

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
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  
11/26/2013 09:09

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: 11/26/2013 TIME: 09:09  
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 USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
4 - REOPENED  
5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. ALEXIUS MEDICAL CENTER (14-0290) (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.

ECR Encryption: 11/26/2013 09:09  
1rsQ3zk9F0wPq2QU1VDpsA45HEosg0  
b68D00FtbTf7Sxq70Ocanug:XtOFes  
RqAC1MYQ.I06Nxa2

(SIGNED) *Kevin Francis*  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
*VP of Finance, CFO*  
TITLE  
*11/26/13*  
DATE

PI Encryption: 11/26/2013 09:09  
lN4yNMduE.KU8aKXD5CtX3s0P13ih0  
1AU5k0F83u7041YLAmuWsbO:Lht5q4  
F:t30BjmIy0DH:SP  
PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		288,729	-20,062	9,055	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		288,729	-20,062	9,055	200

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

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

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WORKSHEET S  
PARTS I, II & III

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		288,729	-20,062	9,055		1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
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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: 1555 BARRINGTON ROAD  
 2 CITY: HOFFMAN ESTATES STATE: IL

P.O. BOX:  
 ZIP CODE: 60194- COUNTY: COOK

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0290	16974	1	09/16/1979	N	P	O	3
4	ST. ALEXIUS MEDICAL CENTER								4
5	SUBPROVIDER - IPF								5
6	SUBPROVIDER - IRF								6
7	SUBPROVIDER - (OTHER)								7
8	SWING BEDS - SNF								8
9	SWING BEDS - NF								9
10	HOSPITAL-BASED SNF								10
11	HOSPITAL-BASED NF								11
12	HOSPITAL-BASED OLTC								12
13	HOSPITAL-BASED HHA								13
14	SEPARATELY CERTIFIED ASC								14
15	HOSPITAL-BASED HOSPICE								15
16	HOSPITAL-BASED HEALTH CLINIC - RHC								16
17	HOSPITAL-BASED HEALTH CLINIC - FQHC								17
18	HOSPITAL-BASED (CMHC)								18
19	RENAL DIALYSIS								19
20	OTHER								20
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 MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF STATE MEDICAID PAID DAYS 3	OUT-OF STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6		
							1	2
24	15,457	1,315	14		1,316			24
25								25
26				1				26
27				1				27
35								35
36			BEGINNING:		ENDING:			36
37								37
38			BEGINNING:		ENDING:			38
39							1	2
							N	N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N				
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57	
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58	
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59	
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. (SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61	
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01	
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02	
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03	
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04	
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05	
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06	
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
		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
62	ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) 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	
63	TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
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64

64 ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED  
 RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY  
 CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL  
 NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED  
 NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN  
 COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE  
 INSTRUCTIONS)

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR  
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME.  
 ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF  
 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS  
 OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER  
 OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL.  
 ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).  
 (SEE INSTRUCTIONS)

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

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

66

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

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
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INPATIENT PSYCHIATRIC FACILITY PPS

70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? N 70  
 ENTER 'Y' FOR YES OR 'N' FOR NO. 71

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.

INPATIENT REHABILITATION FACILITY PPS

75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? N 75  
 ENTER 'Y' FOR YES OR 'N' FOR NO. 76

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.

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)? N 86  
 ENTER 'Y' FOR YES, OR 'N' FOR NO.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

		V	XIX		
		1	2		
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.			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 15-18 2208.1.	N		115	
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116	
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117	
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118	
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 3,617,718 PAID LOSSES: SELF INSURANCE:			118.01	
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02	
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N		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: 05901 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 N 146  
 APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.  
 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
	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		156
157 SUBPROVIDER - IRF	N	N		157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC				161
161.10 CORF				161.10

MULTICAMPUS

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

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

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

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167  
 168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),  
 ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168  
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH  
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 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

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		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	
FINANCIAL DATA AND REPORTS		Y/N	DATE	V/I	
1		1	2	3	
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		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		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.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	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	
15	BED COMPLEMENT DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		Y	15	
PS&R REPORT DATA		PART A		PART B	
1		Y/N	DATE	Y/N	DATE
1		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	
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
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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

LINE	DESCRIPTION	WKST A 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	
1	SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	97,282,804		97,282,804	3,064,012.00	31.75	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL		1,034,192		1,034,192	5,959.00	173.55	8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		163,673		163,673	7,390.00	22.15	10
11	OTHER WAGES & RELATED COSTS							11
12	CONTRACT LABOR (SEE INSTRUCTIONS)		1,466,245		1,466,245	20,074.00	73.04	12
13	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							13
14	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		225,059		225,059	2,520.00	89.31	14
15	HOME OFFICE SALARIES & WAGE-RELATED COSTS		10,414,237		10,414,237	225,976.00	46.09	15
16	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							16
17	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							17
18	WAGE-RELATED COSTS (CORE)		22,999,387		22,999,387			18
19	WAGE-RELATED COSTS (OTHER)							19
20	EXCLUDED AREAS		44,444		44,444			20
21	NON-PHYSICIAN ANESTHETIST PART A							21
22	NON-PHYSICIAN ANESTHETIST PART B							22
23	PHYSICIAN PART A - ADMINISTRATIVE							23
24	PHYSICIAN PART A - TEACHING							24
25	PHYSICIAN PART B							25
26	WAGE-RELATED COSTS (RHC/FQHC)							26
27	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							27
28	OVERHEAD COSTS - DIRECT SALARIES		142,220		142,220	7,884.00	18.04	28
29	EMPLOYEE BENEFITS DEPARTMENT		8,552,570		8,552,570	297,376.00	28.76	29
30	ADMINISTRATIVE & GENERAL							30
31	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)							31
32	MAINTENANCE & REPAIRS		897,972		897,972	31,530.00	28.48	32
33	OPERATION OF PLANT							33
34	LAUNDRY & LINEN SERVICE							34
35	HOUSEKEEPING		301,330		301,330	8,718.00	34.56	35
36	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		3,179,198		3,179,198	159,270.00	19.96	36
37	DIETARY		293,907	-88,172	205,735	6,115.00	33.64	37
38	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		3,220,499		3,220,499	147,090.00	21.89	38
39	CAFETERIA			88,172	88,172	2,621.00	33.64	39
40	MAINTENANCE OF PERSONNEL		2,186,491		2,186,491	45,621.00	47.93	40
41	NURSING ADMINISTRATION		401,181		401,181	21,891.00	18.33	41
42	CENTRAL SERVICES AND SUPPLY		2,994,614		2,994,614	77,751.00	38.52	42
43	PHARMACY		1,235,400		1,235,400	67,755.00	18.23	43
44	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,327,199		2,327,199	65,464.00	35.55	44
45	SOCIAL SERVICE							45
46	OTHER GENERAL SERVICE							46

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	102,648,309			102,648,309	3,364,413.00	30.51	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	163,673			163,673	7,390.00	22.15	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	102,484,636			102,484,636	3,357,023.00	30.53	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	12,105,541			12,105,541	248,570.00	48.70	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	22,999,387			22,999,387		22.44	5
6	TOTAL (SUM OF LINES 3 THRU 5)	137,589,564			137,589,564	3,605,593.00	38.16	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	25,732,581			25,732,581	939,086.00	27.40	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	1,400,527	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)	2,574,000	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)	9,814,139	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	542,412	10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	234,490	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	236,936	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	882,812	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	6,991,576	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	150,235	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	216,704	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	23,043,831	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
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  
11/26/2013 09:09

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 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  
 11/26/2013 09:09

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)				0.202259	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				46,545,966	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				196,269,553	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				39,697,284	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					19
		UNINSURED 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	41,076,955	4,096,210	45,173,165		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	8,308,184	828,495	9,136,679		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0		22
23	COST OF CHARITY CARE	8,308,184	828,495	9,136,679		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)			17,981,610		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,017,656		27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			16,963,954		28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,431,112		29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			12,567,791		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			12,567,791		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		11,366,383	11,366,383	-1,821,777	1
2	00200				10,725,540	2
3	00300					3
4	00400				-882,812	4
5	00500	142,220	14,625,425	14,767,645	-1,623,399	5
6	00700	8,552,570	81,896,192	90,448,762	-25,328	7
7	00700	897,972	5,771,950	6,669,922	1,050,000	8
8	00800				-1,104,793	9
9	00900	301,330	5,619,216	5,920,546	-1,482,920	10
10	01000	293,907	4,649,161	4,943,068	578,115	11
11	01100		578,115	578,115	1,482,920	12
13	01300	2,186,491	516,420	2,702,911		13
14	01400	401,181	1,025,623	1,426,804	-447,046	14
15	01500	2,994,614	11,780,592	14,775,206	-10,863,953	15
16	01600	1,235,400	1,313,676	2,549,076	-90	16
17	01700	2,327,199	788,726	3,115,925		17
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	27,195,703	5,939,382	33,135,085	-829,990	30
31	03100	4,658,025	1,167,035	5,825,060	-415,531	31
43	04300	4,759,932	643,536	5,403,468	-143,413	43
ANCILLARY SERVICE COST CENTERS						
50	05000	5,535,231	8,912,001	14,447,232	-6,046,691	50
50.01	05001	1,414,959	1,384,156	2,799,115	-980,301	50.01
51	05100	1,211,104	216,659	1,427,763	-57,546	51
52	05200	3,330,123	923,511	4,253,634	-320,429	52
53	05300	79,043	550,977	630,020	-252,247	53
54	05400	2,739,498	703,435	3,442,933	-12,704	54
54.01	05401	1,203,376	234,662	1,438,038	-43,440	54.01
54.02	05402	692,867	804,654	1,497,521	-459,559	54.02
54.03	03440	1,087,289	967,776	2,055,065	-571,259	54.03
55	05500	816,230	624,348	1,440,578	-360,056	55
56	05600	464,935	942,219	1,407,154	-4,794	56
57	05700	1,079,631	901,198	1,980,829	-476,353	57
58	05800	705,358	1,518,160	2,223,518	-1,073,456	58
59	05900	1,818,997	3,751,031	5,570,028	-3,403,859	59
60	06000	3,048,544	4,691,561	7,740,105	-199,746	60
62.30	06250					62.30
63	06300	377,683	1,261,314	1,638,997	-8,808	63
64	06400	263,036	339,949	602,985	-263,454	64
65	06500	2,061,153	1,072,590	3,133,751	-264,642	65
66	06600	970,276	157,860	1,128,136	-958	66
66.01	06601	1,104,948	478,375	1,583,323	-275,690	66.01
67	06700	362,721	28,445	391,166		67
68	06800	159,183	11,375	170,558		68
69	06900	1,010,637	201,535	1,212,172	-15,131	69
70	07000	189,275	37,526	226,801		70
71	07100				11,194,410	71
72	07200		10,351,956	10,351,956	1,684,430	72
73	07300				10,629,174	73
74	07400		730,252	730,252		74
76.97	03021					76.97
76.98	03022					76.98
76.99	03023					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001					90.01
90.02	09002	2,045,163	541,395	2,586,558	-155,658	90.02
90.03	09003					90.03
90.04	09004	90,622	526,075	616,697		90.04
90.05	09005	457,712	694,041	1,151,753	-368,689	90.05
91	09100	6,852,993	6,281,709	13,134,702	-680,100	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.20	09901					99.20
99.30	09902					99.30
99.40	09903					99.40
SPECIAL PURPOSE COST CENTERS						
113	11300		8,610,000	8,610,000	-829,805	113
118		97,119,131	206,132,185	303,251,316	47	118
NONREIMBURSABLE COST CENTERS						
190	19000	157,376	588,434	745,810		190
192	19200		3,890,671	3,890,671		192
192.01	19201		8,010,134	8,010,134		192.01
194	07950	6,297	1,230	7,527	-47	194
200		97,282,804	218,622,654	315,905,458		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	9,544,606	4,869,976	14,414,582	1
2	00200	10,725,540	-1,649,628	9,075,912	2
3	00300				3
4	00400	13,884,833		13,884,833	4
5	00500	88,825,363	-27,720,820	61,104,543	5
7	00700	6,644,594	-1,014,143	5,630,451	7
8	00800	1,050,000		1,050,000	8
9	00900	4,815,753		4,815,753	9
10	01000	3,460,148	-14,763	3,445,385	10
11	01100	2,061,035	-810,302	1,250,733	11
13	01300	2,702,911	-3,323	2,699,588	13
14	01400	979,758		979,758	14
15	01500	3,911,253		3,911,253	15
16	01600	2,548,986	123,140	2,672,126	16
17	01700	3,115,925		3,115,925	17
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	32,305,095	55,781	32,360,876	30
31	03100	5,409,529		5,409,529	31
43	04300	5,260,055	282,240	5,542,295	43
ANCILLARY SERVICE COST CENTERS					
50	05000	8,400,541		8,400,541	50
50.01	05001	1,818,814		1,818,814	50.01
51	05100	1,370,217		1,370,217	51
52	05200	3,933,205		3,933,205	52
53	05300	377,773		377,773	53
54	05400	3,430,229		3,430,229	54
54.01	05401	1,394,598		1,394,598	54.01
54.02	05402	1,037,962		1,037,962	54.02
54.03	03440	1,483,806		1,483,806	54.03
55	05500	1,080,522		1,080,522	55
56	05600	1,402,360		1,402,360	56
57	05700	1,504,476		1,504,476	57
58	05800	1,150,062		1,150,062	58
59	05900	2,166,169		2,166,169	59
60	06000	7,540,359	-41,319	7,499,040	60
62.30	06250				62.30
63	06300	1,630,189	-1,197	1,628,992	63
64	06400	339,531		339,531	64
65	06500	2,869,109		2,869,109	65
66	06600	1,127,178		1,127,178	66
66.01	06601	1,307,633		1,307,633	66.01
67	06700	391,166		391,166	67
68	06800	170,558		170,558	68
69	06900	1,197,041		1,197,041	69
70	07000	226,801		226,801	70
71	07100	11,194,410		11,194,410	71
72	07200	12,036,386		12,036,386	72
73	07300	10,629,174		10,629,174	73
74	07400	730,252		730,252	74
76.97	03021				76.97
76.98	03022				76.98
76.99	03023				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001				90.01
90.02	09002	2,430,900		2,430,900	90.02
90.03	09003				90.03
90.04	09004	616,697	-431,312	185,385	90.04
90.05	09005	783,064		783,064	90.05
91	09100	12,454,602	-4,155,046	8,299,556	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
99.20	09901				99.20
99.30	09902				99.30
99.40	09903				99.40
SPECIAL PURPOSE COST CENTERS					
113	11300	7,780,195	-7,780,195		113
118		303,251,363	-38,290,911	264,960,452	118
NONREIMBURSABLE COST CENTERS					
190	19000	745,810		745,810	190
192	19200	3,890,671	-3,755,880	134,791	192
192.01	19201	8,010,134	-8,010,134		192.01
194	07950	7,480		7,480	194
200		315,905,458	-50,056,925	265,848,533	200

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 LEASE EXPENSE	A		1		2,213,396	1
2 LEASE EXPENSE	A	CAP REL COSTS-BLDG & FIXT	2		5,860,562	2
3 LEASE EXPENSE	A					3
4 LEASE EXPENSE	A					4
5 LEASE EXPENSE	A					5
6 LEASE EXPENSE	A					6
7 LEASE EXPENSE	A					7
8 LEASE EXPENSE	A					8
9 LEASE EXPENSE	A					9
10 LEASE EXPENSE	A					10
11 LEASE EXPENSE	A					11
12 LEASE EXPENSE	A					12
13 LEASE EXPENSE	A					13
14 LEASE EXPENSE	A					14
15 LEASE EXPENSE	A					15
16 LEASE EXPENSE	A					16
17 LEASE EXPENSE	A					17
18 LEASE EXPENSE	A					18
19 LEASE EXPENSE	A					19
20 LEASE EXPENSE	A					20
21 LEASE EXPENSE	A					21
22 LEASE EXPENSE	A					22
23 LEASE EXPENSE	A					23
24 LEASE EXPENSE	A					24
25 LEASE EXPENSE	A					25
26 LEASE EXPENSE	A					26
27 LEASE EXPENSE	A					27
28 LEASE EXPENSE	A					28
500 TOTAL RECLASSIFICATIONS					8,073,958	500
CODE LETTER - A						

1						1
2						2
3						3
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10						10
11 MEDICAL SUPPLIES/IMPLANTS	B	MEDICAL SUPPLIES CHARGED TO P	71		11,194,410	11
12 MEDICAL SUPPLIES/IMPLANTS	B	IMPL. DEV. CHARGED TO PATIENT	72		1,694,593	12
13 MEDICAL SUPPLIES/IMPLANTS	B					13
14 MEDICAL SUPPLIES/IMPLANTS	B					14
15 MEDICAL SUPPLIES/IMPLANTS	B					15
16 MEDICAL SUPPLIES/IMPLANTS	B					16
17 MEDICAL SUPPLIES/IMPLANTS	B					17
18 MEDICAL SUPPLIES/IMPLANTS	B					18
19 MEDICAL SUPPLIES/IMPLANTS	B					19
20 MEDICAL SUPPLIES/IMPLANTS	B					20
21 MEDICAL SUPPLIES/IMPLANTS	B					21
22 MEDICAL SUPPLIES/IMPLANTS	B					22
23 MEDICAL SUPPLIES/IMPLANTS	B					23
24 MEDICAL SUPPLIES/IMPLANTS	B					24
25 MEDICAL SUPPLIES/IMPLANTS	B					25
26 MEDICAL SUPPLIES/IMPLANTS	B					26
27 MEDICAL SUPPLIES/IMPLANTS	B					27
28 MEDICAL SUPPLIES/IMPLANTS	B					28
29 MEDICAL SUPPLIES/IMPLANTS	B					29
30 MEDICAL SUPPLIES/IMPLANTS	B					30
31 MEDICAL SUPPLIES/IMPLANTS	B					31
32 MEDICAL SUPPLIES/IMPLANTS	B					32
33 MEDICAL SUPPLIES/IMPLANTS	B					33
34 MEDICAL SUPPLIES/IMPLANTS	B					34
35 MEDICAL SUPPLIES/IMPLANTS	B					35
36 MEDICAL SUPPLIES/IMPLANTS	B					36
37 MEDICAL SUPPLIES/IMPLANTS	B					37
38 MEDICAL SUPPLIES/IMPLANTS	B					38
39 MEDICAL SUPPLIES/IMPLANTS	B					39
40 MEDICAL SUPPLIES/IMPLANTS	B					40
41 MEDICAL SUPPLIES/IMPLANTS	B					41
500 TOTAL RECLASSIFICATIONS					12,889,003	500
CODE LETTER -						

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
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74 CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	73		10,629,174
500 TOTAL RECLASSIFICATIONS					10,629,174
CODE LETTER -					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
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75 DEPRECIATION	D	CAP REL COSTS-MVBLE EQUIP	2		4,864,978
500 TOTAL RECLASSIFICATIONS					4,864,978
CODE LETTER -					75

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1					1	
2					2	
3					3	
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5					5	
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76 PURCHASED LAUNDRY	E	LAUNDRY & LINEN SERVICE	8		1,050,000	76
500 TOTAL RECLASSIFICATIONS					1,050,000	500
CODE LETTER -						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5		
1	1				1		
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77	DIETARY RECLASS	F	CAFETERIA	11	88,172	1,394,748	77
500	TOTAL RECLASSIFICATIONS				88,172	1,394,748	500
	CODE LETTER -						

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
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77					77
78 WORKERS COMP	G	ADMINISTRATIVE & GENERAL	5		882,812
500 TOTAL RECLASSIFICATIONS					882,812
CODE LETTER -					920

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WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			OTHER
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1 INTEREST	H	CAP REL COSTS-BLDG & FIXT	1		829,805 1
500 TOTAL RECLASSIFICATIONS					829,805 500
CODE LETTER - H				88,172	40,614,478
GRAND TOTAL (INCREASES)					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.	
			LINE #	SALARY	OTHER		
1		6	7	8	9	10	
1 LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	5		2,506,211	10	1
2 LEASE EXPENSE	A	OPERATION OF PLANT	7		25,328	10	2
3 LEASE EXPENSE	A	HOUSEKEEPING	9		54,793		3
4 LEASE EXPENSE	A	CENTRAL SERVICES & SUPPLY	14		378,660		4
5 LEASE EXPENSE	A	PHARMACY	15		234,779		5
6 LEASE EXPENSE	A	MEDICAL RECORDS & LIBRARY	16		90		6
7 LEASE EXPENSE	A	ADULTS & PEDIATRICS	30		121,643		7
8 LEASE EXPENSE	A	INTENSIVE CARE UNIT	31		77,198		8
9 LEASE EXPENSE	A	NURSERY	43		17,462		9
10 LEASE EXPENSE	A	OPERATING ROOM	50		711,695		10
11 LEASE EXPENSE	A	ENDOSCOPY	50.01		518,393		11
12 LEASE EXPENSE	A	RADIOLOGY-DIAGNOSTIC	54		1,333		12
13 LEASE EXPENSE	A	MAMMOGRAPHY	54.03		468,646		13
14 LEASE EXPENSE	A	RADIOLOGY-THERAPEUTIC	55		346,590		14
15 LEASE EXPENSE	A	CT SCAN	57		325,158		15
16 LEASE EXPENSE	A	MRI	58		1,063,981		16
17 LEASE EXPENSE	A	CARDIAC CATHETERIZATION	59		221,253		17
18 LEASE EXPENSE	A	LABORATORY	60		193,490		18
19 LEASE EXPENSE	A	BLOOD STORING, PROCESSING & T	63		5,253		19
20 LEASE EXPENSE	A	RESPIRATORY THERAPY	65		121,256		20
21 LEASE EXPENSE	A	PHYSICAL THERAPY	66		60		21
22 LEASE EXPENSE	A	REHAB OUTPATIENT	66.01		275,240		22
23 LEASE EXPENSE	A	ELECTROCARDIOLOGY	69		9,425		23
24 LEASE EXPENSE	A	IMPL. DEV. CHARGED TO PATIENT	72		10,163		24
25 LEASE EXPENSE	A	PROCEDURE CLINIC	90.02		17,254		25
26 LEASE EXPENSE	A	OFF SITE IMAGING CENTER	90.05		364,799		26
27 LEASE EXPENSE	A	EMERGENCY	91		3,758		27
28 LEASE EXPENSE	A	COMMUNITY PROGRAMS	194		47		28
500 TOTAL RECLASSIFICATIONS					8,073,958		500
CODE LETTER - A							

1							1
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11 MEDICAL SUPPLIES/IMPLANTS	B	CENTRAL SERVICES & SUPPLY	14		68,386		11
12 MEDICAL SUPPLIES/IMPLANTS	B	ADULTS & PEDIATRICS	30		708,347		12
13 MEDICAL SUPPLIES/IMPLANTS	B	INTENSIVE CARE UNIT	31		338,333		13
14 MEDICAL SUPPLIES/IMPLANTS	B	NURSERY	43		125,951		14
15 MEDICAL SUPPLIES/IMPLANTS	B	OPERATING ROOM	50		5,334,996		15
16 MEDICAL SUPPLIES/IMPLANTS	B	ENDOSCOPY	50.01		461,908		16
17 MEDICAL SUPPLIES/IMPLANTS	B	RECOVERY ROOM	51		57,546		17
18 MEDICAL SUPPLIES/IMPLANTS	B	DELIVERY ROOM & LABOR ROOM	52		320,429		18
19 MEDICAL SUPPLIES/IMPLANTS	B	ANESTHESIOLOGY	53		252,247		19
20 MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-DIAGNOSTIC	54		11,371		20
21 MEDICAL SUPPLIES/IMPLANTS	B	ULTRASOUND	54.01		43,440		21
22 MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-SPECIAL PROCEDURES	54.02		459,559		22
23 MEDICAL SUPPLIES/IMPLANTS	B	MAMMOGRAPHY	54.03		102,613		23
24 MEDICAL SUPPLIES/IMPLANTS	B	RADIOLOGY-THERAPEUTIC	55		13,466		24
25 MEDICAL SUPPLIES/IMPLANTS	B	RADIOISOTOPE	56		4,794		25
26 MEDICAL SUPPLIES/IMPLANTS	B	CT SCAN	57		151,195		26
27 MEDICAL SUPPLIES/IMPLANTS	B	MRI	58		9,475		27
28 MEDICAL SUPPLIES/IMPLANTS	B	CARDIAC CATHETERIZATION	59		3,182,606		28
29 MEDICAL SUPPLIES/IMPLANTS	B	LABORATORY	60		6,256		29
30 MEDICAL SUPPLIES/IMPLANTS	B	BLOOD STORING, PROCESSING & T	63		3,555		30
31 MEDICAL SUPPLIES/IMPLANTS	B	INTRAVENOUS THERAPY	64		263,454		31
32 MEDICAL SUPPLIES/IMPLANTS	B	RESPIRATORY THERAPY	65		143,386		32
33 MEDICAL SUPPLIES/IMPLANTS	B	PHYSICAL THERAPY	66		898		33
34 MEDICAL SUPPLIES/IMPLANTS	B	REHAB OUTPATIENT	66.01		450		34
35 MEDICAL SUPPLIES/IMPLANTS	B	ELECTROCARDIOLOGY	69		5,706		35
36 MEDICAL SUPPLIES/IMPLANTS	B	PROCEDURE CLINIC	90.02		138,404		36
37 MEDICAL SUPPLIES/IMPLANTS	B	OFF SITE IMAGING CENTER	90.05		3,890		37
38 MEDICAL SUPPLIES/IMPLANTS	B	EMERGENCY	91		676,342		38
39 MEDICAL SUPPLIES/IMPLANTS	B						39
40 MEDICAL SUPPLIES/IMPLANTS	B						40
41 MEDICAL SUPPLIES/IMPLANTS	B						41
500 TOTAL RECLASSIFICATIONS					12,889,003		500
CODE LETTER -							

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WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6						6
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74 CHARGEABLE DRUGS	C	PHARMACY	15		10,629,174	74
500 TOTAL RECLASSIFICATIONS					10,629,174	500
CODE LETTER -						

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WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1						1
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75 DEPRECIATION	D	CAP REL COSTS-BLDG & FIXT	1		4,864,978	9 75
500 TOTAL RECLASSIFICATIONS					4,864,978	500
CODE LETTER -						

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1						1
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76 PURCHASED LAUNDRY	E	HOUSEKEEPING	9		1,050,000	76
500 TOTAL RECLASSIFICATIONS					1,050,000	500
CODE LETTER -						

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.	
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9		
1	1					1	
2						2	
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76						76	
77	DIETARY RECLASS	F	DIETARY	10	88,172	1,394,748	77
500	TOTAL RECLASSIFICATIONS				88,172	1,394,748	500
	CODE LETTER -						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7
		COST CENTER	LINE #	SALARY	OTHER	
REF.	1	6	7	8	9	10
1						1
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78 WORKERS COMP	G	EMPLOYEE BENEFITS DEPARTMENT	4		882,812	78
500 TOTAL RECLASSIFICATIONS					882,812	500
CODE LETTER -						

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WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		6	7	8	9	10
1 INTEREST	H	INTEREST EXPENSE	113		829,805	11 1
500 TOTAL RECLASSIFICATIONS					829,805	500
CODE LETTER - H						
GRAND TOTAL (DECREASES)				88,172	40,614,478	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	11,220,000					11,220,000	1
2 LAND IMPROVEMENTS	14,000					14,000	2
3 BUILDINGS AND FIXTURES	135,407,000	85,872,000		85,872,000		221,279,000	3
4 BUILDING IMPROVEMENTS	5,941,000	456,000		456,000		6,397,000	4
5 FIXED EQUIPMENT	8,278,000	7,000		7,000		8,285,000	5
6 MOVABLE EQUIPMENT	17,515,000	11,897,000		11,897,000		29,412,000	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	178,375,000	98,232,000		98,232,000		276,607,000	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	178,375,000	98,232,000		98,232,000		276,607,000	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	11,366,383						11,366,383 1
2 CAP REL COSTS-MVBLE EQUIP							11,366,383 2
3 TOTAL (SUM OF LINES 1-2)	11,366,383						11,366,383 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	247,195,000		247,195,000	0.893669				1
2 CAP REL COSTS-MVBLE EQUIP	29,412,000		29,412,000	0.106331				2
3 TOTAL (SUM OF LINES 1-2)	276,607,000		276,607,000	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	11,371,381	2,213,396	829,805				14,414,582 1
2 CAP REL COSTS-MVBLE EQUIP	3,215,350	5,860,562					9,075,912 2
3 TOTAL	14,586,731	8,073,958	829,805				23,490,494 3

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-7,780,195	INTEREST EXPENSE	113	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	-4,016,970			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-2,090,008			12 13
13 LAUNDRY AND LINEN SERVICE				11	14
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-810,302	CAFETERIA		15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-16,324	MEDICAL RECORDS & LIBRARY	16	19
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)				10	20
20 VENDING MACHINES	B	-14,763	DIETARY		21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-997,274	CAP REL COSTS-BLDG & FIXT	1	9 27
27 DEPRECIATION--MOVABLE EQUIPMENT	A	-1,649,628	CAP REL COSTS-MVBLE EQUIP	2	9 28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33					33.08
33.08 OTHER EDUCATION	B	-3,323	NURSING ADMINISTRATION	13	33.09
33.09 MISC INCOME	B	-33,821	OPERATION OF PLANT	7	33.11
33.11 LOBBYING PORTION OF FEES	A	-50,000	ADMINISTRATIVE & GENERAL	5	34
34					34.03
34.03 ALPHA READMIT TEAM	B	-140,892	ADMINISTRATIVE & GENERAL	5	34.04
34.04 NON PATIENT RELATED	A	-120,399	ADMINISTRATIVE & GENERAL	5	34.09
34.09 COMMUNITY TRANSPORT	A	-13,037	ADMINISTRATIVE & GENERAL	5	34.11
34.11 PERINATAL CLASS TUITION	B	-29,935	NURSERY	43	34.12
34.12 MISCELLANEOUS INCOME	B	-252,362	ADMINISTRATIVE & GENERAL	5	35
35 BAD DEBTS	A	-18,169,110	ADMINISTRATIVE & GENERAL	5	36
36 EMERGENCY RM PURCH SVCS	A	-1,584,586	EMERGENCY	91	37
37					38
38					39
39 OFFSET TAXES	A	-760,825	ADMINISTRATIVE & GENERAL	5	40
40 OFFSET PROFESSIONAL FEES PART B	A	-3,755,880	PHYSICIANS' PRIVATE OFFICES	192	41
41 OFFSET PROFESSIONAL FEES - PART B	A	-7,285,648	POB	192.01	42
42 NURSERY PROFESSIONAL FEES	A	312,175	NURSERY	43	43
43 OFFSET PROFESSIONAL FEES PART B	A	-26,816	ADMINISTRATIVE & GENERAL	5	43.01
43.01 INTERCOMPANY REVENUE	B	-41,319	LABORATORY	60	43.02
43.02 INTERCOMPANY REVENUE	B	-1,197	BLOOD STORING, PROCESSING & TRA	63	44
43.03 INTERCOMPANY REVENUE	B	-724,486	POB	192.01	45
44					46
45					47
46					48
47					49
48					50
49					
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-50,056,925			

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 ADJUSTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	CORPORATE FEES	33,611,173	41,798,552	-8,187,379	1
2	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	5,852,685		5,852,685	9 2
3	30	ADULTS & PEDIATRICS		1,070,979		1,070,979	3
3.01	5	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	1,293,856	1,293,856		4.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	EXECUTIVE BENEFITS	218,923	218,923		4.02
3.03	7	OPERATION OF PLANT	ABMP OPERATING EXPENSES	11,364	7,481	3,883	4.03
3.04	7	OPERATION OF PLANT	CLINICAL ENGINEERING	2,172,001	3,156,206	-984,205	4.04
3.05	16	MEDICAL RECORDS & LIBRARY	ICD 10 TRAINING	139,464		139,464	4.05
3.06	1	CAP REL COSTS-BLDG & FIXT	ABMP CAPITAL	14,565		14,565	9 4.06
4							4
5		TOTALS (SUM OF LINES 1-4)		44,385,010	46,475,018	-2,090,008	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

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

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

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

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WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
2	30 ADULTS & PEDIATRICS	1,076,279	1,015,198	61,081	250,000	510	61,298	3,065	2
3	50 OPERATING ROOM	18,000		18,000	250,000	150	18,029	901	3
4	50.01 ENDOSCOPY	4,282		4,282	250,000	40	4,808	240	4
5	53 ANESTHESIOLOGY	8,527		8,527	250,000	80	9,616	481	5
6	90.04 EPILEPSY MONITORING UNIT	431,312	431,312						6
7	91 EMERGENCY	4,350		4,350	250,000	40	4,808	240	7
8	91 EMERGENCY	2,570,460	2,570,460						8
200	TOTAL	4,113,210	4,016,970	96,240		820	98,559	4,927	200

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WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

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	
2	30 ADULTS & PEDIATRICS	ADULTS & PEDIAT				61,298		1,015,198	2
3	50 OPERATING ROOM	OPERATING ROOM				18,029			3
4	50.01 ENDOSCOPY	ENDO				4,808			4
5	53 ANESTHESIOLOGY	ANESTHESIA				9,616			5
6	90.04 EPILEPSY MONITORING UNIT	EMU						431,312	6
7	91 EMERGENCY	ER				4,808			7
8	91 EMERGENCY	SUBSIDY						2,570,460	8
200	TOTAL					98,559		4,016,970	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
1 GENERAL SERVICE COST CENTERS						1
2 CAP REL COSTS-BLDG & FIXT	14,414,582	14,414,582				2
4 EMPLOYEE BENEFITS DEPARTMENT	9,075,912		9,075,912			4
5 ADMINISTRATIVE & GENERAL	13,884,833	50,257	31,644	13,966,734		5
7 OPERATION OF PLANT	61,104,543	978,664	616,200	1,229,680	63,929,087	7
8 LAUNDRY & LINEN SERVICE	5,630,451	3,336,156	2,100,557	129,110	11,196,274	8
9 HOUSEKEEPING	1,050,000				1,050,000	9
10 DIETARY	4,815,753	201,390	126,802	43,325	5,187,270	10
11 CAFETERIA	3,445,385	191,678	120,687	29,580	3,787,330	11
13 NURSING ADMINISTRATION	1,250,733	117,158	73,767	12,677	1,454,335	13
14 CENTRAL SERVICES & SUPPLY	2,699,588	377,176	237,483	314,371	3,628,618	14
15 PHARMACY	979,758	81,125	51,079	57,681	1,169,643	15
16 MEDICAL RECORDS & LIBRARY	3,911,253	88,972	56,020	430,563	4,486,808	16
17 SOCIAL SERVICE	2,672,126	215,973	135,984	177,625	3,201,708	17
30 INPATIENT ROUTINE SERV COST CENTERS	3,115,925	9,450	5,950	334,602	3,465,927	30
31 ADULTS & PEDIATRICS	32,360,876	3,493,764	2,199,792	3,910,131	41,964,563	31
43 INTENSIVE CARE UNIT	5,409,529	348,892	219,674	669,726	6,647,821	43
43 NURSERY	5,542,295	369,885	232,892	684,378	6,829,450	43
50 ANCILLARY SERVICE COST CENTERS						
50.01 OPERATING ROOM	8,400,541	762,070	479,825	795,850	10,438,286	50
51 ENDOSCOPY	1,818,814	343,464	216,257	203,441	2,581,976	50.01
52 RECOVERY ROOM	1,370,217	160,746	101,211	174,131	1,806,305	51
53 DELIVERY ROOM & LABOR ROOM	3,933,205	576,245	362,823	478,802	5,351,075	52
54 ANESTHESIOLOGY	377,773	752	474	11,365	390,364	53
54.01 RADIOLOGY-DIAGNOSTIC	3,430,229	320,020	201,495	393,882	4,345,626	54
54.02 ULTRASOUND	1,394,598	36,720	23,120	173,020	1,627,458	54.01
54.03 RADIOLOGY-SPECIAL PROCEDURES	1,037,962	33,614	21,165	99,620	1,192,361	54.02
55 MAMMOGRAPHY	1,483,806	160,451	101,026	156,329	1,901,612	54.03
56 RADIOLOGY-THERAPEUTIC	1,080,522	406,376	255,868	117,357	1,860,123	55
57 RADIOISOTOPE	1,402,360	69,550	43,791	66,848	1,582,549	56
58 CT SCAN	1,504,476	84,525	53,220	155,228	1,797,449	57
59 MRI	1,150,062	76,482	48,155	101,416	1,376,115	58
60 CARDIAC CATHETERIZATION	2,166,169	150,838	94,973	261,534	2,673,514	59
62.30 LABORATORY	7,499,040	291,964	183,831	438,317	8,413,152	60
63 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 BLOOD STORING, PROCESSING & TRANS.	1,628,992	17,755	11,179	54,303	1,712,229	63
65 INTRAVENOUS THERAPY	339,531			37,819	377,350	64
66 RESPIRATORY THERAPY	2,869,109	50,519	31,809	296,351	3,247,788	65
66.01 PHYSICAL THERAPY	1,127,178	36,884	23,223	139,505	1,326,790	66
67 REHAB OUTPATIENT	1,307,633			158,868	1,466,501	66.01
68 OCCUPATIONAL THERAPY	391,166			52,152	443,318	67
69 SPEECH PATHOLOGY	170,558			22,887	193,445	68
70 ELECTROCARDIOLOGY	1,197,041	196	124	145,308	1,342,669	69
71 ELECTROENCEPHALOGRAPHY	226,801	18,180	11,447	27,214	283,642	70
72 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,194,410				11,194,410	71
73 IMPL. DEV. CHARGED TO PATIENTS	12,036,386				12,036,386	72
74 DRUGS CHARGED TO PATIENTS	10,629,174				10,629,174	73
76.97 RENAL DIALYSIS	730,252				730,252	74
76.98 CARDIAC REHABILITATION						76.97
76.99 HYPERBARIC OXYGEN THERAPY						76.98
90.01 LITHOTRIPSY						76.99
90.02 OUTPATIENT SERVICE COST CENTERS						90.01
90.03 ENTEROSTOMAL THERAPY						90.02
90.04 PROCEDURE CLINIC	2,430,900	211,232	132,999	294,051	3,069,182	90.03
90.05 IMMEDIATE CARE CENTERS						90.04
91 EPILEPSY MONITORING UNIT	185,385	8,175	5,147	13,030	211,737	90.05
92 OFF SITE IMAGING CENTER	783,064			65,809	848,873	91
94 EMERGENCY	8,299,556	685,326	431,505	985,316	10,401,703	92
99.20 OBSERVATION BEDS (NON-DISTINCT PART)						94
99.30 OTHER REIMBURSABLE COST CENTERS						99.20
99.40 HOME PROGRAM DIALYSIS						99.30
113 OUTPATIENT PHYSICAL THERAPY						99.40
118 OUTPATIENT OCCUPATIONAL THERAPY						113
192 OUTPATIENT SPEECH PATHOLOGY						118
194 SPECIAL PURPOSE COST CENTERS						192
190 INTEREST EXPENSE						194
118 SUBTOTALS (SUM OF LINES 1-117)	264,960,452	14,362,624	9,043,198	13,943,202	264,852,248	118
190 NONREIMBURSABLE COST CENTERS						190
192 GIFT, FLOWER, COFFEE SHOP & CANTEEN	745,810	51,958	32,714	22,627	853,109	192
192.01 PHYSICIANS' PRIVATE OFFICES	134,791				134,791	192.01
194 POB				905	8,385	194
194 COMMUNITY PROGRAMS	7,480					194

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WORKSHEET B  
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	265,848,533	14,414,582	9,075,912	13,966,734	265,848,533	202

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS DEPARTMENT						5
5 ADMINISTRATIVE & GENERAL	63,929,087					7
7 OPERATION OF PLANT	3,544,819	14,741,093				8
8 LAUNDRY & LINEN SERVICE	332,437		1,382,437			9
9 HOUSEKEEPING	1,642,326			7,125,004		10
10 DIETARY	1,199,095	295,408		138,677	5,406,265	11
11 CAFETERIA	460,453	171,854		84,763		13
13 NURSING ADMINISTRATION	1,148,846	553,260		272,883		14
14 CENTRAL SERVICES & SUPPLY	370,317	118,998		58,693		15
15 PHARMACY	1,420,555	130,509		64,371		16
16 MEDICAL RECORDS & LIBRARY	1,013,683	316,800		156,254		17
17 SOCIAL SERVICE	1,097,337	13,861		6,837		30
INPATIENT ROUTINE SERV COST CENTERS						31
30 ADULTS & PEDIATRICS	13,286,248	5,124,816	665,760	2,527,697	4,975,221	43
31 INTENSIVE CARE UNIT	2,104,747	511,772	74,699	252,420	431,044	50
43 NURSERY	2,162,252	542,565	8,979	267,608		50.01
ANCILLARY SERVICE COST CENTERS						51
50 OPERATING ROOM	3,304,834	1,117,840	139,709	551,349		52
50.01 ENDOSCOPY	817,472	503,810		248,493		53
51 RECOVERY ROOM	571,889	235,789	50,147	116,298		54
52 DELIVERY ROOM & LABOR ROOM	1,694,188	845,263	21,914	416,907		54.01
53 ANESTHESIOLOGY	123,592	1,103		544		54.02
54 RADIOLOGY-DIAGNOSTIC	1,375,856	469,420	70,902	231,531		54.03
54.01 ULTRASOUND	515,265	53,863		26,567		55
54.02 RADIOLOGY-SPECIAL PROCEDURES	377,510	49,307		24,319		56
54.03 MAMMOGRAPHY	602,064	235,358		116,085		57
55 RADIOLOGY-THERAPEUTIC	588,928	596,092		294,009		58
56 RADIOISOTOPE	501,046	102,019		50,318		59
57 CT SCAN	569,085	123,986		61,153		60
58 MRI	435,688	112,187		55,334		62.30
59 CARDIAC CATHETERIZATION	846,453	221,256		109,130		63
60 LABORATORY	2,663,663	428,267		211,233		64
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						65
63 BLOOD STORING, PROCESSING & TRANS.	542,104	26,044		12,846		66
64 INTRAVENOUS THERAPY	119,472					66.01
65 RESPIRATORY THERAPY	1,028,272	74,104		36,550		67
66 PHYSICAL THERAPY	420,071	54,103		26,685		68
66.01 REHAB OUTPATIENT	464,304					69
67 OCCUPATIONAL THERAPY	140,358					70
68 SPEECH PATHOLOGY	61,246					71
69 ELECTROCARDIOLOGY	425,098	288	216,464	142		72
70 ELECTROENCEPHALOGRAPHY	89,803	26,668		13,153		73
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,544,229					74
72 IMPL. DEV. CHARGED TO PATIENTS	3,810,804					76.97
73 DRUGS CHARGED TO PATIENTS	3,365,271					76.98
74 RENAL DIALYSIS	231,203					76.99
76.97 CARDIAC REHABILITATION						90.01
76.98 HYPERBARIC OXYGEN THERAPY						90.02
76.99 LITHOTRIPSY						90.03
OUTPATIENT SERVICE COST CENTERS						90.04
90.01 ENTEROSTOMAL THERAPY				152,824		90.05
90.02 PROCEDURE CLINIC	971,725	309,845				91
90.03 IMMEDIATE CARE CENTERS				5,914		92
90.04 EPILEPSY MONITORING UNIT	67,037	11,991				94
90.05 OFF SITE IMAGING CENTER	268,759					99.20
91 EMERGENCY	3,293,252	1,005,270	133,863	495,826		99.30
92 OBSERVATION BEDS (NON-DISTINCT PART)						99.40
OTHER REIMBURSABLE COST CENTERS						113
94 HOME PROGRAM DIALYSIS						118
99.20 OUTPATIENT PHYSICAL THERAPY				37,591		190
99.30 OUTPATIENT OCCUPATIONAL THERAPY						192
99.40 OUTPATIENT SPEECH PATHOLOGY						192.01
SPECIAL PURPOSE COST CENTERS						194
113 INTEREST EXPENSE						200
118 SUBTOTALS (SUM OF LINES 1-117)	63,613,656	14,664,879	1,382,437	7,087,413	5,406,265	201
NONREIMBURSABLE COST CENTERS						202
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	270,100	76,214				
192 PHYSICIANS' PRIVATE OFFICES	42,676					
192.01 POB						
194 COMMUNITY PROGRAMS	2,655					
200 CROSS FOOT ADJUSTMENTS						
201 NEGATIVE COST CENTER						
202 TOTAL (SUM OF LINES 118-201)	63,929,087	14,741,093	1,382,437	7,125,004	5,406,265	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
1 GENERAL SERVICE COST CENTERS						1
2 CAP REL COSTS-BLDG & FIXT						2
3 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS DEPARTMENT						5
5 ADMINISTRATIVE & GENERAL						7
7 OPERATION OF PLANT						8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING						10
10 DIETARY						11
11 CAFETERIA	2,171,405					13
13 NURSING ADMINISTRATION	36,550	5,640,157				14
14 CENTRAL SERVICES & SUPPLY	17,534		1,735,185			15
15 PHARMACY	62,301			6,164,544		16
16 MEDICAL RECORDS & LIBRARY	54,284				4,742,729	17
17 SOCIAL SERVICE	52,451					17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	749,191	3,007,125			492,380	30
31 INTENSIVE CARE UNIT	99,084	397,708			73,073	31
43 NURSERY	89,034	357,368			111,294	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	122,885	493,238			401,211	50
50.01 ENDOSCOPY	33,117	132,926			173,377	50.01
51 RECOVERY ROOM	23,017	92,386			84,147	51
52 DELIVERY ROOM & LABOR ROOM	73,051	293,213			76,325	52
53 ANESTHESIOLOGY	3,300				100,256	53
54 RADIOLOGY-DIAGNOSTIC	95,284				136,738	54
54.01 ULTRASOUND	22,700				105,364	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	12,533				30,483	54.02
54.03 MAMMOGRAPHY	25,300				48,388	54.03
55 RADIOLOGY-THERAPEUTIC	13,783				62,813	55
56 RADIOISOTOPE	8,383				83,328	56
57 CT SCAN	22,634				300,478	57
58 MRI	15,633				155,751	58
59 CARDIAC CATHETERIZATION	28,034				97,318	59
60 LABORATORY	113,001				676,391	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					28,766	62.30
63 BLOOD STORING, PROCESSING & TRANS.	10,550				12,588	63
64 INTRAVENOUS THERAPY	4,917				110,609	64
65 RESPIRATORY THERAPY	53,117				36,751	65
66 PHYSICAL THERAPY	20,134				27,471	66
66.01 REHAB OUTPATIENT	27,417				15,192	66.01
67 OCCUPATIONAL THERAPY	7,783				3,669	67
68 SPEECH PATHOLOGY	2,750				124,952	68
69 ELECTROCARDIOLOGY	26,050				12,120	69
70 ELECTROENCEPHALOGRAPHY	6,350				253,301	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			849,130		82,358	71
72 IMPL. DEV. CHARGED TO PATIENTS			886,055		413,891	72
73 DRUGS CHARGED TO PATIENTS				6,164,544	14,219	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY					39,030	90.01
90.02 PROCEDURE CLINIC	46,934	188,384				90.02
90.03 IMMEDIATE CARE CENTERS					2,800	90.03
90.04 EPILEPSY MONITORING UNIT	1,950	7,827			37,068	90.04
90.05 OFF SITE IMAGING CENTER	11,217				318,829	90.05
91 EMERGENCY	166,918	669,982				91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE					4,742,729	113
118 SUBTOTALS (SUM OF LINES 1-117)	2,159,171	5,640,157	1,735,185	6,164,544		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,967					190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						194
194 COMMUNITY PROGRAMS	267					200
200 CROSS FOOT ADJUSTMENTS						201
201 NEGATIVE COST CENTER						202
202 TOTAL (SUM OF LINES 118-201)	2,171,405	5,640,157	1,735,185	6,164,544	4,742,729	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					1
1 CAP REL COSTS-BLDG & FIXT					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS DEPARTMENT					5
5 ADMINISTRATIVE & GENERAL OPERATION OF PLANT					7
7 LAUNDRY & LINEN SERVICE					8
8 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	4,636,413				17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	4,266,750	77,059,751		77,059,751	30
31 INTENSIVE CARE UNIT	369,663	10,962,031		10,962,031	31
43 NURSERY		10,368,550		10,368,550	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		16,569,352		16,569,352	50
50.01 ENDOSCOPY		4,491,171		4,491,171	50.01
51 RECOVERY ROOM		2,979,978		2,979,978	51
52 DELIVERY ROOM & LABOR ROOM		8,771,936		8,771,936	52
53 ANESTHESIOLOGY		619,159		619,159	53
54 RADIOLOGY-DIAGNOSTIC		6,725,357		6,725,357	54
54.01 ULTRASOUND		2,351,217		2,351,217	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES		1,686,513		1,686,513	54.02
54.03 MAMMOGRAPHY		2,928,807		2,928,807	54.03
55 RADIOLOGY-THERAPEUTIC		3,415,748		3,415,748	55
56 RADIOISOTOPE		2,327,643		2,327,643	56
57 CT SCAN		2,874,785		2,874,785	57
58 MRI		2,150,708		2,150,708	58
59 CARDIAC CATHETERIZATION		3,975,705		3,975,705	59
60 LABORATORY		12,505,707		12,505,707	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		2,332,539		2,332,539	62.30
63 BLOOD STORING, PROCESSING & TRANS.		514,327		514,327	63
64 INTRAVENOUS THERAPY		4,550,440		4,550,440	64
65 RESPIRATORY THERAPY		1,884,534		1,884,534	65
66 PHYSICAL THERAPY		1,985,693		1,985,693	66
66.01 REHAB OUTPATIENT		606,651		606,651	66.01
67 OCCUPATIONAL THERAPY		261,110		261,110	67
68 SPEECH PATHOLOGY		2,135,663		2,135,663	68
69 ELECTROCARDIOLOGY		431,736		431,736	69
70 ELECTROENCEPHALOGRAPHY		15,841,070		15,841,070	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,815,603		16,815,603	71
72 IMPL. DEV. CHARGED TO PATIENTS		20,572,880		20,572,880	72
73 DRUGS CHARGED TO PATIENTS		975,674		975,674	73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY		4,777,924		4,777,924	90.01
90.02 PROCEDURE CLINIC					90.02
90.03 IMMEDIATE CARE CENTERS		309,256		309,256	90.03
90.04 EPILEPSY MONITORING UNIT		1,165,917		1,165,917	90.04
90.05 OFF SITE IMAGING CENTER		16,485,643		16,485,643	90.05
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	4,636,413	264,410,778		264,410,778	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,248,981		1,248,981	190
192 PHYSICIANS' PRIVATE OFFICES		177,467		177,467	192
192.01 POB		11,307		11,307	192.01
194 COMMUNITY PROGRAMS					194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	4,636,413	265,848,533		265,848,533	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVEABLE 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		50,257	31,644	81,901	81,901	4
5 ADMINISTRATIVE & GENERAL		978,664	616,200	1,594,864	7,210	5
7 OPERATION OF PLANT		3,336,156	2,100,557	5,436,713	757	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		201,390	126,802	328,192	254	9
10 DIETARY		191,678	120,687	312,365	173	10
11 CAFETERIA		117,158	73,767	190,925	74	11
13 NURSING ADMINISTRATION		377,176	237,483	614,659	1,843	13
14 CENTRAL SERVICES & SUPPLY		81,125	51,079	132,204	338	14
15 PHARMACY		88,972	56,020	144,992	2,524	15
16 MEDICAL RECORDS & LIBRARY		215,973	135,984	351,957	1,041	16
17 SOCIAL SERVICE		9,450	5,950	15,400	1,962	17
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,493,764	2,199,792	5,693,556	22,939	30
31 INTENSIVE CARE UNIT		348,892	219,674	568,566	3,927	31
43 NURSERY		369,885	232,892	602,777	4,013	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		762,070	479,825	1,241,895	4,666	50
50.01 ENDOSCOPY		343,464	216,257	559,721	1,193	50.01
51 RECOVERY ROOM		160,746	101,211	261,957	1,021	51
52 DELIVERY ROOM & LABOR ROOM		576,245	362,823	939,068	2,807	52
53 ANESTHESIOLOGY		752	474	1,226	67	53
54 RADIOLOGY-DIAGNOSTIC		320,020	201,495	521,515	2,309	54
54.01 ULTRASOUND		36,720	23,120	59,840	1,014	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES		33,614	21,165	54,779	584	54.02
54.03 MAMMOGRAPHY		160,451	101,026	261,477	917	54.03
55 RADIOLOGY-THERAPEUTIC		406,376	255,868	662,244	688	55
56 RADIOISOTOPE		69,550	43,791	113,341	392	56
57 CT SCAN		84,525	53,220	137,745	910	57
58 MRI		76,482	48,155	124,637	595	58
59 CARDIAC CATHETERIZATION		150,838	94,973	245,811	1,533	59
60 LABORATORY		291,964	183,831	475,795	2,570	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		17,755	11,179	28,934	318	63
64 INTRAVENOUS THERAPY					222	64
65 RESPIRATORY THERAPY		50,519	31,809	82,328	1,738	65
66 PHYSICAL THERAPY		36,884	23,223	60,107	818	66
66.01 REHAB OUTPATIENT					931	66.01
67 OCCUPATIONAL THERAPY					306	67
68 SPEECH PATHOLOGY					134	68
69 ELECTROCARDIOLOGY		196	124	320	852	69
70 ELECTROENCEPHALOGRAPHY		18,180	11,447	29,627	160	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC		211,232	132,999	344,231	1,724	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT		8,175	5,147	13,322	76	90.04
90.05 OFF SITE IMAGING CENTER					386	90.05
91 EMERGENCY		685,326	431,505	1,116,831	5,777	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		14,362,624	9,043,198	23,405,822	81,763	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		51,958	32,714	84,672	133	190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB						192.01
194 COMMUNITY PROGRAMS					5	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		14,414,582	9,075,912	23,490,494	81,901	202

WORKSHEET B  
 PART II

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS DEPARTMENT						5
5 ADMINISTRATIVE & GENERAL	1,602,074					7
7 OPERATION OF PLANT	88,831	5,526,301				8
8 LAUNDRY & LINEN SERVICE	8,331		8,331			9
9 HOUSEKEEPING	41,156	110,746		480,348	457,341	10
10 DIETARY	30,049	105,405		9,349		11
11 CAFETERIA	11,539	64,426		5,714		13
13 NURSING ADMINISTRATION	28,789	207,412		18,397		14
14 CENTRAL SERVICES & SUPPLY	9,280	44,611		3,957		15
15 PHARMACY	35,598	48,927		4,340		16
16 MEDICAL RECORDS & LIBRARY	25,402	118,765		10,534		17
17 SOCIAL SERVICE	27,499	5,197		461		
INPATIENT ROUTINE SERV COST CENTERS						30
30 ADULTS & PEDIATRICS	332,993	1,921,248	4,013	170,412	420,877	31
31 INTENSIVE CARE UNIT	52,744	191,859	450	17,017	36,464	43
43 NURSERY	54,185	203,402	54	18,041		
ANCILLARY SERVICE COST CENTERS						50
50 OPERATING ROOM	82,817	419,068	842	37,170		50.01
50.01 ENDOSCOPY	20,485	188,874		16,753		51
51 RECOVERY ROOM	14,331	88,395	302	7,840		52
52 DELIVERY ROOM & LABOR ROOM	42,455	316,881	132	28,107		53
53 ANESTHESIOLOGY	3,097	414		37		54
54 RADIOLOGY-DIAGNOSTIC	34,478	175,981	427	15,609		54.01
54.01 ULTRASOUND	12,912	20,193		1,791		54.02
54.02 RADIOLOGY-SPECIAL PROCEDURES	9,460	18,485		1,640		54.03
54.03 MAMMOGRAPHY	15,087	88,233		7,826		55
55 RADIOLOGY-THERAPEUTIC	14,758	223,469		19,821		56
56 RADIOISOTOPE	12,556	38,246		3,392		57
57 CT SCAN	14,261	46,481		4,123		58
58 MRI	10,918	42,058		3,730		59
59 CARDIAC CATHETERIZATION	21,212	82,947		7,357		60
60 LABORATORY	66,750	160,553		14,241		62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				866		63
63 BLOOD STORING, PROCESSING & TRANS.	13,585	9,764				64
64 INTRAVENOUS THERAPY	2,994					65
65 RESPIRATORY THERAPY	25,768	27,781		2,464		66
66 PHYSICAL THERAPY	10,527	20,283		1,799		66.01
66.01 REHAB OUTPATIENT	11,635					67
67 OCCUPATIONAL THERAPY	3,517					68
68 SPEECH PATHOLOGY	1,535					69
69 ELECTROCARDIOLOGY	10,653	108	1,304	10		70
70 ELECTROENCEPHALOGRAPHY	2,250	9,998		887		71
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	88,816					72
72 IMPL. DEV. CHARGED TO PATIENTS	95,497					73
73 DRUGS CHARGED TO PATIENTS	84,332					74
74 RENAL DIALYSIS	5,794					76.97
76.97 CARDIAC REHABILITATION						76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS						90.01
90.01 ENTEROSTOMAL THERAPY				10,303		90.02
90.02 PROCEDURE CLINIC	24,351	116,158				90.03
90.03 IMMEDIATE CARE CENTERS				399		90.04
90.04 EPILEPSY MONITORING UNIT	1,680	4,495				90.05
90.05 OFF SITE IMAGING CENTER	6,735					91
91 EMERGENCY	82,527	376,866	807	33,427		92
92 OBSERVATION BEDS (NON-DISTINCT PART)						
OTHER REIMBURSABLE COST CENTERS						94
94 HOME PROGRAM DIALYSIS						99.20
99.20 OUTPATIENT PHYSICAL THERAPY						99.30
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.40
99.40 OUTPATIENT SPEECH PATHOLOGY						
SPECIAL PURPOSE COST CENTERS						113
113 INTEREST EXPENSE						118
118 SUBTOTALS (SUM OF LINES 1-117)	1,594,169	5,497,729	8,331	477,814	457,341	
NONREIMBURSABLE COST CENTERS						190
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,769	28,572		2,534		192
192 PHYSICIANS' PRIVATE OFFICES	1,069					192.01
192.01 POB						194
194 COMMUNITY PROGRAMS	67					200
200 CROSS FOOT ADJUSTMENTS						201
201 NEGATIVE COST CENTER						202
202 TOTAL (SUM OF LINES 118-201)	1,602,074	5,526,301	8,331	480,348	457,341	

ALLOCATION OF CAPITAL-RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						1
1 CAP REL COSTS-BLDG & FIXT						2
2 CAP REL COSTS-MVBLE EQUIP						4
4 EMPLOYEE BENEFITS DEPARTMENT						5
5 ADMINISTRATIVE & GENERAL						7
7 OPERATION OF PLANT						8
8 LAUNDRY & LINEN SERVICE						9
9 HOUSEKEEPING						10
10 DIETARY						11
11 CAFETERIA	272,678					13
13 NURSING ADMINISTRATION	4,590	875,690				14
14 CENTRAL SERVICES & SUPPLY	2,202		192,592			15
15 PHARMACY	7,824			244,205		16
16 MEDICAL RECORDS & LIBRARY	6,817				514,516	17
17 SOCIAL SERVICE	6,587					
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	94,083	466,886			53,472	30
31 INTENSIVE CARE UNIT	12,443	61,748			7,936	31
43 NURSERY	11,181	55,485			12,087	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,431	76,580			43,571	50
50.01 ENDOSCOPY	4,159	20,638			18,829	50.01
51 RECOVERY ROOM	2,890	14,344			9,138	51
52 DELIVERY ROOM & LABOR ROOM	9,173	45,524			8,289	52
53 ANESTHESIOLOGY	414				10,888	53
54 RADIOLOGY-DIAGNOSTIC	11,965				14,850	54
54.01 ULTRASOUND	2,851				11,443	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,574				3,310	54.02
54.03 MAMMOGRAPHY	3,177				5,255	54.03
55 RADIOLOGY-THERAPEUTIC	1,731				6,821	55
56 RADIOISOTOPE	1,053				9,049	56
57 CT SCAN	2,842				32,632	57
58 MRI	1,963				16,915	58
59 CARDIAC CATHETERIZATION	3,520				10,569	59
60 LABORATORY	14,190				72,913	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					3,124	62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,325				1,367	63
64 INTRAVENOUS THERAPY	617				12,012	64
65 RESPIRATORY THERAPY	6,670				3,991	65
66 PHYSICAL THERAPY	2,528				2,983	66
66.01 REHAB OUTPATIENT	3,443				1,650	66.01
67 OCCUPATIONAL THERAPY	977				398	67
68 SPEECH PATHOLOGY	345				13,570	68
69 ELECTROCARDIOLOGY	3,271				1,316	69
70 ELECTROENCEPHALOGRAPHY	797				27,508	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			94,246		8,944	71
72 IMPL. DEV. CHARGED TO PATIENTS			98,346		44,948	72
73 DRUGS CHARGED TO PATIENTS				244,205	1,544	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY					4,239	90.01
90.02 PROCEDURE CLINIC	5,894	29,249				90.02
90.03 IMMEDIATE CARE CENTERS					304	90.03
90.04 EPILEPSY MONITORING UNIT	245	1,215			4,026	90.04
90.05 OFF SITE IMAGING CENTER	1,409				34,625	90.05
91 EMERGENCY	20,961	104,021				91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE					514,516	113
118 SUBTOTALS (SUM OF LINES 1-117)	271,142	875,690	192,592	244,205		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,503					190
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 POB	33					194
194 COMMUNITY PROGRAMS						200
200 CROSS FOOT ADJUSTMENTS						201
201 NEGATIVE COST CENTER						202
202 TOTAL (SUM OF LINES 118-201)	272,678	875,690	192,592	244,205	514,516	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
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	57,106				17
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	52,553	9,233,032		9,233,032	30
31 INTENSIVE CARE UNIT	4,553	957,707		957,707	31
43 NURSERY		961,225		961,225	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,922,040		1,922,040	50
50.01 ENDOSCOPY		830,652		830,652	50.01
51 RECOVERY ROOM		400,218		400,218	51
52 DELIVERY ROOM & LABOR ROOM		1,392,436		1,392,436	52
53 ANESTHESIOLOGY		16,143		16,143	53
54 RADIOLOGY-DIAGNOSTIC		777,134		777,134	54
54.01 ULTRASOUND		110,044		110,044	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES		89,832		89,832	54.02
54.03 MAMMOGRAPHY		381,972		381,972	54.03
55 RADIOLOGY-THERAPEUTIC		929,532		929,532	55
56 RADIOISOTOPE		178,029		178,029	56
57 CT SCAN		238,994		238,994	57
58 MRI		200,816		200,816	58
59 CARDIAC CATHETERIZATION		372,949		372,949	59
60 LABORATORY		807,012		807,012	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		57,916		57,916	63
64 INTRAVENOUS THERAPY		5,200		5,200	64
65 RESPIRATORY THERAPY		158,761		158,761	65
66 PHYSICAL THERAPY		100,053		100,053	66
66.01 REHAB OUTPATIENT		18,992		18,992	66.01
67 OCCUPATIONAL THERAPY		6,450		6,450	67
68 SPEECH PATHOLOGY		2,412		2,412	68
69 ELECTROCARDIOLOGY		30,088		30,088	69
70 ELECTROENCEPHALOGRAPHY		45,035		45,035	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		210,570		210,570	71
72 IMPL. DEV. CHARGED TO PATIENTS		202,787		202,787	72
73 DRUGS CHARGED TO PATIENTS		373,485		373,485	73
74 RENAL DIALYSIS		7,338		7,338	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC		536,149		536,149	90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT		21,736		21,736	90.04
90.05 OFF SITE IMAGING CENTER		12,556		12,556	90.05
91 EMERGENCY		1,775,842		1,775,842	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	57,106	23,365,137		23,365,137	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		124,183		124,183	190
192 PHYSICIANS' PRIVATE OFFICES		1,069		1,069	192
192.01 POB					192.01
194 COMMUNITY PROGRAMS		105		105	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	57,106	23,490,494		23,490,494	202

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVEABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON-CILIATION 5A	ADMINISTRATIVE & GENERAL ACCUM COST 5	
1 GENERAL SERVICE COST CENTERS						1
2 CAP REL COSTS-BLDG & FIXT	440,834	440,834				2
4 EMPLOYEE BENEFITS DEPARTMENT	1,537	1,537	97,140,584		201,919,446	4
5 ADMINISTRATIVE & GENERAL	29,930	29,930	8,552,570	-63,929,087	11,196,274	5
7 OPERATION OF PLANT	102,028	102,028	897,972		1,050,000	7
8 LAUNDRY & LINEN SERVICE					5,187,270	8
9 HOUSEKEEPING	6,159	6,159	301,330		3,787,330	9
10 DIETARY	5,862	5,862	205,735		1,454,335	10
11 CAFETERIA	3,583	3,583	88,172		3,628,618	11
13 NURSING ADMINISTRATION	11,535	11,535	2,186,491		1,169,643	13
14 CENTRAL SERVICES & SUPPLY	2,481	2,481	401,181		4,486,808	14
15 PHARMACY	2,721	2,721	2,994,614		3,201,708	15
16 MEDICAL RECORDS & LIBRARY	6,605	6,605	1,235,400		3,465,927	16
17 SOCIAL SERVICE	289	289	2,327,199			17
30 INPATIENT ROUTINE SERV COST CENTERS						30
31 ADULTS & PEDIATRICS	106,848	106,848	27,195,703		41,964,563	31
33 INTENSIVE CARE UNIT	10,670	10,670	4,658,025		6,647,821	33
43 NURSERY	11,312	11,312	4,759,932		6,829,450	43
50 ANCILLARY SERVICE COST CENTERS						50
50.01 OPERATING ROOM	23,306	23,306	5,535,231		10,438,286	50.01
51 ENDOSCOPY	10,504	10,504	1,414,959		2,581,976	51
52 RECOVERY ROOM	4,916	4,916	1,211,104		1,806,305	52
53 DELIVERY ROOM & LABOR ROOM	17,623	17,623	3,330,123		5,351,075	53
54 ANESTHESIOLOGY	23	23	79,043		390,364	54
54.01 RADIOLOGY-DIAGNOSTIC	9,787	9,787	2,739,498		4,345,626	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,123	1,123	1,203,376		1,627,458	54.02
54.03 MAMMOGRAPHY	1,028	1,028	692,867		1,192,361	54.03
55 RADIOLOGY-THERAPEUTIC	4,907	4,907	1,087,289		1,901,612	55
56 RADIOISOTOPE	12,428	12,428	816,230		1,860,123	56
57 CT SCAN	2,127	2,127	464,935		1,582,549	57
58 MRI	2,585	2,585	1,079,631		1,797,449	58
59 CARDIAC CATHETERIZATION	2,339	2,339	705,358		1,376,115	59
60 LABORATORY	4,613	4,613	1,818,997		2,673,514	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	8,929	8,929	3,048,544		8,413,152	62.30
63 BLOOD STORING, PROCESSING & TRANS.	543	543	377,683		1,712,229	63
64 INTRAVENOUS THERAPY			263,036		377,350	64
65 RESPIRATORY THERAPY	1,545	1,545	2,061,153		3,247,788	65
66 PHYSICAL THERAPY	1,128	1,128	970,276		1,326,790	66
66.01 REHAB OUTPATIENT			1,104,948		1,466,501	66.01
67 OCCUPATIONAL THERAPY			362,721		443,318	67
68 SPEECH PATHOLOGY			159,183		193,445	68
69 ELECTROCARDIOLOGY	6	6	1,010,637		1,342,669	69
70 ELECTROENCEPHALOGRAPHY	556	556	189,275		283,642	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					11,194,410	71
72 IMPL. DEV. CHARGED TO PATIENTS					12,036,386	72
73 DRUGS CHARGED TO PATIENTS					10,629,174	73
74 RENAL DIALYSIS					730,252	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90.01 ENTEROSTOMAL THERAPY	6,460	6,460	2,045,163		3,069,182	90.01
90.02 PROCEDURE CLINIC						90.02
90.03 IMMEDIATE CARE CENTERS			90,622		211,737	90.03
90.04 EPILEPSY MONITORING UNIT	250	250	457,712		848,873	90.04
90.05 OFF SITE IMAGING CENTER					10,401,703	90.05
91 EMERGENCY	20,959	20,959	6,852,993			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
94 OTHER REIMBURSABLE COST CENTERS						94
99.20 HOME PROGRAM DIALYSIS						99.20
99.30 OUTPATIENT PHYSICAL THERAPY						99.30
99.40 OUTPATIENT OCCUPATIONAL THERAPY						99.40
118 SPECIAL PURPOSE COST CENTERS	439,245	439,245	96,976,911	-63,929,087	200,923,161	118
190 SUBTOTALS (SUM OF LINES 1-117)						
190 NONREIMBURSABLE COST CENTERS	1,589	1,589	157,376		853,109	190
192 GIFT, FLOWER, COFFEE SHOP & CANTEEN					134,791	192
192.01 PHYSICIANS' PRIVATE OFFICES						192.01
194 POB			6,297		8,385	194
194 COMMUNITY PROGRAMS						

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COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVEABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	14,414,582	9,075,912	13,966,734	63,929,087	202
203	UNIT COST MULT-WS B PT I	32.698435	20.588049	0.143779	0.316607	203
204	COST TO BE ALLOC PER B PT II			81,901	1,602,074	204
205	UNIT COST MULT-WS B PT II			0.000843	0.007934	205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING	DIETARY	CAFETERIA
	SQUARE FEET 7	8	SQUARE FEET 9	PATIENT DAYS 10	FTE'S 11
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
7 OPERATION OF PLANT	307,339				7
8 LAUNDRY & LINEN SERVICE		1,590,202			8
9 HOUSEKEEPING	6,159		301,180		9
10 DIETARY	5,862		5,862	64,392	10
11 CAFETERIA	3,583		3,583		11
13 NURSING ADMINISTRATION	11,535		11,535		130,283
14 CENTRAL SERVICES & SUPPLY	2,481		2,481		2,193
15 PHARMACY	2,721		2,721		1,052
16 MEDICAL RECORDS & LIBRARY	6,605		6,605		3,738
17 SOCIAL SERVICE	289		289		3,257
INPATIENT ROUTINE SERV COST CENTERS					3,147
30 ADULTS & PEDIATRICS	106,848	765,816	106,848	59,258	44,951
31 INTENSIVE CARE UNIT	10,670	85,925	10,670	5,134	5,945
43 NURSERY	11,312	10,329	11,312		5,342
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	23,306	160,706	23,306		7,373
50.01 ENDOSCOPY	10,504		10,504		1,987
51 RECOVERY ROOM	4,916	57,683	4,916		50.01
52 DELIVERY ROOM & LABOR ROOM	17,623	25,208	17,623		1,381
53 ANESTHESIOLOGY	23		23		4,383
54 RADIOLOGY-DIAGNOSTIC	9,787	81,558	9,787		198
54.01 ULTRASOUND	1,123		1,123		5,717
54.02 RADIOLOGY-SPECIAL PROCEDURES	1,028		1,028		1,362
54.03 MAMMOGRAPHY	4,907		4,907		54.01
55 RADIOLOGY-THERAPEUTIC	12,428		12,428		752
56 RADIOISOTOPE	2,127		2,127		54.02
57 CT SCAN	2,585		2,585		1,518
58 MRI	2,339		2,339		827
59 CARDIAC CATHETERIZATION	4,613		4,613		503
60 LABORATORY	8,929		8,929		1,358
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					938
63 BLOOD STORING, PROCESSING & TRANS.	543		543		1,682
64 INTRAVENOUS THERAPY					6,780
65 RESPIRATORY THERAPY	1,545		1,545		62.30
66 PHYSICAL THERAPY	1,128		1,128		633
66.01 REHAB OUTPATIENT					295
67 OCCUPATIONAL THERAPY					64
68 SPEECH PATHOLOGY	6	248,996	6		65
69 ELECTROCARDIOLOGY	556		556		3,187
70 ELECTROENCEPHALOGRAPHY					1,208
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					1,645
72 IMPL. DEV. CHARGED TO PATIENTS					467
73 DRUGS CHARGED TO PATIENTS					165
74 RENAL DIALYSIS					68
76.97 CARDIAC REHABILITATION					1,563
76.98 HYPERBARIC OXYGEN THERAPY					381
76.99 LITHOTRIPSY					71
OUTPATIENT SERVICE COST CENTERS					72
90.01 ENTEROSTOMAL THERAPY					73
90.02 PROCEDURE CLINIC	6,460		6,460		74
90.03 IMMEDIATE CARE CENTERS					76.97
90.04 EPILEPSY MONITORING UNIT	250		250		76.98
90.05 OFF SITE IMAGING CENTER					76.99
91 EMERGENCY	20,959	153,981	20,959		90.01
92 OBSERVATION BEDS (NON-DISTINCT PART)					90.02
OTHER REIMBURSABLE COST CENTERS					90.03
94 HOME PROGRAM DIALYSIS					117
99.20 OUTPATIENT PHYSICAL THERAPY					673
99.30 OUTPATIENT OCCUPATIONAL THERAPY					10,015
99.40 OUTPATIENT SPEECH PATHOLOGY					91
SPECIAL PURPOSE COST CENTERS					92
118 SUBTOTALS (SUM OF LINES 1-117)	305,750	1,590,202	299,591	64,392	129,549
NONREIMBURSABLE COST CENTERS					118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,589		1,589		718
192 PHYSICIANS' PRIVATE OFFICES					190
192.01 POB					192
194 COMMUNITY PROGRAMS					16

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COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	PATIENT DAYS 10	FTE'S 11	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	14,741,093	1,382,437	7,125,004	5,406,265	2,171,405	202
203 UNIT COST MULT-WS B PT I	47.963626	0.869347	23.656963	83.958644	16.666833	203
204 COST TO BE ALLOC PER B PT II	5,526,301	8,331	480,348	457,341	272,678	204
205 UNIT COST MULT-WS B PT II	17.981125	0.005239	1.594887	7.102451	2.092967	205

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS
	13	14	15	16	17
GENERAL SERVICE COST CENTERS					1
1 CAP REL COSTS-BLDG & FIXT					2
2 CAP REL COSTS-MVBLE EQUIP					4
4 EMPLOYEE BENEFITS DEPARTMENT					5
5 ADMINISTRATIVE & GENERAL OPERATION OF PLANT					7
7 LAUNDRY & LINEN SERVICE					8
8 HOUSEKEEPING					9
9 DIETARY					10
10 CAFETERIA					11
11 NURSING ADMINISTRATION	84,310				13
13 CENTRAL SERVICES & SUPPLY		22,875,689			14
14 PHARMACY			10,629,174		15
15 MEDICAL RECORDS & LIBRARY				1,307,288,315	16
16 SOCIAL SERVICE					64,392
17 INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	44,951			135,716,700	59,258
31 INTENSIVE CARE UNIT	5,945			20,141,297	5,134
43 NURSERY	5,342			30,676,490	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	7,373			110,587,254	50
50.01 ENDOSCOPY	1,987			47,788,708	50.01
51 RECOVERY ROOM	1,381			23,193,758	51
52 DELIVERY ROOM & LABOR ROOM	4,383			21,037,665	52
53 ANESTHESIOLOGY				27,633,959	53
54 RADIOLOGY-DIAGNOSTIC				37,689,708	54
54.01 ULTRASOUND				29,041,983	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES				8,402,166	54.02
54.03 MAMMOGRAPHY				13,337,397	54.03
55 RADIOLOGY-THERAPEUTIC				17,313,374	55
56 RADIOISOTOPE				22,968,066	56
57 CT SCAN				82,822,033	57
58 MRI				42,930,306	58
59 CARDIAC CATHETERIZATION				26,824,085	59
60 LABORATORY				186,467,481	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				7,928,838	62.30
63 BLOOD STORING, PROCESSING & TRANS.				3,469,683	63
64 INTRAVENOUS THERAPY				30,487,554	64
65 RESPIRATORY THERAPY				10,129,765	65
66 PHYSICAL THERAPY				7,572,049	66
66.01 REHAB OUTPATIENT				4,187,508	66.01
67 OCCUPATIONAL THERAPY				1,011,197	67
68 SPEECH PATHOLOGY				34,441,100	68
69 ELECTROCARDIOLOGY				3,340,595	69
70 ELECTROENCEPHALOGRAPHY				69,818,341	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,194,410		22,700,670	71
72 IMPL. DEV. CHARGED TO PATIENTS		11,681,279		114,082,303	72
73 DRUGS CHARGED TO PATIENTS			10,629,174	3,919,203	73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY				10,757,865	90.01
90.02 PROCEDURE CLINIC	2,816				90.02
90.03 IMMEDIATE CARE CENTERS				771,877	90.03
90.04 EPILEPSY MONITORING UNIT	117			10,217,153	90.04
90.05 OFF SITE IMAGING CENTER				87,880,184	90.05
91 EMERGENCY	10,015				91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
118 SUBTOTALS (SUM OF LINES 1-117)	84,310	22,875,689	10,629,174	1,307,288,315	64,392
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 POB					192.01
194 COMMUNITY PROGRAMS					194

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COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION FTE'S	CENTRAL SERVICES SUPPLY COSTED REQUIS.	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS LIBRARY GROSS REVENUE	SOCIAL SERVICE  PATIENT DAYS	
		13	14	15	16	17	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	5,640,157	1,735,185	6,164,544	4,742,729	4,636,413	202
203	UNIT COST MULT-WS B PT I	66.897841	0.075853	0.579965	0.003628	72.002935	203
204	COST TO BE ALLOC PER B PT II	875,690	192,592	244,205	514,516	57,106	204
205	UNIT COST MULT-WS B PT II	10.386550	0.008419	0.022975	0.000394	0.886849	205

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WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		
	GENERAL SERVICE COST CENTERS	1
1	CAP REL COSTS-BLDG & FIXT	2
2	CAP REL COSTS-MVBLE EQUIP	4
4	EMPLOYEE BENEFITS DEPARTMENT	5
5	ADMINISTRATIVE & GENERAL	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	17
17	SOCIAL SERVICE	
	INPATIENT ROUTINE SERV COST CENTERS	30
30	ADULTS & PEDIATRICS	31
31	INTENSIVE CARE UNIT	43
43	NURSERY	
	ANCILLARY SERVICE COST CENTERS	50
50	OPERATING ROOM	50.01
50.01	ENDOSCOPY	51
51	RECOVERY ROOM	52
52	DELIVERY ROOM & LABOR ROOM	53
53	ANESTHESIOLOGY	54
54	RADIOLOGY-DIAGNOSTIC	54.01
54.01	ULTRASOUND	54.02
54.02	RADIOLOGY-SPECIAL PROCEDURES	54.03
54.03	MAMMOGRAPHY	55
55	RADIOLOGY-THERAPEUTIC	56
56	RADIOISOTOPE	57
57	CT SCAN	58
58	MRI	59
59	CARDIAC CATHETERIZATION	60
60	LABORATORY	62.30
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	63
63	BLOOD STORING, PROCESSING & TRANS.	64
64	INTRAVENOUS THERAPY	65
65	RESPIRATORY THERAPY	66
66	PHYSICAL THERAPY	66.01
66.01	REHAB OUTPATIENT	67
67	OCCUPATIONAL THERAPY	68
68	SPEECH PATHOLOGY	69
69	ELECTROCARDIOLOGY	70
70	ELECTROENCEPHALOGRAPHY	71
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	72
72	IMPL. DEV. CHARGED TO PATIENTS	73
73	DRUGS CHARGED TO PATIENTS	74
74	RENAL DIALYSIS	76.97
76.97	CARDIAC REHABILITATION	76.98
76.98	HYPERBARIC OXYGEN THERAPY	76.99
76.99	LITHOTRIPSY	
	OUTPATIENT SERVICE COST CENTERS	90.01
90.01	ENTEROSTOMAL THERAPY	90.02
90.02	PROCEDURE CLINIC	90.03
90.03	IMMEDIATE CARE CENTERS	90.04
90.04	EPILEPSY MONITORING UNIT	90.05
90.05	OFF SITE IMAGING CENTER	91
91	EMERGENCY	92
92	OBSERVATION BEDS (NON-DISTINCT PART)	
	OTHER REIMBURSABLE COST CENTERS	94
94	HOME PROGRAM DIALYSIS	99.20
99.20	OUTPATIENT PHYSICAL THERAPY	99.30
99.30	OUTPATIENT OCCUPATIONAL THERAPY	99.40
99.40	OUTPATIENT SPEECH PATHOLOGY	
	SPECIAL PURPOSE COST CENTERS	118
118	SUBTOTALS (SUM OF LINES 1-117)	
	NONREIMBURSABLE COST CENTERS	190
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	192
192	PHYSICIANS' PRIVATE OFFICES	192.01
192.01	POB	194
194	COMMUNITY PROGRAMS	

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

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WORKSHEET C  
 PART I

COMPUTATION OF RATIO OF COST TO CHARGES

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			77,059,751		77,059,751	30
30 ADULTS & PEDIATRICS	77,059,751		10,962,031		10,962,031	31
31 INTENSIVE CARE UNIT	10,962,031		10,368,550		10,368,550	43
43 NURSERY	10,368,550					
ANCILLARY SERVICE COST CENTERS			16,569,352		16,569,352	50
50 OPERATING ROOM	16,569,352		4,491,171		4,491,171	50.01
50.01 ENDOSCOPY	4,491,171		2,979,978		2,979,978	51
51 RECOVERY ROOM	2,979,978		8,771,936		8,771,936	52
52 DELIVERY ROOM & LABOR ROOM	8,771,936		619,159		619,159	53
53 ANESTHESIOLOGY	619,159		6,725,357		6,725,357	54
54 RADIOLOGY-DIAGNOSTIC	6,725,357		2,351,217		2,351,217	54.01
54.01 ULTRASOUND	2,351,217		1,686,513		1,686,513	54.02
54.02 RADIOLOGY-SPECIAL PROCEDURE	1,686,513		2,928,807		2,928,807	55
54.03 MAMMOGRAPHY	2,928,807		3,415,748		3,415,748	56
55 RADIOLOGY-THERAPEUTIC	3,415,748		2,327,643		2,327,643	57
56 RADIOISOTOPE	2,327,643		2,874,785		2,874,785	58
57 CT SCAN	2,874,785		2,150,708		2,150,708	59
58 MRI	2,150,708		3,975,705		3,975,705	60
59 CARDIAC CATHETERIZATION	3,975,705		12,505,707		12,505,707	62.30
60 LABORATORY	12,505,707					
62.30 BLOOD CLOTTING FOR HEMOPHIL			2,332,539		2,332,539	63
63 BLOOD STORING, PROCESSING &	2,332,539		514,327		514,327	64
64 INTRAVENOUS THERAPY	514,327		4,550,440		4,550,440	65
65 RESPIRATORY THERAPY	4,550,440		1,884,534		1,884,534	66
66 PHYSICAL THERAPY	1,884,534		1,985,693		1,985,693	66.01
66.01 REHAB OUTPATIENT	1,985,693		606,651		606,651	67
67 OCCUPATIONAL THERAPY	606,651		261,110		261,110	68
68 SPEECH PATHOLOGY	261,110		2,135,663		2,135,663	69
69 ELECTROCARDIOLOGY	2,135,663		431,736		431,736	70
70 ELECTROENCEPHALOGRAPHY	431,736		15,841,070		15,841,070	71
71 MEDICAL SUPPLIES CHARGED TO	15,841,070		16,815,603		16,815,603	72
72 IMPL. DEV. CHARGED TO PATIE	16,815,603		20,572,880		20,572,880	73
73 DRUGS CHARGED TO PATIENTS	20,572,880		975,674		975,674	74
74 RENAL DIALYSIS	975,674					76.97
76.97 CARDIAC REHABILITATION						76.98
76.98 HYPERBARIC OXYGEN THERAPY						76.99
76.99 LITHOTRIPSY						
OUTPATIENT SERVICE COST CENTERS			4,777,924		4,777,924	90.01
90.01 ENTEROSTOMAL THERAPY	4,777,924					90.02
90.02 PROCEDURE CLINIC			309,256		309,256	90.03
90.03 IMMEDIATE CARE CENTERS	309,256		1,165,917		1,165,917	90.04
90.04 EPILEPSY MONITORING UNIT	1,165,917		16,485,643		16,485,643	90.05
90.05 OFF SITE IMAGING CENTER	16,485,643		7,888,546		7,888,546	91
91 EMERGENCY	7,888,546					92
92 OBSERVATION BEDS (NON-DISTI						
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE			272,299,324		272,299,324	113
200 SUBTOTAL (SEE INSTRUCTIONS)	272,299,324		7,888,546		7,888,546	200
201 LESS OBSERVATION BEDS	7,888,546		264,410,778		264,410,778	201
202 TOTAL (SEE INSTRUCTIONS)	264,410,778					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	122,796,045		122,796,045			30
31 INTENSIVE CARE UNIT	20,141,297		20,141,297			31
43 NURSERY	30,676,490		30,676,490			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	45,570,855	65,016,399	110,587,254	0.149831	0.149831	0.149831 50
50.01 ENDOSCOPY	8,946,893	38,841,815	47,788,708	0.093980	0.093980	0.093980 50.01
51 RECOVERY ROOM	9,284,282	13,909,476	23,193,758	0.128482	0.128482	0.128482 51
52 DELIVERY ROOM & LABOR ROOM	20,527,213	510,452	21,037,665	0.416963	0.416963	0.416963 52
53 ANESTHESIOLOGY	10,874,673	16,759,286	27,633,959	0.022406	0.022406	0.022406 53
54 RADIOLOGY-DIAGNOSTIC	12,325,964	25,363,744	37,689,708	0.178440	0.178440	0.178440 54
54.01 ULTRASOUND	7,652,323	21,389,660	29,041,983	0.080959	0.080959	0.080959 54.01
54.02 RADIOLOGY-SPECIAL PROCEDURE	4,759,497	3,642,669	8,402,166	0.200724	0.200724	0.200724 54.02
54.03 MAMMOGRAPHY	7,353	13,330,044	13,337,397	0.219594	0.219594	0.219594 54.03
55 RADIOLOGY-THERAPEUTIC	628,157	16,685,217	17,313,374	0.197290	0.197290	0.197290 55
56 RADIOISOTOPE	7,522,101	15,445,965	22,968,066	0.101343	0.101343	0.101343 56
57 CT SCAN	23,958,128	58,863,905	82,822,033	0.034710	0.034710	0.034710 57
58 MRI	10,621,205	32,309,101	42,930,306	0.050098	0.050098	0.050098 58
59 CARDIAC CATHETERIZATION	15,820,226	11,003,859	26,824,085	0.148214	0.148214	0.148214 59
60 LABORATORY	86,299,001	100,168,480	186,467,481	0.067066	0.067066	0.067066 60
62,30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	6,233,133	1,695,705	7,928,838	0.294184	0.294184	0.294184 63
64 INTRAVENOUS THERAPY	3,125,853	343,830	3,469,683	0.148235	0.148235	0.148235 64
65 RESPIRATORY THERAPY	27,626,721	2,860,833	30,487,554	0.149256	0.149256	0.149256 65
66 PHYSICAL THERAPY	9,570,123	559,642	10,129,765	0.186039	0.186039	0.186039 66
66.01 REHAB OUTPATIENT	5,092	7,566,957	7,572,049	0.262240	0.262240	0.262240 66.01
67 OCCUPATIONAL THERAPY	3,887,080	300,428	4,187,508	0.144872	0.144872	0.144872 67
68 SPEECH PATHOLOGY	964,837	46,360	1,011,197	0.258219	0.258219	0.258219 68
69 ELECTROCARDIOLOGY	15,894,840	18,546,260	34,441,100	0.062009	0.062009	0.062009 69
70 ELECTROENCEPHALOGRAPHY	838,095	2,502,500	3,340,595	0.129239	0.129239	0.129239 70
71 MEDICAL SUPPLIES CHARGED TO	41,623,673	28,194,668	69,818,341	0.226890	0.226890	0.226890 71
72 IMPL. DEV. CHARGED TO PATIE	15,476,457	7,224,213	22,700,670	0.740754	0.740754	0.740754 72
73 DRUGS CHARGED TO PATIENTS	73,275,982	40,806,321	114,082,303	0.180334	0.180334	0.180334 73
74 RENAL DIALYSIS	3,811,151	108,052	3,919,203	0.248947	0.248947	0.248947 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	229,160	10,528,705	10,757,865	0.444133	0.444133	0.444133 90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT		771,877	771,877	0.400655	0.400655	0.400655 90.04
90.05 OFF SITE IMAGING CENTER	16,481	10,200,672	10,217,153	0.114114	0.114114	0.114114 90.05
91 EMERGENCY	22,149,193	65,730,991	87,880,184	0.187592	0.187592	0.187592 91
92 OBSERVATION BEDS (NON-DISTI		12,920,655	12,920,655	0.610538	0.610538	0.610538 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	663,139,574	644,148,741	1,307,288,315			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	663,139,574	644,148,741	1,307,288,315			202

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)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	9,233,032		9,233,032	66,016	139.86	25,208	3,525,591	30
31 INTENSIVE CARE UNIT	957,707		957,707	5,134	186.54	2,626	489,854	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY	961,225		961,225	11,950	80.44			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	11,151,964		11,151,964	83,100		27,834	4,015,445	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 (14-0290) [ ] 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	1,922,040	110,587,254	0.017380	15,746,475	273,674	50
50.01	ENDOSCOPY	830,652	47,788,708	0.017382	4,471,749	77,728	50.01
51	RECOVERY ROOM	400,218	23,193,758	0.017255	3,325,193	57,376	51
52	DELIVERY ROOM & LABOR ROOM	1,392,436	21,037,665	0.066188	57,355	3,796	52
53	ANESTHESIOLOGY	16,143	27,633,959	0.000584	3,700,086	2,161	53
54	RADIOLOGY-DIAGNOSTIC	777,134	37,689,708	0.020619	6,547,471	135,002	54
54.01	ULTRASOUND	110,044	29,041,983	0.003789	3,913,174	14,827	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	89,832	8,402,166	0.010692	2,539,109	27,148	54.02
54.03	MAMMOGRAPHY	381,972	13,337,397	0.028639	7,353	211	54.03
55	RADIOLOGY-THERAPEUTIC	929,532	17,313,374	0.053689	370,215	19,876	55
56	RADIOISOTOPE	178,029	22,968,066	0.007751	4,728,958	36,654	56
57	CT SCAN	238,994	82,822,033	0.002886	12,167,442	35,115	57
58	MRI	200,816	42,930,306	0.004678	5,033,706	23,548	58
59	CARDIAC CATHETERIZATION	372,949	26,824,085	0.013904	7,937,649	110,365	59
60	LABORATORY	807,012	186,467,481	0.004328	40,621,529	175,810	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	57,916	7,928,838	0.007304	2,109,771	15,410	63
64	INTRAVENOUS THERAPY	5,200	3,469,683	0.001499	1,741,246	2,610	64
65	RESPIRATORY THERAPY	158,761	30,487,554	0.005207	20,001,781	104,149	65
66	PHYSICAL THERAPY	100,053	10,129,765	0.009877	5,778,384	57,073	66
66.01	REHAB OUTPATIENT	18,992	7,572,049	0.002508			66.01
67	OCCUPATIONAL THERAPY	6,450	4,187,508	0.001540	2,430,859	3,744	67
68	SPEECH PATHOLOGY	2,412	1,011,197	0.002385	616,772	1,471	68
69	ELECTROCARDIOLOGY	30,088	34,441,100	0.000874	8,835,620	7,722	69
70	ELECTROENCEPHALOGRAPHY	45,035	3,340,595	0.013481	416,812	5,619	70
71	MEDICAL SUPPLIES CHARGED TO P	210,570	69,818,341	0.003016	11,825,215	35,665	71
72	IMPL. DEV. CHARGED TO PATIENT	202,787	22,700,670	0.008933	7,016,300	62,677	72
73	DRUGS CHARGED TO PATIENTS	373,485	114,082,303	0.003274	32,016,229	104,821	73
74	RENAL DIALYSIS	7,338	3,919,203	0.001872	2,581,055	4,832	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	ENTEROSTOMAL THERAPY						90.01
90.02	PROCEDURE CLINIC	536,149	10,757,865	0.049838	102,672	5,117	90.02
90.03	IMMEDIATE CARE CENTERS						90.03
90.04	EPILEPSY MONITORING UNIT	21,736	771,877	0.028160			90.04
90.05	OFF SITE IMAGING CENTER	12,556	10,217,153	0.001229	13,604	17	90.05
91	EMERGENCY	1,775,842	87,880,184	0.020208	11,035,428	223,004	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	945,182	12,920,655	0.073153			92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	13,158,355	1,133,674,483		217,689,212	1,627,222	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 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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WORKSHEET D  
 PART III

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

CHECK  
 APPLICABLE  
 BOXES

[ ] TITLE V  
 [XX] TITLE XVIII-PT A  
 [ ] 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	
30 INPAT ROUTINE SERV COST CTRS			25,208		30
31 ADULTS & PEDIATRICS	66,016		2,626		31
32 INTENSIVE CARE UNIT	5,134				32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 OTHER SPECIAL CARE (SPECIFY)					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY	11,950				44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY			27,834		200
200 TOTAL (SUM OF LINES 30-199)	83,100				

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

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON 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 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES						54.02
54.03 MAMMOGRAPHY						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 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
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC						90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT						90.04
90.05 OFF SITE IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS (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 [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0290) [ ] 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						OPERATING ROOM	110,587,254		15,746,475		9,699,761	50
50.01						ENDOSCOPY	47,788,708		4,471,749		11,491,159	50.01
51						RECOVERY ROOM	23,193,758		3,325,193		1,400,705	51
52						DELIVERY ROOM & LABOR ROOM	21,037,665		57,355			52
53						ANESTHESIOLOGY	27,633,959		3,700,086		2,527,139	53
54						RADIOLOGY-DIAGNOSTIC	37,689,708		6,547,471		5,659,582	54
54.01						ULTRASOUND	29,041,983		3,913,174		3,350,751	54.01
54.02						RADIOLOGY-SPECIAL PROCEDURES	8,402,166		2,539,109		2,153,260	54.02
54.03						MAMMOGRAPHY	13,337,397		7,353		566,189	54.03
55						RADIOLOGY-THERAPEUTIC	17,313,374		370,215		6,367,077	55
56						RADIOISOTOPE	22,968,066		4,728,958		5,731,049	56
57						CT SCAN	82,822,033		12,167,442		14,564,577	57
58						MRI	42,930,306		5,033,706		7,340,212	58
59						CARDIAC CATHETERIZATION	26,824,085		7,937,649		5,876,893	59
60						LABORATORY	186,467,481		40,621,529		4,501,544	60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	7,928,838		2,109,771		495,170	63
64						INTRAVENOUS THERAPY	3,469,683		1,741,246		155,667	64
65						RESPIRATORY THERAPY	30,487,554		20,001,781		729,788	65
66						PHYSICAL THERAPY	10,129,765		5,778,384			66
66.01						REHAB OUTPATIENT	7,572,049					66.01
67						OCCUPATIONAL THERAPY	4,187,508		2,430,859			67
68						SPEECH PATHOLOGY	1,011,197		616,772			68
69						ELECTROCARDIOLOGY	34,441,100		8,835,620		4,739,974	69
70						ELECTROENCEPHALOGRAPHY	3,340,595		416,812		487,334	70
71						MEDICAL SUPPLIES CHARGED TO	69,818,341		11,825,215		8,064,438	71
72						IMPL. DEV. CHARGED TO PATIEN	22,700,670		7,016,300		2,463,836	72
73						DRUGS CHARGED TO PATIENTS	114,082,303		32,016,229		11,414,293	73
74						RENAL DIALYSIS	3,919,203		2,581,055		72,036	74
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.01						ENTEROSTOMAL THERAPY						90.01
90.02						PROCEDURE CLINIC	10,757,865		102,672		4,791,657	90.02
90.03						IMMEDIATE CARE CENTERS						90.03
90.04						EPILEPSY MONITORING UNIT	771,877				46,515	90.04
90.05						OFF SITE IMAGING CENTER	10,217,153		13,604		2,736,214	90.05
91						EMERGENCY	87,880,184		11,035,428		8,994,184	91
92						OBSERVATION BEDS (NON-DISTIN	12,920,655				3,364,294	92
OTHER REIMBURSABLE COST CENTERS												
94						HOME PROGRAM DIALYSIS						94
200						TOTAL (SUM OF LINES 50-199)	1,133,674,483		217,689,212		129,785,298	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.149831	9,699,761			1,453,325		50
50.01 ENDOSCOPY	0.093980	11,491,159			1,079,939		50.01
51 RECOVERY ROOM	0.128482	1,400,705			179,965		51
52 DELIVERY ROOM & LABOR ROOM	0.416963						52
53 ANESTHESIOLOGY	0.022406	2,527,139			56,623		53
54 RADIOLOGY-DIAGNOSTIC	0.178440	5,659,582			1,009,896		54
54.01 ULTRASOUND	0.080959	3,350,751			271,273		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.200724	2,153,260			432,211		54.02
54.03 MAMMOGRAPHY	0.219594	566,189			124,332		54.03
55 RADIOLOGY-THERAPEUTIC	0.197290	6,367,077			1,256,161		55
56 RADIOISOTOPE	0.101343	5,731,049			580,802		56
57 CT SCAN	0.034710	14,564,577			505,536		57
58 MRI	0.050098	7,340,212			367,730		58
59 CARDIAC CATHETERIZATION	0.148214	5,876,893			871,038		59
60 LABORATORY	0.067066	4,501,544	26,713		301,901	1,792	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.294184	495,170			145,671		63
64 INTRAVENOUS THERAPY	0.148235	155,667			23,075		64
65 RESPIRATORY THERAPY	0.149256	729,788			108,925		65
66 PHYSICAL THERAPY	0.186039						66
66.01 REHAB OUTPATIENT	0.262240						66.01
67 OCCUPATIONAL THERAPY	0.144872						67
68 SPEECH PATHOLOGY	0.258219						68
69 ELECTROCARDIOLOGY	0.062009	4,739,974			293,921		69
70 ELECTROENCEPHALOGRAPHY	0.129239	487,334			62,983		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.226890	8,064,438	288		1,829,740	65	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.740754	2,463,836			1,825,096		72
73 DRUGS CHARGED TO PATIENTS	0.180334	11,414,293	472	396,992	2,058,385	85	73
74 RENAL DIALYSIS	0.248947	72,036			17,933		74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 ENTEROSTOMAL THERAPY							90.01
90.02 PROCEDURE CLINIC	0.444133	4,791,657			2,128,133		90.02
90.03 IMMEDIATE CARE CENTERS							90.03
90.04 EPILEPSY MONITORING UNIT	0.400655	46,515			18,636		90.04
90.05 OFF SITE IMAGING CENTER	0.114114	2,736,214			312,240		90.05
91 EMERGENCY	0.187592	8,994,184	80,318		1,687,237	15,067	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.610538	3,364,294			2,054,029		92
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)		129,785,298	107,791	396,992	21,056,736	17,009	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		129,785,298	107,791	396,992	21,056,736	17,009	202

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	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)			
	1	2	3	4	5	6	7	
30 INPAT ROUTINE SERV COST CTRS								
31 ADULTS & PEDIATRICS	9,233,032		9,233,032	66,016	139.86	11,457	1,602,376	30
32 INTENSIVE CARE UNIT	957,707		957,707	5,134	186.54	293	54,656	31
33 CORONARY CARE UNIT								32
34 BURN INTENSIVE CARE UNIT								33
35 SURGICAL INTENSIVE CARE UNIT								34
40 OTHER SPECIAL CARE (SPECIFY)								35
41 SUBPROVIDER - IPF								40
42 SUBPROVIDER - IRF								41
43 SUBPROVIDER I								42
44 NURSERY	961,225		961,225	11,950	80.44	5,036	405,096	43
45 SKILLED NURSING FACILITY								44
200 NURSING FACILITY								45
TOTAL (LINES 30-199)	11,151,964		11,151,964	83,100		16,786	2,062,128	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0290) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. 1, 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	1,922,040	110,587,254	0.017380	50
50.01	ENDOSCOPY	830,652	47,788,708	0.017382	50.01
51	RECOVERY ROOM	400,218	23,193,758	0.017255	51
52	DELIVERY ROOM & LABOR ROOM	1,392,436	21,037,665	0.066188	52
53	ANESTHESIOLOGY	16,143	27,633,959	0.000584	53
54	RADIOLOGY-DIAGNOSTIC	777,134	37,689,708	0.020619	54
54.01	ULTRASOUND	110,044	29,041,983	0.003789	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	89,832	8,402,166	0.010692	54.02
54.03	MAMMOGRAPHY	381,972	13,337,397	0.028639	54.03
55	RADIOLOGY-THERAPEUTIC	929,532	17,313,374	0.053689	55
56	RADIOISOTOPE	178,029	22,968,066	0.007751	56
57	CT SCAN	238,994	82,822,033	0.002886	57
58	MRI	200,816	42,930,306	0.004678	58
59	CARDIAC CATHETERIZATION	372,949	26,824,085	0.013904	59
60	LABORATORY	807,012	186,467,481	0.004328	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	57,916	7,928,838	0.007304	63
64	INTRAVENOUS THERAPY	5,200	3,469,683	0.001499	64
65	RESPIRATORY THERAPY	158,761	30,487,554	0.005207	65
66	PHYSICAL THERAPY	100,053	10,129,765	0.009877	66
66.01	REHAB OUTPATIENT	18,992	7,572,049	0.002508	66.01
67	OCCUPATIONAL THERAPY	6,450	4,187,508	0.001540	67
68	SPEECH PATHOLOGY	2,412	1,011,197	0.002385	68
69	ELECTROCARDIOLOGY	30,088	34,441,100	0.000874	69
70	ELECTROENCEPHALOGRAPHY	45,035	3,340,595	0.013481	70
71	MEDICAL SUPPLIES CHARGED TO P	210,570	69,818,341	0.003016	71
72	IMPL. DEV. CHARGED TO PATIENT	202,787	22,700,670	0.008933	72
73	DRUGS CHARGED TO PATIENTS	373,485	114,082,303	0.003274	73
74	RENAL DIALYSIS	7,338	3,919,203	0.001872	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	ENTEROSTOMAL THERAPY				90.01
90.02	PROCEDURE CLINIC	536,149	10,757,865	0.049838	90.02
90.03	IMMEDIATE CARE CENTERS				90.03
90.04	EPILEPSY MONITORING UNIT	21,736	771,877	0.028160	90.04
90.05	OFF SITE IMAGING CENTER	12,556	10,217,153	0.001229	90.05
91	EMERGENCY	1,775,842	87,880,184	0.020208	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	945,182	12,920,655	0.073153	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	13,158,355	1,133,674,483		200

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

WORKSHEET D  
 PART III

CHECK  
 APPLICABLE  
 BOXES

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

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

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 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  
 11/26/2013 09:09

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	
30 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	66,016		11,457		30
31 INTENSIVE CARE UNIT	5,134		293		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY	11,950		5,036		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	83,100		16,786		200

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 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  
 11/26/2013 09:09

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 (14-0290) [ ] 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 ENDOSCOPY						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES						54.02
54.03 MAMMOGRAPHY						54.03
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 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
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC						90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT						90.04
90.05 OFF SITE IMAGING CENTER						90.05
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 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  
 11/26/2013 09:09

WORKSHEET D  
 PART IV

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0290) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						110,587,254						50
50.01						47,788,708						50.01
51						23,193,758						51
52						21,037,665						52
53						27,633,959						53
54						37,689,708						54
54.01						29,041,983						54.01
54.02						8,402,166						54.02
54.03						13,337,397						54.03
55						17,313,374						55
56						22,968,066						56
57						82,822,033						57
58						42,930,306						58
59						26,824,085						59
60						186,467,481						60
62.30												62.30
63						7,928,838						63
64						3,469,683						64
65						30,487,554						65
66						10,129,765						66
66.01						7,572,049						66.01
67						4,187,508						67
68						1,011,197						68
69						34,441,100						69
70						3,340,595						70
71						69,818,341						71
72						22,700,670						72
73						114,082,303						73
74						3,919,203						74
76.97												76.97
76.98												76.98
76.99												76.99
OUTPATIENT SERVICE COST CENTERS												
90.01												90.01
90.02						10,757,865						90.02
90.03												90.03
90.04						771,877						90.04
90.05						10,217,153						90.05
91						87,880,184						91
92						12,920,655						92
OTHER REIMBURSABLE COST CENTERS												
94												94
200						1,133,674,483						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.149831						50
50.01 ENDOSCOPY	0.093980						50.01
51 RECOVERY ROOM	0.128482						51
52 DELIVERY ROOM & LABOR ROOM	0.416963						52
53 ANESTHESIOLOGY	0.022406						53
54 RADIOLOGY-DIAGNOSTIC	0.178440						54
54.01 ULTRASOUND	0.080959						54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.200724						54.02
54.03 MAMMOGRAPHY	0.219594						54.03
55 RADIOLOGY-THERAPEUTIC	0.197290						55
56 RADIOISOTOPE	0.101343						56
57 CT SCAN	0.034710						57
58 MRI	0.050098						58
59 CARDIAC CATHETERIZATION	0.148214						59
60 LABORATORY	0.067066						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.294184						63
64 INTRAVENOUS THERAPY	0.148235						64
65 RESPIRATORY THERAPY	0.149256						65
66 PHYSICAL THERAPY	0.186039						66
66.01 REHAB OUTPATIENT	0.262240						66.01
67 OCCUPATIONAL THERAPY	0.144872						67
68 SPEECH PATHOLOGY	0.258219						68
69 ELECTROCARDIOLOGY	0.062009						69
70 ELECTROENCEPHALOGRAPHY	0.129239						70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.226890						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.740754						72
73 DRUGS CHARGED TO PATIENTS	0.180334						73
74 RENAL DIALYSIS	0.248947						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 ENTEROSTOMAL THERAPY							90.01
90.02 PROCEDURE CLINIC	0.444133						90.02
90.03 IMMEDIATE CARE CENTERS							90.03
90.04 EPILEPSY MONITORING UNIT	0.400655						90.04
90.05 OFF SITE IMAGING CENTER	0.114114						90.05
91 EMERGENCY	0.187592						91
92 OBSERVATION BEDS (NON-DISTINCT)	0.610538						92
OTHER REIMBURSABLE COST CENTERS							
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



COMPUTATION OF INPATIENT OPERATING COST

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

[XX] PPS  
 [ ] TEFRA  
 [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	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	
38					1,167.29	38
					29,425,046	39
39						40
40					29,425,046	41
41						
42						
43	10,962,031	5,134	2,135.18	2,626	5,606,983	43
44						44
45						45
46						46
47					32,903,809	47
48					67,935,838	48
49						49
50					4,015,445	50
51					1,627,222	51
52					5,642,667	52
53					62,293,171	53
54						54
55						55
56						56
57						57
58						58
59						59
60						60
61						61
62						62
63						63
64						64
65						65
66						66
67						67
68						68
69						69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 + COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
87					6,758	87
88					1,167.29	88
89					7,888,546	89
90	9,233,032	77,059,751	0.119817	7,888,546	945,182	90
91						91
92						92
93						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input checked="" type="checkbox"/>	HOSPITAL (14-0290)	<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 type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input checked="" type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										66,016	1
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)									66,016	2
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)										3
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)									59,258	4
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)										5
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD										6
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)										7
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD										8
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)										9
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)									11,457	10
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)										11
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)										12
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										13
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)										14
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)									11,950	15
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)									5,036	16
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)										
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)									77,059,751	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)									77,059,751	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST										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)									77,059,751	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK  TITLE V-INPT  HOSPITAL (14-0290)  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 1,167.29 38  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 13,373,642 39  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 40  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 13,373,642 41  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	10,368,550	11,950	867.66	5,036	4,369,536 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	10,962,031	5,134	2,135.18	293	625,608 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					18,368,786 49
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,062,128 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 2,062,128 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 XVII 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) 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	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	4	
INPATIENT ROUTINE SERVICE COST CENTERS		53,382,020			30
30 ADULTS & PEDIATRICS		10,388,460			31
31 INTENSIVE CARE UNIT					
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.149831	15,746,475	2,359,310		50
50.01 ENDOSCOPY	0.093980	4,471,749	420,255		50.01
51 RECOVERY ROOM	0.128482	3,325,193	427,227		51
52 DELIVERY ROOM & LABOR ROOM	0.416963	57,355	23,915		52
53 ANESTHESIOLOGY	0.022406	3,700,086	82,904		53
54 RADIOLOGY-DIAGNOSTIC	0.178440	6,547,471	1,168,331		54
54.01 ULTRASOUND	0.080959	3,913,174	316,807		54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.200724	2,539,109	509,660		54.02
54.03 MAMMOGRAPHY	0.219594	7,353	1,615		54.03
55 RADIOLOGY-THERAPEUTIC	0.197290	370,215	73,040		55
56 RADIOISOTOPE	0.101343	4,728,958	479,247		56
57 CT SCAN	0.034710	12,167,442	422,332		57
58 MRI	0.050098	5,033,706	252,179		58
59 CARDIAC CATHETERIZATION	0.148214	7,937,649	1,176,471		59
60 LABORATORY	0.067066	40,621,529	2,724,323		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.294184	2,109,771	620,661		63
64 INTRAVENOUS THERAPY	0.148235	1,741,246	258,114		64
65 RESPIRATORY THERAPY	0.149256	20,001,781	2,985,386		65
66 PHYSICAL THERAPY	0.186039	5,778,384	1,075,005		66
66.01 REHAB OUTPATIENT	0.262240				66.01
67 OCCUPATIONAL THERAPY	0.144872	2,430,859	352,163		67
68 SPEECH PATHOLOGY	0.258219	616,772	159,262		68
69 ELECTROCARDIOLOGY	0.062009	8,835,620	547,888		69
70 ELECTROENCEPHALOGRAPHY	0.129239	416,812	53,868		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.226890	11,825,215	2,683,023		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.740754	7,016,300	5,197,352		72
73 DRUGS CHARGED TO PATIENTS	0.180334	32,016,229	5,773,615		73
74 RENAL DIALYSIS	0.248947	2,581,055	642,546		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY	0.444133	102,672	45,600		90.01
90.02 PROCEDURE CLINIC					90.02
90.03 IMMEDIATE CARE CENTERS	0.400655				90.03
90.04 EPILEPSY MONITORING UNIT	0.114114	13,604	1,552		90.04
90.05 OFF SITE IMAGING CENTER	0.187592	11,035,428	2,070,158		90.05
91 EMERGENCY	0.610538				91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)					92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		217,689,212	32,903,809		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		217,689,212			202

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 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  
 11/26/2013 09:09

WORKSHEET D-3

INPATIENT ANCILLARY COST APPORTIONMENT

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)	
			3	3
INPATIENT ROUTINE SERVICE COST CENTERS				30
30 ADULTS & PEDIATRICS				31
31 INTENSIVE CARE UNIT				43
43 NURSERY				
ANCILLARY SERVICE COST CENTERS				50
50 OPERATING ROOM	0.149831			50.01
50.01 ENDOSCOPY	0.093980			51
51 RECOVERY ROOM	0.128482			52
52 DELIVERY ROOM & LABOR ROOM	0.416963			53
53 ANESTHESIOLOGY	0.022406			54
54 RADIOLOGY-DIAGNOSTIC	0.178440			54.01
54.01 ULTRASOUND	0.080959			54.02
54.02 RADIOLOGY-SPECIAL PROCEDURES	0.200724			54.03
54.03 MAMMOGRAPHY	0.219594			55
55 RADIOLOGY-THERAPEUTIC	0.197290			56
56 RADIOISOTOPE	0.101343			57
57 CT SCAN	0.034710			58
58 MRI	0.050098			59
59 CARDIAC CATHETERIZATION	0.148214			60
60 LABORATORY	0.067066			62.30
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				63
63 BLOOD STORING, PROCESSING & TRA	0.294184			64
64 INTRAVENOUS THERAPY	0.148235			65
65 RESPIRATORY THERAPY	0.149256			66
66 PHYSICAL THERAPY	0.186039			66.01
66.01 REHAB OUTPATIENT	0.262240			67
67 OCCUPATIONAL THERAPY	0.144872			68
68 SPEECH PATHOLOGY	0.258219			69
69 ELECTROCARDIOLOGY	0.062009			70
70 ELECTROENCEPHALOGRAPHY	0.129239			71
71 MEDICAL SUPPLIES CHARGED TO PAT	0.226890			72
72 IMPL. DEV. CHARGED TO PATIENTS	0.740754			73
73 DRUGS CHARGED TO PATIENTS	0.180334			74
74 RENAL DIALYSIS	0.248947			76.97
76.97 CARDIAC REHABILITATION				76.98
76.98 HYPERBARIC OXYGEN THERAPY				76.99
76.99 LITHOTRIPSY				
OUTPATIENT SERVICE COST CENTERS				90.01
90.01 ENTEROSTOMAL THERAPY				90.02
90.02 PROCEDURE CLINIC	0.444133			90.03
90.03 IMMEDIATE CARE CENTERS				90.04
90.04 EPILEPSY MONITORING UNIT	0.400655			90.05
90.05 OFF SITE IMAGING CENTER	0.114114			91
91 EMERGENCY	0.187592			92
92 OBSERVATION BEDS (NON-DISTINCT	0.610538			
OTHER REIMBURSABLE COST CENTERS				94
94 HOME PROGRAM DIALYSIS				200
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				201
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				202
202 NET CHARGES (LINE 200 MINUS LINE 201)				

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	45,751,346	1
2	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	1,772,590	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	226.48	4
5	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		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
23	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON 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
30	DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0232	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2371	31
32	SUM OF LINES 30 AND 31	0.2603	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1069	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,890,819	34
40	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES 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)	52,414,755	46
47	SUBTOTAL (SEE INSTRUCTIONS)		47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	52,414,755	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,033,178	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 (14-0290)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	56,447,933	59
60	PRIMARY PAYER PAYMENTS	832,277	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	55,615,656	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,379,052	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	199,072	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	691,932	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	484,352	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	677,119	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	51,521,884	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)	47,584	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-204,456	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	51,365,012	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	256,825	71.01
72	INTERIM PAYMENTS	50,819,458	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	288,729	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 I, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	88,600	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	21,056,736	2
3	PPS PAYMENTS	19,127,561	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	24,781	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	88,600	10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	504,783	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)	504,783	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)	504,783	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	416,183	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)	88,600	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 S2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	19,152,342	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	16,121	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,392,157	26
27	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)	14,832,664	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)	14,832,664	29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	55,285	30
31	PRIMARY PAYER PAYMENTS	14,777,379	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)	761,863	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	533,304	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	757,088	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	15,310,683	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	15,310,683	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	76,553	40.01
41	INTERIM PAYMENTS	15,254,192	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	-20,062	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: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 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  
 11/26/2013 09:09

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT PART A  
 PART B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT  
 1 2 3 4

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50,168,902		14,650,454	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.		650,556		558,238	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.		NONE	02/05/2013	45,500	3.01
	.01				3.02
	.02				3.03
PROGRAM .03					3.04
TO .04					3.05
PROVIDER .05					3.06
.06					3.07
.07					3.08
.08					3.09
.09					3.50
.50		NONE		NONE	3.51
.51					3.52
PROVIDER .52					3.53
TO .53					3.54
PROGRAM .54					3.55
.55					3.56
.56					3.57
.57					3.58
.58					3.59
.59					3.99
.99				45,500	
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)		50,819,458		15,254,192	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.		NONE		NONE	5.01
	PROGRAM .01				5.02
	TO .02				5.03
	PROVIDER .03				5.04
	.04				5.05
	.05				5.06
	.06				5.07
	.07				5.08
	.08				5.09
	.09				5.50
	PROVIDER .50		NONE	NONE	5.51
	TO .51				5.52
	PROGRAM .52				5.53
	.53				5.54
	.54				5.55
	.55				5.56
	.56				5.57
	.57				5.58
	.58				5.59
	.59				5.99
	.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		545,554		56,491	6.01
	PROGRAM .01				6.02
	TO PROVIDER .02				
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		51,365,012		15,310,683	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
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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11/26/2013 09:09

WORKSHEET E-1  
PART II

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CHECK [XX] HOSPITAL (14-0290) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

1	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION	16,318	1
2	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA \$4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	27,834	2
3	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	3,255	3
4	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	64,392	4
5	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	1,307,288,315	5
6	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	45,173,165	6
7	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20		7
8	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	2,517,403	8
9	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	50,348	9
10	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	2,467,055	10
	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH	2,458,000	30
30	INITIAL/INTERIM HIT PAYMENT(S)		31
31	OTHER ADJUSTMENTS (SPECIFY)	9,055	32
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0290) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [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	
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BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				1
	CASH ON HAND AND IN BANKS	18,776,000			2
2	TEMPORARY INVESTMENTS				3
3	NOTES RECEIVABLE				4
4	ACCOUNTS RECEIVABLE	37,870,000			5
5	OTHER RECEIVABLES	910,000			
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3,794,000			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	2,953,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	64,303,000			11
12	FIXED ASSETS				12
	LAND	12,220,000			13
13	LAND IMPROVEMENTS	14,000			14
14	ACCUMULATED DEPRECIATION	-1,000			15
15	BUILDINGS	228,230,000			16
16	ACCUMULATED DEPRECIATION	-8,105,000			17
17	LEASEHOLD IMPROVEMENTS	7,760,000			18
18	ACCUMULATED AMORTIZATION	-1,114,000			19
19	FIXED EQUIPMENT	525,000			20
20	ACCUMULATED DEPRECIATION	-180,000			21
21	AUTOMOBILES AND TRUCKS	24,000			22
22	ACCUMULATED DEPRECIATION	-8,000			23
23	MAJOR MOVABLE EQUIPMENT	29,389,000			24
24	ACCUMULATED DEPRECIATION	-7,286,000			25
25	MINOR EQUIPMENT DEPRECIABLE				26
26	ACCUMULATED DEPRECIATION				27
27	HIT DESIGNATED ASSETS				28
28	ACCUMULATED DEPRECIATION				29
29	MINOR EQUIPMENT-NONDEPRECIABLE	1,933,000			30
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	263,401,000			
31	OTHER ASSETS				31
	INVESTMENTS	504,000			32
32	DEPOSITS ON LEASES				33
33	DUE FROM OWNERS/OFFICERS				34
34	OTHER ASSETS	1,109,000			35
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	1,613,000			
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	329,317,000			36
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
37	CURRENT LIABILITIES				37
	ACCOUNTS PAYABLE	14,950,000			38
38	SALARIES, WAGES & FEES PAYABLE				39
39	PAYROLL TAXES PAYABLE				40
40	NOTES & LOANS PAYABLE (SHORT TERM)				41
41	DEFERRED INCOME	38,740,000			42
42	ACCELERATED PAYMENTS				43
43	DUE TO OTHER FUNDS				44
44	OTHER CURRENT LIABILITIES	28,650,000			45
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	82,340,000			
46	LONG-TERM LIABILITIES				46
	MORTGAGE PAYABLE				47
47	NOTES PAYABLE	7,771,000			48
48	UNSECURED LOANS				49
49	OTHER LONG TERM LIABILITIES				50
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	7,771,000			
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	90,111,000			51
52	CAPITAL ACCOUNTS				52
	GENERAL FUND BALANCE	239,206,000			53
53	SPECIFIC PURPOSE FUND BALANCE				54
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				55
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				56
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				57
57	PLANT FUND BALANCE - INVESTED IN PLANT				58
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	239,206,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	329,317,000			60

PROVIDER CCN: 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2013.11  
 11/26/2013 09:09

WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		296,549,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		28,157,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		324,706,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED		1,500,000							5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		1,500,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		326,206,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFERS TO SPONSOR		87,000,000							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		87,000,000							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		239,206,000							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	153,990,000		153,990,000	2
3 SUBPROVIDER IPF				3
4 SUBPROVIDER IRF				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)	153,990,000		153,990,000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	20,580,000		20,580,000	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)	20,580,000		20,580,000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	174,570,000		174,570,000	18
19 ANCILLARY SERVICES	488,602,000	648,687,000	1,137,289,000	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
24 AMBULANCE				24
25 ASC				25
26 HOSPICE				26
27 OTHER OP REVENUE - PHYSICIANS		5,235,000	5,235,000	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	663,172,000	653,922,000	1,317,094,000	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		315,905,458	29
30 DOCTORS OFFICE BUILDING	902,000		30
31 IMMATERIAL VARIANCE			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		902,000	36
37 DEDUCT (SPECIFY)	-458		37
38 BAD DEBTS	-18,169,000		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-18,169,458	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		298,638,000	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,317,094,000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	998,197,000	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	318,897,000	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	298,638,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	20,259,000	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	80,000	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	810,000	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	284,000	20
21	RENTAL OF VENDING MACHINES	14,000	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MEANINGFUL USE)	1,377,000	24
24.01	OTHER (PRENATAL CLASS TUITION)	27,000	24.01
24.02	OTHER (DOCTORS BUILDING)	1,241,000	24.02
24.03	OTHER (FOUNDATION RESTRICTED FUNDS UTILILIZE)	159,000	24.03
24.04	OTHER (INCOME FROM EASEMENT)	146,000	24.04
24.05	OTHER (PHYSICIANS OFFICE RENTAL)	814,000	24.05
24.06	OTHER (SURGICENTER JOINT VENTURE)	956,000	24.06
24.07	OTHER (READMIT ALPHA TEAM)	141,000	24.07
24.08	OTHER (STARBUCKS COFFEE SHOP)	392,000	24.08
24.09	OTHER (INTERCOMPANY LAB)	41,000	24.09
24.10	OTHER (MISC INCOME)	570,000	24.10
24.11	OTHER (CAPITATION)	846,000	24.11
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,898,000	25
26	TOTAL (LINE 5 PLUS LINE 25)	28,157,000	26
27	OTHER EXPENSES (UNRECONCILED VARIANCE)		27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	28,157,000	29

CALCULATION OF CAPITAL PAYMENT

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT	3,653,258	1
2	CAPITAL DRG OTHER THAN OUTLIER	182,279	2
3	CAPITAL DRG OUTLIER PAYMENTS	176.42	3
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		4
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		6
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		7
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30)	0.0232	8
9	(SEE INSTRUCTIONS)		9
10	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2371	10
11	SUM OF LINES 7 AND 8	0.2603	11
12	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0541	12
13	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	197,641	13
14	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,033,178	14

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCLLARY 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		11
12	(FROM PRIOR YEAR WKST L, PART III, LINE 14)		12
13	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		13
14	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD		15
16	(IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		16
17	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		17
18	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		18
19	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		19

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 ADMINISTRATIVE & GENERAL					5
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
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 ENDOSCOPY					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES					54.02
54.03 MAMMOGRAPHY					54.03
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 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
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 ENTEROSTOMAL THERAPY					90.01
90.02 PROCEDURE CLINIC					90.02
90.03 IMMEDIATE CARE CENTERS					90.03
90.04 EPILEPSY MONITORING UNIT					90.04
90.05 OFF SITE IMAGING CENTER					90.05
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 POB					192.01
194 COMMUNITY PROGRAMS					194

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

\*\*\*\*\* 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	38.18		17.35				55.53	30
31 INTENSIVE CARE UNIT	51.15		5.71				56.86	31
43 NURSERY			42.14				42.14	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50 OPERATING ROOM	14.24	8.77					23.01	50
50.01 ENDOSCOPY	9.36	24.05					33.41	50.01
51 RECOVERY ROOM	14.34	6.04					20.38	51
52 DELIVERY ROOM & LABOR ROOM	0.27						0.27	52
53 ANESTHESIOLOGY	13.39	9.15					22.54	53
54 RADIOLOGY-DIAGNOSTIC	17.37	15.02					32.39	54
54.01 ULTRASOUND	13.47	11.54					25.01	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	30.22	25.63					55.85	54.02
54.03 MAMMOGRAPHY	0.06	4.25					4.31	54.03
55 RADIOLOGY-THERAPEUTIC	2.14	36.78					38.92	55
56 RADIOISOTOPE	20.59	24.95					45.54	56
57 CT SCAN	14.69	17.59					32.28	57
58 MRI	11.73	17.10					28.83	58
59 CARDIAC CATHETERIZATION	29.59	21.91					51.50	59
60 LABORATORY	21.78	2.43					24.21	60
63 BLOOD STORING, PROCESSING & TRA	26.61	6.25					32.86	63
64 INTRAVENOUS THERAPY	50.18	4.49					54.67	64
65 RESPIRATORY THERAPY	65.61	2.39					68.00	65
66 PHYSICAL THERAPY	57.04						57.04	66
67 OCCUPATIONAL THERAPY	58.05						58.05	67
68 SPEECH PATHOLOGY	60.99						60.99	68
69 ELECTROCARDIOLOGY	25.65	13.76					39.41	69
70 ELECTROENCEPHALOGRAPHY	12.48	14.59					27.07	70
71 MEDICAL SUPPLIES CHARGED TO PAT	16.94	11.55					28.49	71
72 IMPL. DEV. CHARGED TO PATIENTS	30.91	10.85					41.76	72
73 DRUGS CHARGED TO PATIENTS	28.06	10.35					38.41	73
74 RENAL DIALYSIS	65.86	1.84					67.70	74
90.02 PROCEDURE CLINIC	0.95	44.54					45.49	90.02
90.04 EPILEPSY MONITORING UNIT		6.03					6.03	90.04
90.05 OFF SITE IMAGING CENTER	0.13	26.78					26.91	90.05
91 EMERGENCY	12.56	10.33					22.89	91
92 OBSERVATION BEDS (NON-DISTINCT		26.04					26.04	92
200 TOTAL CHARGES	19.20	11.49					30.69	200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
1	GENERAL SERVICE COST CENTERS							1
2	CAP REL COSTS-BLDG & FIXT	14,414,582	5.42	-14,414,582	-11.26			2
3	CAP REL COSTS-MVBLE EQUIP	9,075,912	3.41	-9,075,912	-7.09			3
4	OTHER CAP REL COSTS							4
5	EMPLOYEE BENEFITS DEPARTMENT	13,884,833	5.22	-13,884,833	-10.84			5
7	ADMINISTRATIVE & GENERAL	61,104,543	22.98	-61,104,543	-47.72			7
8	OPERATION OF PLANT	5,630,451	2.12	-5,630,451	-4.40			8
9	LAUNDRY & LINEN SERVICE	1,050,000	0.39	-1,050,000	-0.82			9
10	HOUSEKEEPING	4,815,753	1.81	-4,815,753	-3.76			10
11	DIETARY	3,445,385	1.30	-3,445,385	-2.69			11
13	CAFFETERIA	1,250,733	0.47	-1,250,733	-0.98			13
14	NURSING ADMINISTRATION	2,699,588	1.02	-2,699,588	-2.11			14
15	CENTRAL SERVICES & SUPPLY	979,758	0.37	-979,758	-0.77			15
16	PHARMACY	3,911,253	1.47	-3,911,253	-3.05			16
17	MEDICAL RECORDS & LIBRARY	2,672,126	1.01	-2,672,126	-2.09			17
	SOCIAL SERVICE	3,115,925	1.17	-3,115,925	-2.43			
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	32,360,876	12.17	44,698,875	34.91	77,059,751	28.99	30
31	INTENSIVE CARE UNIT	5,409,529	2.03	5,552,502	4.34	10,962,031	4.12	31
43	NURSERY	5,542,295	2.08	4,826,255	3.77	10,368,550	3.90	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,400,541	3.16	8,168,811	6.38	16,569,352	6.23	50
50.01	ENDOSCOPY	1,818,814	0.68	2,672,357	2.09	4,491,171	1.69	50.01
51	RECOVERY ROOM	1,370,217	0.52	1,609,761	1.26	2,979,978	1.12	51
52	DELIVERY ROOM & LABOR ROOM	3,933,205	1.48	4,838,731	3.78	8,771,936	3.30	52
53	ANESTHESIOLOGY	377,773	0.14	241,386	0.19	619,159	0.23	53
54	RADIOLOGY-DIAGNOSTIC	3,430,229	1.29	3,295,128	2.57	6,725,357	2.53	54
54.01	ULTRASOUND	1,394,598	0.52	956,619	0.75	2,351,217	0.88	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	1,037,962	0.39	648,551	0.51	1,686,513	0.63	54.02
54.03	MAMMOGRAPHY	1,483,806	0.56	1,445,001	1.13	2,928,807	1.10	54.03
55	RADIOLOGY-THERAPEUTIC	1,080,522	0.41	2,335,226	1.82	3,415,748	1.28	55
56	RADIOISOTOPE	1,402,360	0.53	925,283	0.72	2,327,643	0.88	56
57	CT SCAN	1,504,476	0.57	1,370,309	1.07	2,874,785	1.08	57
58	MRI	1,150,062	0.43	1,000,646	0.78	2,150,708	0.81	58
59	CARDIAC CATHETERIZATION	2,166,169	0.81	1,809,536	1.41	3,975,705	1.50	59
60	LABORATORY	7,499,040	2.82	5,006,667	3.91	12,505,707	4.70	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRA	1,628,992	0.61	703,547	0.55	2,332,539	0.88	63
64	INTRAVENOUS THERAPY	339,531	0.13	174,796	0.14	514,327	0.19	64
65	RESPIRATORY THERAPY	2,869,109	1.08	1,681,331	1.31	4,550,440	1.71	65
66	PHYSICAL THERAPY	1,127,178	0.42	757,356	0.59	1,884,534	0.71	66
66.01	REHAB OUTPATIENT	1,307,633	0.49	678,060	0.53	1,985,693	0.75	66.01
67	OCCUPATIONAL THERAPY	391,166	0.15	215,485	0.17	606,651	0.23	67
68	SPEECH PATHOLOGY	170,558	0.06	90,552	0.07	261,110	0.10	68
69	ELECTROCARDIOLOGY	1,197,041	0.45	938,622	0.73	2,135,663	0.80	69
70	ELECTROENCEPHALOGRAPHY	226,801	0.09	204,935	0.16	431,736	0.16	70
71	MEDICAL SUPPLIES CHARGED TO PAT	11,194,410	4.21	4,646,660	3.63	15,841,070	5.96	71
72	IMPL. DEV. CHARGED TO PATIENTS	12,036,386	4.53	4,779,217	3.73	16,815,603	6.33	72
73	DRUGS CHARGED TO PATIENTS	10,629,174	4.00	9,943,706	7.77	20,572,880	7.74	73
74	RENAL DIALYSIS	730,252	0.27	245,422	0.19	975,674	0.37	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90.01	ENTEROSTOMAL THERAPY							90.01
90.02	PROCEDURE CLINIC	2,430,900	0.91	2,347,024	1.83	4,777,924	1.80	90.02
90.03	IMMEDIATE CARE CENTERS							90.03
90.04	EPILEPSY MONITORING UNIT	185,385	0.07	123,871	0.10	309,256	0.12	90.04
90.05	OFF SITE IMAGING CENTER	783,064	0.29	382,853	0.30	1,165,917	0.44	90.05
91	EMERGENCY	8,299,556	3.12	8,186,087	6.39	16,485,643	6.20	91
92	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							92
94	HOME PROGRAM DIALYSIS							94
	OUTPATIENT SERVICE COST CENTERS							
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CAN	745,810	0.28	503,171	0.39	1,248,981	0.47	190
192	PHYSICIANS' PRIVATE OFFICES	134,791	0.05	42,676	0.03	177,467	0.07	192
192.01	POB			3,827		11,307		192.01
194	COMMUNITY PROGRAMS	7,480						194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	265,848,533	100.00			265,848,533	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	1,922,040	110,587,254	0.017380	15,746,475	273,674	50
50.01 ENDOSCOPY	830,652	47,788,708	0.017382	4,471,749	77,728	50.01
51 RECOVERY ROOM	400,218	23,193,758	0.017255	3,325,193	57,376	51
52 DELIVERY ROOM & LABOR ROOM	1,392,436	21,037,665	0.066188	57,355	3,796	52
53 ANESTHESIOLOGY	16,143	27,633,959	0.000584	3,700,086	2,161	53
54 RADIOLOGY-DIAGNOSTIC	777,134	37,689,708	0.020619	6,547,471	135,002	54
54.01 ULTRASOUND	110,044	29,041,983	0.003789	3,913,174	14,827	54.01
54.02 RADIOLOGY-SPECIAL PROCEDURES	89,832	8,402,166	0.010692	2,539,109	27,148	54.02
54.03 MAMMOGRAPHY	381,972	13,337,397	0.028639	7,353	211	54.03
55 RADIOLOGY-THERAPEUTIC	929,532	17,313,374	0.053689	370,215	19,876	55
56 RADIOISOTOPE	178,029	22,968,066	0.007751	4,728,958	36,654	56
57 CT SCAN	238,994	82,822,033	0.002886	12,167,442	35,115	57
58 MRI	200,816	42,930,306	0.004678	5,033,706	23,548	58
59 CARDIAC CATHETERIZATION	372,949	26,824,085	0.013904	7,937,649	110,365	59
60 LABORATORY	807,012	186,467,481	0.004328	40,621,529	175,810	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	57,916	7,928,838	0.007304	2,109,771	15,410	63
64 INTRAVENOUS THERAPY	5,200	3,469,683	0.001499	1,741,246	2,610	64
65 RESPIRATORY THERAPY	158,761	30,487,554	0.005207	20,001,781	104,149	65
66 PHYSICAL THERAPY	100,053	10,129,765	0.009877	5,778,384	57,073	66
66.01 REHAB OUTPATIENT	18,992	7,572,049	0.002508			66.01
67 OCCUPATIONAL THERAPY	6,450	4,187,508	0.001540	2,430,859	3,744	67
68 SPEECH PATHOLOGY	2,412	1,011,197	0.002385	616,772	1,471	68
69 ELECTROCARDIOLOGY	30,088	34,441,100	0.000874	8,835,620	7,722	69
70 ELECTROENCEPHALOGRAPHY	45,035	3,340,595	0.013481	416,812	5,619	70
71 MEDICAL SUPPLIES CHARGED TO PAT	210,570	69,818,341	0.003016	11,825,215	35,665	71
72 IMPL. DEV. CHARGED TO PATIENTS	202,787	22,700,670	0.008933	7,016,300	62,677	72
73 DRUGS CHARGED TO PATIENTS	373,485	114,082,303	0.003274	32,016,229	104,821	73
74 RENAL DIALYSIS	7,338	3,919,203	0.001872	2,581,055	4,832	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 ENTEROSTOMAL THERAPY						90.01
90.02 PROCEDURE CLINIC	536,149	10,757,865	0.049838	102,672	5,117	90.02
90.03 IMMEDIATE CARE CENTERS						90.03
90.04 EPILEPSY MONITORING UNIT	21,736	771,877	0.028160			90.04
90.05 OFF SITE IMAGING CENTER	12,556	10,217,153	0.001229	13,604	17	90.05
91 EMERGENCY	1,775,842	87,880,184	0.020208	11,035,428	223,004	91
92 OBSERVATION BEDS (NON-DISTINCT	945,182	12,920,655	0.073153			92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	13,158,355	1,133,674,483		217,689,212	1,627,222	200

PROVIDER NO. 14-0290 ST. ALEXIUS MEDICAL CENTER  
 PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM

VERSION: 2013.11  
 11/26/2013

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	9,233,032		9,233,032	66,016	139.86	25,208	3,525,591	30
31 INTENSIVE CARE UNIT	957,707		957,707	5,134	186.54	2,626	489,854	31
200 TOTAL	10,190,739		10,190,739	71,150		27,834	4,015,445	200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4,015,445	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,627,222	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							5,642,667	
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							5,481	
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							27,834	
PER DISCHARGE CAPITAL COSTS							1,029.50	
PER DIEM CAPITAL COSTS							202.73	

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)	62,293,171
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	281,459,692
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.221

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)	5,642,667
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.020

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	21,038,803
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)	129,713,262
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.162

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	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	323,000	11.01
11.02		08/26/2011	323,000	11.02
11.03		09/26/2011	323,000	11.03
11.04		10/21/2011	323,000	11.04
11.05		11/21/2011	323,000	11.05
11.06		12/19/2011	312,000	11.06
11.07		01/30/2012	224,000	11.07
11.08		02/27/2012	443,000	11.08
11.09		03/26/2012	334,000	11.09
11.10		04/23/2012	334,000	11.10
11.11		05/22/2012	334,000	11.11
11.12		06/22/2012	334,000	11.12
11.13		07/23/2012	334,000	11.13
11.14		08/23/2012	334,000	11.14
11.15		09/24/2012	561,000	11.15
11.16		10/29/2012	603,000	11.16
11.17		11/05/2012	171,000	11.17
11.18		11/19/2012	161,000	11.18
11.19		01/02/2013	140,000	11.19
11.20		01/30/2013	281,000	11.20
11.21		02/25/2013	281,000	11.21
11.22		03/28/2013	337,000	11.22
11.23		04/29/2013	295,000	11.23
11.24		05/28/2013	98,000	11.24
11.25		06/30/2013	196,000	11.25
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36		12
13	Total contributions made during averaging period	7,722,000		13
14	Average monthly contribution (Line 13 divided by Line 12)	214,500		14
15	Number of months in provider cost reporting period on Line 2	12		15
16	Average pension contributions (Line 14 times Line 15)	2,574,000		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)	2,574,000		19