			3,963		645,562	90.03
90.04						17,214,103			82,732		8,831,876	90.04
90.05						35,281,647			193,726		18,694,100	90.05
91						77,674,917			14,135,391		9,899,038	91
92						9,549,710	0.002646	0.002646			2,867,630	7,588 92
OTHER REIMBURSABLE COST CENTERS												
94												94
200						1,519,800,631			368,956,965		205,249,228	7,588 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0258) [ ] SUB (OTHER)  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF

[ ] S/B-SNF  
 [ ] S/B-NF  
 [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.149014	13,855,281			2,064,631				50
50.01 GAMMA KNIFE	0.253782	3,857,309			978,916				50.01
50.02 ENDOSCOPY	0.097390	14,880,319			1,449,194				50.02
51 RECOVERY ROOM	0.125675	2,562,210			322,006				51
52 DELIVERY ROOM & LABOR ROOM	0.409854	13,541			5,550				52
53 ANESTHESIOLOGY	0.035254	3,442,294			121,355				53
54 RADIOLOGY-DIAGNOSTIC	0.146667	5,857,266			859,068				54
54.01 ULTRASOUND	0.099589	3,757,571			374,213				54.01
54.02 PET SCAN	0.104738	4,348,610			455,465				54.02
54.03 RADIATION ONCOLOGY	0.096850	12,976,345			1,256,759				54.03
54.04 MAMMOGRAPHY	0.205791	962,291			198,031				54.04
56 RADIOISOTOPE	0.078020	5,217,464			407,067				56
57 CT SCAN	0.043519	17,290,540			752,467				57
58 MRI	0.071917	7,985,118			574,266				58
59 CARDIAC CATHETERIZATION	0.121295	13,277,825			1,610,534				59
60 LABORATORY	0.083200	5,287,619	21,964		439,930	1,827			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.307902	822,897			253,372				63
64 INTRAVENOUS THERAPY	0.506850	67,941			34,436				64
65 RESPIRATORY THERAPY	0.123644	775,369			95,870				65
66 PHYSICAL THERAPY	0.187349								66
66.01 REHAB OUTPATIENT	0.281975								66.01
66.02 REHAB MED SURGICAL	0.201910								66.02
69 ELECTROCARDIOLOGY	0.050500	5,462,893			275,876				69
70 ELECTROENCEPHALOGRAPHY	0.141192	628,754			88,775				70
70.01 NEUROMEG	0.750650	199,965			150,104				70.01
70.02 SLEEP LAB	0.229416	1,470,904			337,449				70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.287471	8,879,165	412		2,552,502	118			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.646458	4,658,216			3,011,341				72
73 DRUGS CHARGED TO PATIENTS	0.211019	15,057,602		59,302	3,177,440			12,514	73
74 RENAL DIALYSIS	0.247868	288,601			71,535				74
76.97 CARDIAC REHABILITATION	0.753958	630,155			475,110				76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY	0.804545								76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.268097	4,445,706			1,191,880				90
90.01 DAY REHAB	0.247984	35,364			8,770				90.01
90.02 IMAGING CENTERS	0.161805	5,315,887			860,137				90.02
90.03 COUMADIN CLINIC	0.287597	645,562			185,662				90.03
90.04 WOUND CLINIC	0.160667	8,831,876			1,418,991				90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.084621	18,694,100			1,581,913				90.05
91 EMERGENCY	0.155644	9,899,038	97,707		1,540,726	15,208			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.572374	2,867,630			1,641,357				92
HOME PROGRAM DIALYSIS									
200 SUBTOTAL (SEE INSTRUCTIONS)		205,249,228	120,083	59,302	30,822,698	17,153	12,514		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		205,249,228	120,083	59,302	30,822,698	17,153	12,514		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T258)	[ ] 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	1,941,654	145,827,998	0.013315	49,922	665	50
50.01	GAMMA KNIFE	170,896	11,083,079	0.015420			50.01
50.02	ENDOSCOPY	264,782	54,770,137	0.004834	66,622	322	50.02
51	RECOVERY ROOM	241,690	25,363,658	0.009529	30,661	292	51
52	DELIVERY ROOM & LABOR ROOM	686,987	14,842,657	0.046285			52
53	ANESTHESIOLOGY	64,024	34,937,837	0.001833	16,656	31	53
54	RADIOLOGY-DIAGNOSTIC	526,996	35,111,845	0.015009	376,481	5,651	54
54.01	ULTRASOUND	208,616	26,290,563	0.007935	267,001	2,119	54.01
54.02	PET SCAN	59,453	8,237,461	0.007217			54.02
54.03	RADIATION ONCOLOGY	465,213	34,233,078	0.013590	388,581	5,281	54.03
54.04	MAMMOGRAPHY	276,661	12,620,829	0.021921			54.04
56	RADIOISOTOPE	233,021	20,354,366	0.011448	75,632	866	56
57	CT SCAN	193,658	89,094,560	0.002174	319,288	694	57
58	MRI	264,999	40,965,034	0.006469	72,156	467	58
59	CARDIAC CATHETERIZATION	782,163	90,982,469	0.008597	119,330	1,026	59
60	LABORATORY	810,324	247,731,780	0.003271	5,985,079	19,577	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	41,287	10,048,002	0.004109	73,310	301	63
64	INTRAVENOUS THERAPY	33,186	3,238,432	0.010248	52,152	534	64
65	RESPIRATORY THERAPY	148,345	40,785,908	0.003637	1,471,806	5,353	65
66	PHYSICAL THERAPY	307,563	28,880,530	0.010649	20,626,405	219,651	66
66.01	REHAB OUTPATIENT	233,633	11,683,646	0.019997			66.01
66.02	REHAB MED SURGICAL	43,043	13,385,843	0.003216			66.02
69	ELECTROCARDIOLOGY	142,044	38,696,716	0.003671	90,610	333	69
70	ELECTROENCEPHALOGRAPHY	86,563	3,840,314	0.022541	4,588	103	70
70.01	NEUROMEG	400,649	1,206,429	0.332095			70.01
70.02	SLEEP LAB	243,013	6,056,726	0.040123			70.02
71	MEDICAL SUPPLIES CHARGED TO P	687,040	101,959,004	0.006738	142,874	963	71
72	IMPL. DEV. CHARGED TO PATIENT	87,965	44,433,667	0.001980	6,581	13	72
73	DRUGS CHARGED TO PATIENTS	302,172	140,475,174	0.002151	5,127,626	11,030	73
74	RENAL DIALYSIS	39,627	6,378,080	0.006213	738,880	4,591	74
76.97	CARDIAC REHABILITATION	143,328	1,291,531	0.110975			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	18	8,933	0.002015			76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	360,270	11,216,650	0.032119	11,702	376	90
90.01	DAY REHAB	78,323	5,511,714	0.014210			90.01
90.02	IMAGING CENTERS	141,419	17,370,501	0.008141			90.02
90.03	COUMADIN CLINIC	20,910	1,165,103	0.017947			90.03
90.04	WOUND CLINIC	217,925	17,214,103	0.012660			90.04
90.05	CARDIOVASCULAR IMAGING CENTER	15,567	35,281,647	0.000441			90.05
91	EMERGENCY	601,608	77,674,917	0.007745	19,874	154	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		9,549,710	9,549,710			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	11,566,635	1,519,800,631		36,133,817	280,393	200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T258) [ ] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES (FROM WKST C, PT. I, COL. 8)	COST TO CHARGES (COL. 5 ÷ COL. 7)	OF COST TO CHARGES (COL. 6 ÷ COL. 7)		PGM CHARGES		PASS-THRU COSTS (COL. 8 x COL. 10)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	145,827,998			49,922			50
50.01 GAMMA KNIFE	11,083,079						50.01
50.02 ENDOSCOPY	54,770,137			66,622			50.02
51 RECOVERY ROOM	25,363,658			30,661			51
52 DELIVERY ROOM & LABOR ROOM	14,842,657						52
53 ANESTHESIOLOGY	34,937,837			16,656			53
54 RADIOLOGY-DIAGNOSTIC	35,111,845			376,481		9,173	54
54.01 ULTRASOUND	26,290,563			267,001		7,750	54.01
54.02 PET SCAN	8,237,461						54.02
54.03 RADIATION ONCOLOGY	34,233,078			388,581			54.03
54.04 MAMMOGRAPHY	12,620,829						54.04
56 RADIOISOTOPE	20,354,366			75,632			56
57 CT SCAN	89,094,560			319,288		14,419	57
58 MRI	40,965,034			72,156			58
59 CARDIAC CATHETERIZATION	90,982,469			119,330			59
60 LABORATORY	247,731,780			5,985,079		18,263	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	10,048,002			73,310			63
64 INTRAVENOUS THERAPY	3,238,432			52,152			64
65 RESPIRATORY THERAPY	40,785,908			1,471,806			65
66 PHYSICAL THERAPY	28,880,530			20,626,405			66
66.01 REHAB OUTPATIENT	11,683,646						66.01
66.02 REHAB MED SURGICAL	13,385,843						66.02
69 ELECTROCARDIOLOGY	38,696,716			90,610		933	69
70 ELECTROENCEPHALOGRAPHY	3,840,314			4,588			70
70.01 NEUROMEG	1,206,429						70.01
70.02 SLEEP LAB	6,056,726						70.02
71 MEDICAL SUPPLIES CHARGED TO	101,959,004			142,874		181	71
72 IMPL. DEV. CHARGED TO PATIEN	44,433,667			6,581			72
73 DRUGS CHARGED TO PATIENTS	140,475,174			5,127,626		2,817	73
74 RENAL DIALYSIS	6,378,080			738,880			74
76.97 CARDIAC REHABILITATION	1,291,531						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	8,933						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	11,216,650			11,702			90
90.01 DAY REHAB	5,511,714						90.01
90.02 IMAGING CENTERS	17,370,501						90.02
90.03 COUMADIN CLINIC	1,165,103						90.03
90.04 WOUND CLINIC	17,214,103						90.04
90.05 CARDIOVASCULAR IMAGING CENTE	35,281,647						90.05
91 EMERGENCY	77,674,917			19,874			91
92 OBSERVATION BEDS (NON-DISTIN	9,549,710						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,519,800,631			36,133,817		53,536	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T258) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.149014								50
50.01 GAMMA KNIFE	0.253782								50.01
50.02 ENDOSCOPY	0.097390								50.02
51 RECOVERY ROOM	0.125675								51
52 DELIVERY ROOM & LABOR ROOM	0.409854								52
53 ANESTHESIOLOGY	0.035254								53
54 RADIOLOGY-DIAGNOSTIC	0.146667	9,173			1,345				54
54.01 ULTRASOUND	0.099589	7,750			772				54.01
54.02 PET SCAN	0.104738								54.02
54.03 RADIATION ONCOLOGY	0.096850								54.03
54.04 MAMMOGRAPHY	0.205791								54.04
56 RADIOISOTOPE	0.078020								56
57 CT SCAN	0.043519	14,419			628				57
58 MRI	0.071917								58
59 CARDIAC CATHETERIZATION	0.121295								59
60 LABORATORY	0.083200	18,263			1,519				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.307902								63
64 INTRAVENOUS THERAPY	0.506850								64
65 RESPIRATORY THERAPY	0.123644								65
66 PHYSICAL THERAPY	0.187349								66
66.01 REHAB OUTPATIENT	0.281975								66.01
66.02 REHAB MED SURGICAL	0.201910								66.02
69 ELECTROCARDIOLOGY	0.050500	933			47				69
70 ELECTROENCEPHALOGRAPHY	0.141192								70
70.01 NEUROMEG	0.750650								70.01
70.02 SLEEP LAB	0.229416								70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.287471	181			52				71
72 IMPL. DEV. CHARGED TO PATIENTS	0.646458								72
73 DRUGS CHARGED TO PATIENTS	0.211019	2,817		2,214	594		467		73
74 RENAL DIALYSIS	0.247868								74
76.97 CARDIAC REHABILITATION	0.753958								76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY	0.804545								76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.268097								90
90.01 DAY REHAB	0.247984								90.01
90.02 IMAGING CENTERS	0.161805								90.02
90.03 COUMADIN CLINIC	0.287597								90.03
90.04 WOUND CLINIC	0.160667								90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.084621								90.05
91 EMERGENCY	0.155644								91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.572374								92
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)		53,536		2,214	4,957		467		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		53,536		2,214	4,957		467		202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK  
 APPLICABLE  
 BOXES

[ ] TITLE V  
 [ ] TITLE XVIII-PT A  
 [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST	
	{FROM WKST B, PT. 11, COL. 26}	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)				(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INEAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	6,402,268		6,402,268	74,711	85.69	7,905	677,379	30
31 INTENSIVE CARE UNIT	1,215,764		1,215,764	7,991	152.14	285	43,360	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	1,892,368		1,892,368	21,799	86.81	1,195	103,738	41
42 SUBPROVIDER I								42
43 NURSERY	102,911		102,911	5,917	17.39	3,037	52,813	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	9,613,311		9,613,311	110,418		12,422	877,290	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES  TITLE V  TITLE XVIII-PT A  TITLE XIX  HOSPITAL (14-0258)  SUB (OTHER)  IPF  IRF

PPS  TEFRA  OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,941,654	145,827,998	0.013315		50
50.01 GAMMA KNIFE	170,896	11,083,079	0.015420		50.01
50.02 ENDOSCOPY	264,782	54,770,137	0.004834		50.02
51 RECOVERY ROOM	241,690	25,363,658	0.009529		51
52 DELIVERY ROOM & LABOR ROOM	686,987	14,842,657	0.046285		52
53 ANESTHESIOLOGY	64,024	34,937,837	0.001833		53
54 RADIOLOGY-DIAGNOSTIC	526,996	35,111,845	0.015009		54
54.01 ULTRASOUND	208,616	26,290,563	0.007935		54.01
54.02 PET SCAN	59,453	8,237,461	0.007217		54.02
54.03 RADIATION ONCOLOGY	465,213	34,233,078	0.013590		54.03
54.04 MAMMOGRAPHY	276,661	12,620,829	0.021921		54.04
56 RADIOISOTOPE	233,021	20,354,366	0.011448		56
57 CT SCAN	193,658	89,094,560	0.002174		57
58 MRI	264,999	40,965,034	0.006469		58
59 CARDIAC CATHETERIZATION	782,163	90,982,469	0.008597		59
60 LABORATORY	810,324	247,731,780	0.003271		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	41,287	10,048,002	0.004109		63
64 INTRAVENOUS THERAPY	33,186	3,238,432	0.010248		64
65 RESPIRATORY THERAPY	148,345	40,785,908	0.003637		65
66 PHYSICAL THERAPY	307,563	28,880,530	0.010649		66
66.01 REHAB OUTPATIENT	233,633	11,683,646	0.019997		66.01
66.02 REHAB MED SURGICAL	43,043	13,385,843	0.003216		66.02
69 ELECTROCARDIOLOGY	142,044	38,696,716	0.003671		69
70 ELECTROENCEPHALOGRAPHY	86,563	3,840,314	0.022541		70
70.01 NEUROMEG	400,649	1,206,429	0.332095		70.01
70.02 SLEEP LAB	243,013	6,056,726	0.040123		70.02
71 MEDICAL SUPPLIES CHARGED TO P	687,040	101,959,004	0.006738		71
72 IMPL. DEV. CHARGED TO PATIENT	87,965	44,433,667	0.001980		72
73 DRUGS CHARGED TO PATIENTS	302,172	140,475,174	0.002151		73
74 RENAL DIALYSIS	39,627	6,378,080	0.006213		74
76.97 CARDIAC REHABILITATION	143,328	1,291,531	0.110975		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY	18	8,933	0.002015		76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	360,270	11,216,650	0.032119		90
90.01 DAY REHAB	78,323	5,511,714	0.014210		90.01
90.02 IMAGING CENTERS	141,419	17,370,501	0.008141		90.02
90.03 COUMADIN CLINIC	20,910	1,165,103	0.017947		90.03
90.04 WOUND CLINIC	217,925	17,214,103	0.012660		90.04
90.05 CARDIOVASCULAR IMAGING CENTER	15,567	35,281,647	0.000441		90.05
91 EMERGENCY	601,608	77,674,917	0.007745		91
92 OBSERVATION BEDS (NON-DISTINC	427,185	9,549,710	0.044733		92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)	11,993,820	1,519,800,631			200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK  
 APPLICABLE  
 BOXES

TITLE V  
 TITLE XVIII-PT A  
 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		378,659			378,659	31
32 INTENSIVE CARE UNIT		43,397			43,397	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		118,383			118,383	42
43 SUBPROVIDER I						43
44 NURSERY						44
45 SKILLED NURSING FACILITY						45
200 NURSING FACILITY						200
TOTAL (SUM OF LINES 30-199)		540,439			540,439	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

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
30 ADULTS & PEDIATRICS	74,711	5.07	7,905	40,078	31
31 INTENSIVE CARE UNIT	7,991	5.43	285	1,548	32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 OTHER SPECIAL CARE (SPECIFY)					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF	21,799	5.43	1,195	6,489	42
42 SUBPROVIDER I					43
43 NURSERY	5,917		3,037		44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)	110,418		12,422	48,115	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

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 (14-0258) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM						50
50.01						GAMMA KNIFE						50.01
50.02						ENDOSCOPY						50.02
51						RECOVERY ROOM						51
52						DELIVERY ROOM & LABOR ROOM						52
53						ANESTHESIOLOGY						53
54						RADIOLOGY-DIAGNOSTIC						54
54.01						ULTRASOUND						54.01
54.02						PET SCAN						54.02
54.03						RADIATION ONCOLOGY						54.03
54.04						MAMMOGRAPHY						54.04
56						RADIOISOTOPE						56
57						CT SCAN						57
58						MRI						58
59						CARDIAC CATHETERIZATION						59
60						LABORATORY						60
62.30						BLOOD CLOTTING FOR HEMOPHILIA						62.30
63						BLOOD STORING, PROCESSING & T						63
64						INTRAVENOUS THERAPY						64
65						RESPIRATORY THERAPY						65
66						PHYSICAL THERAPY						66
66.01						REHAB OUTPATIENT						66.01
66.02						REHAB MED SURGICAL						66.02
69						ELECTROCARDIOLOGY						69
70						ELECTROENCEPHALOGRAPHY						70
70.01						NEUROMEG						70.01
70.02						SLEEP LAB						70.02
71						MEDICAL SUPPLIES CHARGED TO P						71
72						IMPL. DEV. CHARGED TO PATIENT						72
73						DRUGS CHARGED TO PATIENTS						73
74						RENAL DIALYSIS						74
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC						90
90.01						DAY REHAB						90.01
90.02						IMAGING CENTERS						90.02
90.03						COUMADIN CLINIC						90.03
90.04						WOUND CLINIC						90.04
90.05						CARDIOVASCULAR IMAGING CENTER						90.05
91						EMERGENCY						91
92						OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94						HOME PROGRAM DIALYSIS						94
200						TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0258) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER		
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	145,827,998					50
50.01	GAMMA KNIFE	11,083,079					50.01
50.02	ENDOSCOPY	54,770,137					50.02
51	RECOVERY ROOM	25,363,658					51
52	DELIVERY ROOM & LABOR ROOM	14,842,657					52
53	ANESTHESIOLOGY	34,937,837					53
54	RADIOLOGY-DIAGNOSTIC	35,111,845					54
54.01	ULTRASOUND	26,290,563					54.01
54.02	PET SCAN	8,237,461					54.02
54.03	RADIATION ONCOLOGY	34,233,078					54.03
54.04	MAMMOGRAPHY	12,620,829					54.04
56	RADIOISOTOPE	20,354,366					56
57	CT SCAN	89,094,560					57
58	MRI	40,965,034					58
59	CARDIAC CATHETERIZATION	90,982,469					59
60	LABORATORY	247,731,780					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	10,048,002					63
64	INTRAVENOUS THERAPY	3,238,432					64
65	RESPIRATORY THERAPY	40,785,908					65
66	PHYSICAL THERAPY	28,880,530					66
66.01	REHAB OUTPATIENT	11,683,646					66.01
66.02	REHAB MED SURGICAL	13,385,843					66.02
69	ELECTROCARDIOLOGY	38,696,716					69
70	ELECTROENCEPHALOGRAPHY	3,840,314					70
70.01	NEUROMEG	1,206,429					70.01
70.02	SLEEP LAB	6,056,726					70.02
71	MEDICAL SUPPLIES CHARGED TO	101,959,004					71
72	IMPL. DEV. CHARGED TO PATIEN	44,433,667					72
73	DRUGS CHARGED TO PATIENTS	140,475,174					73
74	RENAL DIALYSIS	6,378,080					74
76.97	CARDIAC REHABILITATION	1,291,531					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	8,933					76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	11,216,650					90
90.01	DAY REHAB	5,511,714					90.01
90.02	IMAGING CENTERS	17,370,501					90.02
90.03	COUMADIN CLINIC	1,165,103					90.03
90.04	WOUND CLINIC	17,214,103					90.04
90.05	CARDIOVASCULAR IMAGING CENTE	35,281,647					90.05
91	EMERGENCY	77,674,917					91
92	OBSERVATION BEDS (NON-DISTIN	9,549,710					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	1,519,800,631					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK  TITLE V - O/P  HOSPITAL (14-0258)  SUB (OTHER)  
 APPLICABLE  TITLE XVIII-PT B  IPF  S/B-SNF  
 BOXES  TITLE XIX - O/P  IRF  NF  ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	0.149014					50
50.01 GAMMA KNIFE	0.253782					50.01
50.02 ENDOSCOPY	0.097390					50.02
51 RECOVERY ROOM	0.125675					51
52 DELIVERY ROOM & LABOR ROOM	0.409854					52
53 ANESTHESIOLOGY	0.035254					53
54 RADIOLOGY-DIAGNOSTIC	0.146667					54
54.01 ULTRASOUND	0.099589					54.01
54.02 PET SCAN	0.104738					54.02
54.03 RADIATION ONCOLOGY	0.096850					54.03
54.04 MAMMOGRAPHY	0.205791					54.04
56 RADIOISOTOPE	0.078020					56
57 CT SCAN	0.043519					57
58 MRI	0.071917					58
59 CARDIAC CATHETERIZATION	0.121295					59
60 LABORATORY	0.083200					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	0.307902					63
64 INTRAVENOUS THERAPY	0.506850					64
65 RESPIRATORY THERAPY	0.123644					65
66 PHYSICAL THERAPY	0.187349					66
66.01 REHAB OUTPATIENT	0.281975					66.01
66.02 REHAB MED SURGICAL	0.201910					66.02
69 ELECTROCARDIOLOGY	0.050500					69
70 ELECTROENCEPHALOGRAPHY	0.141192					70
70.01 NEUROMEG	0.750650					70.01
70.02 SLEEP LAB	0.229416					70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.287471					71
72 IMPL. DEV. CHARGED TO PATIENTS	0.646458					72
73 DRUGS CHARGED TO PATIENTS	0.211019					73
74 RENAL DIALYSIS	0.247868					74
76.97 CARDIAC REHABILITATION	0.753958					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	0.804545					76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	0.268097					90
90.01 DAY REHAB	0.247984					90.01
90.02 IMAGING CENTERS	0.161805					90.02
90.03 COUMADIN CLINIC	0.287597					90.03
90.04 WOUND CLINIC	0.160667					90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.084621					90.05
91 EMERGENCY	0.155644					91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.572374					92
94 HOME PROGRAM DIALYSIS						94
200 SUBTOTAL (SEE INSTRUCTIONS)						200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)						202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T258)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,941,654	145,827,998	0.013315	50
50.01	GAMMA KNIFE	170,896	11,083,079	0.015420	50.01
50.02	ENDOSCOPY	264,782	54,770,137	0.004834	50.02
51	RECOVERY ROOM	241,690	25,363,658	0.009529	51
52	DELIVERY ROOM & LABOR ROOM	686,987	14,842,657	0.046285	52
53	ANESTHESIOLOGY	64,024	34,937,837	0.001833	53
54	RADIOLOGY-DIAGNOSTIC	526,996	35,111,845	0.015009	54
54.01	ULTRASOUND	208,616	26,290,563	0.007935	54.01
54.02	PET SCAN	59,453	8,237,461	0.007217	54.02
54.03	RADIATION ONCOLOGY	465,213	34,233,078	0.013590	54.03
54.04	MAMMOGRAPHY	276,661	12,620,829	0.021921	54.04
56	RADIOISOTOPE	233,021	20,354,366	0.011448	56
57	CT SCAN	193,658	89,094,560	0.002174	57
58	MRI	264,999	40,965,034	0.006469	58
59	CARDIAC CATHETERIZATION	782,163	90,982,469	0.008597	59
60	LABORATORY	810,324	247,731,780	0.003271	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	41,287	10,048,002	0.004109	63
64	INTRAVENOUS THERAPY	33,186	3,238,432	0.010248	64
65	RESPIRATORY THERAPY	148,345	40,785,908	0.003637	65
66	PHYSICAL THERAPY	307,563	28,880,530	0.010649	66
66.01	REHAB OUTPATIENT	233,633	11,683,646	0.019997	66.01
66.02	REHAB MED SURGICAL	43,043	13,385,843	0.003216	66.02
69	ELECTROCARDIOLOGY	142,044	38,696,716	0.003671	69
70	ELECTROENCEPHALOGRAPHY	86,563	3,840,314	0.022541	70
70.01	NEUROMEG	400,649	1,206,429	0.332095	70.01
70.02	SLEEP LAB	243,013	6,056,726	0.040123	70.02
71	MEDICAL SUPPLIES CHARGED TO P	687,040	101,959,004	0.006738	71
72	IMPL. DEV. CHARGED TO PATIENT	87,965	44,433,667	0.001980	72
73	DRUGS CHARGED TO PATIENTS	302,172	140,475,174	0.002151	73
74	RENAL DIALYSIS	39,627	6,378,080	0.006213	74
76.97	CARDIAC REHABILITATION	143,328	1,291,531	0.110975	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	18	8,933	0.002015	76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	360,270	11,216,650	0.032119	90
90.01	DAY REHAB	78,323	5,511,714	0.014210	90.01
90.02	IMAGING CENTERS	141,419	17,370,501	0.008141	90.02
90.03	COUMADIN CLINIC	20,910	1,165,103	0.017947	90.03
90.04	WOUND CLINIC	217,925	17,214,103	0.012660	90.04
90.05	CARDIOVASCULAR IMAGING CENTER	15,567	35,281,647	0.000441	90.05
91	EMERGENCY	601,608	77,674,917	0.007745	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		9,549,710	9,549,710	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	11,566,635	1,519,800,631		200

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

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	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T258)	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR		[ ] PPS [ ] TEFRA [XX] OTHER
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
50.01	GAMMA KNIFE					50.01
50.02	ENDOSCOPY					50.02
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.01	ULTRASOUND					54.01
54.02	PET SCAN					54.02
54.03	RADIATION ONCOLOGY					54.03
54.04	MAMMOGRAPHY					54.04
56	RADIOISOTOPE					56
57	CT SCAN					57
58	MRI					58
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
63	BLOOD STORING, PROCESSING & T					63
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
66.01	REHAB OUTPATIENT					66.01
66.02	REHAB MED SURGICAL					66.02
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	NEUROMEG					70.01
70.02	SLEEP LAB					70.02
71	MEDICAL SUPPLIES CHARGED TO P					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
90.01	DAY REHAB					90.01
90.02	IMAGING CENTERS					90.02
90.03	COUMADIN CLINIC					90.03
90.04	WOUND CLINIC					90.04
90.05	CARDIOVASCULAR IMAGING CENTER					90.05
91	EMERGENCY					91
92	OBSERVATION BEDS (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T258) [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU	PASS-THRU	PASS-THRU
	(FROM WKST	CHARGES	CHARGES	COSTS	COSTS	COSTS	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	(COL. 8 x	(COL. 9 x	(COL. 10 x	(COL. 12 x
	COL. 8)	COL. 7)	COL. 7)	COL. 10)	COL. 12)	COL. 12)	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	145,827,998						50
50.01 GAMMA KNIFE	11,083,079						50.01
50.02 ENDOSCOPY	54,770,137						50.02
51 RECOVERY ROOM	25,363,658						51
52 DELIVERY ROOM & LABOR ROOM	14,842,657						52
53 ANESTHESIOLOGY	34,937,837						53
54 RADIOLOGY-DIAGNOSTIC	35,111,845						54
54.01 ULTRASOUND	26,290,563						54.01
54.02 PET SCAN	8,237,461						54.02
54.03 RADIATION ONCOLOGY	34,233,078						54.03
54.04 MAMMOGRAPHY	12,620,829						54.04
56 RADIOISOTOPE	20,354,366						56
57 CT SCAN	89,094,560						57
58 MRI	40,965,034						58
59 CARDIAC CATHETERIZATION	90,982,469						59
60 LABORATORY	247,731,780						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	10,048,002						63
64 INTRAVENOUS THERAPY	3,238,432						64
65 RESPIRATORY THERAPY	40,785,908						65
66 PHYSICAL THERAPY	28,880,530						66
66.01 REHAB OUTPATIENT	11,683,646						66.01
66.02 REHAB MED SURGICAL	13,385,843						66.02
69 ELECTROCARDIOLOGY	38,696,716						69
70 ELECTROENCEPHALOGRAPHY	3,840,314						70
70.01 NEUROMEG	1,206,429						70.01
70.02 SLEEP LAB	6,056,726						70.02
71 MEDICAL SUPPLIES CHARGED TO	101,959,004						71
72 IMPL. DEV. CHARGED TO PATIEN	44,433,667						72
73 DRUGS CHARGED TO PATIENTS	140,475,174						73
74 RENAL DIALYSIS	6,378,080						74
76.97 CARDIAC REHABILITATION	1,291,531						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	8,933						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	11,216,650						90
90.01 DAY REHAB	5,511,714						90.01
90.02 IMAGING CENTERS	17,370,501						90.02
90.03 COUMADIN CLINIC	1,165,103						90.03
90.04 WOUND CLINIC	17,214,103						90.04
90.05 CARDIOVASCULAR IMAGING CENTE	35,281,647						90.05
91 EMERGENCY	77,674,917						91
92 OBSERVATION BEDS (NON-DISTIN	9,549,710						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	1,519,800,631						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-SNF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T258) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.149014						50
50.01 GAMMA KNIFE	0.253782						50.01
50.02 ENDOSCOPY	0.097390						50.02
51 RECOVERY ROOM	0.125675						51
52 DELIVERY ROOM & LABOR ROOM	0.409854						52
53 ANESTHESIOLOGY	0.035254						53
54 RADIOLOGY-DIAGNOSTIC	0.146667						54
54.01 ULTRASOUND	0.099589						54.01
54.02 PET SCAN	0.104738						54.02
54.03 RADIATION ONCOLOGY	0.096850						54.03
54.04 MAMMOGRAPHY	0.205791						54.04
56 RADIOISOTOPE	0.078020						56
57 CT SCAN	0.043519						57
58 MRI	0.071917						58
59 CARDIAC CATHETERIZATION	0.121295						59
60 LABORATORY	0.083200						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.307902						63
64 INTRAVENOUS THERAPY	0.506850						64
65 RESPIRATORY THERAPY	0.123644						65
66 PHYSICAL THERAPY	0.187349						66
66.01 REHAB OUTPATIENT	0.281975						66.01
66.02 REHAB MED SURGICAL	0.201910						66.02
69 ELECTROCARDIOLOGY	0.050500						69
70 ELECTROENCEPHALOGRAPHY	0.141192						70
70.01 NEUROMEG	0.750650						70.01
70.02 SLEEP LAB	0.229416						70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.287471						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.646458						72
73 DRUGS CHARGED TO PATIENTS	0.211019						73
74 RENAL DIALYSIS	0.247868						74
76.97 CARDIAC REHABILITATION	0.753958						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	0.804545						76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.268097						90
90.01 DAY REHAB	0.247984						90.01
90.02 IMAGING CENTERS	0.161805						90.02
90.03 COUMADIN CLINIC	0.287597						90.03
90.04 WOUND CLINIC	0.160667						90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.084621						90.05
91 EMERGENCY	0.155644						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.572374						92
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[XX]	HOSPITAL (14-0258)	[ ]	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)									74,711	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)									74,711	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)										3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)									69,726	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)									39,263	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)									81,919,978	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									81,919,978	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT											
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)										28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)										29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)										30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)										31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)										32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)										33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)										34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)										35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)										36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)									81,919,978	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0258) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,096.49 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 43,051,487 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) 43,051,487 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	
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42	NURSERY (TITLES V AND XIX ONLY)					42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43						
44	16,158,298	7,991	2,022.06	4,275	8,644,307	43
45						44
46						45
47						46
48						47
49					62,469,251	48
					114,165,045	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 4,237,121 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,131,421 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 6,368,542 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 107,796,503 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,985 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,096.49 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,466,003 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	
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COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

90	6,402,268	81,919,978	0.078153	5,466,003	427,185	90
91						91
92	378,659	81,919,978	0.004622	5,466,003	25,264	92
93						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]		[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (14-T258)	[ ]	NF	[ ]		[ ]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS											
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)									21,799	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)									21,799	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)										3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)									21,799	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD										5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)										6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD										7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)										8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)									15,410	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)									26,993,435	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									26,993,435	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT											
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)										28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)										29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)										30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)										31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)										32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)										33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)										34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)										35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)										36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)									26,993,435	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]		[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (14-T258)	[ ]		[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,238.29	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	19,082,049	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)	19,082,049	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	6,092,499	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	25,174,548	49
	PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	1,421,418	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	280,393	51
52	TOTAL PROGRAM EXCLUDABLE COST	1,701,811	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	23,472,737	53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (LINE 54 x LINE 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58	BONUS PAYMENT (SEE INSTRUCTIONS)		58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[XX]	HOSPITAL (14-0258)	[ ]	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)	74,711	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	74,711	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	69,726	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,905	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	5,917	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,037	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)	81,919,978	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	81,919,978	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	81,919,978	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL (14-0258)  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII-PT A  IPF  TEFRA  
 BOXES  TITLE XIX-INPT  IRF  OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,096.49 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,667,753 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) 8,667,753 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)	2,345,443	5,917	396.39	3,037	1,203,836 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	16,158,298	7,991	2,022.06	285	576,287 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)					10,447,876 49
PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					815,178 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					<del>815,178</del> 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,985 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	IRF (14-T258)	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	21,799	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,799	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,799	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,195	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)	26,993,435	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	26,993,435	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	26,993,435	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>			TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	IRF (14-T258)				OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,238,29 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,479,757 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,479,757 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,479,757 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	110,227 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	110,227 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0258)	[ ]	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		INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS						
	1	2		(COL.1 x COL.2)	3					
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS		87,654,068		30				
31		INTENSIVE CARE UNIT		17,431,960		31				
41		SUBPROVIDER - IRF				41				
ANCILLARY SERVICE COST CENTERS										
50		OPERATING ROOM	0.149014	34,334,112	5,116,263	50				
50.01		GAMMA KNIFE	0.253782	58,555	14,860	50.01				
50.02		ENDOSCOPY	0.097390	6,757,612	658,124	50.02				
51		RECOVERY ROOM	0.125675	6,166,621	774,990	51				
52		DELIVERY ROOM & LABOR ROOM	0.409854	21,242	8,706	52				
53		ANESTHESIOLOGY	0.035254	7,881,028	277,838	53				
54		RADIOLOGY-DIAGNOSTIC	0.146667	9,037,577	1,325,514	54				
54.01		ULTRASOUND	0.099589	5,241,661	522,012	54.01				
54.02		PET SCAN	0.104738	55,707	5,835	54.02				
54.03		RADIATION ONCOLOGY	0.096850	1,125,852	109,039	54.03				
54.04		MAMMOGRAPHY	0.205791	14,444	2,972	54.04				
56		RADIOISOTOPE	0.078020	5,462,465	426,182	56				
57		CT SCAN	0.043519	19,129,054	832,477	57				
58		MRI	0.071917	7,063,761	508,004	58				
59		CARDIAC CATHETERIZATION	0.121295	33,885,091	4,110,092	59				
60		LABORATORY	0.083200	59,766,693	4,972,589	60				
62.30		BLOOD CLOTTING FOR HEMOPHILIACS				62.30				
63		BLOOD STORING, PROCESSING & TRA	0.307902	4,361,526	1,342,923	63				
64		INTRAVENOUS THERAPY	0.506850	1,793,328	908,948	64				
65		RESPIRATORY THERAPY	0.123644	21,548,460	2,664,338	65				
66		PHYSICAL THERAPY	0.187349	33,110	6,203	66				
66.01		REHAB OUTPATIENT	0.281975			66.01				
66.02		REHAB MED SURGICAL	0.201910	8,432,092	1,702,524	66.02				
69		ELECTROCARDIOLOGY	0.050500	13,544,491	683,997	69				
70		ELECTROENCEPHALOGRAPHY	0.141192	587,879	83,004	70				
70.01		NEUROMEG	0.750650			70.01				
70.02		SLEEP LAB	0.229416	15,016	3,445	70.02				
71		MEDICAL SUPPLIES CHARGED TO PAT	0.287471	35,640,619	10,245,644	71				
72		IMPL. DEV. CHARGED TO PATIENTS	0.646458	17,089,957	11,047,939	72				
73		DRUGS CHARGED TO PATIENTS	0.211019	51,290,049	10,823,175	73				
74		RENAL DIALYSIS	0.247868	3,882,834	962,430	74				
76.97		CARDIAC REHABILITATION	0.753958	42,120	31,757	76.97				
76.98		HYPERBARIC OXYGEN THERAPY				76.98				
76.99		LITHOTRIPSY	0.804545			76.99				
OUTPATIENT SERVICE COST CENTERS										
90		CLINIC	0.268097	202,267	54,227	90				
90.01		DAY REHAB	0.247984			90.01				
90.02		IMAGING CENTERS	0.161805	75,930	12,286	90.02				
90.03		COUMADIN CLINIC	0.287597	3,963	1,140	90.03				
90.04		WOUND CLINIC	0.160667	82,732	13,292	90.04				
90.05		CARDIOVASCULAR IMAGING CENTERS	0.084621	193,726	16,393	90.05				
91		EMERGENCY	0.155644	14,135,391	2,200,089	91				
92		OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.572374			92				
94		HOME PROGRAM DIALYSIS				94				
200		TOTAL (SUM OF LINES 50-94 AND 96-98)		368,956,965	62,469,251	200				
201		LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201				
202		NET CHARGES (LINE 200 MINUS LINE 201)		368,956,965		202				

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] S/B SNF	[XX] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] S/B NF	[ ] TEFRA
BOXES	[ ] TITLE XIX	{XX} IRF (14-T258)	[ ] NF	[ ] ICF/MR	[ ] OTHER
COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT		
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	(COL.1 x COL.2)	
	1	2	3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
41	SUBPROVIDER - IRF		29,216,617		41
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.149014	49,922	7,439	50
50.01	GAMMA KNIFE	0.253782			50.01
50.02	ENDOSCOPY	0.097390	66,622	6,488	50.02
51	RECOVERY ROOM	0.125675	30,661	3,853	51
52	DELIVERY ROOM & LABOR ROOM	0.409854			52
53	ANESTHESIOLOGY	0.035254	16,656	587	53
54	RADIOLOGY-DIAGNOSTIC	0.146667	376,481	55,217	54
54.01	ULTRASOUND	0.099589	267,001	26,590	54.01
54.02	PET SCAN	0.104738			54.02
54.03	RADIATION ONCOLOGY	0.096850	388,581	37,634	54.03
54.04	MAMMOGRAPHY	0.205791			54.04
56	RADIOISOTOPE	0.078020	75,632	5,901	56
57	CT SCAN	0.043519	319,288	13,895	57
58	MRI	0.071917	72,156	5,189	58
59	CARDIAC CATHETERIZATION	0.121295	119,330	14,474	59
60	LABORATORY	0.083200	5,985,079	497,959	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRA	0.307902	73,310	22,572	63
64	INTRAVENOUS THERAPY	0.506850	52,152	26,433	64
65	RESPIRATORY THERAPY	0.123644	1,471,806	181,980	65
66	PHYSICAL THERAPY	0.187349	20,626,405	3,864,336	66
66.01	REHAB OUTPATIENT	0.281975			66.01
66.02	REHAB MED SURGICAL	0.201910			66.02
69	ELECTROCARDIOLOGY	0.050500	90,610	4,576	69
70	ELECTROENCEPHALOGRAPHY	0.141192	4,588	648	70
70.01	NEUROMEG	0.750650			70.01
70.02	SLEEP LAB	0.229416			70.02
71	MEDICAL SUPPLIES CHARGED TO PAT	0.287471	142,874	41,072	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.646458	6,581	4,254	72
73	DRUGS CHARGED TO PATIENTS	0.211019	5,127,626	1,082,027	73
74	RENAL DIALYSIS	0.247868	738,880	183,145	74
76.97	CARDIAC REHABILITATION	0.753958			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY	0.804545			76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	0.268097	11,702	3,137	90
90.01	DAY REHAB	0.247984			90.01
90.02	IMAGING CENTERS	0.161805			90.02
90.03	COUMADIN CLINIC	0.287597			90.03
90.04	WOUND CLINIC	0.160667			90.04
90.05	CARDIOVASCULAR IMAGING CENTERS	0.084621			90.05
91	EMERGENCY	0.155644	19,874	3,093	91
92	OBSERVATION BEDS (NON-DISTINCT	0.572374			92
OTHER REIMBURSABLE COST CENTERS					
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		36,133,817	6,092,499	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		36,133,817		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0258)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.149014		50
50.01 GAMMA KNIFE	0.253782		50.01
50.02 ENDOSCOPY	0.097390		50.02
51 RECOVERY ROOM	0.125675		51
52 DELIVERY ROOM & LABOR ROOM	0.409854		52
53 ANESTHESIOLOGY	0.035254		53
54 RADIOLOGY-DIAGNOSTIC	0.146667		54
54.01 ULTRASOUND	0.099589		54.01
54.02 PET SCAN	0.104738		54.02
54.03 RADIATION ONCOLOGY	0.096850		54.03
54.04 MAMMOGRAPHY	0.205791		54.04
56 RADIOISOTOPE	0.078020		56
57 CT SCAN	0.043519		57
58 MRI	0.071917		58
59 CARDIAC CATHETERIZATION	0.121295		59
60 LABORATORY	0.083200		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.307902		63
64 INTRAVENOUS THERAPY	0.506850		64
65 RESPIRATORY THERAPY	0.123644		65
66 PHYSICAL THERAPY	0.187349		66
66.01 REHAB OUTPATIENT	0.281975		66.01
66.02 REHAB MED SURGICAL	0.201910		66.02
69 ELECTROCARDIOLOGY	0.050500		69
70 ELECTROENCEPHALOGRAPHY	0.141192		70
70.01 NEUROMEG	0.750650		70.01
70.02 SLEEP LAB	0.229416		70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.287471		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.646458		72
73 DRUGS CHARGED TO PATIENTS	0.211019		73
74 RENAL DIALYSIS	0.247868		74
76.97 CARDIAC REHABILITATION	0.753958		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY	0.804545		76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.268097		90
90.01 DAY REHAB	0.247984		90.01
90.02 IMAGING CENTERS	0.161805		90.02
90.03 COUMADIN CLINIC	0.287597		90.03
90.04 WOUND CLINIC	0.160667		90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.084621		90.05
91 EMERGENCY	0.155644		91
92 OBSERVATION BEDS (NON-DISTINCT	0.572374		92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<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 checked="" type="checkbox"/>	IRF (14-T258)	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.149014			50
50.01 GAMMA KNIFE	0.253782			50.01
50.02 ENDOSCOPY	0.097390			50.02
51 RECOVERY ROOM	0.125675			51
52 DELIVERY ROOM & LABOR ROOM	0.409854			52
53 ANESTHESIOLOGY	0.035254			53
54 RADIOLOGY-DIAGNOSTIC	0.146667			54
54.01 ULTRASOUND	0.099589			54.01
54.02 PET SCAN	0.104738			54.02
54.03 RADIATION ONCOLOGY	0.096850			54.03
54.04 MAMMOGRAPHY	0.205791			54.04
56 RADIOISOTOPE	0.078020			56
57 CT SCAN	0.043519			57
58 MRI	0.071917			58
59 CARDIAC CATHETERIZATION	0.121295			59
60 LABORATORY	0.083200			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.307902			63
64 INTRAVENOUS THERAPY	0.506850			64
65 RESPIRATORY THERAPY	0.123644			65
66 PHYSICAL THERAPY	0.187349			66
66.01 REHAB OUTPATIENT	0.261975			66.01
66.02 REHAB MED SURGICAL	0.201910			66.02
69 ELECTROCARDIOLOGY	0.050500			69
70 ELECTROENCEPHALOGRAPHY	0.141192			70
70.01 NEUROMEG	0.750650			70.01
70.02 SLEEP LAB	0.229416			70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.287471			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.646458			72
73 DRUGS CHARGED TO PATIENTS	0.211019			73
74 RENAL DIALYSIS	0.247868			74
76.97 CARDIAC REHABILITATION	0.753958			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.804545			76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.268097			90
90.01 DAY REHAB	0.247984			90.01
90.02 IMAGING CENTERS	0.161805			90.02
90.03 COUMADIN CLINIC	0.287597			90.03
90.04 WOUND CLINIC	0.160667			90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.084621			90.05
91 EMERGENCY	0.155644			91
92 OBSERVATION BEDS (NON-DISTINCT	0.572374			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0258)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	72,847,520	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	5,763,177	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	6,160,071	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	307.34	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)	0.0179	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1476	31
32	SUM OF LINES 30 AND 31	0.1655	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0351	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,556,948	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)	81,167,645	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)	81,167,645	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,233,171	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 (14-0258)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	2,428	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	222,276	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	87,625,520	59
60	PRIMARY PAYER PAYMENTS	853,032	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	86,772,488	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,616,632	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	573,607	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	791,865	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	554,306	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	774,375	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	80,136,555	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-14,212	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-353,920	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	79,768,423	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	398,842	71.01
72	INTERIM PAYMENTS	79,388,763	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-19,182	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:     HOSPITAL (14-0258)     IPF     IRF  
                                  SUB (OTHER)                     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	29,667	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	30,815,110	2
3	PPS PAYMENTS	31,420,322	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	91,037	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	7,588	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	29,667	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	179,385	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	179,385	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	179,385	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	149,718	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	29,667	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 \$2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	31,518,947	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	19,732	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	6,896,687	26
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)	24,632,195	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	24,632,195	30
31	PRIMARY PAYER PAYMENTS	73,640	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	24,558,555	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	804,153	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	562,907	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	797,211	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	25,121,462	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	25,121,462	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	125,607	40.01
41	INTERIM PAYMENTS	24,967,722	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	28,133	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:     HOSPITAL                     IPF                     IRF (14-T258)  
                                   SUB (OTHER)                     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	467	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	4,957	2
3	PPS PAYMENTS	5,222	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	467	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	2,214	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	2,214	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,214	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	1,747	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	467	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 \$2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	5,222	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,386	26
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)	4,303	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	4,303	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	4,303	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	4,303	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	4,303	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	22	40.01
41	INTERIM PAYMENTS	4,304	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	-23	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK  HOSPITAL (14-0258)  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF  SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		78,545,733		24,410,122	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		815,430		529,800	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	08/16/2012	27,600	08/16/2012	27,800	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
		NONE		NONE	3.50
					3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		27,600		27,800	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		79,388,763		24,967,722	4

TO BE COMPLETED BY CONTRACTOR

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

7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

NPR DATE:

8

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK  HOSPITAL  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF (14-T258)  SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,439,673		4,304	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
		.01		NONE	3.01
		.02			3.02
	PROGRAM	.03			3.03
	TO	.04			3.04
	PROVIDER	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.50		NONE	3.50
		.51			3.51
	PROVIDER	.52			3.52
	TO	.53			3.53
	PROGRAM	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
		.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		20,439,673		4,304	4
TO BE COMPLETED BY CONTRACTOR					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
		.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
		.53			5.53
		.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
		.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM	.01			6.01
	TO	.02			6.02
	PROVIDER				
	PROVIDER				
	TO				
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0258) [ ] 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	17,442	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	43,538	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,329	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	77,717	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,770,928,584	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	38,049,509	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)	3,240,875	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	64,818	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	3,176,057	10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	3,235,165	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-59,108	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

CHECK [ ] HOSPITAL  
 APPLICABLE BOX: [XX] IRF (14-T258)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	18,314,635	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.016900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	595,226	3
4	OUTLIER PAYMENTS	2,158,742	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	59.723288	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	21,068,603	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	21,068,603	17
18	PRIMARY PAYER PAYMENTS	47,829	18
19	SUBTOTAL LINE 17b LESS LINE 18)	21,020,774	19
20	DEDUCTIBLES	74,880	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	20,945,894	21
22	COINSURANCE	345,680	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	20,600,214	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	20,600,214	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	83,676	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	20,683,890	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	103,419	32.01
33	INTERIM PAYMENTS	20,439,673	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	140,798	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0258) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [XX] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
1	10,447,876		1
2			2
3			3
4	10,447,876		4
5			5
6			6
7	10,447,876		7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	10,447,876		18
19			19
20			20
21			21
22			22
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25			25
26			26
27			27
28			28
29			29
30			30
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32			32
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36			36
37			37
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39			39
40			40
41			41
42			42
43			43

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK  TITLE V  HOSPITAL  SNF  PPS  
 APPLICABLE  TITLE XIX  IPF  NF  TEFRA  
 BOXES:  IRF (14-T258)  ICF/MR  OTHER  
 SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
1		
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4		
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43		

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				
2	CASH ON HAND AND IN BANKS	18,673,000			1
3	TEMPORARY INVESTMENTS				2
4	NOTES RECEIVABLE				3
5	ACCOUNTS RECEIVABLE	50,478,000			4
6	OTHER RECEIVABLES	628,000			5
7	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
8	INVENTORY	7,549,000			7
9	PREPAID EXPENSES				8
10	OTHER CURRENT ASSETS				9
11	DUE FROM OTHER FUNDS	-950,000			10
	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	76,378,000			11
12	FIXED ASSETS				
13	LAND	10,100,000			12
14	LAND IMPROVEMENTS	50,000			13
15	ACCUMULATED DEPRECIATION				14
16	BUILDINGS	178,313,000			15
17	ACCUMULATED DEPRECIATION	-10,403,000			16
18	LEASEHOLD IMPROVEMENTS	301,000			17
19	ACCUMULATED AMORTIZATION	-112,000			18
20	FIXED EQUIPMENT	1,113,000			19
21	ACCUMULATED DEPRECIATION	-115,000			20
22	AUTOMOBILES AND TRUCKS	160,000			21
23	ACCUMULATED DEPRECIATION	-67,000			22
24	MAJOR MOVABLE EQUIPMENT	37,419,000			23
25	ACCUMULATED DEPRECIATION	-12,563,000			24
26	MINOR EQUIPMENT DEPRECIABLE				25
27	ACCUMULATED DEPRECIATION				26
28	HIT DESIGNATED ASSETS				27
29	ACCUMULATED DEPRECIATION				28
30	MINOR EQUIPMENT-NONDEPRECIABLE	7,388,000			29
	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	211,584,000			30
31	OTHER ASSETS				
32	INVESTMENTS	1,568,000			31
33	DEPOSITS ON LEASES				32
34	DUE FROM OWNERS/OFFICERS				33
35	OTHER ASSETS	135,000			34
	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,703,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	289,665,000			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
37	CURRENT LIABILITIES				
38	ACCOUNTS PAYABLE	17,773,000			37
39	SALARIES, WAGES & FEES PAYABLE				38
40	PAYROLL TAXES PAYABLE				39
41	NOTES & LOANS PAYABLE (SHORT TERM)				40
42	DEFERRED INCOME	46,254,000			41
43	ACCELERATED PAYMENTS				42
44	DUE TO OTHER FUNDS				43
45	OTHER CURRENT LIABILITIES	34,903,000			44
	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	98,930,000			45
46	LONG-TERM LIABILITIES				
47	MORTGAGE PAYABLE				46
48	NOTES PAYABLE				47
49	UNSECURED LOANS				48
50	OTHER LONG TERM LIABILITIES	12,452,000			49
	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	12,452,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	111,382,000			51
52	CAPITAL ACCOUNTS				
53	GENERAL FUND BALANCE	178,283,000			52
54	SPECIFIC PURPOSE FUND BALANCE				53
55	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
56	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
57	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
58	PLANT FUND BALANCE - INVESTED IN PLANT				57
59	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
	TOTAL FUND BALANCES (SUM OF LINES 52-58)	178,283,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	289,665,000			60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		248,215,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		24,867,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		273,082,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED		4,042,000							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		4,042,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		277,124,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER TO AFFILIATES		98,000,000							13
14 NON CONTROLLING INTEREST		157,000							14
15		684,000							15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		98,841,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		178,283,000							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	153,663,000		153,663,000	2
3 SUBPROVIDER IPF				3
4 SUBPROVIDER IRF	41,426,000		41,426,000	4
5 SWING BED - SNF				5
6 SWING BED - NF				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)	195,089,000		195,089,000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	30,960,000		30,960,000	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	30,960,000		30,960,000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	226,049,000		226,049,000	18
19 ANCILLARY SERVICES	738,120,000	790,458,000	1,528,578,000	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC		12,175,000	12,175,000	22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES		4,321,000	4,321,000	27
27.01 PHYSICIAN		6,111,000	6,111,000	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	964,169,000	813,065,000	1,777,234,000	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		428,642,794	29
30 ADD (SPECIFY)			30
31 ROUNDING			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)	-794		37
38 BAD DEBTS	-16,025,000		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-16,025,794	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		412,617,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,777,234,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,350,775,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	426,459,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	412,617,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	13,842,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	98,000	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE	376,000	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	1,350,000	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	281,000	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	73,000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (CAPITATION)	800,000	24
24.01	OTHER (NET ASSETS RELEASED FROM RESTRICTIO)	558,000	24.01
24.02	OTHER (REFERENCE LAB)	117,000	24.02
24.03	OTHER (MEANINGFUL USE)	1,047,000	24.03
24.04	OTHER (POWERHOUSE)	93,000	24.04
24.05	OTHER (INTERCOMPANY LAB)	1,411,000	24.05
24.06	OTHER (INTERCOMPANY RENT)	2,264,000	24.06
24.07	OTHER (ALPHA READMIT)	140,000	24.07
24.08	OTHER (SATELLITE DISH)	75,000	24.08
24.09	OTHER (REHAB ADMIN)	467,000	24.09
24.10	OTHER (TERTIARY PAYMENTS)	157,000	24.10
24.11	OTHER (OUTPATIENT PHARMACY)	1,108,000	24.11
24.12	OTHER (MISC INCOME)	610,000	24.12
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	11,025,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	24,867,000	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)	24,867,000	29

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF COLS. 1-5) 6	
1 GENERAL SERVICE COST CENTER					168,791	168,791	1
2 CAPITAL RELATED-BLDGS & FIXTURES					155,647	155,647	2
3 CAPITAL RELATED-MOVABLE EQUIPMENT							3
4 PLANT OPERATION & MAINTENANCE							4
5 TRANSPORTATION (SEE INSTRUCTIONS)							5
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1,025,760	437,215	230,150		263,908	1,957,033	5
7 SKILLED NURSING CARE	2,639,053					2,639,053	6
8 PHYSICAL THERAPY	1,565,195					1,565,195	7
9 OCCUPATIONAL THERAPY	511,006					511,006	8
10 SPEECH PATHOLOGY	63,947					63,947	9
11 MEDICAL SOCIAL SERVICES	56,405					56,405	10
12 HOME HEALTH AIDE	230,891					230,891	11
13 SUPPLIES (SEE INSTRUCTIONS)					138,004	138,004	12
14 DRUGS							13
15 DME							14
16 HHA NONREIMBURSABLE SERVICES							15
17 HOME DIALYSIS AIDE SERVICES							16
18 RESPIRATORY THERAPY							17
19 PRIVATE DUTY NURSING							18
20 CLINIC							19
21 HEALTH PROMOTION ACTIVITIES							20
22 DAY CARE PROGRAM							21
23 HOME DELIVERED MEALS PROGRAM							22
24 HOMEMAKER SERVICE							23
25 ALL OTHERS							24
26 TOTAL (SUM OF LINES 1-23)	6,092,257	437,215	230,150		726,350	7,485,972	24

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

WORKSHEET H  
(CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1 GENERAL SERVICE COST CENTER					1
2 CAPITAL RELATED-BLDGS & FIXTURES		168,791		168,791	2
3 CAPITAL RELATED-MOVABLE EQUIPMENT		155,647		155,647	3
4 PLANT OPERATION & MAINTENANCE					4
5 TRANSPORTATION (SEE INSTRUCTIONS)					5
6 ADMINISTRATIVE AND GENERAL		1,957,033		1,957,033	6
7 HHA REIMBURSABLE SERVICES					7
8 SKILLED NURSING CARE		2,639,053		2,639,053	8
9 PHYSICAL THERAPY		1,565,195		1,565,195	9
10 OCCUPATIONAL THERAPY		511,006		511,006	10
11 SPEECH PATHOLOGY		63,947		63,947	11
12 MEDICAL SOCIAL SERVICES		56,405		56,405	12
13 HOME HEALTH AIDE		230,891		230,891	13
14 SUPPLIES (SEE INSTRUCTIONS)	-85,261	52,743		52,743	14
15 DRUGS					15
16 DME					16
17 HHA NONREIMBURSABLE SERVICES					17
18 HOME DIALYSIS AIDE SERVICES					18
19 RESPIRATORY THERAPY					19
20 PRIVATE DUTY NURSING					20
21 CLINIC					21
22 HEALTH PROMOTION ACTIVITIES					22
23 DAY CARE PROGRAM					23
24 HOME DELIVERED MEALS PROGRAM					24
25 HOMEMAKER SERVICE					25
26 ALL OTHERS					26
27 TOTAL (SUM OF LINES 1-23)	-85,261	7,400,711		7,400,711	27

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7583

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4				
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT	168,791	168,791						2
3	CAPITAL RELATED-MOVABLE EQUIP	155,647		155,647					3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	1,957,033	168,791	155,647		2,281,471	2,281,471		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	2,639,053				2,639,053	1,176,136	3,815,189	8
9	PHYSICAL THERAPY	1,565,195				1,565,195	697,554	2,262,749	9
10	OCCUPATIONAL THERAPY	511,006				511,006	227,738	738,744	10
11	SPEECH PATHOLOGY	63,947				63,947	28,499	92,446	11
12	MEDICAL SOCIAL SERVICES	56,405				56,405	25,138	81,543	12
13	HOME HEALTH AIDE	230,891				230,891	102,900	333,791	13
14	SUPPLIES (SEE INSTRUCTIONS)	52,743				52,743	23,506	76,249	14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	7,400,711	168,791	155,647		7,400,711		7,400,711	27

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1							1
2	100						2
3		100					3
4							4
5	100	100			-2,281,471	5,119,240	5
6						2,639,053	6
7						1,565,195	7
8						511,006	8
9						63,947	9
10						56,405	10
11						230,891	11
12						52,743	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24	100	100			-2,281,471	5,119,240	24
25	168,791	155,647				2,281,471	25
26	1,687.9100001	556.470000				0.445666	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7583

WORKSHEET H-2  
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	480,779		480,779			1
2 SKILLED NURSING CARE	4,943,873		4,943,873	248,105	5,191,978	2
3 PHYSICAL THERAPY	2,932,160		2,932,160	147,150	3,079,310	3
4 OCCUPATIONAL THERAPY	957,294		957,294	48,042	1,005,336	4
5 SPEECH PATHOLOGY	119,795		119,795	6,012	125,807	5
6 MEDICAL SOCIAL SERVICES	105,667		105,667	5,303	110,970	6
7 HOME HEALTH AIDE	432,539		432,539	21,707	454,246	7
8 SUPPLIES	88,874		88,874	4,460	93,334	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	10,060,981		10,060,981	480,779	10,060,981	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.050185		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO. : 14-7583

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DEPREC EXPENSE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING DATA PROCESSING	PURCHASING PURCHASING	ADMITTING GROSS REVENUE	
	1	2	3	4	5.01	5.02	5.03	5.04	
1 ADMINISTRATIVE AND GENERAL		3,076		1,025,760	98		76,810		1
2 SKILLED NURSING CARE				2,639,053					2
3 PHYSICAL THERAPY				1,565,195					3
4 OCCUPATIONAL THERAPY				511,006					4
5 SPEECH PATHOLOGY				63,947					5
6 MEDICAL SOCIAL SERVICES				56,405					6
7 HOME HEALTH AIDE				230,891					7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		3,076		6,092,257	98		76,810		20
21 TOTAL COST TO BE ALLOCATED		3,112		984,253	43,212		4,174		21
22 UNIT COST MULTIPLIER					440.938776		0.054342		22
22 UNIT COST MULTIPLIER		1.011704		0.161558					22





APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	5,191,978		5,191,978	33,969	152.84	1
2	PHYSICAL THERAPY	3	3,079,310		3,079,310	18,798	163.81	2
3	OCCUPATIONAL THERAPY	4	1,005,336		1,005,336	6,063	165.81	3
4	SPEECH PATHOLOGY	5	125,807		125,807	784	160.47	4
5	MEDICAL SOCIAL SERVICES	6	110,970		110,970	658	168.65	5
6	HOME HEALTH AIDE	7	454,246		454,246	6,966	65.21	6
7	TOTAL (SUM OF LINES 1-6)		9,967,647		9,967,647	67,238		7
PATIENT SERVICES								
8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
14	TOTAL (SUM OF LINES 8-13)							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	93,334		93,334	275,462	0.338827	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA No.: 14-7583

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS				COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS. 9-10)
	PART A		PART B		PART A		PART B	
PATIENT SERVICES	6	7	8	9	10	11	12	
1 SKILLED NURSING CARE	16,676	9,627		2,548,760	1,471,391		4,020,151	
2 PHYSICAL THERAPY	8,961	4,858		1,467,901	795,789		2,263,690	
3 OCCUPATIONAL THERAPY	3,464	1,523		574,366	252,529		826,895	
4 SPEECH PATHOLOGY	445	165		71,409	26,478		97,887	
5 MEDICAL SOCIAL SERVICES	336	212		56,666	35,754		92,420	
6 HOME HEALTH AIDE	3,219	3,068		209,911	200,064		409,975	
7 TOTAL (SUM OF LINES 1-6)	33,101	19,453		4,929,013	2,782,005		7,711,018	

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS				TOTAL
		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART B	
		2	3	4	8	
8 SKILLED NURSING CARE	16974	16,589	9,627		8	
8.01 SKILLED NURSING CARE	29404	87			8.01	
9 PHYSICAL THERAPY	16974	8,907	4,858		9	
9.01 PHYSICAL THERAPY	29404	54			9.01	
10 OCCUPATIONAL THERAPY	16974	3,444	1,523		10	
10.01 OCCUPATIONAL THERAPY	29404	20			10.01	
11 SPEECH PATHOLOGY	16974	445	165		11	
11.01 SPEECH PATHOLOGY	29404				11.01	
12 MEDICAL SOCIAL SERVICES	16974	335	212		12	
12.01 MEDICAL SOCIAL SERVICES	29404	1			12.01	
13 HOME HEALTH AIDE	16974	3,198	3,068		13	
13.01 HOME HEALTH AIDE	29404	21			13.01	
14 TOTAL (SUM OF LINES 8-13)		33,101	19,453		14	

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	TOTAL
1 PHYSICAL THERAPY	66	0.187349		COL 2, LINE 2	1
1.01 REHAB OUTPATIENT	66.01	0.281975		COL 2, LINE 2	1.01
1.02 REHAB MED SURGICAL	66.02	0.201910		COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	71	0.287471		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.211019		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7583

WORKSHEET H-4  
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES				3
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				4
5 AMOUNT 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(B)				5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				6
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				8
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				9
10 PRIMARY PAYER PAYMENTS	13,538			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES	
	1	2		
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)	-13,538			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	5,323,046		2,987,216	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	72,324		48,974	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	82,290		51,326	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	43,366		26,337	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	12,319		4,504	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			216	16
17 TOTAL OTHER PAYMENTS				17
18 DME PAYMENTS				18
19 OXYGEN PAYMENTS				19
20 PROSTHETIC AND ORTHOTIC PAYMENTS				20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)				21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	5,519,807		3,118,573	22
23 EXCESS REASONABLE COST (FROM LINE 8)				23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	5,519,807		3,118,573	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)				25
26 NET COST (LINE 24 MINUS LINE 25)	5,519,807		3,118,573	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)				27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	5,519,807		3,118,573	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)				30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	5,519,807		3,118,573	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	30,637		14,445	31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	5,489,170		3,104,128	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)				33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)				34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2				35

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7583

WORKSHEET H-5

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,489,170		3,104,128
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE
	.02			3.01
	PROGRAM .03			3.02
	TO .04			3.03
	PROVIDER .05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51			3.50
	PROVIDER .52			NONE
	TO .53			3.51
	PROGRAM .54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99			3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				3.59
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		5,489,170		3,104,128
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM .01			6.01
	TO .02			
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:	8
			NPR DATE:	

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6	
1							1
2					130,359	130,359	2
3							3
4							4
5	24,534					24,534	5
6	394,721	115,093		16,602	253,435	779,851	6
7							7
8							8
9					1,054	1,054	9
10	803,493		16,564	942,998		1,763,055	10
11							11
12	5,555					5,555	12
13	367					367	13
14							14
15	160,327					160,327	15
16							16
17							17
18							18
19	190,654					190,654	19
20							20
21							21
22					166,901	166,901	22
23							23
24							24
25							25
26					38,288	38,288	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	1,579,651	115,093	16,564	959,600	590,037	3,260,945	39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL. 6 ± COL. 7) 8	ADJUST- MENTS 9	TOTAL (COL. 8 ± COL. 9) 10	
1	GENERAL SERVICE COST CENTER				1
2	CAPITAL RELATED COSTS-BLDG AND FIXT.				2
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	130,359		130,359	3
4	PLANT OPERATION AND MAINTENANCE				4
5	TRANSPORTATION - STAFF				5
6	VOLUNTEER SERVICE COORDINATION	24,534		24,534	6
7	ADMINISTRATIVE AND GENERAL	779,851		779,851	7
8	INPATIENT CARE SERVICE				8
9	INPATIENT - GENERAL CARE				9
10	INPATIENT - RESPITE CARE				10
11	VISITING SERVICES				11
12	PHYSICIAN SERVICES	1,054		1,054	12
13	NURSING CARE	1,763,055		1,763,055	13
14	NURSING CARE-CONTINUOUS HOME CARE				14
15	PHYSICAL THERAPY	5,555		5,555	15
16	OCCUPATIONAL THERAPY	367		367	16
17	SPEECH/LANGUAGE PATHOLOGY				17
18	MEDICAL SOCIAL SERVICES	160,327		160,327	18
19	SPIRITUAL COUNSELING				19
20	DIETARY COUNSELING				20
21	COUNSELING - OTHER				21
22	HOME HEALTH AIDE AND HOMEMAKER	190,654		190,654	22
23	HH AIDE & HOMEMAKER-CONT. HOME CARE				23
24	OTHER				24
25	OTHER HOSPICE SERVICE COSTS				25
26	DRUGS, BIOLOGICAL & INFUSION THERAPY	166,901		166,901	26
27	ANALGESICS				27
28	SEDATIVES/HYPNOTICS				28
29	OTHER - SPECIFY				29
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	38,288		38,288	30
31	PATIENT TRANSPORTATION				31
32	IMAGING SERVICES				32
33	LABS AND DIAGNOSTICS				33
34	MEDICAL SUPPLIES				34
35	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				35
36	RADIATION THERAPY				36
37	CHEMOTHERAPY				37
38	OTHER				38
39	HOSPICE NONREIMBURSABLE SERVICE				39
35	BEREAVEMENT PROGRAM COSTS				35
36	VOLUNTEER PROGRAM COSTS				36
37	FUNDRAISING				37
38	OTHER PROGRAM COSTS				38
39	TOTAL (SUM OF LINES 1-38)	3,260,945		3,260,945	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1632

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5				24,534					24,534
6								394,721	394,721
7									7
8									8
9									9
10		101,256		26,769	675,468				803,493
11									11
12						5,555			5,555
13						367			367
14									14
15			160,327						160,327
16									16
17									17
18									18
19							190,654		190,654
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		101,256	160,327	51,303	675,468	5,922	190,654	394,721	1,579,651

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1632

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6								115,093	115,093 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								115,093	115,093 39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE NO.: 14-1632

WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.							16,602	6
7	ADMINISTRATIVE AND GENERAL								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES							942,998	12
13	NURSING CARE								13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES								18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER								22
23	HH AIDE & HMKR-CONT.HME CARE								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV. (INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (SUM OF LINES 1-38)							959,600	959,600 39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1632

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDG COSTS & EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS. 0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL. 5 ± COL. 6) 7	
	0	1	2	3	4	5	5A	6	7	
1										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
GENERAL SERVICE COST CENTER										
CAP REL COSTS-BLDG AND FIXT.										
CAP REL COSTS-MOVABLE EQUIP.	130,359		130,359							
PLANT OPERATION & MAINT.										
TRANSPORTATION - STAFF										
VOLUNTEER SERVICE COORD.	24,534					24,534				
ADMINISTRATIVE AND GENERAL	779,851		130,359			24,534	934,744	934,744		
INPATIENT CARE SERVICE										
INPATIENT - GENERAL CARE										
INPATIENT - RESPITE CARE										
VISITING SERVICES										
PHYSICIAN SERVICES	1,054						1,054	424	1,478	
NURSING CARE	1,763,055						1,763,055	708,454	2,471,509	
NURSING CARE-CONTINUOUS HOME										
PHYSICAL THERAPY	5,555						5,555	2,232	7,787	
OCCUPATIONAL THERAPY	367						367	147	514	
SPEECH/LANGUAGE PATHOLOGY										
MEDICAL SOCIAL SERVICES	160,327						160,327	64,425	224,752	
SPIRITUAL COUNSELING										
DIETARY COUNSELING										
COUNSELING - OTHER										
HH AIDE AND HOMEMAKER	190,654						190,654	76,611	267,265	
HH AIDE & HMKR-CONT. HOME CA										
OTHER										
OTHER HOSPICE SERVICE COSTS										
DRUGS, BIOL. & INFUS. THER.	166,901						166,901	67,066	233,967	
ANALGESICS										
SEDATIVES / HYPNOTICS										
OTHER - SPECIFY										
DURABLE MED. EQUIP./OXYGEN	38,288						38,288	15,385	53,673	
PATIENT TRANSPORTATION										
IMAGING SERVICES										
LABS AND DIAGNOSTICS										
MEDICAL SUPPLIES										
OUTPAT.SERV.(INCL.E/R DEPT.)										
RADIATION THERAPY										
CHEMOTHERAPY										
OTHER										
HOSPICE NONREIMBURSABLE SERV.										
BEREAVEMENT PROGRAM COSTS										
VOLUNTEER PROGRAM COSTS										
FUNDRAISING										
OTHER PROGRAM COSTS										
TOTAL (SUM OF LINES 1-38)	3,260,945		130,359			24,534	3,260,945		3,260,945	

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-4  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPO- RTATION (MILEAGE) 4	VOLUNTEER SERV. CO- ORDINATOR (HOURS) 5	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
1	GENERAL SERVICE COST CENTER							1
2	CAP REL COSTS-BLDG AND FIXT.							2
3	CAP REL COSTS-MOVABLE EQUIP.		100					3
4	PLANT OPERATION & MAINT.							4
5	TRANSPORTATION - STAFF							5
6	VOLUNTEER SERVICE COORD.				2,080			6
7	ADMINISTRATIVE AND GENERAL		100		2,080	-934,744	2,326,201	7
8	INPATIENT CARE SERVICE							8
9	INPATIENT - GENERAL CARE							9
10	INPATIENT - RESPITE CARE							10
11	VISITING SERVICES						1,054	11
12	PHYSICIAN SERVICES						1,763,055	12
13	NURSING CARE							13
14	NURSING CARE-CONTINUOUS HOME							14
15	PHYSICAL THERAPY						5,555	15
16	OCCUPATIONAL THERAPY						367	16
17	SPEECH/LANGUAGE PATHOLOGY							17
18	MEDICAL SOCIAL SERVICES						160,327	18
19	SPIRITUAL COUNSELING							19
20	DIETARY COUNSELING							20
21	COUNSELING - OTHER							21
22	HH AIDE AND HOME MAKER						190,654	22
23	HH AIDE & HMKR-CONT. HOME CA							23
24	OTHER							24
25	OTHER HOSPICE SERVICE COSTS						166,901	25
26	DRUGS, BIOL. & INFUS. THER.							26
27	ANALGESICS							27
28	SEDATIVES / HYPNOTICS							28
29	OTHER - SPECIFY							29
30	DURABLE MED. EQUIP./OXYGEN						38,288	30
31	PATIENT TRANSPORTATION							31
32	IMAGING SERVICES							32
33	LABS AND DIAGNOSTICS							33
34	MEDICAL SUPPLIES							34
35	OUTPAT.SERV.(INCL.E/R DEPT.)							35
36	RADIATION THERAPY							36
37	CHEMOTHERAPY							37
38	OTHER							38
39	HOSPICE NONREIMBURSABLE SERVICE							39
40	BEREAVEMENT PROGRAM COSTS							40
	VOLUNTEER PROGRAM COSTS							
	FUNDRAISING							
	OTHER PROGRAM COSTS							
	COST TO BE ALLOCATED		130,359				24,534	
	UNIT COST MULTIPLIER		1,303.590000				11.795192	
							934,744	
							0.401833	







PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1632

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	171,123		171,123			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	1,723		1,723	73	1,796	4
5 NURSING CARE	2,880,747		2,880,747	122,507	3,003,254	5
6 NURSING CARE-CONTINUOUS HOM	151,305		151,305	6,434	157,739	6
7 PHYSICAL THERAPY	10,122		10,122	430	10,552	7
8 OCCUPATIONAL THERAPY	668		668	28	696	8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	292,158		292,158	12,424	304,582	10
11 SPIRITUAL COUNSELING						11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS	311,519		311,519	13,247	324,766	14
15 HH AIDE & HMKR-CONT. HOME C	35,902		35,902	1,527	37,429	15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO	272,708		272,708	11,597	284,305	17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN	62,560		62,560	2,660	65,220	21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES						25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS	4,620		4,620	196	4,816	31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	4,195,155		4,195,155		4,195,155	34
35 UNIT COST MULTIPLIER				0.042525		35

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
 11/25/2013 19:08

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DEPREC EXPENSE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NO OF PHONES	DATA PROCESSING	PURCHASING	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL		7,818		394,721			120,356	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM				803,493				6
7 PHYSICAL THERAPY				5,555				7
8 OCCUPATIONAL THERAPY				367				8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE				160,327				10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C				190,654				15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS				24,534				31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		7,818		1,579,651			120,356	34
35 TOTAL COST TO BE ALLOCATED		4,121		255,205			6,541	35
36 UNIT COST MULTIPLIER		0.527117		0.161558			0.054347	36



PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11  
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	
	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	PATIENT DAYS	PATIENT DAYS	PATIENT DAYS	
	11	13	14	15	16	17	23	
1 ADMINISTRATIVE AND GENERAL	2,581							1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	2,581							34
35 TOTAL COST TO BE ALLOCATED	34,990							35
36 UNIT COST MULTIPLIER	13.556761							36

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1632

WORKSHEET K-5  
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.187349		1
1.01	REHAB OUTPATIENT	66.01	0.281975		1.01
1.02	REHAB MED SURGICAL	66.02	0.201910		1.02
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.211019		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.083200		6
7	MEDICAL SUPPLIES	71	0.287471		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97	0.753958		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99	0.804545		10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1632

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				4,195,155	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				21,170	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				198.17	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	18,616				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,689,133				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		1,304			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		258,414			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	3,582				8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	709,845				9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		298			10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)		59,055			11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			1,250		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			247,713		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER		5,816,732		1
3	CAPITAL DRG OUTLIER PAYMENTS		218,088		2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		212.92		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)		0.0179		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)		0.1476		8
10	SUM OF LINES 7 AND 8		0.1655		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0341		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		198,351		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		6,233,171		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS. 0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
41 SUBPROVIDER - IRF						41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GAMMA KNIFE						50.01
50.02 ENDOSCOPY						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 PET SCAN						54.02
54.03 RADIATION ONCOLOGY						54.03
54.04 MAMMOGRAPHY						54.04
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
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 REHAB OUTPATIENT						66.01
66.02 REHAB MED SURGICAL						66.02
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 NEUROMEG						70.01
70.02 SLEEP LAB						70.02
71 MEDICAL SUPPLIES CHARGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 DAY REHAB						90.01
90.02 IMAGING CENTERS						90.02
90.03 COUMADIN CLINIC						90.03
90.04 WOUND CLINIC						90.04
90.05 CARDIOVASCULAR IMAGING CENTERS						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
113 INTEREST EXPENSE						113
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30 ADULTS & PEDIATRICS	52.55		10.58				63.13	30
31 INTENSIVE CARE UNIT	53.50		3.57				57.07	31
43 NURSERY			51.33				51.33	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	23.54	9.50					33.04	50
50.01 GAMMA KNIFE	0.53	34.80					35.33	50.01
50.02 ENDOSCOPY	12.34	27.17					39.51	50.02
51 RECOVERY ROOM	24.31	10.10					34.41	51
52 DELIVERY ROOM & LABOR ROOM	0.14	0.09					0.23	52
53 ANESTHESIOLOGY	22.56	9.85					32.41	53
54 RADIOLOGY-DIAGNOSTIC	25.74	16.68					42.42	54
54.01 ULTRASOUND	19.94	14.29					34.23	54.01
54.02 PET SCAN	0.68	52.79					53.47	54.02
54.03 RADIATION ONCOLOGY	3.29	37.91					41.20	54.03
54.04 MAMMOGRAPHY	0.11	7.62					7.73	54.04
56 RADIOISOTOPE	26.84	25.63					52.47	56
57 CT SCAN	21.47	19.41					40.88	57
58 MRI	17.24	19.49					36.73	58
59 CARDIAC CATHETERIZATION	37.24	14.59					51.83	59
60 LABORATORY	24.13	2.14					26.27	60
63 BLOOD STORING, PROCESSING & TRA	43.41	8.19					51.60	63
64 INTRAVENOUS THERAPY	55.38	2.10					57.48	64
65 RESPIRATORY THERAPY	52.83	1.90					54.73	65
66 PHYSICAL THERAPY	0.11						0.11	66
66.02 REHAB MED SURGICAL	62.99						62.99	66.02
69 ELECTROCARDIOLOGY	35.00	14.12					49.12	69
70 ELECTROENCEPHALOGRAPHY	15.31	16.37					31.68	70
70.01 NEUROMEG		16.57					16.57	70.01
70.02 SLEEP LAB	0.25	24.29					24.54	70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	34.96	8.71					43.67	71
72 IMPL. DEV. CHARGED TO PATIENTS	38.46	10.48					48.94	72
73 DRUGS CHARGED TO PATIENTS	36.51	10.76					47.27	73
74 RENAL DIALYSIS	60.88	4.52					65.40	74
76.97 CARDIAC REHABILITATION	3.26	48.79					52.05	76.97
90 CLINIC	1.80	39.63					41.43	90
90.01 DAY REHAB		0.64					0.64	90.01
90.02 IMAGING CENTERS	0.44	30.60					31.04	90.02
90.03 COUMADIN CLINIC	0.34	55.41					55.75	90.03
90.04 WOUND CLINIC	0.48	51.31					51.79	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	0.55	52.99					53.54	90.05
91 EMERGENCY	18.20	12.87					31.07	91
92 OBSERVATION BEDS (NON-DISTINCT		30.03					30.03	92
200 TOTAL CHARGES	24.28	13.52					37.80	200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL,
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	70.69		5.48				76.17 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.03						0.03 50
50.02 ENDOSCOPY	0.12						0.12 50.02
51 RECOVERY ROOM	0.12						0.12 51
53 ANESTHESIOLOGY	0.05						0.05 53
54 RADIOLOGY-DIAGNOSTIC	1.07	0.03					1.10 54
54.01 ULTRASOUND	1.02	0.03					1.05 54.01
54.03 RADIATION ONCOLOGY	1.14						1.14 54.03
56 RADIOISOTOPE	0.37						0.37 56
57 CT SCAN	0.36	0.02					0.38 57
58 MRI	0.18						0.18 58
59 CARDIAC CATHETERIZATION	0.13						0.13 59
60 LABORATORY	2.42	0.01					2.43 60
63 BLOOD STORING, PROCESSING & TRA	0.73						0.73 63
64 INTRAVENOUS THERAPY	1.61						1.61 64
65 RESPIRATORY THERAPY	3.61						3.61 65
66 PHYSICAL THERAPY	71.42						71.42 66
69 ELECTROCARDIOLOGY	0.23						0.23 69
70 ELECTROENCEPHALOGRAPHY	0.12						0.12 70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.14						0.14 71
72 IMPL. DEV. CHARGED TO PATIENTS	0.01						0.01 72
73 DRUGS CHARGED TO PATIENTS	3.65						3.65 73
74 RENAL DIALYSIS	11.58						11.58 74
90 CLINIC	0.10						0.10 90
91 EMERGENCY	0.03						0.03 91
200 TOTAL CHARGES	2.38						2.38 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT	18,080,401	4.71	-18,080,401	-11.45			1
2 CAP REL COSTS-MVBLE EQUIP	3,607,287	0.94	-3,607,287	-2.29			2
3 OTHER CAP REL COSTS							3
4 EMPLOYEE BENEFITS DEPARTMENT	21,677,715	5.65	-21,677,715	-13.73			4
5.01 NONPATIENT PHONES	688,157	0.18	-688,157	-0.44			5.01
5.02 DATA PROCESSING	14,735,239	3.84	-14,735,239	-9.33			5.02
5.03 PURCHASING	1,742,392	0.45	-1,742,392	-1.10			5.03
5.04 ADMITTING	1,940,454	0.51	-1,940,454	-1.23			5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,985,209	1.56	-5,985,209	-3.79			5.05
5.06 ADMINISTRATIVE AND GENERAL	49,438,204	12.88	-49,438,204	-31.32			5.06
6 MAINTENANCE & REPAIRS	2,947,915	0.77	-2,947,915	-1.87			6
7 OPERATION OF PLANT	4,573,844	1.19	-4,573,844	-2.90			7
8 LAUNDRY & LINEN SERVICE	1,410,000	0.37	-1,410,000	-0.89			8
9 HOUSEKEEPING	5,114,782	1.33	-5,114,782	-3.24			9
10 DIETARY	5,655,139	1.47	-5,655,139	-3.58			10
11 CAFETERIA	1,204,016	0.31	-1,204,016	-0.76			11
13 NURSING ADMINISTRATION	2,592,136	0.68	-2,592,136	-1.64			13
14 CENTRAL SERVICES & SUPPLY	2,484,394	0.65	-2,484,394	-1.57			14
15 PHARMACY	6,097,265	1.59	-6,097,265	-3.86			15
16 MEDICAL RECORDS & LIBRARY	4,393,047	1.14	-4,393,047	-2.78			16
17 SOCIAL SERVICE	3,099,456	0.81	-3,099,456	-1.96			17
23 PARAMED ED PRGM-(SPECIFY)	383,584	0.10	-383,584	-0.24			23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	39,967,777	10.42	41,952,201	26.58	81,919,978	21.35	30
31 INTENSIVE CARE UNIT	8,694,525	2.27	7,463,773	4.73	16,158,298	4.21	31
41 SUBPROVIDER - IRF	14,864,704	3.87	12,128,731	7.68	26,993,435	7.03	41
43 NURSERY	1,491,842	0.39	853,601	0.54	2,345,443	0.61	43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	12,007,367	3.13	9,723,068	6.16	21,730,435	5.66	50
50.01 GAMMA KNIFE	1,969,853	0.51	842,835	0.53	2,812,688	0.73	50.01
50.02 ENDOSCOPY	3,114,138	0.81	2,219,929	1.41	5,334,067	1.39	50.02
51 RECOVERY ROOM	1,707,155	0.44	1,480,414	0.94	3,187,569	0.83	51
52 DELIVERY ROOM & LABOR ROOM	3,222,794	0.84	2,860,531	1.81	6,083,325	1.59	52
53 ANESTHESIOLOGY	571,573	0.15	660,115	0.42	1,231,688	0.32	53
54 RADIOLOGY-DIAGNOSTIC	2,849,407	0.74	2,300,334	1.46	5,149,741	1.34	54
54.01 ULTRASOUND	1,396,672	0.36	1,221,567	0.77	2,618,239	0.68	54.01
54.02 PET SCAN	534,464	0.14	328,315	0.21	862,779	0.22	54.02
54.03 RADIATION ONCOLOGY	1,559,268	0.41	1,756,205	1.11	3,315,473	0.86	54.03
54.04 MAMMOGRAPHY	1,501,170	0.39	1,096,082	0.69	2,597,252	0.68	54.04
56 RADIOISOTOPE	660,518	0.17	927,537	0.59	1,588,055	0.41	56
57 CT SCAN	1,825,527	0.48	2,051,801	1.30	3,877,328	1.01	57
58 MRI	1,497,112	0.39	1,448,962	0.92	2,946,074	0.77	58
59 CARDIAC CATHETERIZATION	6,198,584	1.62	4,837,142	3.06	11,035,726	2.88	59
60 LABORATORY	12,454,088	3.25	8,157,236	5.17	20,611,324	5.37	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	2,328,054	0.61	765,747	0.49	3,093,801	0.81	63
64 INTRAVENOUS THERAPY	1,148,797	0.30	492,602	0.31	1,641,399	0.43	64
65 RESPIRATORY THERAPY	3,218,967	0.84	1,823,960	1.16	5,042,927	1.31	65
66 PHYSICAL THERAPY	3,281,680	0.86	2,129,058	1.35	5,410,738	1.41	66
66.01 REHAB OUTPATIENT	1,996,867	0.52	1,297,625	0.82	3,294,492	0.86	66.01
66.02 REHAB MED SURGICAL	1,840,319	0.48	862,414	0.55	2,702,733	0.70	66.02
69 ELECTROCARDIOLOGY	894,098	0.23	1,060,076	0.67	1,954,174	0.51	69
70 ELECTROENCEPHALOGRAPHY	223,711	0.06	318,510	0.20	542,221	0.14	70
70.01 NEUROMEG	351,609	0.09	553,997	0.35	905,606	0.24	70.01
70.02 SLEEP LAB	638,984	0.17	750,527	0.48	1,389,511	0.36	70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	20,355,812	5.30	8,954,446	5.67	29,310,258	7.64	71
72 IMPL. DEV. CHARGED TO PATIENTS	23,648,409	6.16	5,076,109	3.22	28,724,518	7.49	72
73 DRUGS CHARGED TO PATIENTS	16,125,117	4.20	13,517,858	8.56	29,642,975	7.73	73
74 RENAL DIALYSIS	1,219,012	0.32	361,908	0.23	1,580,920	0.41	74
76.97 CARDIAC REHABILITATION	499,665	0.13	474,095	0.30	973,760	0.25	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	6,066		1,121		7,187		76.99
90 CLINIC	1,513,955	0.39	1,493,194	0.95	3,007,149	0.78	90
90.01 DAY REHAB	859,973	0.22	506,842	0.32	1,366,815	0.36	90.01
90.02 IMAGING CENTERS	1,950,793	0.51	859,837	0.54	2,810,630	0.73	90.02
90.03 COUMADIN CLINIC	206,392	0.05	128,688	0.08	335,080	0.09	90.03
90.04 WOUND CLINIC	1,684,542	0.44	1,081,190	0.68	2,765,732	0.72	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	1,959,947	0.51	1,025,614	0.65	2,985,561	0.78	90.05
91 EMERGENCY	7,292,232	1.90	4,797,387	3.04	12,089,619	3.15	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							92
94 HOME PROGRAM DIALYSIS							94
OUTPATIENT SERVICE COST CENTERS							
101 HOME HEALTH AGENCY	7,400,711	1.93	2,660,270	1.69	10,060,981	2.62	101
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE	3,260,945	0.85	934,210	0.59	4,195,155	1.09	116

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
190	NONREIMBURSABLE COST CENTERS							
	GIFT, FLOWER, COFFEE SHOP & CAN	405,904	0.11	245,841	0.16	651,745	0.17	190
191	RESEARCH			209,407	0.13	209,407	0.05	191
192	PHYSICIANS' PRIVATE OFFICES	3,460,317	0.90	1,157,724	0.73	4,618,041	1.20	192
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	383,712,052	100.00			383,712,052	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,941,654	145,827,998	0.013315	34,334,112	457,159	50
50.01 GAMMA KNIFE	170,896	11,083,079	0.015420	58,555	903	50.01
50.02 ENDOSCOPY	264,782	54,770,137	0.004834	6,757,612	32,666	50.02
51 RECOVERY ROOM	241,690	25,363,658	0.009529	6,166,621	58,762	51
52 DELIVERY ROOM & LABOR ROOM	686,987	14,842,657	0.046285	21,242	983	52
53 ANESTHESIOLOGY	64,024	34,937,837	0.001833	7,881,028	14,446	53
54 RADIOLOGY-DIAGNOSTIC	526,996	35,111,845	0.015009	9,037,577	135,645	54
54.01 ULTRASOUND	208,616	26,290,563	0.007935	5,241,661	41,593	54.01
54.02 PET SCAN	59,453	8,237,461	0.007217	55,707	402	54.02
54.03 RADIATION ONCOLOGY	465,213	34,233,078	0.013590	1,125,852	15,300	54.03
54.04 MAMMOGRAPHY	276,661	12,620,829	0.021921	14,444	317	54.04
56 RADIOISOTOPE	233,021	20,354,366	0.011448	5,462,465	62,534	56
57 CT SCAN	193,658	89,094,560	0.002174	19,129,054	41,587	57
58 MRI	264,999	40,965,034	0.006469	7,063,761	45,695	58
59 CARDIAC CATHETERIZATION	782,163	90,982,469	0.008597	33,885,091	291,310	59
60 LABORATORY	810,324	247,731,780	0.003271	59,766,693	195,497	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	41,287	10,048,002	0.004109	4,361,526	17,922	63
64 INTRAVENOUS THERAPY	33,186	3,238,432	0.010248	1,793,328	18,378	64
65 RESPIRATORY THERAPY	148,345	40,785,908	0.003637	21,548,460	78,372	65
66 PHYSICAL THERAPY	307,563	28,880,530	0.010649	33,110	353	66
66.01 REHAB OUTPATIENT	233,633	11,683,646	0.019997			66.01
66.02 REHAB MED SURGICAL	43,043	13,385,843	0.003216	8,432,092	27,118	66.02
69 ELECTROCARDIOLOGY	142,044	38,696,716	0.003671	13,544,491	49,722	69
70 ELECTROENCEPHALOGRAPHY	86,563	3,840,314	0.022541	587,879	13,251	70
70.01 NEUROMEG	400,649	1,206,429	0.332095			70.01
70.02 SLEEP LAB	243,013	6,056,726	0.040123	15,016	602	70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	687,040	101,959,004	0.006738	35,640,619	240,146	71
72 IMPL. DEV. CHARGED TO PATIENTS	87,965	44,433,667	0.001980	17,089,957	33,838	72
73 DRUGS CHARGED TO PATIENTS	302,172	140,475,174	0.002151	51,290,049	110,325	73
74 RENAL DIALYSIS	39,627	6,378,080	0.006213	3,882,834	24,124	74
76.97 CARDIAC REHABILITATION	143,328	1,291,531	0.110975	42,120	4,674	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	18	8,933	0.002015			76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	360,270	11,216,650	0.032119	202,267	6,497	90
90.01 DAY REHAB	78,323	5,511,714	0.014210			90.01
90.02 IMAGING CENTERS	141,419	17,370,501	0.008141	75,930	618	90.02
90.03 COUMADIN CLINIC	20,910	1,165,103	0.017947	3,963	71	90.03
90.04 WOUND CLINIC	217,925	17,214,103	0.012660	82,732	1,047	90.04
90.05 CARDIOVASCULAR IMAGING CENTERS	15,567	35,281,647	0.000441	193,726	85	90.05
91 EMERGENCY	601,608	77,674,917	0.007745	14,135,391	109,479	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	427,185	9,549,710	0.044733			92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	11,993,820	1,519,800,631		368,956,965	2,131,421	200

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE  
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM

VERSION: 2013.11  
 11/25/2013

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	6,402,268		6,402,268	74,711	85.69	39,263	3,364,446	30
31 INTENSIVE CARE UNIT	1,215,764		1,215,764	7,991	152.14	4,275	650,399	31
200 TOTAL	7,618,032		7,618,032	82,702		43,538	4,014,845	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4,014,845	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2,131,421	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6,146,266	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							8,080	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							43,538	
PER DISCHARGE CAPITAL COSTS							760.68	
PER DIEM CAPITAL COSTS							141.17	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.	TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	107,796,503
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	474,042,993
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.227

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	25,090,872
2.	TOTAL MEDICARE CHARGES (WKST D-3 LINE 41 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2)	65,350,434
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.384

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	6,146,266
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	30,751,163
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	204,960,627
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.150

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	09/30/2016	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	07/01/2012	06/30/2013 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	01/01/2013	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	07/01/2011	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	07/01/2014	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	07/01/2011	9
10	Ending date of averaging period from Line 5	07/01/2014	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		07/26/2011	51,800 11.01
11.02		08/26/2011	518,000 11.02
11.03		09/26/2011	518,000 11.03
11.04		10/21/2011	518,000 11.04
11.05		11/21/2011	518,000 11.05
11.06		12/19/2011	501,000 11.06
11.07		01/30/2012	360,000 11.07
11.08		02/27/2012	712,000 11.08
11.09		03/26/2012	536,000 11.09
11.10		04/23/2012	536,000 11.10
11.11		05/22/2012	536,000 11.11
11.12		06/22/2012	536,000 11.12
11.13		07/23/2012	536,000 11.13
11.14		08/23/2012	536,000 11.14
11.15		09/24/2012	901,000 11.15
11.16		10/29/2012	968,000 11.16
11.17		11/05/2012	275,000 11.17
11.18		11/19/2012	258,000 11.18
11.19		01/02/2013	225,000 11.19
11.20		01/30/2013	450,000 11.20
11.21		02/25/2013	450,000 11.21
11.22		03/28/2013	540,000 11.22
11.23		04/29/2013	473,000 11.23
11.24		05/28/2013	158,000 11.24
11.25		06/30/2013	315,000 11.25
11.26		07/30/2013	450,000 11.26
11.27		08/30/2013	203,000 11.27
11.28		09/30/2013	203,000 11.28
11.29		10/31/2013	495,000 11.29
11.30		11/30/2013	450,000 11.30
11.31		12/27/2013	158,000 11.31
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	13,884,800	13
14	Average monthly contribution (Line 13 divided by Line 12)	385,689	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	4,628,268	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)	4,628,268	19