



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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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. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 02/26/2015	TIME: 14:19
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> 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. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	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 WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH MEDICAL CENTER (14-0162) ((PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2013 AND ENDING 09/30/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/26/2015 14:19
D3NCA0cHe7CKrRkO.N8z80.oXmh730
9r21M0JOU3Nm7fxbig.TtI:GjC3jM8
zIGD18EXZZ0gqbDL

(SIGNED) Del ER
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CF0
TITLE
2/26/15
DATE

PI Encryption: 02/26/2015 14:19
3Q17g7CVT1w5Oo9dQx5uc8j0elbWE0
XIghB0YkHthnKwWBVVeyQnV.jL26ls
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PART III - SETTLEMENT SUMMARY

		TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL					
2	SUBPROVIDER - IPF		-45	23,298	-11,781	1
3	SUBPROVIDER - IRF					2
4	SUBPROVIDER (OTHER)					3
5	SWING BED - SNF					4
6	SWING BED - NF					5
7	SKILLED NURSING FACILITY			91		6
8	NURSING FACILITY					7
9	HOME HEALTH AGENCY					8
10	HEALTH CLINIC - RHC					9
11	HEALTH CLINIC - FQHC					10
12	OUTPATIENT REHABILITATION PROVIDER					11
200	TOTAL		-45	23,389	-11,781	12

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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:											
1	Street: 2200 E WASHINGTON	P.O. Box:								1	
2	City: BLOOMINGTON	State: IL	ZIP Code: 61701	County: MCLEAN						2	
Hospital and Hospital-Based Component Identification:											
							Payment System (P, T, O, or N)				
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX		
	0	1	2	3	4	5	6	7	8		
3	Hospital	ST. JOSEPH MEDICAL CENTER	14-0162	14060	1	07/01/1966	N	P	O	3	
4	Subprovider - IPF									4	
5	Subprovider - IRF									5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF	ST. JOSEPH MEDICAL CENTER	14-5590	14060		01/01/1988	N	P	O	9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA									12	
13	Separately Certified ASC									13	
14	Hospital-Based Hospice									14	
15	Hospital-Based Health Clinic - RHC									15	
16	Hospital-Based Health Clinic - FQHC									16	
17	Hospital-Based (CMHC)									17	
18	Renal Dialysis									18	
19	Other									19	
20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2013	To: 09 / 30 / 2014							20	
21	Type of control (see instructions)	1								21	
Inpatient PPS Information											
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or '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	22	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01	
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							3	N	23	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1	2	3	4	5	6				
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	1,580	1,025			828	79			24	
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.									25	
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1					26	
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1					27	
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35	
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:			Ending:			
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37	
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				Beginning:			Ending:			
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)								1	2	
									N	N	39



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts 1 through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services ad defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline 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 FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1	2	3	4
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.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63



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WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67
Inpatient Psychiatric Facility PPS					
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	I	2	3	70
	N				
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 5th or subsequent academic years of the new teaching program in existence, enter 5.				71
Inpatient Rehabilitation Facility PPS					
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	I	2	3	75
	N				
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 5th or subsequent academic years of the new teaching program in existence, enter 5.				76
Long Term Care Hospital PPS					
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.		N		80
TEFRA Providers					
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.		N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86



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WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX	
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? (see instructions)			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 25 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.	Physical	Occupational Speech	Respiratory 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'	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance 443,057 118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost 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



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WORKSHEET S-2
PART I

All Providers		1	2			
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 (see instructions)	Y	149006	140		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS Contractor's Number: 05901		141		
142	Street: 800 NE GLEN OAK AVE	P.O. Box:		142		
143	City: PEORIA	State: IL	ZIP Code: 61603	143		
144	Are provider based physicians' costs included in Worksheet A?	Y		144		
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y		145		
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146		
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147		
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148		
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
		Title XVIII				
		Part A	Part B	Title V	Title XIX	
			I	2	3	
155	Hospital	N	N	N	N	
156	Subprovider - IPF	N	N			
157	Subprovider - IRF	N	N			
158	Subprovider - Other					
159	SNF	N	N	N	N	
160	HHA	N	N			
161	CMHC		N			
161.10	CORF					
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.				166	
	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 is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				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. (see instructions)		0.25		169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2014	09/30/2014	170



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION		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
		Y/N	DATE	V/I	
		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	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.	N			5
APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N	
			1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.		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
BAD DEBTS				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
PS&R REPORT DATA					
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	12/15/2014	Y	12/15/2014
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	



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HOSPITAL AND HOSPITAL 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 COSTS			
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 DEBRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS			
		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: CAROLE	LAST NAME: WAHL	TITLE: GOVT REPORTING SENIOR ANAL
42	EMPLOYER: OSF HEALTHCARE SYSTEM		
43	PHONE NUMBER: (309) 655-2855	E-MAIL ADDRESS: CAROLE.M.WAHL@OSFHEALTHCARE.ORG	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	137	50,005			10,968	1,913	22,962	1
2	HMO AND OTHER (see instructions)						2,955	1,025		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		137	50,005			10,968	1,913	22,962	7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						495	1,911	13
14	TOTAL (see instructions)		137	50,005			10,968	2,408	24,873	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	12	4,380			1,753	238	2,958	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		149							27
28	OBSERVATION BED DAYS							241	2,223	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							79	232	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES			TOTAL ALL PATIENTS	
		TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					2,656	703	6,315	1
2	HMO AND OTHER (see instructions)								2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)		878.42			2,656	703	6,315	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		878.42						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	58,494,076	164,955	58,659,031	1,839,343.00	31.89	1
2							2
3							3
4		307,642		307,642	2,013.00	152.83	4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44	702,171	-490	701,681	29,776.00	23.57	9
10		18,279,462	71,493	18,350,955	366,976.00	50.01	10
OTHER WAGES & RELATED COSTS							
11		823,054		823,054	10,496.00	78.42	11
12							12
13		80,700		80,700	371.00	217.52	13
14		10,387,633		10,387,633	189,340.00	54.86	14
15							15
16							16
WAGE-RELATED COSTS							
17		12,293,248		12,293,248			17
18							18
19		4,607,170		4,607,170			19
20							20
21							21
22		54,690		54,690			22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26		585		585	27.00	21.67	26
27		5,159,062	24,283	5,183,345	145,487.00	35.63	27
28		99,620		99,620	2,338.00	42.61	28
29		695,779	2,760	698,539	24,989.00	27.95	29
30		359,897	1,361	361,258	14,346.00	25.18	30
31		23,392	88	23,480	2,092.00	11.22	31
32		964,658	266	964,924	74,262.00	12.99	32
33							33
34		811,207	-336,678	474,529	26,217.00	18.10	34
35							35
36		99,505	340,518	440,023	29,653.00	14.84	36
37							37
38		1,109,599	4,186	1,113,785	34,165.00	32.60	38
39		178,809	1,125	179,934	11,451.00	15.71	39
40							40
41		981,782	3,581	985,363	45,062.00	21.87	41
42		227,083	228	227,311	9,349.00	24.31	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	58,593,696	164,955	58,758,651	1,841,681.00	31.90	1
2	EXCLUDED AREA SALARIES (see instructions)	18,981,633	71,003	19,052,636	396,752.00	48.02	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	39,612,063	93,952	39,706,015	1,444,929.00	27.48	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	11,291,387		11,291,387	200,207.00	56.40	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	12,347,938		12,347,938		31.10%	5
6	TOTAL (sum of lines 3 through 5)	63,251,388	93,952	63,345,340	1,645,136.00	38.50	6
7	TOTAL OVERHEAD COST (see instructions)	10,710,978	41,718	10,752,696	419,438.00	25.64	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	4,161,664	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	529,308	3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	7,624,519	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)		11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	171,559	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	262,621	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	4,015,743	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	24,906	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	164,787	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	16,955,107	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL		25



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ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	Supporting Exhibit for Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	WAGE INDEX FISCAL YEAR ENDING DATE		1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)		2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH		3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)		4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	EFFECTIVE DATE OF PENSION PLAN		6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE		7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)		8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	BEGINNING DATE OF A VERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE		9
10	ENDING DATE OF A VERAGING PERIOD FROM LINE 5		10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIB-UTION(S)
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)		12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD		13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)		14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2		15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)		17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)		18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19



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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL	17,079,411		2
3	SUBPROVIDER - IPF	17,071,661		3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF	7,750		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



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	N	//	2

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL				4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML	24		24	10
11	RLX				11
12	RUC				12
13	RUB				13
14	RUA				14
15	RVC				15
16	RVB				16
17	RVA				17
18	RHC				18
19	RHB				19
20	RHA	204		204	20
21	RMC	12		12	21
22	RMB	24		24	22
23	RMA	645		645	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1				34
35	HB2				35
36	HB1	96		96	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1	8		8	40
41	LC2				41
42	LC1	14		14	42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2				49
50	CC1	9		9	50
51	CB2				51
52	CB1	306		306	52
53	CA2				53
54	CA1	254		254	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1	48		48	66
67	BA2				67
68	BA1	1		1	68
69	PE2				69
70	PE1				70



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1		73	73	76
77	PA2				77
78	PA1	35		35	78
199	AAA				199
200	TOTAL	1,753		1,753	200

SNF SERVICES

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

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

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING				202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (SPECIFY)				206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	1,479,000			207



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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.176888	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	13,290,621	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	63,265,154	6
7	MEDICAID COST (line 1 times line 6)	11,190,847	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 AND INDIGENT CARE COST COMPUTATION

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 (col. 1 + col. 2)		
	1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	14,758,564	3,746,660	18,505,224	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	2,610,613	662,739	3,273,352	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	116,225	125,299	241,524	22
23	COST OF CHARITY CARE (line 21 minus line 22)	2,494,388	537,440	3,031,828	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)	6,293,928	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	512,150	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	5,781,778	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	1,022,727	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	4,054,555	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	4,054,555	31



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		5,801,217	5,801,217	-431,886	5,369,331		5,369,331	1
2	00200	CAP REL COSTS-MVBLE EQUIP		3,058,081	3,058,081	-32,665	3,025,416		3,025,416	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	585	13,304,123	13,304,708	1,656,227	14,960,935	-81,340	14,879,595	4
5	00500	ADMINISTRATIVE & GENERAL	5,159,062	20,748,331	25,907,393	-112,729	25,794,664	-8,507,569	17,287,095	5
6	00600	MAINTENANCE & REPAIRS	695,779	1,218,522	1,914,301	2,625	1,916,926	-7	1,916,919	6
7	00700	OPERATION OF PLANT	359,897	2,064,307	2,424,204	1,361	2,425,565	-74,414	2,351,151	7
8	00800	LAUNDRY & LINEN SERVICE	23,392	436,664	460,056	88	460,144		460,144	8
9	00900	HOUSEKEEPING	964,658	69,386	1,034,044	3,639	1,037,683	-5,119	1,032,564	9
10	01000	DIETARY	811,207	417,780	1,228,987	-496,316	732,671	1,527	734,198	10
11	01100	CAFETERIA	99,505	9,551	109,056	499,752	608,808	-448,607	160,201	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	1,109,599	128,498	1,238,097	4,186	1,242,283	-29,076	1,213,207	13
14	01400	CENTRAL SERVICES & SUPPLY	178,809	146,085	324,894	675	325,569	450	326,019	14
15	01500	PHARMACY								15
16	01600	MEDICAL RECORDS & LIBRARY	981,782	269,081	1,250,863	3,703	1,254,566	-89,180	1,165,386	16
17	01700	SOCIAL SERVICE	227,083	25,566	252,649	857	253,506	315	253,821	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		182,870	182,870		182,870	-182,870		22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	10,782,945	1,071,937	11,854,882	-1,725,179	10,129,703	-9,513	10,120,190	30
43	04300	NURSERY				386,217	386,217		386,217	43
44	04400	SKILLED NURSING FACILITY	702,171	33,483	735,654	2,649	738,303		738,303	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	2,268,768	9,398,886	11,667,654	-7,495,270	4,172,384	1,350	4,173,734	50
51	05100	RECOVERY ROOM	352,859	822	353,681	1,331	355,012		355,012	51
52	05200	DELIVERY ROOM & LABOR ROOM				1,379,640	1,379,640		1,379,640	52
53	05300	ANESTHESIOLOGY		897,675	897,675		897,675	-31,970	865,705	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,374,958	437,017	1,811,975	-793,833	1,018,142	-4,653	1,013,489	54
54.10	03440	MAMOGRAPHY	274,123	331,016	605,139	216,892	822,031	-444	821,587	54.10
54.20	03630	ULTRASOUND	436,084	135,567	571,651	164,240	735,891		735,891	54.20
54.30	05401	ECHOCARDIOLOGY	295,887	67,733	363,620	53,515	417,135		417,135	54.30
55	05500	RADIOLOGY-THERAPEUTIC		19,551	19,551		19,551		19,551	55
56	05600	RADIOISOTOPE	189,727	703,787	893,514	129,447	1,022,961	-987	1,021,974	56
57	05700	CT SCAN	385,352	773,809	1,159,161	240,891	1,400,052	-81,898	1,318,154	57
58	05800	MRI	194,667	833,838	1,028,505	734	1,029,239	-4,835	1,024,404	58
59	05900	CARDIAC CATHETERIZATION	704,452	3,522,060	4,226,512	-2,898,814	1,327,698	300	1,327,998	59
60	06000	LABORATORY	2,063,266	2,430,144	4,493,410	7,783	4,501,193	-63,161	4,438,032	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	INTRAVENOUS THERAPY	100,526	40,244	140,770	379	141,149	-450	140,699	64
65	06500	RESPIRATORY THERAPY	623,280	325,139	948,419	-124,794	823,625	135	823,760	65
66	06600	PHYSICAL THERAPY	2,458,709	1,020,927	3,479,636	9,275	3,488,911	-19,985	3,468,926	66
67	06700	OCCUPATIONAL THERAPY	470,228	8,214	478,442	1,774	480,216		480,216	67
68	06800	SPEECH PATHOLOGY	201,386	70,732	272,118	759	272,877	-1,609	271,268	68
69	06900	ELECTROCARDIOLOGY	187,629	26,559	214,188	707	214,895		214,895	69
70	07000	ELECTROENCEPHALOGRAPHY	458,738	-28,411	430,327	1,731	432,058	-7,961	424,097	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	131,893	1,154,690	1,286,583	3,151,043	4,437,626		4,437,626	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				7,381,900	7,381,900		7,381,900	72
73	07300	DRUGS CHARGED TO PATIENTS	1,807,101	5,024,472	6,831,573	6,818	6,838,391		6,838,391	73
74	07400	RENAL DIALYSIS		245,137	245,137		245,137		245,137	74
76	03330	ENDOSCOPY	227	831,981	832,208		832,208	-152,203	680,005	76
76.10	03950	DIABETES SERVICES								76.10
76.20	03951	PAIN CLINIC	325,352	161,134	486,486	1,228	487,714	-2,664	485,050	76.20
76.97	07697	CARDIAC REHABILITATION	159,473	3,414	162,887	-15,351	147,536		147,536	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	181,482	162,536	344,018	685	344,703	-3,000	341,703	90
91	09100	EMERGENCY	2,471,973	1,826,989	4,298,962	9,325	4,308,287	-1,396,181	2,912,106	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	40,214,614	79,411,144	119,625,758	1,195,239	120,820,997	-11,195,619	109,625,378	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	303,025	363,524	666,549	51,519	718,068		718,068	190
192	19200	PHYSICIANS' PRIVATE OFFICES	16,523,444	30,246,233	46,769,677	-1,312,388	45,457,289		45,457,289	192
192.10	19201	CARDIOLOGY CLINIC	27,672	59,803	87,475	104	87,579		87,579	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	568,862	809,963	1,378,825	39,706	1,418,531	-7,240	1,411,291	192.20
192.30	19203	MCLEAN CO EMS	172,743	62,776	235,519	653	236,172	-644	235,528	192.30



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES 1	OTHER 2	TOTAL (col. 1 + col. 2) 3	RECLASSI- FICATIONS 4	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6) 7	
192.40	19204	INDUSTRIAL MEDICINE	683,716	133,864	817,580	9,215	826,795	-450	826,345	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB				15,952	15,952		15,952	192.60
200		TOTAL (sum of lines 118-199)	58,494,076	111,087,307	169,581,383		169,581,383	-11,203,953	158,377,430	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5		
1	FIRE INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		71,384		1
2			CAP REL COSTS-MVBLE EQUIP	2		60,808		2
500	TOTAL RECLASSIFICATIONS CODE LETTER - A					132,192		500
1	CAFETERIA RECLASS	B	CAFETERIA	11	340,142	159,234		1
500	TOTAL RECLASSIFICATIONS CODE LETTER - B				340,142	159,234		500
1	CARDIAC REHAB RECLASS	C	NONALLOWABLE CARDIAC REHAB	192.60	15,618	334		1
500	TOTAL RECLASSIFICATIONS CODE LETTER - C				15,618	334		500
1	ALTERNATE BIRTHING CENTER RECLASS	D	NURSERY	43	331,124	55,093		1
2			DELIVERY ROOM & LABOR ROOM	52	1,182,837	196,803		2
500	TOTAL RECLASSIFICATIONS CODE LETTER - D				1,513,961	251,896		500
1	DEPRECIATION RECLASS	E	GIFT, FLOWER, COFFEE SHOP & C	190		50,376		1
2			PHYSICIANS' PRIVATE OFFICES	192		502,171		2
3			FUND DEV, MKTING, COMM HEALTH	192.20		37,560		3
4			INDUSTRIAL MEDICINE	192.40		6,636		4
500	TOTAL RECLASSIFICATIONS CODE LETTER - E					596,743		500
1	VACATION RECLASS	F	ADMINISTRATIVE & GENERAL	5	20,937			1
2			MAINTENANCE & REPAIRS	6	2,824			2
3			OPERATION OF PLANT	7	1,461			3
4			LAUNDRY & LINEN SERVICE	8	95			4
5			HOUSEKEEPING	9	3,915			5
6			DIETARY	10	3,292			6
7			CAFETERIA	11	404			7
8			NURSING ADMINISTRATION	13	4,503			8
9			CENTRAL SERVICES & SUPPLY	14	726			9
10			MEDICAL RECORDS & LIBRARY	16	3,984			10
11			SOCIAL SERVICE	17	922			11
12			ADULTS & PEDIATRICS	30	43,760			12
13			SKILLED NURSING FACILITY	44	2,850			13
14			OPERATING ROOM	50	9,207			14
15			RECOVERY ROOM	51	1,432			15
16			RADIOLOGY-DIAGNOSTIC	54	5,580			16
17			MAMOGRAPHY	54.10	1,112			17
18			ULTRASOUND	54.20	1,770			18
19			ECHOCARDIOLOGY	54.30	1,201			19
20			RADIOISOTOPE	56	770			20
21			CT SCAN	57	1,564			21
22			MRI	58	790			22
23			CARDIAC CATHETERIZATION	59	2,859			23
24			LABORATORY	60	8,373			24
25			INTRAVENOUS THERAPY	64	408			25
26			RESPIRATORY THERAPY	65	2,529			26
27			PHYSICAL THERAPY	66	9,978			27
28			OCCUPATIONAL THERAPY	67	1,908			28
29			SPEECH PATHOLOGY	68	817			29
30			ELECTROCARDIOLOGY	69	761			30
31			ELECTROENCEPHALOGRAPHY	70	1,862			31
32			MEDICAL SUPPLIES CHARGED TO P	71	535			32
33			DRUGS CHARGED TO PATIENTS	73	7,334			33
34			PAIN CLINIC	76.20	1,321			34
35			CARDIAC REHABILITATION	76.97	647			35
36			CLINIC	90	737			36
37			EMERGENCY	91	10,032			37
38			GIFT, FLOWER, COFFEE SHOP & C	190	1,230			38
39			PHYSICIANS' PRIVATE OFFICES	192	67,056	16,718		39
40			CARDIOLOGY CLINIC	192.10	112			40
41			FUND DEV, MKTING, COMM HEALTH	192.20	2,309			41
42			MCLEAN CO EMS	192.30	702			42
43			INDUSTRIAL MEDICINE	192.40	2,775			43
44								44
45								45
46								46
500	TOTAL RECLASSIFICATIONS CODE LETTER - F				237,384	16,718		500
1	TEAM AWARD ADJUSTMENT RECLASS	G						1
500	TOTAL RECLASSIFICATIONS							500



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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
CODE LETTER - G							
1	EMPLOYEE BENEFIT RECLASS	H	EMPLOYEE BENEFITS DEPARTMENT	4		1,893,611	1
500	TOTAL RECLASSIFICATIONS					1,893,611	500
CODE LETTER - H							
1	TELEPHONE	I	ADMINISTRATIVE & GENERAL	5		19,779	1
500	TOTAL RECLASSIFICATIONS					19,779	500
CODE LETTER - I							
1	TEAM AWARD	J	ADMINISTRATIVE & GENERAL	5	24,599		1
2			MAINTENANCE & REPAIRS	6	135		2
3			HOUSEKEEPING	9		3,373	3
4			DIETARY	10	2,115		4
5			CENTRAL SERVICES & SUPPLY	14	450		5
6			MEDICAL RECORDS & LIBRARY	16		122	6
7			SOCIAL SERVICE	17	315		7
8			ADULTS & PEDIATRICS	30		1,015	8
9			OPERATING ROOM	50	1,350		9
10			CARDIAC CATHETERIZATION	59	300		10
11			LABORATORY	60	450		11
12			INTRAVENOUS THERAPY	64		450	12
13			RESPIRATORY THERAPY	65	135		13
14			PHYSICAL THERAPY	66	644		14
15			ELECTROENCEPHALOGRAPHY	70	315		15
16			PAIN CLINIC	76.20		900	16
17			EMERGENCY	91		450	17
18			FUND DEV, MKTING, COMM HEALTH	192.20		7,240	18
19			MCLEAN CO EMS	192.30		644	19
20			INDUSTRIAL MEDICINE	192.40		450	20
500	TOTAL RECLASSIFICATIONS				30,808	14,644	500
CODE LETTER - J							
1	IMPLANTABLE MEDICAL DEVICE RECLASS	K	IMPL. DEV. CHARGED TO PATIENT	72		7,381,900	1
2							2
3							3
500	TOTAL RECLASSIFICATIONS					7,381,900	500
CODE LETTER - K							
1	MED/SURG SUPPLY RECLASS	L	MEDICAL SUPPLIES CHARGED TO P	71		3,152,536	1
2							2
3							3
500	TOTAL RECLASSIFICATIONS					3,152,536	500
CODE LETTER - L							
1	DISABILITY RECLASS	M	DIETARY	10		1,711	1
2			SOCIAL SERVICE	17		944	2
3			ADULTS & PEDIATRICS	30		25,420	3
4			SKILLED NURSING FACILITY	44		3,139	4
5			OPERATING ROOM	50		546	5
6			RADIOLOGY-DIAGNOSTIC	54		91	6
7			LABORATORY	60		1,222	7
8			RESPIRATORY THERAPY	65		5,639	8
9			OCCUPATIONAL THERAPY	67		3,058	9
10			DRUGS CHARGED TO PATIENTS	73		585	10
11			EMERGENCY	91		4,991	11
12			PHYSICIANS' PRIVATE OFFICES	192		3,171	12
13			FUND DEV, MKTING, COMM HEALTH	192.20		1,579	13
500	TOTAL RECLASSIFICATIONS					52,096	500
CODE LETTER - M							
1	RADIOLOGY ADMIN RECLASS	N	RADIOLOGY-DIAGNOSTIC	54	91,491	14,038	1
2							2
3			RADIOISOTOPE	56	111,606	17,125	3
4			ECHOCARDIOLOGY	54.30	45,429	6,970	4
5			ULTRASOUND	54.20	46,197	7,089	5
6			MAMOGRAPHY	54.10	35,213	5,403	6
7			CT SCAN	57	122,093	18,734	7
8			RADIOLOGY-DIAGNOSTIC	54	38,935	21,891	8
9			ULTRASOUND	54.20	69,969	39,340	9
10			MAMOGRAPHY	54.10	101,316	56,966	10
11			MAMOGRAPHY	54.10	10,856	6,104	11
12			CT SCAN	57	63,120	35,490	12
500	TOTAL RECLASSIFICATIONS				736,225	229,150	500
CODE LETTER - N							



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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
		COST CENTER	LINE #	SALARY	OTHER
GRAND TOTAL (INCREASES)	1	2	3	4 2,874,138	5 13,900,833

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	FIRE INSURANCE	A	ADMINISTRATIVE & GENERAL	5		132,192	9	
2							1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - A					132,192	9	
1	CAFETERIA RECLASS	B	DIETARY	10	340,142	159,234	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - B				340,142	159,234	500	
1	CARDIAC REHAB RECLASS	C	CARDIAC REHABILITATION	76.97	15,618	334	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - C				15,618	334	500	
1	ALTERNATE BIRTHING CENTER RECLASS	D	ADULTS & PEDIATRICS	30	331,124	55,093	1	
2			ADULTS & PEDIATRICS	30	1,182,837	196,803	2	
500	TOTAL RECLASSIFICATIONS CODE LETTER - D				1,513,961	251,896	500	
1	DEPRECIATION RECLASS	E	CAP REL COSTS-BLDG & FIXT	1		503,270	9	
2			CAP REL COSTS-MVBLE EQUIP	2		93,473	9	
3							3	
4							4	
500	TOTAL RECLASSIFICATIONS CODE LETTER - E					596,743	500	
1	VACATION RECLASS	F	EMPLOYEE BENEFITS DEPARTMENT	4		237,384	1	
2			ADMINISTRATIVE & GENERAL	5	1,474		2	
3			MAINTENANCE & REPAIRS	6	199		3	
4			OPERATION OF PLANT	7	100		4	
5			LAUNDRY & LINEN SERVICE	8	7		5	
6			HOUSEKEEPING	9	276		6	
7			DIETARY	10	232		7	
8			CAFETERIA	11	28		8	
9			NURSING ADMINISTRATION	13	317		9	
10			CENTRAL SERVICES & SUPPLY	14	51		10	
11			MEDICAL RECORDS & LIBRARY	16	281		11	
12			SOCIAL SERVICE	17	65		12	
13			ADULTS & PEDIATRICS	30	3,082		13	
14			SKILLED NURSING FACILITY	44	201		14	
15			OPERATING ROOM	50	648		15	
16			RECOVERY ROOM	51	101		16	
17							17	
18			RADIOLOGY-DIAGNOSTIC	54	393		18	
19			MAMOGRAPHY	54.10	78		19	
20			ULTRASOUND	54.20	125		20	
21			ECHOCARDIOLOGY	54.30	85		21	
22			RADIOISOTOPE	56	54		22	
23			CT SCAN	57	110		23	
24			MRI	58	56		24	
25			CARDIAC CATHETERIZATION	59	201		25	
26			LABORATORY	60	590		26	
27			INTRAVENOUS THERAPY	64	29		27	
28			RESPIRATORY THERAPY	65	178		28	
29			PHYSICAL THERAPY	66	703		29	
30			OCCUPATIONAL THERAPY	67	134		30	
31			SPEECH PATHOLOGY	68	58		31	
32			ELECTROCARDIOLOGY	69	54		32	
33			ELECTROENCEPHALOGRAPHY	70	131		33	
34			MEDICAL SUPPLIES CHARGED TO P	71	38		34	
35			DRUGS CHARGED TO PATIENTS	73	516		35	
36							36	
37			PAIN CLINIC	76.20	93		37	
38			CARDIAC REHABILITATION	76.97	46		38	
39			CLINIC	90	52		39	
40			EMERGENCY	91	707		40	
41			GIFT, FLOWER, COFFEE SHOP & C	190	87		41	
42			PHYSICIANS' PRIVATE OFFICES	192	4,722		42	
43			CARDIOLOGY CLINIC	192.10	8		43	
44			FUND DEV, MKTING, COMM HEALTH	192.20	163		44	
45			MCLEAN CO EMS	192.30	49		45	
46			INDUSTRIAL MEDICINE	192.40	196		46	
500	TOTAL RECLASSIFICATIONS CODE LETTER - F				16,718	237,384	500	
1	TEAM AWARD ADJUSTMENT RECLASS	G					1	



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10	
		1	6	7	8	9		
500	TOTAL RECLASSIFICATIONS CODE LETTER - G						500	
1	EMPLOYEE BENEFIT RECLASS	H	PHYSICIANS' PRIVATE OFFICES	192		1,893,611	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - H					1,893,611	500	
1	TELEPHONE	I	ADMINISTRATIVE & GENERAL	5	19,779		1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - I				19,779		500	
1	TEAM AWARD	J	ADMINISTRATIVE & GENERAL	5		24,599	1	
2			MAINTENANCE & REPAIRS	6		135	2	
3			HOUSEKEEPING	9	3,373		3	
4			DIETARY	10		2,115	4	
5			CENTRAL SERVICES & SUPPLY	14		450	5	
6			MEDICAL RECORDS & LIBRARY	16	122		6	
7			SOCIAL SERVICE	17		315	7	
8			ADULTS & PEDIATRICS	30	1,015		8	
9			OPERATING ROOM	50		1,350	9	
10			CARDIAC CATHETERIZATION	59		300	10	
11			LABORATORY	60		450	11	
12			INTRAVENOUS THERAPY	64	450		12	
13			RESPIRATORY THERAPY	65		135	13	
14			PHYSICAL THERAPY	66		644	14	
15			ELECTROENCEPHALOGRAPHY	70		315	15	
16			PAIN CLINIC	76.20	900		16	
17			EMERGENCY	91	450		17	
18			FUND DEV, MKTING, COMM HEALTH	192.20	7,240		18	
19			MCLEAN CO EMS	192.30	644		19	
20			INDUSTRIAL MEDICINE	192.40	450		20	
500	TOTAL RECLASSIFICATIONS CODE LETTER - J				14,644	30,808	500	
1	IMPLANTABLE MEDICAL DEVICE RECLASS	K	OPERATING ROOM	50		5,872,668	1	
2			CARDIAC CATHETERIZATION	59		1,507,242	2	
3			MEDICAL SUPPLIES CHARGED TO P	71		1,990	3	
500	TOTAL RECLASSIFICATIONS CODE LETTER - K					7,381,900	500	
1	MED/SURG SUPPLY RECLASS	L	OPERATING ROOM	50		1,631,161	1	
2			CARDIAC CATHETERIZATION	59		1,394,230	2	
3			RESPIRATORY THERAPY	65		127,145	3	
500	TOTAL RECLASSIFICATIONS CODE LETTER - L					3,152,536	500	
1	DISABILITY RECLASS	M	DIETARY	10	1,711		1	
2			SOCIAL SERVICE	17	944		2	
3			ADULTS & PEDIATRICS	30	25,420		3	
4			SKILLED NURSING FACILITY	44	3,139		4	
5			OPERATING ROOM	50	546		5	
6			RADIOLOGY-DIAGNOSTIC	54	91		6	
7			LABORATORY	60	1,222		7	
8			RESPIRATORY THERAPY	65	5,639		8	
9			OCCUPATIONAL THERAPY	67	3,058		9	
10			DRUGS CHARGED TO PATIENTS	73	585		10	
11			EMERGENCY	91	4,991		11	
12			PHYSICIANS' PRIVATE OFFICES	192	3,171		12	
13			FUND DEV, MKTING, COMM HEALTH	192.20	1,579		13	
500	TOTAL RECLASSIFICATIONS CODE LETTER - M				52,096		500	
1	RADIOLOGY ADMIN RECLASS	N	RADIOLOGY-DIAGNOSTIC	54	452,028	69,359	1	
2			RADIOLOGY-DIAGNOSTIC	54	284,197	159,791	2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
500	TOTAL RECLASSIFICATIONS				736,225	229,150	500	



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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	DECREASES			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
CODE LETTER - N						
GRAND TOTAL (DECREASES)				2,709,183	14,065,788	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.



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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
			PURCHASES	DONATION	TOTAL			
		1	2	3	4	5	6	7
1	LAND	1,635,357					1,635,357	1
2	LAND IMPROVEMENTS	2,308,315					2,308,315	2
3	BUILDINGS AND FIXTURES	109,759,492	14,510,760		14,510,760		124,270,252	3
4	BUILDING IMPROVEMENTS	195,305					195,305	4
5	FIXED EQUIPMENT	50,024,418	3,734,966		3,734,966	66,912	53,692,472	5
6	MOVABLE EQUIPMENT	102,891					102,891	6
7	HIT DESIGNATED ASSETS							7
8	SUBTOTAL (sum of lines 1-7)	164,025,778	18,245,726		18,245,726	66,912	182,204,592	8
9	RECONCILING ITEMS							9
10	TOTAL (line 7 minus line 9)	164,025,778	18,245,726		18,245,726	66,912	182,204,592	10

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

	DESCRIPTION	SUMMARY OF CAPITAL							
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(1) (Sum of (cols. 9 through 14))	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	5,801,217						5,801,217	1
2	CAP REL COSTS-MVBLE EQUIP	3,058,081						3,058,081	2
3	TOTAL (sum of lines 1-2)	8,859,298						8,859,298	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.
* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of (cols. 5 through 7))	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				0.000000					1
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(2) (sum of (cols. 9 through 14))	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	5,369,331						5,369,331	1
2	CAP REL COSTS-MVBLE EQUIP	3,025,416						3,025,416	2
3	TOTAL (sum of lines 1-2)	8,394,747						8,394,747	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF. 5
				COST CENTER	LINE#		
		1	2	3	4		
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-OTHER (chapter 2)						3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)						4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-66,017	ADMINISTRATIVE & GENERAL	5		7
8	TELEVISION AND RADIO SERVICE (chapter 21)						8
9	PARKING LOT (chapter 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,698,302				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-3,611,825				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-448,607	CAFETERIA	11		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS						17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-89,058	MEDICAL RECORDS & LIBRARY	16		18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION-BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1		26
27	DEPRECIATION-MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33							33
34							34
35	PERSONNEL	B	-5,877	ADMINISTRATIVE & GENERAL	5		35
36	MEDICAL STAFF EXPENSE	B	-60,900	ADMINISTRATIVE & GENERAL	5		36
37							37
38							38
39	PLANT MAINTENANCE	B	-142	MAINTENANCE & REPAIRS	6		39
40	HOUSEKEEPING	B	-1,746	HOUSEKEEPING	9		40
41	DIETARY	B	-588	DIETARY	10		41
42	CLINICAL EDUCATION	B	-28,084	NURSING ADMINISTRATION	13		42
43							43
44							44
45							45
46	RADIOLOGY ADMIN	B	-1,771	RADIOLOGY-DIAGNOSTIC	54		46
47	COLLEGE AVE - RADIOLOGY ADMIN	B	-300	RADIOLOGY-DIAGNOSTIC	54		47
48	LABORATORY	B	-13,611	LABORATORY	60		48
49	FORT JESSE PHYSICAL THERAPY	B	-13,561	PHYSICAL THERAPY	66		49
49.01	COLLEGE AVE - PHYSICAL THERAPY	B	-6,888	PHYSICAL THERAPY	66		49.01
49.03	INDUSTRIAL REHAB	B	-180	PHYSICAL THERAPY	66		49.03
49.05	SPEECH - LANGUAGE PATHOLOGY	B	-1,609	SPEECH PATHOLOGY	68		49.05
49.07	ENDOSCOPY	B	-227	ENDOSCOPY	76		49.07
49.09	PAIN CLINIC	B	-1,764	PAIN CLINIC	76.20		49.09
49.12	PRE-EMPLOYMENT PHYSICALS	A	-106,060	EMPLOYEE BENEFITS DEPARTMENT	4		49.12
49.13	MEDICAID ASSESSMENT	B	-4,152,044	ADMINISTRATIVE & GENERAL	5		49.13
49.15	PROPERTY TAXES	A	-173,256	ADMINISTRATIVE & GENERAL	5		49.15
49.18	AHA, IHA & CHA DUES (LOBBYING)	A	-35,058	ADMINISTRATIVE & GENERAL	5		49.18
49.19	UNEMPLOYMENT COMP	A	24,906	EMPLOYEE BENEFITS DEPARTMENT	4		49.19
49.21	REVENUE CYCLE ADMINISTRATION	B	-640,933	ADMINISTRATIVE & GENERAL	5		49.21
49.23	ALTERNATE BIRTHING CENTER	B	-8,498	ADULTS & PEDIATRICS	30		49.23
49.24	MAMMOGRAPHY	B	-299	MAMMOGRAPHY	54.10		49.24
49.29	COMPUTED TOMOGRAPHIC SCANNER	B	-75,682	CT SCAN	57		49.29



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
49.30	MAGNETIC RESONANCE IMAGING	B	-1,500	MRI	58	49.30
49.31	OSF NEUROSCIENCE SERVICE LINE	B	-450	ADMINISTRATIVE & GENERAL	5	49.31
49.32	EMPLOYEE BENEFITS	B	-186	EMPLOYEE BENEFITS DEPARTMENT	4	49.32
49.33	TEAM AWARD - CY	A	24,599	ADMINISTRATIVE & GENERAL	5	49.33
49.34	TEAM AWARD - CY	A	135	MAINTENANCE & REPAIRS	6	49.34
49.35	TEAM AWARD - CY	A	-3,373	HOUSEKEEPING	9	49.35
49.36	TEAM AWARD - CY	A	2,115	DIETARY	10	49.36
49.37	TEAM AWARD - CY	A	450	CENTRAL SERVICES & SUPPLY	14	49.37
49.38	TEAM AWARD - CY	A	-122	MEDICAL RECORDS & LIBRARY	16	49.38
49.39	TEAM AWARD - CY	A	315	SOCIAL SERVICE	17	49.39
49.40	TEAM AWARD - CY	A	-1,015	ADULTS & PEDIATRICS	30	49.40
49.41	TEAM AWARD - CY	A	1,350	OPERATING ROOM	50	49.41
49.42	TEAM AWARD - CY	A	300	CARDIAC CATHETERIZATION	59	49.42
49.43	TEAM AWARD - CY	A	450	LABORATORY	60	49.43
49.44	TEAM AWARD - CY	A	-450	INTRAVENOUS THERAPY	64	49.44
49.45	TEAM AWARD - CY	A	135	RESPIRATORY THERAPY	65	49.45
49.46	TEAM AWARD - CY	A	644	PHYSICAL THERAPY	66	49.46
49.47	TEAM AWARD - CY	A	315	ELECTROENCEPHALOGRAPHY	70	49.47
49.48	TEAM AWARD - CY	A	-900	PAIN CLINIC	76.20	49.48
49.49	TEAM AWARD - CY	A	-450	EMERGENCY	91	49.49
49.50	TEAM AWARD - CY	A	-7,240	FUND DEV, MKTING, COMM HEALTH ED	192.20	49.50
49.51	TEAM AWARD - CY	A	-644	MCLEAN CO EMS	192.30	49.51
49.52	TEAM AWARD - CY	A	-450	INDUSTRIAL MEDICINE	192.40	49.52
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-11,203,953			50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.



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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 CLAIMED HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	12,669,896	16,041,074	-3,371,178	1
2	7	OPERATION OF PLANT	CORP OFFICE CHARGES	279,672	354,086	-74,414	2
3	13	NURSING ADMINISTRATION	CORP OFFICE CHARGES	3,729	4,721	-992	3
4	58	MRI	ET MAINT AGREE, EQUIP TEC	174,767	178,102	-3,335	4
4.01	56	RADIOISOTOPE	ET MAINT AGREE, EQUIP TEC	51,721	52,708	-987	4.01
4.02	57	CT SCAN	ET MAINT AGREE, EQUIP TEC	325,759	331,975	-6,216	4.02
4.03	54.10	MAMOGRAPHY	ET MAINT AGREE, EQUIP TEC	7,577	7,722	-145	4.03
4.04	54	RADIOLOGY-DIAGNOSTIC	ET MAINT AGREE, EQUIP TEC	135,351	137,933	-2,582	4.04
4.05	76	ENDOSCOPY	ENDOSCOPY	506,589	658,565	-151,976	4.05
4.06	60	LABORATORY	OSF SYSTEM LAB	1,213,379	1,213,379		4.06
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			15,368,440	18,980,265	-3,611,825	5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED		6
7						7
8						8
9						9
10						10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify:



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	70	ELECTROENCEPHALOGRAP DR. D	8,276	8,276		171,400				1
2	91	EMERGENCY AGGREGATE	34,850	34,850		171,400				2
3	5	ADMINISTRATIVE & GEN	17,000		17,000	171,400	104	8,570	429	3
4	5	ADMINISTRATIVE & GEN AGGREGATE	7,375	7,375		171,400				4
5	5	ADMINISTRATIVE & GEN AGGREGATE	10,650	10,650		171,400				5
6	22	I&R SERVICES-OTHER P AGGREGATE	182,870	182,870		171,400				6
7	53	ANESTHESIOLOGY	52,000		52,000	200,300	208	20,030	1,002	7
8	53	ANESTHESIOLOGY	565,860		565,860	200,300	8,760	843,571	42,179	8
9	60	LABORATORY AGGREGATE	50,000	50,000		219,500				9
10	90	CLINIC AGGREGATE	3,000	3,000		171,400				10
11	91	EMERGENCY AGGREGATE	1,360,881	1,360,881		171,400				11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,292,762	1,657,902	634,860		9,072	872,171	43,610	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	70	ELECTROENCEPHALOGRAP DR. D							8,276	1
2	91	EMERGENCY AGGREGATE							34,850	2
3	5	ADMINISTRATIVE & GEN					8,570	8,430	8,430	3
4	5	ADMINISTRATIVE & GEN AGGREGATE							7,375	4
5	5	ADMINISTRATIVE & GEN AGGREGATE							10,650	5
6	22	I&R SERVICES-OTHER P AGGREGATE							182,870	6
7	53	ANESTHESIOLOGY					20,030	31,970	31,970	7
8	53	ANESTHESIOLOGY					843,571			8
9	60	LABORATORY AGGREGATE							50,000	9
10	90	CLINIC AGGREGATE							3,000	10
11	91	EMERGENCY AGGREGATE							1,360,881	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					872,171	40,400	1,698,302	200



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	5,369,331	5,369,331					1
2	CAP REL COSTS-MVBLE EQUIP	3,025,416		3,025,416				2
4	EMPLOYEE BENEFITS DEPARTMENT	14,879,595			14,879,595			4
5	ADMINISTRATIVE & GENERAL	17,287,095	441,827	598,437	1,314,833	19,642,192	19,642,192	5
6	MAINTENANCE & REPAIRS	1,916,919	745,279	32,563	177,195	2,871,956	406,612	6
7	OPERATION OF PLANT	2,351,151	182,580	74,567	91,639	2,699,937	382,257	7
8	LAUNDRY & LINEN SERVICE	460,144	22,341		5,956	488,441	69,153	8
9	HOUSEKEEPING	1,032,564	49,953	6,875	244,767	1,334,159	188,890	9
10	DIETARY	734,198	61,900	2,477	120,371	918,946	130,104	10
11	CAFETERIA	160,201	38,783	338	111,618	310,940	44,023	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,213,207	53,645	173,901	282,528	1,723,281	243,982	13
14	CENTRAL SERVICES & SUPPLY	326,019	62,050	324,035	45,643	757,747	107,282	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	1,165,386	59,693	726	249,952	1,475,757	208,938	16
17	SOCIAL SERVICE	253,821	13,813		57,661	325,295	46,055	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,120,190	876,244	286,209	2,354,830	13,637,473	1,930,793	30
43	NURSERY	386,217	45,826	23,263	83,995	539,301	76,354	43
44	SKILLED NURSING FACILITY	738,303	68,820	7,706	177,992	992,821	140,564	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,173,734	278,931	283,832	577,882	5,314,379	752,410	50
51	RECOVERY ROOM	355,012	34,206	3,497	89,846	482,561	68,321	51
52	DELIVERY ROOM & LABOR ROOM	1,379,640	163,686	83,100	300,044	1,926,470	272,750	52
53	ANESTHESIOLOGY	865,705	6,430	53,548		925,683	131,058	53
54	RADIOLOGY-DIAGNOSTIC	1,013,489	58,086	88,838	196,401	1,356,814	192,098	54
54.10	MAMOGRAPHY	821,587	45,689	9,555	107,184	984,015	139,317	54.10
54.20	ULTRASOUND	735,891	25,528	47,117	140,504	949,040	134,365	54.20
54.30	ECHOCARDIOLOGY	417,135	24,152	36,936	86,863	565,086	80,005	54.30
55	RADIOLOGY-THERAPEUTIC	19,551			19,551	2,768		55
56	RADIOISOTOPE	1,021,974	29,411	10,717	76,619	1,138,721	161,220	56
57	CT SCAN	1,318,154	53,277	42,367	145,101	1,558,899	220,709	57
58	MRI	1,024,404	44,940	99,706	49,566	1,218,616	172,532	58
59	CARDIAC CATHETERIZATION	1,327,998	66,409	63,802	179,445	1,637,654	231,859	59
60	LABORATORY	4,438,032	131,919	38,689	525,157	5,133,797	726,843	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	140,699	50,266		25,482	216,447	30,645	64
65	RESPIRATORY THERAPY	823,760	25,828	47,738	157,305	1,054,631	149,315	65
66	PHYSICAL THERAPY	3,468,926	68,248	69,121	626,205	4,232,500	599,237	66
67	OCCUPATIONAL THERAPY	480,216	15,625	1,415	118,955	616,211	87,243	67
68	SPEECH PATHOLOGY	271,268	10,053	58,425	51,277	391,023	55,361	68
69	ELECTROCARDIOLOGY	214,895	34,614	35,759	47,774	333,042	47,152	69
70	ELECTROENCEPHALOGRAPHY	424,097	17,055	27,947	116,885	585,984	82,964	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,437,626	24,874		33,583	4,496,083	636,555	71
72	IMPL. DEV. CHARGED TO PATIENTS	7,381,900				7,381,900	1,045,129	72
73	DRUGS CHARGED TO PATIENTS	6,838,391	28,648	81,755	459,979	7,408,773	1,048,934	73
74	RENAL DIALYSIS	245,137	74,746			319,883	45,289	74
76	ENDOSCOPY	680,005	69,447		58	749,510	106,116	76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC	485,050		89,271	82,614	656,935	93,009	76.20
76.97	CARDIAC REHABILITATION	147,536	60,442	84,689	36,643	329,310	46,624	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	341,703		668	46,209	388,580	55,015	90
91	EMERGENCY	2,912,106	171,519	29,164	628,038	3,740,827	529,626	91
	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	109,625,378	4,336,783	2,918,753	10,224,599	103,831,171	11,919,476	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	718,068	55,770	49,838	77,157	900,833	127,540	190
192	PHYSICIANS' PRIVATE OFFICES	45,457,289	908,094	14,189	4,206,427	50,585,999	7,162,022	192
192.10	CARDIOLOGY CLINIC	87,579			7,046	94,625	13,397	192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	1,411,291	62,118	36,071	142,608	1,652,088	233,903	192.20
192.30	MCLEAN CO EMS	235,528			43,821	279,349	39,550	192.30
192.40	INDUSTRIAL MEDICINE	826,345		6,565	173,975	1,006,885	142,555	192.40



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
192.60	NONALLOWABLE CARDIAC REHAB	15,952	6,566		3,962	26,480	3,749	192.60
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	158,377,430	5,369,331	3,025,416	14,879,595	158,377,430	19,642,192	202



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	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
6	MAINTENANCE & REPAIRS	3,278,568						6
7	OPERATION OF PLANT	137,415	3,219,609					7
8	LAUNDRY & LINEN SERVICE	16,814	17,234	591,642				8
9	HOUSEKEEPING	37,596	38,535		1,599,180			9
10	DIETARY	46,588	47,751		24,136	1,167,525		10
11	CAFETERIA	29,189	29,918		15,122		429,192	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	40,375	41,383		20,917		12,990	13
14	CENTRAL SERVICES & SUPPLY	46,700	47,867		24,195		4,373	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	44,927	46,049		23,276		17,188	16
17	SOCIAL SERVICE	10,396	10,656		5,386		3,627	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	659,487	675,958	268,247	341,667	1,035,469	140,908	30
43	NURSERY	34,490	35,351	18,486	17,868		4,274	43
44	SKILLED NURSING FACILITY	51,796	53,090	48,074	26,834	132,056	11,382	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	209,932	215,175	56,465	108,761		33,263	50
51	RECOVERY ROOM	25,744	26,387		13,338		3,931	51
52	DELIVERY ROOM & LABOR ROOM	123,195	126,272	66,037	63,825		15,291	52
53	ANESTHESIOLOGY	4,839	4,960		2,507			53
54	RADIOLOGY-DIAGNOSTIC	43,717	44,809	5,429	22,649		9,904	54
54.10	MAMOGRAPHY	34,387	35,246	3,116	17,815		1,722	54.10
54.20	ULTRASOUND	19,213	19,693	148	9,954		3,497	54.20
54.30	ECHOCARDIOLOGY	18,178	18,632		9,418		3,870	54.30
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	22,135	22,688	2,974	11,468		3,611	56
57	CT SCAN	40,098	41,099	11,879	20,774		6,240	57
58	MRI	33,823	34,668	6,606	17,523		2,088	58
59	CARDIAC CATHETERIZATION	49,981	51,230	16,912	25,894		7,680	59
60	LABORATORY	99,286	101,766		51,438		33,492	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	37,832	38,777		19,600			64
65	RESPIRATORY THERAPY	19,439	19,924		10,071		9,683	65
66	PHYSICAL THERAPY	51,365	52,648		26,611		4,876	66
67	OCCUPATIONAL THERAPY	11,760	12,053		6,092		3,573	67
68	SPEECH PATHOLOGY	7,566	7,755		3,920		1,935	68
69	ELECTROCARDIOLOGY	26,052	26,702	13,636	13,497		2,667	69
70	ELECTROENCEPHALOGRAPHY	12,836	13,157	1,335	6,650		1,547	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,721	19,189		9,699		3,055	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	21,561	22,100		11,170		16,761	73
74	RENAL DIALYSIS	56,256	57,661		29,145			74
76	ENDOSCOPY	52,268	53,573		27,079			76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC							76.20
76.97	CARDIAC REHABILITATION	45,491	46,627		23,568			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
91	EMERGENCY	129,090	132,314	72,298	66,879		35,450	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,370,538	2,288,897	591,642	1,128,746	1,167,525	398,878	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,974	43,022		21,746		4,906	190
192	PHYSICIANS' PRIVATE OFFICES	735,366	753,736		380,981		6,476	192
192.10	CARDIOLOGY CLINIC						609	192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	81,426	83,460		42,185		8,556	192.20
192.30	MCLEAN CO EMS							192.30
192.40	INDUSTRIAL MEDICINE	44,322	45,429		22,962		7,725	192.40
192.60	NONALLOWABLE CARDIAC REHAB	4,942	5,065		2,560		2,042	192.60
200	CROSS FOOT ADJUSTMENTS							200



COMPU-MAX

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	3,278,568	3,219,609	591,642	1,599,180	1,167,525	429,192	202



COMPU-MAX

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES + SUPPLY 14	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	2,082,928					13
14	CENTRAL SERVICES & SUPPLY	32,727	1,020,891				14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY		909	1,817,044			16
17	SOCIAL SERVICE				401,415		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	1,054,492	66,533	134,818	368,425	20,314,270	30
43	NURSERY	31,985	3,559	4,953		766,621	43
44	SKILLED NURSING FACILITY	85,180	3,344	5,065	32,990	1,583,196	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	248,927	384,413	119,029		7,442,754	50
51	RECOVERY ROOM	29,420	53	7,720		657,475	51
52	DELIVERY ROOM & LABOR ROOM	114,429	12,711	17,694		2,738,674	52
53	ANESTHESIOLOGY		21,163	14,496		1,104,706	53
54	RADIOLOGY-DIAGNOSTIC		2,932	41,921		1,720,273	54
54.10	MAMOGRAPHY		793	22,181		1,238,592	54.10
54.20	ULTRASOUND		984	25,224		1,162,118	54.20
54.30	ECHOCARDIOLOGY	28,964	1,425	19,225		744,803	54.30
55	RADIOLOGY-THERAPEUTIC			131		22,450	55
56	RADIOISOTOPE		1,515	42,397		1,406,729	56
57	CT SCAN		3,549	154,793		2,058,040	57
58	MRI		115	63,227		1,549,198	58
59	CARDIAC CATHETERIZATION	57,471	50,123	111,454		2,240,258	59
60	LABORATORY		25,955	273,785		6,446,362	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY		3,925	2,477		349,703	64
65	RESPIRATORY THERAPY	72,466	9,666	32,965		1,378,160	65
66	PHYSICAL THERAPY		728	31,702		4,999,667	66
67	OCCUPATIONAL THERAPY			8,946		745,878	67
68	SPEECH PATHOLOGY			2,170		469,730	68
69	ELECTROCARDIOLOGY	19,955	3,364	15,031		501,098	69
70	ELECTROENCEPHALOGRAPHY		184	9,095		713,752	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		262,648	143,492		5,589,442	71
72	IMPL. DEV. CHARGED TO PATIENTS			134,534		8,561,563	72
73	DRUGS CHARGED TO PATIENTS		117,253	276,728		8,923,280	73
74	RENAL DIALYSIS			4,340		512,574	74
76	ENDOSCOPY			9,215		997,761	76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	41,621	2,398	13,216		807,179	76.20
76.97	CARDIAC REHABILITATION		397	1,284		493,301	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		1,030	3,381		448,006	90
91	EMERGENCY	265,291	29,978	70,355		5,072,108	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	2,082,928	1,011,647	1,817,044	401,415	93,759,721	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		178			1,140,199	190
192	PHYSICIANS' PRIVATE OFFICES		7,718			59,632,298	192
192.10	CARDIOLOGY CLINIC		189			108,820	192.10
192.20	FUND DEV. MKTING, COMM HEALTH ED		150			2,101,768	192.20
192.30	MCLEAN CO EMS					318,899	192.30
192.40	INDUSTRIAL MEDICINE		966			1,270,844	192.40
192.60	NONALLOWABLE CARDIAC REHAB		43			44,881	192.60
200	CROSS FOOT ADJUSTMENTS						200



COMPU-MAX

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES + SUPPLY 14	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,082,928	1,020,891	1,817,044	401,415	158,377,430		202



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	TOTAL	
		26	
	GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS DEPARTMENT		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
	INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	20,314,270	30
43	NURSERY	766,621	43
44	SKILLED NURSING FACILITY	1,583,196	44
	ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	7,442,754	50
51	RECOVERY ROOM	657,475	51
52	DELIVERY ROOM & LABOR ROOM	2,738,674	52
53	ANESTHESIOLOGY	1,104,706	53
54	RADIOLOGY-DIAGNOSTIC	1,720,273	54
54.10	MAMOGRAPHY	1,238,592	54.10
54.20	ULTRASOUND	1,162,118	54.20
54.30	ECHOCARDIOLOGY	744,803	54.30
55	RADIOLOGY-THERAPEUTIC	22,450	55
56	RADIOISOTOPE	1,406,729	56
57	CT SCAN	2,058,040	57
58	MRI	1,549,198	58
59	CARDIAC CATHETERIZATION	2,240,258	59
60	LABORATORY	6,446,362	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
64	INTRAVENOUS THERAPY	349,703	64
65	RESPIRATORY THERAPY	1,378,160	65
66	PHYSICAL THERAPY	4,999,667	66
67	OCCUPATIONAL THERAPY	745,878	67
68	SPEECH PATHOLOGY	469,730	68
69	ELECTROCARDIOLOGY	501,098	69
70	ELECTROENCEPHALOGRAPHY	713,752	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,589,442	71
72	IMPL. DEV. CHARGED TO PATIENTS	8,561,563	72
73	DRUGS CHARGED TO PATIENTS	8,923,280	73
74	RENAL DIALYSIS	512,574	74
76	ENDOSCOPY	997,761	76
76.10	DIABETES SERVICES		76.10
76.20	PAIN CLINIC	807,179	76.20
76.97	CARDIAC REHABILITATION	493,301	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
	OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	448,006	90
91	EMERGENCY	5,072,108	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
	OTHER REIMBURSABLE COST CENTERS		
	SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (sum of lines 1-117)	93,759,721	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,140,199	190
192	PHYSICIANS' PRIVATE OFFICES	59,632,298	192
192.10	CARDIOLOGY CLINIC	108,820	192.10
192.20	FUND DEV. MKTING, COMM HEALTH ED	2,101,768	192.20
192.30	MCLEAN CO EMS	318,899	192.30
192.40	INDUSTRIAL MEDICINE	1,270,844	192.40
192.60	NONALLOWABLE CARDIAC REHAB	44,881	192.60
200	CROSS FOOT ADJUSTMENTS		200



COMPU-MAX

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	158,377,430						202



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL	3,935,063	441,827	598,437	4,975,327	4,975,327		5
6	MAINTENANCE & REPAIRS	1,549	745,279	32,563	779,391	102,994	882,385	6
7	OPERATION OF PLANT		182,580	74,567	257,147	96,825	36,984	7
8	LAUNDRY & LINEN SERVICE		22,341		22,341	17,516	4,525	8
9	HOUSEKEEPING	750	49,953	6,875	57,578	47,846	10,119	9
10	DIETARY		61,900	2,477	64,377	32,955	12,538	10
11	CAFETERIA		38,783	338	39,121	11,151	7,856	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,873	53,645	173,901	232,419	61,800	10,866	13
14	CENTRAL SERVICES & SUPPLY		62,050	324,035	386,085	27,174	12,569	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	4,668	59,693	726	65,087	52,924	12,091	16
17	SOCIAL SERVICE		13,813		13,813	11,666	2,798	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,912	876,244	286,209	1,173,365	489,067	177,492	30
43	NURSERY		45,826	23,263	69,089	19,340	9,282	43
44	SKILLED NURSING FACILITY		68,820	7,706	76,526	35,605	13,940	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	55,196	278,931	283,832	617,959	190,584	56,500	50
51	RECOVERY ROOM		34,206	3,497	37,703	17,306	6,929	51
52	DELIVERY ROOM & LABOR ROOM		163,686	83,100	246,786	69,087	33,156	52
53	ANESTHESIOLOGY		6,430	53,548	59,978	33,197	1,302	53
54	RADIOLOGY-DIAGNOSTIC	22,385	58,086	88,838	169,309	48,658	11,766	54
54.10	MAMOGRAPHY	250,376	45,689	9,555	305,620	35,289	9,255	54.10
54.20	ULTRASOUND	38,763	25,528	47,117	111,408	34,034	5,171	54.20
54.30	ECHOCARDIOLOGY		24,152	36,936	61,088	20,265	4,892	54.30
55	RADIOLOGY-THERAPEUTIC					701		55
56	RADIOISOTOPE	123,098	29,411	10,717	163,226	40,837	5,957	56
57	CT SCAN	311,617	53,277	42,367	407,261	55,905	10,792	57
58	MRI	364,740	44,940	99,706	509,386	43,702	9,103	58
59	CARDIAC CATHETERIZATION	297,522	66,409	63,802	427,733	58,730	13,452	59
60	LABORATORY	3,948	131,919	38,689	174,556	184,108	26,722	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY		50,266		50,266	7,762	10,182	64
65	RESPIRATORY THERAPY	400	25,828	47,738	73,966	37,821	5,232	65
66	PHYSICAL THERAPY	772,732	68,248	69,121	910,101	151,786	13,824	66
67	OCCUPATIONAL THERAPY		15,625	1,415	17,040	22,099	3,165	67
68	SPEECH PATHOLOGY	22,297	10,053	58,425	90,775	14,023	2,036	68
69	ELECTROCARDIOLOGY		34,614	35,759	70,373	11,944	7,012	69
70	ELECTROENCEPHALOGRAPHY	39,452	17,055	27,947	84,454	21,015	3,455	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	124,429	24,874		149,303	161,239	5,039	71
72	IMPL. DEV. CHARGED TO PATIENTS					264,730		72
73	DRUGS CHARGED TO PATIENTS		28,648	81,755	110,403	265,693	5,803	73
74	RENAL DIALYSIS		74,746		74,746	11,472	15,141	74
76	ENDOSCOPY		69,447		69,447	26,879	14,067	76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC	62,345		89,271	151,616	23,559		76.20
76.97	CARDIAC REHABILITATION		60,442	84,689	145,131	11,810	12,243	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	77,923		668	78,591	13,935		90
91	EMERGENCY	4,813	171,519	29,164	205,496	134,154	34,743	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,529,851	4,336,783	2,918,753	13,785,387	3,019,187	637,999	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		55,770	49,838	105,608	32,306	11,297	190
192	PHYSICIANS' PRIVATE OFFICES	1,031,760	908,094	14,189	1,954,043	1,814,117	197,915	192
192.10	CARDIOLOGY CLINIC					3,393		192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	7,694	62,118	36,071	105,883	59,247	21,915	192.20
192.30	MCLEAN CO EMS					10,018		192.30
192.40	INDUSTRIAL MEDICINE	4,115		6,565	10,680	36,109	11,929	192.40
192.60	NONALLOWABLE CARDIAC REHAB		6,566		6,566	950	1,330	192.60
200	CROSS FOOT ADJUSTMENTS							200



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	7,573,420	5,369,331	3,025,416	15,968,167	4,975,327	882,385	202



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	390,956						7
8	LAUNDRY & LINEN SERVICE	2,093	46,475					8
9	HOUSEKEEPING	4,679		120,222				9
10	DIETARY	5,798		1,814	117,482			10
11	CAFETERIA	3,633		1,137		62,898		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	5,025		1,573		1,904	313,587	13
14	CENTRAL SERVICES & SUPPLY	5,812		1,819		641	4,927	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	5,592		1,750		2,519		16
17	SOCIAL SERVICE	1,294		405		531		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	82,081	21,073	25,686	104,194	20,652	158,756	30
43	NURSERY	4,293	1,452	1,343		626	4,815	43
44	SKILLED NURSING FACILITY	6,447	3,776	2,017	13,288	1,668	12,824	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	26,129	4,435	8,176		4,875	37,476	50
51	RECOVERY ROOM	3,204		1,003		576	4,429	51
52	DELIVERY ROOM & LABOR ROOM	15,333	5,187	4,798		2,241	17,227	52
53	ANESTHESIOLOGY	602		188				53
54	RADIOLOGY-DIAGNOSTIC	5,441	426	1,703		1,451		54
54.10	MAMOGRAPHY	4,280	245	1,339		252		54.10
54.20	ULTRASOUND	2,391	12	748		512		54.20
54.30	ECHOCARDIOLOGY	2,262		708		567	4,361	54.30
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	2,755	234	862		529		56
57	CT SCAN	4,991	933	1,562		914		57
58	MRI	4,210	519	1,317		306		58
59	CARDIAC CATHETERIZATION	6,221	1,328	1,947		1,125	8,652	59
60	LABORATORY	12,357		3,867		4,908		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	4,709		1,473				64
65	RESPIRATORY THERAPY	2,419		757		1,419	10,910	65
66	PHYSICAL THERAPY	6,393		2,001		715		66
67	OCCUPATIONAL THERAPY	1,464		458		524		67
68	SPEECH PATHOLOGY	942		295		284		68
69	ELECTROCARDIOLOGY	3,242	1,071	1,015		391	3,004	69
70	ELECTROENCEPHALOGRAPHY	1,598	105	500		227		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,330		729		448		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	2,684		840		2,456		73
74	RENAL DIALYSIS	7,002		2,191				74
76	ENDOSCOPY	6,505		2,036				76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC						6,266	76.20
76.97	CARDIAC REHABILITATION	5,662		1,772				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
91	EMERGENCY	16,067	5,679	5,028		5,195	39,940	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	277,940	46,475	84,857	117,482	58,456	313,587	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,224		1,635		719		190
192	PHYSICIANS' PRIVATE OFFICES	91,527		28,641		949		192
192.10	CARDIOLOGY CLINIC					89		192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	10,134		3,171		1,254		192.20
192.30	MCLEAN CO EMS							192.30
192.40	INDUSTRIAL MEDICINE	5,516		1,726		1,132		192.40
192.60	NONALLOWABLE CARDIAC REHAB	615		192		299		192.60
200	CROSS FOOT ADJUSTMENTS							200



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	390,956	46,475	120,222	117,482	62,898	313,587	202



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY 14	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY	439,027						14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	391	140,354					16
17	SOCIAL SERVICE			30,507				17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	28,612	10,410	28,000	2,319,388		2,319,388	30
43	NURSERY	1,530	382		112,152		112,152	43
44	SKILLED NURSING FACILITY	1,438	391	2,507	170,427		170,427	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	165,313	9,191		1,120,638		1,120,638	50
51	RECOVERY ROOM	23	596		71,769		71,769	51
52	DELIVERY ROOM & LABOR ROOM	5,466	1,366		400,647		400,647	52
53	ANESTHESIOLOGY	9,101	1,119		105,487		105,487	53
54	RADIOLOGY-DIAGNOSTIC	1,261	3,237		243,252		243,252	54
54.10	MAMOGRAPHY	341	1,713		358,334		358,334	54.10
54.20	ULTRASOUND	423	1,948		156,647		156,647	54.20
54.30	ECHOCARDIOLOGY	613	1,484		96,240		96,240	54.30
55	RADIOLOGY-THERAPEUTIC		10		711		711	55
56	RADIOISOTOPE	652	3,274		218,326		218,326	56
57	CT SCAN	1,526	11,952		495,836		495,836	57
58	MRI	49	4,882		573,474		573,474	58
59	CARDIAC CATHETERIZATION	21,555	8,606		549,349		549,349	59
60	LABORATORY	11,162	21,140		438,820		438,820	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	1,688	191		76,271		76,271	64
65	RESPIRATORY THERAPY	4,157	2,545		139,226		139,226	65
66	PHYSICAL THERAPY	313	2,448		1,087,581		1,087,581	66
67	OCCUPATIONAL THERAPY		691		45,441		45,441	67
68	SPEECH PATHOLOGY		168		108,523		108,523	68
69	ELECTROCARDIOLOGY	1,446	1,161		100,659		100,659	69
70	ELECTROENCEPHALOGRAPHY	79	702		112,135		112,135	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	112,950	11,080		443,118		443,118	71
72	IMPL. DEV. CHARGED TO PATIENTS		10,388		275,118		275,118	72
73	DRUGS CHARGED TO PATIENTS	50,424	21,420		459,723		459,723	73
74	RENAL DIALYSIS		335		110,887		110,887	74
76	ENDOSCOPY		712		119,646		119,646	76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC	1,031	1,020		183,492		183,492	76.20
76.97	CARDIAC REHABILITATION	171	99		176,888		176,888	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	443	261		93,230		93,230	90
91	EMERGENCY	12,892	5,432		464,626		464,626	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	435,050	140,354	30,507	11,428,061		11,428,061	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	77			156,866		156,866	190
192	PHYSICIANS' PRIVATE OFFICES	3,319			4,090,511		4,090,511	192
192.10	CARDIOLOGY CLINIC	81			3,563		3,563	192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	65			201,669		201,669	192.20
192.30	MCLEAN CO EMS				10,018		10,018	192.30
192.40	INDUSTRIAL MEDICINE	416			67,508		67,508	192.40
192.60	NONALLOWABLE CARDIAC REHAB	19			9,971		9,971	192.60
200	CROSS FOOT ADJUSTMENTS							200



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY 14	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	439,027	140,354	30,507	15,968,167		15,968,167	202



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	394,156						1
2	CAP REL COSTS-MVBLE EQUIP		3,058,078					2
4	EMPLOYEE BENEFITS DEPARTMENT			58,658,446				4
5	ADMINISTRATIVE & GENERAL	32,434	604,898	5,183,345	-19,642,192	138,735,238		5
6	MAINTENANCE & REPAIRS	54,710	32,915	698,539		2,871,956	319,780	6
7	OPERATION OF PLANT	13,403	75,372	361,258		2,699,937	13,403	7
8	LAUNDRY & LINEN SERVICE	1,640		23,480		488,441	1,640	8
9	HOUSEKEEPING	3,667	6,949	964,924		1,334,159	3,667	9
10	DIETARY	4,544	2,504	474,529		918,946	4,544	10
11	CAFETERIA	2,847	342	440,023		310,940	2,847	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,938	175,778	1,113,785		1,723,281	3,938	13
14	CENTRAL SERVICES & SUPPLY	4,555	327,533	179,934		757,747	4,555	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	4,382	734	985,363		1,475,757	4,382	16
17	SOCIAL SERVICE	1,014		227,311		325,295	1,014	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	64,324	289,299	9,283,227		13,637,473	64,324	30
43	NURSERY	3,364	23,514	331,124		539,301	3,364	43
44	SKILLED NURSING FACILITY	5,052	7,789	701,681		992,821	5,052	44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	20,476	286,896	2,278,131		5,314,379	20,476	50
51	RECOVERY ROOM	2,511	3,535	354,190		482,561	2,511	51
52	DELIVERY ROOM & LABOR ROOM	12,016	83,997	1,182,837		1,926,470	12,016	52
53	ANESTHESIOLOGY	472	54,126			925,683	472	53
54	RADIOLOGY-DIAGNOSTIC	4,264	89,797	774,255		1,356,814	4,264	54
54.10	MAMOGRAPHY	3,354	9,658	422,542		984,015	3,354	54.10
54.20	ULTRASOUND	1,874	47,626	553,895		949,040	1,874	54.20
54.30	ECHOCARDIOLOGY	1,773	37,335	342,432		565,086	1,773	54.30
55	RADIOLOGY-THERAPEUTIC					19,551		55
56	RADIOISOTOPE	2,159	10,833	302,049		1,138,721	2,159	56
57	CT SCAN	3,911	42,824	572,019		1,558,899	3,911	57
58	MRI	3,299	100,782	195,401		1,218,616	3,299	58
59	CARDIAC CATHETERIZATION	4,875	64,491	707,410		1,637,654	4,875	59
60	LABORATORY	9,684	39,107	2,070,277		5,133,797	9,684	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	3,690		100,455		216,447	3,690	64
65	RESPIRATORY THERAPY	1,896	48,253	620,127		1,054,631	1,896	65
66	PHYSICAL THERAPY	5,010	69,867	2,468,628		4,232,500	5,010	66
67	OCCUPATIONAL THERAPY	1,147	1,430	468,944		616,211	1,147	67
68	SPEECH PATHOLOGY	738	59,056	202,145		391,023	738	68
69	ELECTROCARDIOLOGY	2,541	36,145	188,336		333,042	2,541	69
70	ELECTROENCEPHALOGRAPHY	1,252	28,249	460,784		585,984	1,252	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,826		132,390		4,496,083	1,826	71
72	IMPL. DEV. CHARGED TO PATIENTS					7,381,900		72
73	DRUGS CHARGED TO PATIENTS	2,103	82,638	1,813,334		7,408,773	2,103	73
74	RENAL DIALYSIS	5,487				319,883	5,487	74
76	ENDOSCOPY	5,098		227		749,510	5,098	76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC		90,235	325,680		656,935		76.20
76.97	CARDIAC REHABILITATION	4,437	85,603	144,456		329,310	4,437	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		675	182,167		388,580		90
91	EMERGENCY	12,591	29,479	2,475,857		3,740,827	12,591	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	318,358	2,950,264	40,307,491	-19,642,192	84,188,979	231,214	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,094	50,376	304,168		900,833	4,094	190
192	PHYSICIANS' PRIVATE OFFICES	66,662	14,342	16,582,607		50,585,999	71,725	192
192.10	CARDIOLOGY CLINIC			27,776		94,625		192.10
192.20	FUND DEV. MKTING, COMM HEALTH ED	4,560	36,460	562,189		1,652,088	7,942	192.20
192.30	MCLEAN CO EMS			172,752		279,349		192.30
192.40	INDUSTRIAL MEDICINE		6,636	685,845		1,006,885	4,323	192.40
192.60	NONALLOWABLE CARDIAC REHAB	482		15,618		26,480	482	192.60



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	5,369,331	3,025,416	14,879,595		19,642,192	3,278,568	202
203	UNIT COST MULT-WS B PT I	13.622350	0.989319	0.253665		0.141580	10.252574	203
204	COST TO BE ALLOC PER B PT II					4,975,327	882,385	204
205	UNIT COST MULT-WS B PT II					0.035862	2.759350	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	PATIENT DAYS	FTES	FTES	
		7	8	9	10	11	13	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	306,377						7
8	LAUNDRY & LINEN SERVICE	1,640	656,920					8
9	HOUSEKEEPING	3,667		301,070				9
10	DIETARY	4,544		4,544	26,152			10
11	CAFETERIA	2,847		2,847		56,334		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,938		3,938		1,705	36,533	13
14	CENTRAL SERVICES & SUPPLY	4,555		4,555		574	574	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	4,382		4,382		2,256		16
17	SOCIAL SERVICE	1,014		1,014		476		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	64,324	297,844	64,324	23,194	18,495	18,495	30
43	NURSERY	3,364	20,526	3,364		561	561	43
44	SKILLED NURSING FACILITY	5,052	53,378	5,052	2,958	1,494	1,494	44
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	20,476	62,695	20,476		4,366	4,366	50
51	RECOVERY ROOM	2,511		2,511		516	516	51
52	DELIVERY ROOM & LABOR ROOM	12,016	73,323	12,016		2,007	2,007	52
53	ANESTHESIOLOGY	472		472				53
54	RADIOLOGY-DIAGNOSTIC	4,264	6,028	4,264		1,300		54
54.10	MAMOGRAPHY	3,354	3,460	3,354		226		54.10
54.20	ULTRASOUND	1,874	164	1,874		459		54.20
54.30	ECHOCARDIOLOGY	1,773		1,773		508	508	54.30
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE	2,159	3,302	2,159		474		56
57	CT SCAN	3,911	13,190	3,911		819		57
58	MRI	3,299	7,335	3,299		274		58
59	CARDIAC CATHETERIZATION	4,875	18,778	4,875		1,008	1,008	59
60	LABORATORY	9,684		9,684		4,396		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	3,690		3,690				64
65	RESPIRATORY THERAPY	1,896		1,896		1,271	1,271	65
66	PHYSICAL THERAPY	5,010		5,010		640		66
67	OCCUPATIONAL THERAPY	1,147		1,147		469		67
68	SPEECH PATHOLOGY	738		738		254		68
69	ELECTROCARDIOLOGY	2,541	15,140	2,541		350	350	69
70	ELECTROENCEPHALOGRAPHY	1,252	1,482	1,252		203		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,826		1,826		401		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	2,103		2,103		2,200		73
74	RENAL DIALYSIS	5,487		5,487				74
76	ENDOSCOPY	5,098		5,098				76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC						730	76.20
76.97	CARDIAC REHABILITATION	4,437		4,437				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC							90
91	EMERGENCY	12,591	80,275	12,591		4,653	4,653	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	217,811	656,920	212,504	26,152	52,355	36,533	118
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,094		4,094		644		190
192	PHYSICIANS' PRIVATE OFFICES	71,725		71,725		850		192
192.10	CARDIOLOGY CLINIC					80		192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED	7,942		7,942		1,123		192.20
192.30	MCLEAN CO EMS							192.30
192.40	INDUSTRIAL MEDICINE	4,323		4,323		1,014		192.40
192.60	NONALLOWABLE CARDIAC REHAB	482		482		268		192.60



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA FTES	NURSING ADMINISTRATION FTES	
		7	8	9	10	11	13	
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,219,609	591,642	1,599,180	1,167,525	429,192	2,082,928	202
203	UNIT COST MULT-WS B PT I	10.508651	0.900630	5.311655	44.643813	7.618703	57.014973	203
204	COST TO BE ALLOC PER B PT II	390,956	46,475	120,222	117,482	62,898	313,587	204
205	UNIT COST MULT-WS B PT II	1.276062	0.070747	0.399316	4.492276	1.116519	8.583664	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS
	14	16	17

COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY	3,587,488		14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY	3,193	531,403,845	16
17 SOCIAL SERVICE			26,331
19 NONPHYSICIAN ANESTHETISTS			17
20 NURSING SCHOOL			19
21 I&R SERVICES-SALARY & FRINGES APPRVD			20
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			21
23 PARAMED ED PRGM-(SPECIFY)			22
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	233,803	39,432,127	24,167
43 NURSERY	12,505	1,448,717	
44 SKILLED NURSING FACILITY	11,752	1,481,381	2,164
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	1,350,854	34,813,879	
51 RECOVERY ROOM	185	2,258,056	
52 DELIVERY ROOM & LABOR ROOM	44,669	5,175,083	
53 ANESTHESIOLOGY	74,368	4,239,694	
54 RADIOLOGY-DIAGNOSTIC	10,302	12,261,181	
54.10 MAMOGRAPHY	2,788	6,487,557	54.10
54.20 ULTRASOUND	3,459	7,377,610	54.20
54.30 ECHOCARDIOLOGY	5,009	5,623,072	54.30
55 RADIOLOGY-THERAPEUTIC		38,404	55
56 RADIOISOTOPE	5,324	12,400,486	56
57 CT SCAN	12,471	45,274,366	57
58 MRI	404	18,492,926	58
59 CARDIAC CATHETERIZATION	176,135	32,598,383	59
60 LABORATORY	91,208	80,077,400	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
64 INTRAVENOUS THERAPY	13,791	724,470	64
65 RESPIRATORY THERAPY	33,967	9,641,777	65
66 PHYSICAL THERAPY	2,557	9,272,160	66
67 OCCUPATIONAL THERAPY		2,616,601	67
68 SPEECH PATHOLOGY	1	634,784	68
69 ELECTROCARDIOLOGY	11,820	4,396,404	69
70 ELECTROENCEPHALOGRAPHY	646	2,660,110	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	922,964	41,969,076	71
72 IMPL. DEV. CHARGED TO PATIENTS		39,348,811	72
73 DRUGS CHARGED TO PATIENTS	412,036	80,887,341	73
74 RENAL DIALYSIS		1,269,345	74
76 ENDOSCOPY		2,695,292	76
76.10 DIABETES SERVICES			76.10
76.20 PAIN CLINIC	8,426	3,865,478	76.20
76.97 CARDIAC REHABILITATION	1,396	375,479	76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	3,621	988,865	90
91 EMERGENCY	105,345	20,577,530	91
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (sum of lines 1-117)	3,554,999	531,403,845	26,331
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	627		190
192 PHYSICIANS' PRIVATE OFFICES	27,123		192
192.10 RADIOLOGY CLINIC	663		192.10
192.20 FUND DEV, MKTING, COMM HEALTH ED	528		192.20
192.30 MCLEAN CO EMS			192.30



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES + SUPPLY INV ISSUES	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS				
		14	16	17				
192.40	INDUSTRIAL MEDICINE	3,396						192.40
192.60	NONALLOWABLE CARDIAC REHAB	152						192.60
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,020,891	1,817,044	401,415				202
203	UNIT COST MULT-WS B PT I	0.284570	0.003419	15.244958				203
204	COST TO BE ALLOC PER B PT II	439,027	140,354	30,507				204
205	UNIT COST MULT-WS B PT II	0.122377	0.000264	1.158596				205



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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT. ADJ.	COSTS			
				TOTAL COSTS	RCE DISALLOW- ANCE		TOTAL COSTS
		1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	20,314,270		20,314,270		20,314,270	30
43	NURSERY	766,621		766,621		766,621	43
44	SKILLED NURSING FACILITY	1,583,196		1,583,196		1,583,196	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,442,754		7,442,754		7,442,754	50
51	RECOVERY ROOM	657,475		657,475		657,475	51
52	DELIVERY ROOM & LABOR ROOM	2,738,674		2,738,674		2,738,674	52
53	ANESTHESIOLOGY	1,104,706		1,104,706	31,970	1,136,676	53
54	RADIOLOGY-DIAGNOSTIC	1,720,273		1,720,273		1,720,273	54
54.10	MAMOGRAPHY	1,238,592		1,238,592		1,238,592	54.10
54.20	ULTRASOUND	1,162,118		1,162,118		1,162,118	54.20
54.30	ECHOCARDIOLOGY	744,803		744,803		744,803	54.30
55	RADIOLOGY-THERAPEUTIC	22,450		22,450		22,450	55
56	RADIOISOTOPE	1,406,729		1,406,729		1,406,729	56
57	CT SCAN	2,058,040		2,058,040		2,058,040	57
58	MRI	1,549,198		1,549,198		1,549,198	58
59	CARDIAC CATHETERIZATION	2,240,258		2,240,258		2,240,258	59
60	LABORATORY	6,446,362		6,446,362		6,446,362	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	349,703		349,703		349,703	64
65	RESPIRATORY THERAPY	1,378,160		1,378,160		1,378,160	65
66	PHYSICAL THERAPY	4,999,667		4,999,667		4,999,667	66
67	OCCUPATIONAL THERAPY	745,878		745,878		745,878	67
68	SPEECH PATHOLOGY	469,730		469,730		469,730	68
69	ELECTROCARDIOLOGY	501,098		501,098		501,098	69
70	ELECTROENCEPHALOGRAPHY	713,752		713,752		713,752	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,589,442		5,589,442		5,589,442	71
72	IMPL. DEV. CHARGED TO PATIENTS	8,561,563		8,561,563		8,561,563	72
73	DRUGS CHARGED TO PATIENTS	8,923,280		8,923,280		8,923,280	73
74	RENAL DIALYSIS	512,574		512,574		512,574	74
76	ENDOSCOPY	997,761		997,761		997,761	76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	807,179		807,179		807,179	76.20
76.97	CARDIAC REHABILITATION	493,301		493,301		493,301	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	448,006		448,006		448,006	90
91	EMERGENCY	5,072,108		5,072,108		5,072,108	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,793,072		1,793,072		1,793,072	92
OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (SEE INSTRUCTIONS)	95,552,793		95,552,793	31,970	95,584,763	200
201	LESS OBSERVATION BEDS	1,793,072		1,793,072		1,793,072	201
202	TOTAL (SEE INSTRUCTIONS)	93,759,721		93,759,721		93,791,691	202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	26,659,835		26,659,835				30
43	NURSERY	1,249,199		1,249,199				43
44	SKILLED NURSING FACILITY	1,481,381		1,481,381				44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	20,684,946	14,128,932	34,813,878	0.213787	0.213787	0.213787	50
51	RECOVERY ROOM	1,186,177	1,071,879	2,258,056	0.291169	0.291169	0.291169	51
52	DELIVERY ROOM & LABOR ROOM	4,462,369	712,714	5,175,083	0.529204	0.529204	0.529204	52
53	ANESTHESIOLOGY	2,446,140	1,793,554	4,239,694	0.260563	0.260563	0.268103	53
54	RADIOLOGY-DIAGNOSTIC	3,508,122	8,753,059	12,261,181	0.140302	0.140302	0.140302	54
54.10	MAMOGRAPHY	1,829	6,485,728	6,487,557	0.190918	0.190918	0.190918	54.10
54.20	ULTRASOUND	999,986	6,377,624	7,377,610	0.157520	0.157520	0.157520	54.20
54.30	ECHOCARDIOLOGY	1,796,628	3,826,444	5,623,072	0.132455	0.132455	0.132455	54.30
55	RADIOLOGY-THERAPEUTIC	38,404		38,404	0.584575	0.584575	0.584575	55
56	RADIOISOTOPE	1,688,878	10,711,608	12,400,486	0.113441	0.113441	0.113441	56
57	CT SCAN	10,062,773	35,211,593	45,274,366	0.045457	0.045457	0.045457	57
58	MRI	3,272,773	15,220,153	18,492,926	0.083772	0.083772	0.083772	58
59	CARDIAC CATHETERIZATION	15,680,539	16,917,844	32,598,383	0.068723	0.068723	0.068723	59
60	LABORATORY	24,711,240	55,366,161	80,077,401	0.080502	0.080502	0.080502	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	2,520	721,950	724,470	0.482702	0.482702	0.482702	64
65	RESPIRATORY THERAPY	7,528,283	2,113,494	9,641,777	0.142936	0.142936	0.142936	65
66	PHYSICAL THERAPY	2,374,281	6,897,879	9,272,160	0.539213	0.539213	0.539213	66
67	OCCUPATIONAL THERAPY	1,308,939	1,307,663	2,616,602	0.285056	0.285056	0.285056	67
68	SPEECH PATHOLOGY	215,833	418,951	634,784	0.739984	0.739984	0.739984	68
69	ELECTROCARDIOLOGY	1,021,914	3,374,490	4,396,404	0.113979	0.113979	0.113979	69
70	ELECTROENCEPHALOGRAPHY	277,802	2,382,308	2,660,110	0.268317	0.268317	0.268317	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,636,253	12,332,823	41,969,076	0.133180	0.133180	0.133180	71
72	IMPL. DEV. CHARGED TO PATIENTS	27,552,034	11,796,777	39,348,811	0.217581	0.217581	0.217581	72
73	DRUGS CHARGED TO PATIENTS	59,321,683	21,565,659	80,887,342	0.110317	0.110317	0.110317	73
74	RENAL DIALYSIS	1,122,748	146,597	1,269,345	0.403810	0.403810	0.403810	74
76	ENDOSCOPY	2,322,948	372,344	2,695,292	0.370187	0.370187	0.370187	76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC	460	3,865,018	3,865,478	0.208817	0.208817	0.208817	76.20
76.97	CARDIAC REHABILITATION	94,941	280,538	375,479	1.313791	1.313791	1.313791	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,663	979,202	988,865	0.453051	0.453051	0.453051	90
91	EMERGENCY	4,083,534	16,493,996	20,577,530	0.246488	0.246488	0.246488	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,453,639	9,164,262	11,617,901	0.154337	0.154337	0.154337	92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (SEE INSTRUCTIONS)	259,258,694	270,791,244	530,049,938				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	259,258,694	270,791,244	530,049,938				202



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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	2,319,388		2,319,388	25,185	92.09	10,968	1,010,043	30
31	INTENSIVE CARE UNIT								31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	112,152		112,152	1,911	58.69			43
44	SKILLED NURSING FACILITY	170,427		170,427	2,958	57.62	1,753	101,008	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	2,601,967		2,601,967	30,054		12,721	1,111,051	200

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 + col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,120,638	34,813,878	0.032189	8,195,212	263,796	50
51	RECOVERY ROOM	71,769	2,258,056	0.031784	404,195	12,847	51
52	DELIVERY ROOM & LABOR ROOM	400,647	5,175,083	0.077418			52
53	ANESTHESIOLOGY	105,487	4,239,694	0.024881	928,416	23,100	53
54	RADIOLOGY-DIAGNOSTIC	243,252	12,261,181	0.019839	1,763,819	34,992	54
54.10	MAMOGRAPHY	358,334	6,487,557	0.055234	1,820	101	54.10
54.20	ULTRASOUND	156,647	7,377,610	0.021233	490,266	10,410	54.20
54.30	ECHOCARDIOLOGY	96,240	5,623,072	0.017115	921,609	15,773	54.30
55	RADIOLOGY-THERAPEUTIC	711	38,404	0.018514	20,140	373	55
56	RADIOISOTOPE	218,326	12,400,486	0.017606	940,104	16,551	56
57	CT SCAN	495,836	45,274,366	0.010952	4,394,832	48,132	57
58	MRI	573,474	18,492,926	0.031010	1,497,631	46,442	58
59	CARDIAC CATHETERIZATION	549,349	32,598,383	0.016852	6,931,623	116,812	59
60	LABORATORY	438,820	80,077,401	0.005480	11,298,909	61,918	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	76,271	724,470	0.105278	1,780	187	64
65	RESPIRATORY THERAPY	139,226	9,641,777	0.014440	4,042,062	58,367	65
66	PHYSICAL THERAPY	1,087,581	9,272,160	0.117295	1,055,777	123,837	66
67	OCCUPATIONAL THERAPY	45,441	2,616,602	0.017366	538,061	9,344	67
68	SPEECH PATHOLOGY	108,523	634,784	0.170961	134,251	22,952	68
69	ELECTROCARDIOLOGY	100,659	4,396,404	0.022896	535,713	12,266	69
70	ELECTROENCEPHALOGRAPHY	112,135	2,660,110	0.042154	141,088	5,947	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	443,118	41,969,076	0.010558	12,949,500	136,721	71
72	IMPL. DEV. CHARGED TO PATIENTS	275,118	39,348,811	0.006992	11,203,999	78,338	72
73	DRUGS CHARGED TO PATIENTS	459,723	80,887,342	0.005683	26,199,167	148,890	73
74	RENAL DIALYSIS	110,887	1,269,345	0.087358	735,043	64,212	74
76	ENDOSCOPY	119,646	2,695,292	0.044391	1,209,029	53,670	76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	183,492	3,865,478	0.047469	205	10	76.20
76.97	CARDIAC REHABILITATION	176,888	375,479	0.471100	39,737	18,720	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	93,230	988,865	0.094280	8,517	803	90
91	EMERGENCY	464,626	20,577,530	0.022579	2,015,893	45,517	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	204,724	11,617,901	0.017621	1,101,679	19,413	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	9,030,818	500,659,523		99,700,077	1,450,441	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5+ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
		6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	25,185		10,968		30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	1,911				43
44	SKILLED NURSING FACILITY	2,958		1,753		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	30,054		12,721		200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)
		1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.10	MAMOGRAPHY						54.10
54.20	ULTRASOUND						54.20
54.30	ECHOCARDIOLOGY						54.30
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	ENDOSCOPY						76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC						76.20
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part 1, col. 8)	RATIO OF COST TO CHARGES (col. 5+ col. 7)	OUTPAT- IENT RATIO OF COST TO CHARGES (col. 6+ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS- THROUGH COSTS (col. 8 x col. 10)	OUTPAT- IENT PROGRAM CHARGES	OUTPAT- IENT PROGRAM PASS- THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	34,813,878			8,195,212		3,176,032	50
51	RECOVERY ROOM	2,258,056			404,195		187,355	51
52	DELIVERY ROOM & LABOR ROOM	5,175,083						52
53	ANESTHESIOLOGY	4,239,694			928,416		423,598	53
54	RADIOLOGY-DIAGNOSTIC	12,261,181			1,763,819		1,940,634	54
54.10	MAMOGRAPHY	6,487,557			1,820		548,692	54.10
54.20	ULTRASOUND	7,377,610			490,266		1,597,212	54.20
54.30	ECHOCARDIOLOGY	5,623,072			921,609		1,056,361	54.30
55	RADIOLOGY-THERAPEUTIC	38,404			20,140			55
56	RADIOISOTOPE	12,400,486			940,104		3,940,972	56
57	CT SCAN	45,274,366			4,394,832		9,121,523	57
58	MRI	18,492,926			1,497,631		3,201,258	58
59	CARDIAC CATHETERIZATION	32,598,383			6,931,623		7,349,376	59
60	LABORATORY	80,077,401			11,298,909		4,391,221	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	724,470			1,780		310,683	64
65	RESPIRATORY THERAPY	9,641,777			4,042,062		669,579	65
66	PHYSICAL THERAPY	9,272,160			1,055,777			66
67	OCCUPATIONAL THERAPY	2,616,602			538,061			67
68	SPEECH PATHOLOGY	634,784			134,251		15,903	68
69	ELECTROCARDIOLOGY	4,396,404			535,713		1,042,061	69
70	ELECTROENCEPHALOGRAPHY	2,660,110			141,088		384,907	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,969,076			12,949,500		4,419,071	71
72	IMPL. DEV. CHARGED TO PATIENTS	39,348,811			11,203,999		4,811,775	72
73	DRUGS CHARGED TO PATIENTS	80,887,342			26,199,167		6,129,568	73
74	RENAL DIALYSIS	1,269,345			735,043		42,288	74
76	ENDOSCOPY	2,695,292			1,209,029		135,720	76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC	3,865,478			205		1,033,142	76.20
76.97	CARDIAC REHABILITATION	375,479			39,737		122,042	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	988,865			8,517		438,563	90
91	EMERGENCY	20,577,530			2,015,893		2,832,709	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	11,617,901			1,101,679		2,536,067	92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	500,659,523			99,700,077		61,858,312	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.213787	3,176,032			678,994			50
51	RECOVERY ROOM	0.291169	187,355			54,552			51
52	DELIVERY ROOM & LABOR ROOM	0.529204							52
53	ANESTHESIOLOGY	0.260563	423,598			110,374			53
54	RADIOLOGY-DIAGNOSTIC	0.140302	1,940,634			272,275			54
54.10	MAMOGRAPHY	0.190918	548,692			104,755			54.10
54.20	ULTRASOUND	0.157520	1,597,212			251,593			54.20
54.30	ECHOCARDIOLOGY	0.132455	1,056,361			139,920			54.30
55	RADIOLOGY-THERAPEUTIC	0.584575							55
56	RADIOISOTOPE	0.113441	3,940,972			447,068			56
57	CT SCAN	0.045457	9,121,523			414,637			57
58	MRI	0.083772	3,201,258			268,176			58
59	CARDIAC CATHETERIZATION	0.068723	7,349,376			505,071			59
60	LABORATORY	0.080502	4,391,221			353,502			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.482702	310,683			149,967			64
65	RESPIRATORY THERAPY	0.142936	669,579			95,707			65
66	PHYSICAL THERAPY	0.539213							66
67	OCCUPATIONAL THERAPY	0.285056							67
68	SPEECH PATHOLOGY	0.739984	15,903			11,768			68
69	ELECTROCARDIOLOGY	0.113979	1,042,061			118,773			69
70	ELECTROENCEPHALOGRAPHY	0.268317	384,907			103,277			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180	4,419,071			588,532			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581	4,811,775			1,046,951			72
73	DRUGS CHARGED TO PATIENTS	0.110317	6,129,568		171,305	676,196		18,898	73
74	RENAL DIALYSIS	0.403810	42,288			17,076			74
76	ENDOSCOPY	0.370187	135,720			50,242			76
76.10	DIABETES SERVICES								76.10
76.20	PAIN CLINIC	0.208817	1,033,142			215,738			76.20
76.97	CARDIAC REHABILITATION	1.313791	122,042			160,338			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.453051	438,563			198,691			90
91	EMERGENCY	0.246488	2,832,709			698,229			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337	2,536,067			391,409			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		61,858,312		171,305	8,123,811		18,898	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		61,858,312		171,305	8,123,811		18,898	202

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5590

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)
		1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.10	MAMOGRAPHY						54.10
54.20	ULTRASOUND						54.20
54.30	ECHOCARDIOLOGY						54.30
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	ENDOSCOPY						76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC						76.20
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5590

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part 1, col. 8)	RATIO OF COST TO CHARGES (col. 5+ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6+ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	34,813,878			2,113				50
51	RECOVERY ROOM	2,258,056							51
52	DELIVERY ROOM & LABOR ROOM	5,175,083							52
53	ANESTHESIOLOGY	4,239,694							53
54	RADIOLOGY-DIAGNOSTIC	12,261,181			14,721				54
54.10	MAMOGRAPHY	6,487,557			9				54.10
54.20	ULTRASOUND	7,377,610			14,170				54.20
54.30	ECHOCARDIOLOGY	5,623,072			2,490				54.30
55	RADIOLOGY-THERAPEUTIC	38,404			12				55
56	RADIOISOTOPE	12,400,486							56
57	CT SCAN	45,274,366			23,392				57
58	MRI	18,492,926			589				58
59	CARDIAC CATHETERIZATION	32,598,383			13,200				59
60	LABORATORY	80,077,401			272,872				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	724,470			3				64
65	RESPIRATORY THERAPY	9,641,777			143,216				65
66	PHYSICAL THERAPY	9,272,160			241,640				66
67	OCCUPATIONAL THERAPY	2,616,602			192,619				67
68	SPEECH PATHOLOGY	634,784			1,104				68
69	ELECTROCARDIOLOGY	4,396,404			2,002				69
70	ELECTROENCEPHALOGRAPHY	2,660,110			755				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,969,076			361,065				71
72	IMPL. DEV. CHARGED TO PATIENTS	39,348,811							72
73	DRUGS CHARGED TO PATIENTS	80,887,342			1,497,572				73
74	RENAL DIALYSIS	1,269,345			21,246				74
76	ENDOSCOPY	2,695,292							76
76.10	DIABETES SERVICES								76.10
76.20	PAIN CLINIC	3,865,478							76.20
76.97	CARDIAC REHABILITATION	375,479			8,225				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	988,865							90
91	EMERGENCY	20,577,530			460				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	11,617,901							92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	500,659,523			2,813,475				200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5590

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [XX] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.213787							50
51	RECOVERY ROOM	0.291169							51
52	DELIVERY ROOM & LABOR ROOM	0.529204							52
53	ANESTHESIOLOGY	0.260563							53
54	RADIOLOGY-DIAGNOSTIC	0.140302							54
54.10	MAMOGRAPHY	0.190918							54.10
54.20	ULTRASOUND	0.157520							54.20
54.30	ECHOCARDIOLOGY	0.132455							54.30
55	RADIOLOGY-THERAPEUTIC	0.584575							55
56	RADIOISOTOPE	0.113441							56
57	CT SCAN	0.045457							57
58	MRI	0.083772							58
59	CARDIAC CATHETERIZATION	0.068723							59
60	LABORATORY	0.080502							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.482702							64
65	RESPIRATORY THERAPY	0.142936							65
66	PHYSICAL THERAPY	0.539213							66
67	OCCUPATIONAL THERAPY	0.285056							67
68	SPEECH PATHOLOGY	0.739984							68
69	ELECTROCARDIOLOGY	0.113979							69
70	ELECTROENCEPHALOGRAPHY	0.268317							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581							72
73	DRUGS CHARGED TO PATIENTS	0.110317				842		93	73
74	RENAL DIALYSIS	0.403810							74
76	ENDOSCOPY	0.370187							76
76.10	DIABETES SERVICES								76.10
76.20	PAIN CLINIC	0.208817							76.20
76.97	CARDIAC REHABILITATION	1.313791							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.453051							90
91	EMERGENCY	0.246488							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337							92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)				842			93	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)				842			93	202

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26)	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	2,319,388		2,319,388	25,185	92.09	1,913	176,168	30
31	INTENSIVE CARE UNIT								31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	112,152		112,152	1,911	58.69	495	29,052	43
44	SKILLED NURSING FACILITY	170,427		170,427	2,958	57.62	238	13,714	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	2,601,967		2,601,967	30,054		2,646	218,934	200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 + col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,120,638	34,813,878	0.032189		50
51	RECOVERY ROOM	71,769	2,258,056	0.031784		51
52	DELIVERY ROOM & LABOR ROOM	400,647	5,175,083	0.077418		52
53	ANESTHESIOLOGY	105,487	4,239,694	0.024881		53
54	RADIOLOGY-DIAGNOSTIC	243,252	12,261,181	0.019839		54
54.10	MAMOGRAPHY	358,334	6,487,557	0.055234		54.10
54.20	ULTRASOUND	156,647	7,377,610	0.021233		54.20
54.30	ECHOCARDIOLOGY	96,240	5,623,072	0.017115		54.30
55	RADIOLOGY-THERAPEUTIC	711	38,404	0.018514		55
56	RADIOISOTOPE	218,326	12,400,486	0.017606		56
57	CT SCAN	495,836	45,274,366	0.010952		57
58	MRI	573,474	18,492,926	0.031010		58
59	CARDIAC CATHETERIZATION	549,349	32,598,383	0.016852		59
60	LABORATORY	438,820	80,077,401	0.005480		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	INTRAVENOUS THERAPY	76,271	724,470	0.105278		64
65	RESPIRATORY THERAPY	139,226	9,641,777	0.014440		65
66	PHYSICAL THERAPY	1,087,581	9,272,160	0.117295		66
67	OCCUPATIONAL THERAPY	45,441	2,616,602	0.017366		67
68	SPEECH PATHOLOGY	108,523	634,784	0.170961		68
69	ELECTROCARDIOLOGY	100,659	4,396,404	0.022896		69
70	ELECTROENCEPHALOGRAPHY	112,135	2,660,110	0.042154		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	443,118	41,969,076	0.010558		71
72	IMPL. DEV. CHARGED TO PATIENTS	275,118	39,348,811	0.006992		72
73	DRUGS CHARGED TO PATIENTS	459,723	80,887,342	0.005683		73
74	RENAL DIALYSIS	110,887	1,269,345	0.087358		74
76	ENDOSCOPY	119,646	2,695,292	0.044391		76
76.10	DIABETES SERVICES					76.10
76.20	PAIN CLINIC	183,492	3,865,478	0.047469		76.20
76.97	CARDIAC REHABILITATION	176,888	375,479	0.471100		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	93,230	988,865	0.094280		90
91	EMERGENCY	464,626	20,577,530	0.022579		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	204,724	11,617,901	0.017621		92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	9,030,818	500,659,523			200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5+ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
		6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	25,185		1,913		30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	1,911		495		43
44	SKILLED NURSING FACILITY	2,958		238		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	30,054		2,646		200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTH-ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4)
		1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.10	MAMOGRAPHY						54.10
54.20	ULTRASOUND						54.20
54.30	ECHOCARDIOLOGY						54.30
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	ENDOSCOPY						76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC						76.20
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part 1, col. 8)	RATIO OF COST TO CHARGES (col. 5+ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6+ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
		7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	34,813,878						50
51	RECOVERY ROOM	2,258,056						51
52	DELIVERY ROOM & LABOR ROOM	5,175,083						52
53	ANESTHESIOLOGY	4,239,694						53
54	RADIOLOGY-DIAGNOSTIC	12,261,181						54
54.10	MAMOGRAPHY	6,487,557						54.10
54.20	ULTRASOUND	7,377,610						54.20
54.30	ECHOCARDIOLOGY	5,623,072						54.30
55	RADIOLOGY-THERAPEUTIC	38,404						55
56	RADIOISOTOPE	12,400,486						56
57	CT SCAN	45,274,366						57
58	MRI	18,492,926						58
59	CARDIAC CATHETERIZATION	32,598,383						59
60	LABORATORY	80,077,401						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	724,470						64
65	RESPIRATORY THERAPY	9,641,777						65
66	PHYSICAL THERAPY	9,272,160						66
67	OCCUPATIONAL THERAPY	2,616,602						67
68	SPEECH PATHOLOGY	634,784						68
69	ELECTROCARDIOLOGY	4,396,404						69
70	ELECTROENCEPHALOGRAPHY	2,660,110						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,969,076						71
72	IMPL. DEV. CHARGED TO PATIENTS	39,348,811						72
73	DRUGS CHARGED TO PATIENTS	80,887,342						73
74	RENAL DIALYSIS	1,269,345						74
76	ENDOSCOPY	2,695,292						76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC	3,865,478						76.20
76.97	CARDIAC REHABILITATION	375,479						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	988,865						90
91	EMERGENCY	20,577,530						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	11,617,901						92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	500,659,523						200

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0162

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.213787						50
51	RECOVERY ROOM	0.291169						51
52	DELIVERY ROOM & LABOR ROOM	0.529204						52
53	ANESTHESIOLOGY	0.260563						53
54	RADIOLOGY-DIAGNOSTIC	0.140302						54
54.10	MAMOGRAPHY	0.190918						54.10
54.20	ULTRASOUND	0.157520						54.20
54.30	ECHOCARDIOLOGY	0.132455						54.30
55	RADIOLOGY-THERAPEUTIC	0.584575						55
56	RADIOISOTOPE	0.113441						56
57	CT SCAN	0.045457						57
58	MRI	0.083772						58
59	CARDIAC CATHETERIZATION	0.068723						59
60	LABORATORY	0.080502						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	0.482702						64
65	RESPIRATORY THERAPY	0.142936						65
66	PHYSICAL THERAPY	0.539213						66
67	OCCUPATIONAL THERAPY	0.285056						67
68	SPEECH PATHOLOGY	0.739984						68
69	ELECTROCARDIOLOGY	0.113979						69
70	ELECTROENCEPHALOGRAPHY	0.268317						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581						72
73	DRUGS CHARGED TO PATIENTS	0.110317						73
74	RENAL DIALYSIS	0.403810						74
76	ENDOSCOPY	0.370187						76
76.10	DIABETES SERVICES							76.10
76.20	PAIN CLINIC	0.208817						76.20
76.97	CARDIAC REHABILITATION	1.313791						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	0.453051						90
91	EMERGENCY	0.246488						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5590

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)
		1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.10	MAMOGRAPHY						54.10
54.20	ULTRASOUND						54.20
54.30	ECHOCARDIOLOGY						54.30
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	ENDOSCOPY						76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC						76.20
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5590

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [XX] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part 1, col. 8)	RATIO OF COST TO CHARGES (col. 5+ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6+ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	34,813,878							50
51	RECOVERY ROOM	2,258,056							51
52	DELIVERY ROOM & LABOR ROOM	5,175,083							52
53	ANESTHESIOLOGY	4,239,694							53
54	RADIOLOGY-DIAGNOSTIC	12,261,181							54
54.10	MAMOGRAPHY	6,487,557							54.10
54.20	ULTRASOUND	7,377,610							54.20
54.30	ECHOCARDIOLOGY	5,623,072							54.30
55	RADIOLOGY-THERAPEUTIC	38,404							55
56	RADIOISOTOPE	12,400,486							56
57	CT SCAN	45,274,366							57
58	MRI	18,492,926							58
59	CARDIAC CATHETERIZATION	32,598,383							59
60	LABORATORY	80,077,401							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	724,470							64
65	RESPIRATORY THERAPY	9,641,777							65
66	PHYSICAL THERAPY	9,272,160							66
67	OCCUPATIONAL THERAPY	2,616,602							67
68	SPEECH PATHOLOGY	634,784							68
69	ELECTROCARDIOLOGY	4,396,404							69
70	ELECTROENCEPHALOGRAPHY	2,660,110							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,969,076							71
72	IMPL. DEV. CHARGED TO PATIENTS	39,348,811							72
73	DRUGS CHARGED TO PATIENTS	80,887,342							73
74	RENAL DIALYSIS	1,269,345							74
76	ENDOSCOPY	2,695,292							76
76.10	DIABETES SERVICES								76.10
76.20	PAIN CLINIC	3,865,478							76.20
76.97	CARDIAC REHABILITATION	375,479							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	988,865							90
91	EMERGENCY	20,577,530							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	11,617,901							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	500,659,523							200

(A) Worksheet A line numbers



COMPU-MAX

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5590

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [XX] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.213787							50
51	RECOVERY ROOM	0.291169							51
52	DELIVERY ROOM & LABOR ROOM	0.529204							52
53	ANESTHESIOLOGY	0.260563							53
54	RADIOLOGY-DIAGNOSTIC	0.140302							54
54.10	MAMOGRAPHY	0.190918							54.10
54.20	ULTRASOUND	0.157520							54.20
54.30	ECHOCARDIOLOGY	0.132455							54.30
55	RADIOLOGY-THERAPEUTIC	0.584575							55
56	RADIOISOTOPE	0.113441							56
57	CT SCAN	0.045457							57
58	MRI	0.083772							58
59	CARDIAC CATHETERIZATION	0.068723							59
60	LABORATORY	0.080502							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	INTRAVENOUS THERAPY	0.482702							64
65	RESPIRATORY THERAPY	0.142936							65
66	PHYSICAL THERAPY	0.539213							66
67	OCCUPATIONAL THERAPY	0.285056							67
68	SPEECH PATHOLOGY	0.739984							68
69	ELECTROCARDIOLOGY	0.113979							69
70	ELECTROENCEPHALOGRAPHY	0.268317							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581							72
73	DRUGS CHARGED TO PATIENTS	0.110317							73
74	RENAL DIALYSIS	0.403810							74
76	ENDOSCOPY	0.370187							76
76.10	DIABETES SERVICES								76.10
76.20	PAIN CLINIC	0.208817							76.20
76.97	CARDIAC REHABILITATION	1.313791							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.453051							90
91	EMERGENCY	0.246488							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337							92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0162

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	25,185	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	25,185	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	22,962	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	10,968	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	20,314,270	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20,314,270	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 + line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 + line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 + line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	20,314,270	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0162

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					806.60	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					8,846,789	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					8,846,789	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 + col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					14,414,908	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					23,261,697	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,010,043	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					1,450,441	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					2,460,484	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					20,801,213	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 (line 56 minus line 53)						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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0162

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					2,223	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 + line 2)					806.60	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					1,793,072	89
		COST	ROUTINE COST (from line 27)	column 1 + column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	2,319,388	20,314,270	0.114175	1,793,072	204,724	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5590

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,958	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,958	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,958	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,753	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	1,583,196	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,583,196	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	1,583,196	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5590

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	1,583,196	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 + line 2)	535.23	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	938,258	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	938,258	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (line 75 + line 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (line 9 x line 76)		77
78	INPATIENT ROUTINE SERVICE COST (line 74 minus line 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (from provider records)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (line 78 minus line 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (line 9 x line 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (see instructions)	938,258	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)	468,789	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	1,407,047	86



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0162

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	25,185	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	25,185	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	22,962	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,913	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)	1,911	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	495	16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	20,314,270	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20,314,270	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	20,314,270	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0162

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [XX] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					806.60	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					1,543,026	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					1,543,026	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 + col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)	766,621	1,911	401.16	495	198,574	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					1,741,600	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					205,220	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					205,220	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 (line 56 minus line 53)						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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0162

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					2,223	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)	column 1 + column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5590

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [XX] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	2,958	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	2,958	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	2,958	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	238	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	1,583,196	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,583,196	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation 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)	1,583,196	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5590

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	1,583,196	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 + line 2)	535.23	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	127,385	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	127,385	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)	170,427	75
76	PER DIEM CAPITAL-RELATED COSTS (line 75 + line 2)	57.62	76
77	PROGRAM CAPITAL-RELATED COSTS (line 9 x line 76)	13,714	77
78	INPATIENT ROUTINE SERVICE COST (line 74 minus line 77)	113,671	78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (from provider records)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (line 78 minus line 79)	113,671	80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (line 9 x line 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (see instructions)	13,714	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)		84
85	UTILIZATION REVIEW—PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	13,714	86



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0162

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		12,547,438		30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.213787	8,195,212	1,752,030	50
51	RECOVERY ROOM	0.291169	404,195	117,689	51
52	DELIVERY ROOM & LABOR ROOM	0.529204			52
53	ANESTHESIOLOGY	0.268103	928,416	248,911	53
54	RADIOLOGY-DIAGNOSTIC	0.140302	1,763,819	247,467	54
54.10	MAMOGRAPHY	0.190918	1,820	347	54.10
54.20	ULTRASOUND	0.157520	490,266	77,227	54.20
54.30	ECHOCARDIOLOGY	0.132455	921,609	122,072	54.30
55	RADIOLOGY-THERAPEUTIC	0.584575	20,140	11,773	55
56	RADIOISOTOPE	0.113441	940,104	106,646	56
57	CT SCAN	0.045457	4,394,832	199,776	57
58	MRI	0.083772	1,497,631	125,460	58
59	CARDIAC CATHETERIZATION	0.068723	6,931,623	476,362	59
60	LABORATORY	0.080502	11,298,909	909,585	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.482702	1,780	859	64
65	RESPIRATORY THERAPY	0.142936	4,042,062	577,756	65
66	PHYSICAL THERAPY	0.539213	1,055,777	569,289	66
67	OCCUPATIONAL THERAPY	0.285056	538,061	153,378	67
68	SPEECH PATHOLOGY	0.739984	134,251	99,344	68
69	ELECTROCARDIOLOGY	0.113979	535,713	61,060	69
70	ELECTROENCEPHALOGRAPHY	0.268317	141,088	37,856	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180	12,949,500	1,724,614	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581	11,203,999	2,437,777	72
73	DRUGS CHARGED TO PATIENTS	0.110317	26,199,167	2,890,214	73
74	RENAL DIALYSIS	0.403810	735,043	296,818	74
76	ENDOSCOPY	0.370187	1,209,029	447,567	76
76.10	DIABETES SERVICES				76.10
76.20	PAIN CLINIC	0.208817	205	43	76.20
76.97	CARDIAC REHABILITATION	1.313791	39,737	52,206	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.453051	8,517	3,859	90
91	EMERGENCY	0.246488	2,015,893	496,893	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337	1,101,679	170,030	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		99,700,077	14,414,908	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		99,700,077		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5590

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.213787	2,113	452	50
51	RECOVERY ROOM	0.291169			51
52	DELIVERY ROOM & LABOR ROOM	0.529204			52
53	ANESTHESIOLOGY	0.260563			53
54	RADIOLOGY-DIAGNOSTIC	0.140302	14,721	2,065	54
54.10	MAMOGRAPHY	0.190918	9	2	54.10
54.20	ULTRASOUND	0.157520	14,170	2,232	54.20
54.30	ECHOCARDIOLOGY	0.132455	2,490	330	54.30
55	RADIOLOGY-THERAPEUTIC	0.584575	12	7	55
56	RADIOISOTOPE	0.113441			56
57	CT SCAN	0.045457	23,392	1,063	57
58	MRI	0.083772	589	49	58
59	CARDIAC CATHETERIZATION	0.068723	13,200	907	59
60	LABORATORY	0.080502	272,872	21,967	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.482702	3	1	64
65	RESPIRATORY THERAPY	0.142936	143,216	20,471	65
66	PHYSICAL THERAPY	0.539213	241,640	130,295	66
67	OCCUPATIONAL THERAPY	0.285056	192,619	54,907	67
68	SPEECH PATHOLOGY	0.739984	1,104	817	68
69	ELECTROCARDIOLOGY	0.113979	2,002	228	69
70	ELECTROENCEPHALOGRAPHY	0.268317	755	203	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180	361,065	48,087	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581			72
73	DRUGS CHARGED TO PATIENTS	0.110317	1,497,572	165,208	73
74	RENAL DIALYSIS	0.403810	21,246	8,579	74
76	ENDOSCOPY	0.370187			76
76.10	DIABETES SERVICES				76.10
76.20	PAIN CLINIC	0.208817			76.20
76.97	CARDIAC REHABILITATION	1.313791	8,225	10,806	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.453051			90
91	EMERGENCY	0.246488	460	113	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		2,813,475	468,789	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		2,813,475		202

(A) Worksheet A line numbers



COMPU-MAX

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0162

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.213787			50
51	RECOVERY ROOM	0.291169			51
52	DELIVERY ROOM & LABOR ROOM	0.529204			52
53	ANESTHESIOLOGY	0.260563			53
54	RADIOLOGY-DIAGNOSTIC	0.140302			54
54.10	MAMOGRAPHY	0.190918			54.10
54.20	ULTRASOUND	0.157520			54.20
54.30	ECHOCARDIOLOGY	0.132455			54.30
55	RADIOLOGY-THERAPEUTIC	0.584575			55
56	RADIOISOTOPE	0.113441			56
57	CT SCAN	0.045457			57
58	MRI	0.083772			58
59	CARDIAC CATHETERIZATION	0.068723			59
60	LABORATORY	0.080502			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.482702			64
65	RESPIRATORY THERAPY	0.142936			65
66	PHYSICAL THERAPY	0.539213			66
67	OCCUPATIONAL THERAPY	0.285056			67
68	SPEECH PATHOLOGY	0.739984			68
69	ELECTROCARDIOLOGY	0.113979			69
70	ELECTROENCEPHALOGRAPHY	0.268317			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581			72
73	DRUGS CHARGED TO PATIENTS	0.110317			73
74	RENAL DIALYSIS	0.403810			74
76	ENDOSCOPY	0.370187			76
76.10	DIABETES SERVICES				76.10
76.20	PAIN CLINIC	0.208817			76.20
76.97	CARDIAC REHABILITATION	1.313791			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.453051			90
91	EMERGENCY	0.246488			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



COMPU-MAX

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5590

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.213787			50
51	RECOVERY ROOM	0.291169			51
52	DELIVERY ROOM & LABOR ROOM	0.529204			52
53	ANESTHESIOLOGY	0.260563			53
54	RADIOLOGY-DIAGNOSTIC	0.140302			54
54.10	MAMOGRAPHY	0.190918			54.10
54.20	ULTRASOUND	0.157520			54.20
54.30	ECHOCARDIOLOGY	0.132455			54.30
55	RADIOLOGY-THERAPEUTIC	0.584575			55
56	RADIOISOTOPE	0.113441			56
57	CT SCAN	0.045457			57
58	MRI	0.083772			58
59	CARDIAC CATHETERIZATION	0.068723			59
60	LABORATORY	0.080502			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.482702			64
65	RESPIRATORY THERAPY	0.142936			65
66	PHYSICAL THERAPY	0.539213			66
67	OCCUPATIONAL THERAPY	0.285056			67
68	SPEECH PATHOLOGY	0.739984			68
69	ELECTROCARDIOLOGY	0.113979			69
70	ELECTROENCEPHALOGRAPHY	0.268317			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.133180			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.217581			72
73	DRUGS CHARGED TO PATIENTS	0.110317			73
74	RENAL DIALYSIS	0.403810			74
76	ENDOSCOPY	0.370187			76
76.10	DIABETES SERVICES				76.10
76.20	PAIN CLINIC	0.208817			76.20
76.97	CARDIAC REHABILITATION	1.313791			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.453051			90
91	EMERGENCY	0.246488			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.154337			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	21,349,581			1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)				1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)				1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	230,201			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS				3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	130.91			4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS					
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)				5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)				9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)				12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR				13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO				14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3				15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT				18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)				19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)				20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)				21
22	IME PAYMENT ADJUSTMENT (see instructions)				22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON					
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)				24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)				29
DISPROPORTIONATE SHARE ADJUSTMENT					
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0300			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1399			31
32	SUM OF LINES 30 AND 31	0.1699			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0380			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	202,821			34
		PRIOR TO	ON OR AFTER		
		OCTOBER 1	OCTOBER 1		
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		9,046,380,143		35
35.01	FACTOR 3 (see instructions)		0.000090668		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		820,217		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		820,217		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	820,217			36
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
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 41.01 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 41.01)				46
47	SUBTOTAL (see instructions)	22,602,820			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)	22,602,820			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	1,784,924			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)				52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)				58
59	TOTAL (sum of amounts on lines 49 through 58)	24,387,744			59
60	PRIMARY PAYER PAYMENTS				60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	24,387,744			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,344,960			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	23,968			63
64	ALLOWABLE BAD DEBTS (see instructions)	402,264			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	261,472			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	385,341			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	22,280,288			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)	66,306			70.93
71	AMOUNT DUE PROVIDER (see instructions)	22,346,594			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	446,932			71.01
72	INTERIM PAYMENTS	21,899,707			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-45			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	684,924			75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2				91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)				94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0162

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	18,898		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	8,123,811		2
3	PPS PAYMENTS	10,277,347		3
4	OUTLIER PAYMENT (see instructions)			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)			5
6	LINE 2 TIMES LINE 5			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6			7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)			8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200			9
10	ORGAN ACQUISITION			10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	18,898		11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES	171,305		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)	171,305		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)	171,305		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	152,407		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)	18,898		21
22	INTERNS AND RESIDENTS (see instructions)			22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)			23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	10,277,347		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (see instructions)	2,153,799		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)			26
27	SUBTOTAL ((lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	8,142,446		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)			29
30	SUBTOTAL (sum of lines 27 through 29)	8,142,446		30
31	PRIMARY PAYER PAYMENTS			31
32	SUBTOTAL (line 30 minus line 31)	8,142,446		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)			33
34	ALLOWABLE BAD DEBTS (see instructions)	385,658		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	250,678		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	370,516		36
37	SUBTOTAL (see instructions)	8,393,124		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			39
40	SUBTOTAL (see instructions)	8,393,124		40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	167,862		40.01
41	INTERIM PAYMENTS	8,201,964		41
42	TENTATIVE SETTLEMENT (for contractor use only)			42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	23,298		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



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5590

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES (see instructions)	93			1
2 MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)				2
3 PPS PAYMENTS				3
4 OUTLIER PAYMENT (see instructions)				4
5 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6 LINE 2 TIMES LINE 5				6
7 SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8 TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9 ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10 ORGAN ACQUISITION				10
11 TOTAL COST (sum of lines 1 and 10) (see instructions)	93			11
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
12 ANCILLARY SERVICE CHARGES	842			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)	842			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)	842			18
19 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	749			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)	93			21
22 INTERNS AND RESIDENTS (see instructions)				22
23 COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24 TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25 DEDUCTIBLES AND COINSURANCE (see instructions)				25
26 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27 SUBTOTAL ((lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	93			27
28 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29 ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30 SUBTOTAL (sum of lines 27 through 29)	93			30
31 PRIMARY PAYER PAYMENTS				31
32 SUBTOTAL (line 30 minus line 31)	93			32
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33 COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34 ALLOWABLE BAD DEBTS (see instructions)				34
35 ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36 ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37 SUBTOTAL (see instructions)	93			37
38 MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39 OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40 SUBTOTAL (see instructions)	93			40
40.01 SEQUESTRATION ADJUSTMENT (see instructions)	2			40.01
41 INTERIM PAYMENTS				41
42 TENTATIVE SETTLEMENT (for contractor use only)				42
43 BALANCE DUE PROVIDER/PROGRAM (see instructions)	91			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



COMPU-MAX

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0162

WORKSHEET E-I
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21,843,507		8,167,264	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					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.01
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)		56,200		34,700	3.02
	PROGRAM					3.03
	TO					3.04
	PROVIDER					3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
	PROVIDER					3.52
	TO					3.53
	PROGRAM					3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		56,200		34,700	3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,899,707		8,201,964	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. (1)					5.01
	PROGRAM					5.02
	TO					5.03
	PROVIDER					5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
	PROVIDER					5.52
	TO					5.53
	PROGRAM					5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)					6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



COMPU-MAX

ST. JOSEPH MEDICAL CENTER Provider CCN: 14-0162	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/26/2015 Run Time: 14:19 Version: 2014.10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5590

WORKSHEET E-1
PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF
 BOXES: [] IRF [] SWING BED SNF

DESCRIPTION	INPATIENT PART A		PART B		
	mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		394,501			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					2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.01
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					3.02
PROGRAM					3.03
TO					3.04
PROVIDER					3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
PROVIDER					3.52
TO					3.53
PROGRAM					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4 TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		394,501			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. (1)					5.01
PROGRAM					5.02
TO					5.03
PROVIDER					5.04
					5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
PROVIDER					5.52
TO					5.53
PROGRAM					5.54
					5.55
					5.56
					5.57
					5.58
					5.59
SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)					6.01
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8 NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL [] CAH
APPLICABLE BOX:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	6,315	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	10,968	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,955	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	22,962	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	530,049,938	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	18,505,224	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)	476,440	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	9,529	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	466,911	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	478,692	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-11,781	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	433,296	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (sum of lines 1-3)	433,296	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	DO NOT USE THIS LINE		5
6	DEDUCTIBLES		6
7	COINSURANCE	30,744	7
8	ALLOWABLE BAD DEBTS (see instructions)		8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		9
10	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (sum of lines 4 and 5 minus 6 & 7 plus 10 and 11) (see instructions)	402,552	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		14
15	SUBTOTAL (line 12 minus 13 + line 14)	402,552	15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)	8,051	15.01
16	INTERIM PAYMENTS	394,501	16
17	TENTATIVE SETTLEMENT (for contractor use only)		17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)		18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0162

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,741,600		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	1,741,600		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	1,741,600		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES			9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	TOTAL CUSTOMARY CHARGES (see instructions)			16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)			17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	1,741,600		18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)			21
PROSPECTIVE PAYMENT AMOUNT				
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (sum of lines 22 through 26)			27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	EXCESS OF REASONABLE COST (from line 18)	1,741,600		30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)			31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)			38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)			40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)			42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5590

WORKSHEET E-3
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2	13,714		2
3			3
4	13,714		4
5			5
6			6
7	13,714		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	13,714		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	13,714		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

ASSETS (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,781,758			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	87,637,282			4
5	OTHER RECEIVABLES	2,053,687			5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-60,741,065			6
7	INVENTORY	2,464,836			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	1,095,297			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	35,291,795			11
FIXED ASSETS					
12	LAND	1,635,357			12
13	LAND IMPROVEMENTS	2,308,315			13
14	ACCUMULATED DEPRECIATION	-2,296,204			14
15	BUILDINGS	124,270,252			15
16	ACCUMULATED DEPRECIATION	-63,003,464			16
17	LEASEHOLD IMPROVEMENTS	440,267			17
18	ACCUMULATED AMORTIZATION	-195,305			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	65,830,724			23
24	ACCUMULATED DEPRECIATION	-51,282,598			24
25	MINOR EQUIPMENT DEPRECIABLE	102,891			25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	77,810,235			30
OTHER ASSETS					
31	INVESTMENTS	175,723,422			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	25,456,522			34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	201,179,944			35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	314,281,974			36
LIABILITIES AND FUND BALANCES (Omit Cents)					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	3,368,296			37
38	SALARIES, WAGES & FEES PAYABLE	10,723,428			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (short term)	1,584,923			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	11,852,475			43
44	OTHER CURRENT LIABILITIES	1,261,461			44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	28,790,583			45
LONG TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	2,258,916			49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	2,258,916			50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	31,049,499			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	283,232,475			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED				54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION				58
59	TOTAL FUND BALANCES (sum of lines 52-58)	283,232,475			59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	314,281,974			60



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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCES AT BEGINNING OF PERIOD		240,490,959		
2	NET INCOME (loss) (from Worksheet G-3, line 29)		35,338,027		
3	TOTAL (sum of line 1 and line 2)		275,828,986		
4	ADDITIONS (credit adjustments)				
5	CONTRIBUTION ACTIVITY	7,403,489			
6					
7					
8					
9					
10	TOTAL ADDITIONS (sum of lines 4-9)		7,403,489		
11	SUBTOTAL (line 3 plus line 10)		283,232,475		
12	DEDUCTIONS (debit adjustments)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS (sum of lines 12-17)				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		283,232,475		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCES AT BEGINNING OF PERIOD				
2	NET INCOME (loss) (from Worksheet G-3, line 29)				
3	TOTAL (sum of line 1 and line 2)				
4	ADDITIONS (credit adjustments)				
5	CONTRIBUTION ACTIVITY				
6					
7					
8					
9					
10	TOTAL ADDITIONS (sum of lines 4-9)				
11	SUBTOTAL (line 3 plus line 10)				
12	DEDUCTIONS (debit adjustments)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS (sum of lines 12-17)				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)				



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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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	26,270,455		26,270,455	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	1,479,000		1,479,000	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	27,749,455		27,749,455	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	27,749,455		27,749,455	17
18	ANCILLARY SERVICES	231,509,239		231,509,239	18
19	OUTPATIENT SERVICES		379,183,501	379,183,501	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	259,258,694	379,183,501	638,442,195	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)			29
30	ADD (SPECIFY)		169,581,383	30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		169,581,383	43



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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	638,442,195	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	448,559,058	2
3	NET PATIENT REVENUES (line 1 minus line 2)	189,883,137	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	169,581,383	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	20,301,754	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	437,794	6
7	INCOME FROM INVESTMENTS	10,266,043	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	447,683	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES 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	89,058	18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	151,486	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	960,960	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)	2,683,249	24
25	TOTAL OTHER INCOME (sum of lines 6-24)	15,036,273	25
26	TOTAL (line 5 plus line 25)	35,338,027	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	35,338,027	29



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0162

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] SUB (OTHER) [] COST METHOD
 BOXES: [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	1,696,547	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	28,998	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	62.91	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0300	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1399	8
9	SUM OF LINES 7 AND 8	0.1699	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0350	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	59,379	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,784,924	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (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 (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.10	MAMOGRAPHY						54.10
54.20	ULTRASOUND						54.20
54.30	ECHOCARDIOLOGY						54.30
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	ENDOSCOPY						76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC						76.20
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES						192
192.10	CARDIOLOGY CLINIC						192.10
192.20	FUND DEV, MKTING, COMM HEALTH ED						192.20
192.30	MCLEAN CO EMS						192.30
192.40	INDUSTRIAL MEDICINE						192.40
192.60	NONALLOWABLE CARDIAC REHAB						192.60
200	CROSS FOOT ADJUSTMENTS						200



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
201	NEGATIVE COST CENTER	0	2A	24	25	26		201
202	TOTAL (sum of lines 118-201)							202



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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
	PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
	1	2	3	4	5	6		
UTILIZATION PERCENTAGES BASED ON DAYS								
30	ADULTS & PEDIATRICS	43.55		7.60			51.15	30
43	NURSERY			25.90			25.90	43
UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	23.54	9.12				32.66	50
51	RECOVERY ROOM	17.90	8.30				26.20	51
53	ANESTHESIOLOGY	21.90	9.99				31.89	53
54	RADIOLOGY-DIAGNOSTIC	14.39	15.83				30.22	54
54.10	MAMOGRAPHY	0.03	8.46				8.49	54.10
54.20	ULTRASOUND	6.65	21.65				28.30	54.20
54.30	ECHOCARDIOLOGY	16.39	18.79				35.18	54.30
55	RADIOLOGY-THERAPEUTIC	52.44					52.44	55
56	RADIOISOTOPE	7.58	31.78				39.36	56
57	CT SCAN	9.71	20.15				29.86	57
58	MRI	8.10	17.31				25.41	58
59	CARDIAC CATHETERIZATION	21.26	22.55				43.81	59
60	LABORATORY	14.11	5.48				19.59	60
64	INTRAVENOUS THERAPY	0.25	42.88				43.13	64
65	RESPIRATORY THERAPY	41.92	6.94				48.86	65
66	PHYSICAL THERAPY	11.39					11.39	66
67	OCCUPATIONAL THERAPY	20.56					20.56	67
68	SPEECH PATHOLOGY	21.15	2.51				23.66	68
69	ELECTROCARDIOLOGY	12.19	23.70				35.89	69
70	ELECTROENCEPHALOGRAPHY	5.30	14.47				19.77	70
71	MEDICAL SUPPLIES CHARGED TO PAT	30.85	10.53				41.38	71
72	IMPL. DEV. CHARGED TO PATIENTS	28.47	12.23				40.70	72
73	DRUGS CHARGED TO PATIENTS	32.39	7.79				40.18	73
74	RENAL DIALYSIS	57.91	3.33				61.24	74
76	ENDOSCOPY	44.86	5.04				49.90	76
76.20	PAIN CLINIC	0.01	26.73				26.74	76.20
76.97	CARDIAC REHABILITATION	10.58	32.50				43.08	76.97
90	CLINIC	0.86	44.35				45.21	90
91	EMERGENCY	9.80	13.77				23.57	91
92	OBSERVATION BEDS (NON-DISTINCT	9.48	21.83				31.31	92
200	TOTAL CHARGES	19.91	12.39				32.30	200



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REPORT 97 - UTILIZATION STATISTICS - SNF / NF

COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
	PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
	1	2	3	4	5	6		
UTILIZATION PERCENTAGES BASED ON DAYS								
44	SKILLED NURSING FACILITY	59.26					59.26	44
45	NURSING FACILITY			8.05			8.05	45
UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	0.01					0.01	50
54	RADIOLOGY-DIAGNOSTIC	0.12					0.12	54
54.20	ULTRASOUND	0.19					0.19	54.20
54.30	ECHOCARDIOLOGY	0.04					0.04	54.30
55	RADIOLOGY-THERAPEUTIC	0.03					0.03	55
57	CT SCAN	0.05					0.05	57
59	CARDIAC CATHETERIZATION	0.04					0.04	59
60	LABORATORY	0.34					0.34	60
65	RESPIRATORY THERAPY	1.49					1.49	65
66	PHYSICAL THERAPY	2.61					2.61	66
67	OCCUPATIONAL THERAPY	7.36					7.36	67
68	SPEECH PATHOLOGY	0.17					0.17	68
69	ELECTROCARDIOLOGY	0.05					0.05	69
70	ELECTROENCEPHALOGRAPHY	0.03					0.03	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.86					0.86	71
73	DRUGS CHARGED TO PATIENTS	1.85					1.85	73
74	RENAL DIALYSIS	1.67					1.67	74
76.97	CARDIAC REHABILITATION	2.19					2.19	76.97
200	TOTAL CHARGES	0.56					0.56	200



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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS			
		AMOUNT	%	AMOUNT	%	AMOUNT	%		
		1	2	3	4	5	6		
GENERAL SERVICE COST CENTERS									
1	CAP REL COSTS-BLDG & FIXT	5,369,331	3.39	-5,369,331	-10.70			1	
2	CAP REL COSTS-MVBLE EQUIP	3,025,416	1.91	-3,025,416	-6.03			2	
3	OTHER CAP REL COSTS							3	
4	EMPLOYEE BENEFITS DEPARTMENT	14,879,595	9.40	-14,879,595	-29.66			4	
5	ADMINISTRATIVE & GENERAL	17,287,095	10.92	-17,287,095	-34.45			5	
6	MAINTENANCE & REPAIRS	1,916,919	1.21	-1,916,919	-3.82			6	
7	OPERATION OF PLANT	2,351,151	1.48	-2,351,151	-4.69			7	
8	LAUNDRY & LINEN SERVICE	460,144	0.29	-460,144	-0.92			8	
9	HOUSEKEEPING	1,032,564	0.65	-1,032,564	-2.06			9	
10	DIETARY	734,198	0.46	-734,198	-1.46			10	
11	CAFETERIA	160,201	0.10	-160,201	-0.32			11	
12	MAINTENANCE OF PERSONNEL							12	
13	NURSING ADMINISTRATION	1,213,207	0.77	-1,213,207	-2.42			13	
14	CENTRAL SERVICES & SUPPLY	326,019	0.21	-326,019	-0.65			14	
15	PHARMACY							15	
16	MEDICAL RECORDS & LIBRARY	1,165,386	0.74	-1,165,386	-2.32			16	
17	SOCIAL SERVICE	253,821	0.16	-253,821	-0.51			17	
19	NONPHYSICIAN ANESTHETISTS							19	
20	NURSING SCHOOL							20	
21	I&R SERVICES-SALARY & FRINGES APPRVD							21	
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22	
23	PARAMED ED PRGM-(SPECIFY)							23	
INPATIENT ROUTINE SERVICE COST CENTERS									
30	ADULTS & PEDIATRICS	10,120,190	6.39	10,194,080	20.32	20,314,270	12.83	30	
43	NURSERY	386,217	0.24	380,404	0.76	766,621	0.48	43	
44	SKILLED NURSING FACILITY	738,303	0.47	844,893	1.68	1,583,196	1.00	44	
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	4,173,734	2.64	3,269,020	6.52	7,442,754	4.70	50	
51	RECOVERY ROOM	355,012	0.22	302,463	0.60	657,475	0.42	51	
52	DELIVERY ROOM & LABOR ROOM	1,379,640	0.87	1,359,034	2.71	2,738,674	1.73	52	
53	ANESTHESIOLOGY	865,705	0.55	239,001	0.48	1,104,706	0.70	53	
54	RADIOLOGY-DIAGNOSTIC	1,013,489	0.64	706,784	1.41	1,720,273	1.09	54	
54.10	MAMOGRAPHY	821,587	0.52	417,005	0.83	1,238,592	0.78	54.10	
54.20	ULTRASOUND	735,891	0.46	426,227	0.85	1,162,118	0.73	54.20	
54.30	ECHOCARDIOLOGY	417,135	0.26	327,668	0.65	744,803	0.47	54.30	
55	RADIOLOGY-THERAPEUTIC	19,551	0.01	2,899	0.01	22,450	0.01	55	
56	RADIOISOTOPE	1,021,974	0.65	384,755	0.77	1,406,729	0.89	56	
57	CT SCAN	1,318,154	0.83	739,886	1.47	2,058,040	1.30	57	
58	MRI	1,024,404	0.65	524,794	1.05	1,549,198	0.98	58	
59	CARDIAC CATHETERIZATION	1,327,998	0.84	912,260	1.82	2,240,258	1.41	59	
60	LABORATORY	4,438,032	2.80	2,008,330	4.00	6,446,362	4.07	60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	INTRAVENOUS THERAPY	140,699	0.09	209,004	0.42	349,703	0.22	64	
65	RESPIRATORY THERAPY	823,760	0.52	554,400	1.10	1,378,160	0.87	65	
66	PHYSICAL THERAPY	3,468,926	2.19	1,530,741	3.05	4,999,667	3.16	66	
67	OCCUPATIONAL THERAPY	480,216	0.30	265,662	0.53	745,878	0.47	67	
68	SPEECH PATHOLOGY	271,268	0.17	198,462	0.40	469,730	0.30	68	
69	ELECTROCARDIOLOGY	214,895	0.14	286,203	0.57	501,098	0.32	69	
70	ELECTROENCEPHALOGRAPHY	424,097	0.27	289,655	0.58	713,752	0.45	70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,437,626	2.80	1,151,816	2.30	5,589,442	3.53	71	
72	IMPL. DEV. CHARGED TO PATIENTS	7,381,900	4.66	1,179,663	2.35	8,561,563	5.41	72	
73	DRUGS CHARGED TO PATIENTS	6,838,391	4.32	2,084,889	4.16	8,923,280	5.63	73	
74	RENAL DIALYSIS	245,137	0.15	267,437	0.53	512,574	0.32	74	
76	ENDOSCOPY	680,005	0.43	317,756	0.63	997,761	0.63	76	
76.10	DIABETES SERVICES							76.10	
76.20	PAIN CLINIC	485,050	0.31	322,129	0.64	807,179	0.51	76.20	
76.97	CARDIAC REHABILITATION	147,536	0.09	345,765	0.69	493,301	0.31	76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
90	CLINIC	341,703	0.22	106,303	0.21	448,006	0.28	90	
91	EMERGENCY	2,912,106	1.84	2,160,002	4.30	5,072,108	3.20	91	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92	
OTHER REIMBURSABLE COST CENTERS									
OUTPATIENT SERVICE COST CENTERS									
SPECIAL PURPOSE COST CENTERS									
NONREIMBURSABLE COST CENTERS									
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	718,068	0.45	422,131	0.84	1,140,199	0.72	190	
192	PHYSICIANS' PRIVATE OFFICES	45,457,289	28.70	14,175,009	28.25	59,632,298	37.65	192	
192.10	CARDIOLOGY CLINIC	87,579	0.06	21,241	0.04	108,820	0.07	192.10	
192.20	FUND DEV, MKTING, COMM HEALTH ED	1,411,291	0.89	690,477	1.38	2,101,768	1.33	192.20	
192.30	MCLEAN CO EMS	235,528	0.15	83,371	0.17	318,899	0.20	192.30	
192.40	INDUSTRIAL MEDICINE	826,345	0.52	444,499	0.89	1,270,844	0.80	192.40	



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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
192.6 0	NONALLOWABLE CARDIAC REHAB	15,952	0.01	28,929	0.06	44,881	0.03	192.6 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	158,377,430	100.00			158,377,430	100.00	202



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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,120,638	34,813,878	0.032189	8,195,212	263,796	50
51	RECOVERY ROOM	71,769	2,258,056	0.031784	404,195	12,847	51
52	DELIVERY ROOM & LABOR ROOM	400,647	5,175,083	0.077418			52
53	ANESTHESIOLOGY	105,487	4,239,694	0.024881	928,416	23,100	53
54	RADIOLOGY-DIAGNOSTIC	243,252	12,261,181	0.019839	1,763,819	34,992	54
54.10	MAMOGRAPHY	358,334	6,487,557	0.055234	1,820	101	54.10
54.20	ULTRASOUND	156,647	7,377,610	0.021233	490,266	10,410	54.20
54.30	ECHOCARDIOLOGY	96,240	5,623,072	0.017115	921,609	15,773	54.30
55	RADIOLOGY-THERAPEUTIC	711	38,404	0.018514	20,140	373	55
56	RADIOISOTOPE	218,326	12,400,486	0.017606	940,104	16,551	56
57	CT SCAN	495,836	45,274,366	0.010952	4,394,832	48,132	57
58	MRI	573,474	18,492,926	0.031010	1,497,631	46,442	58
59	CARDIAC CATHETERIZATION	549,349	32,598,383	0.016852	6,931,623	116,812	59
60	LABORATORY	438,820	80,077,401	0.005480	11,298,909	61,918	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	76,271	724,470	0.105278	1,780	187	64
65	RESPIRATORY THERAPY	139,226	9,641,777	0.014440	4,042,062	58,367	65
66	PHYSICAL THERAPY	1,087,581	9,272,160	0.117295	1,055,777	123,837	66
67	OCCUPATIONAL THERAPY	45,441	2,616,602	0.017366	538,061	9,344	67
68	SPEECH PATHOLOGY	108,523	634,784	0.170961	134,251	22,952	68
69	ELECTROCARDIOLOGY	100,659	4,396,404	0.022896	535,713	12,266	69
70	ELECTROENCEPHALOGRAPHY	112,135	2,660,110	0.042154	141,088	5,947	70
71	MEDICAL SUPPLIES CHARGED TO PAT	443,118	41,969,076	0.010558	12,949,500	136,721	71
72	IMPL. DEV. CHARGED TO PATIENTS	275,118	39,348,811	0.006992	11,203,999	78,338	72
73	DRUGS CHARGED TO PATIENTS	459,723	80,887,342	0.005683	26,199,167	148,890	73
74	RENAL DIALYSIS	110,887	1,269,345	0.087358	735,043	64,212	74
76	ENDOSCOPY	119,646	2,695,292	0.044391	1,209,029	53,670	76
76.10	DIABETES SERVICES						76.10
76.20	PAIN CLINIC	183,492	3,865,478	0.047469	205	10	76.20
76.97	CARDIAC REHABILITATION	176,888	375,479	0.471100	39,737	18,720	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	93,230	988,865	0.094280	8,517	803	90
91	EMERGENCY	464,626	20,577,530	0.022579	2,015,893	45,517	91
92	OBSERVATION BEDS (NON-DISTINCT	204,724	11,617,901	0.017621	1,101,679	19,413	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	9,030,818	500,659,523		99,700,077	1,450,441	200



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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	2,319,388		2,319,388	25,185	92.09	10,968	1,010,043	30
200	TOTAL	2,319,388		2,319,388	25,185		10,968	1,010,043	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,010,043
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,450,441
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,460,484
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	2,656
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	10,968
PER DISCHARGE CAPITAL COSTS	926.39



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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-I, Part II, line 53)	20,801,213
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	112,247,515
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.185

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	2,460,484
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.022

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column I less lines 61, 66-68, 74, 94, 95 & 96)	8,094,967
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	61,800,121
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.131